

Family structure, marital discord and offspring's psychopathology in early adulthood: a prospective study

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Abstract With marital breakdown and discord relatively common, we examined whether family structure and the quality of marital relationship have a long-term impact on offspring's psychopathology in early adulthood. This study aimed to examine the association of family structure and marital discord in the family with a wide range of offspring's mental health and problem behaviours at 21 years. Data were from the Mater-University of Queensland Study of Pregnancy, a population based birth cohort study, which commenced in Brisbane, Australia in 1981. Mothers and children were followed up at birth, 6 months and 5, 14 and 21 years after the initial interview. Marital status and marital quality were assessed at the 14 year follow-up. Young Adult Self-Report sub-scales of mental health and problem behaviours were measured at the 21-year follow-up. Type of family structure and the quality of marital relationship (at the 14-year follow-up) predicted offspring's psychopathology at 21 years. When a selected group of confounding factors were included in the multivariate analyses, children who lived with a step-father, unpartnered mother, or in families where parents had conflict in marital relationship reported higher symptoms of

psychopathology at 21 years. The association between marital problems and young adult psychopathology does not appear to be confounded by a wide range of confounding variables. Further research is needed to explore the mechanism of these associations to develop preventive programmes.

Keywords Marital status · Marital quality · Psychopathology · Young adult

Introduction

In recent years, it has been estimated that about half of American and 40 % of Australian first marriages end in dissolution [1, 2] and nearly 50 % of current marriages involve a second (or higher number) marriage for one or both partners [3]. Parents experiencing marital problems have a limited number of choices. They may continue their existing relationship despite these problems, or they may decide to divorce with some subsequently choosing to remarry. With the high rate of children reared in single-parent families or living in a home where one of their "parents" is not their biological parent, there is a need to know more about the potential impact family structure and transition may have on children's psychopathology as they grow up. There is also a need to know more about the impact that the different resolutions of marital problems have for offspring's mental health.

Estimates suggest that over one-fifth of parental partnerships can be characterised as "maritally distressed" [4]. Although some of the adults whose marital relationships are affected by distress continue to stay together, they are more likely to separate or divorce [5]. Poor marital quality, particularly chronic discord between parents has

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consistently been found to be an important predictor of poor psychological adjustment for children and adolescents [6–8]. In particular children who experience parental marital conflict have lower levels of psychological well-being, more depression, problem behaviours and educational impairment [9–12]. Prospective studies examining the long-term effects of marital discord have also suggested that offspring lived in these families are more likely to exhibit problems in their interpersonal relationships [13, 14] and to show psychological distress [10, 15, 16] in adulthood.

Parental divorce by itself appears to have negative mental health consequences for children that can extend into adulthood [11, 17, 18]. It has been reported that adult children with continuously married but discordant parents experienced the same problems, including lower levels of psychological wellbeing as those whose parents divorced [16]. Prospective studies tend to confirm that parental divorce is associated with a broad range of adverse outcomes for the children particularly in relation to educational attainment [19], depression [20] and problem behaviours [21]. Children from families affected by divorce and remarriage appear to be more aggressive and depressed, report more learning difficulties and experience more problems with peers than children from intact families [22]. It is also suggested that marital disruption in childhood is associated with occurrence of depressive symptoms in early adulthood [23].

Remarriage and reconstructed families have always formed a substantial portion of families in developed countries [24]. Research documenting the long-term mental health outcomes of those living in reconstructed families (stepfamilies) has produced conflicting findings. Two British longitudinal studies found no effect of remarriage of the custodial parent on the adult offspring's mental health [25, 26]. In contrast, Chase-Lansdale et al. [27] found a moderating effect of remarriage on Malaise Inventory scores at age 23. A recent review of several longitudinal studies examining the effects of having a stepparent on a range of outcomes in children summarised that children lived with stepparent were at greater risk for psychological problems than were children living with both of their parents; and that children lived in stepfamilies were similar to children living with single parent [28]. However, Coleman and colleagues [28] added that there is no relationship between parental remarriage in early childhood and adjustment problem in adulthood.

A major problem in the interpretation of associations between marital status and marital quality, on the one hand, and child psychopathology, on the other hand, concerns the extent to which any apparent correlations might be explained by potential confounding factors. For example, socio-economic status is associated with both marital status

[22] and child mental health and development. Impaired mental health in a parent may confound the relationship between marital status, quality of marital relationship and child mental health and behavioural patterns [11, 29, 30]. It is also suggested that use of substances by family members, especially parents, is associated with marital problems [31] and also predicts psychopathology in offspring [32]. Therefore, any association between marital status and quality, and child psychopathology should be controlled for potential confounding factors.

With family structure becoming more diverse and varied, there is an extensive literature on the negative health outcomes of children reared in families in which the adults are not an intact biological mother and father pair [33]. Overall, research has shown family composition and marital discord as some of the strongest predictors of child psychopathology. However, there is a dearth of evidence to disentangle the differential impact of different types of family structure on young adult offspring when quality of parents' marital relationship is taken into account. There is also a need to determine whether these associations are independent of potential confounding factors that distort the link between family structure, marital discord and child psychopathology.

Moreover, the adolescent period and even young adulthood have been described as sensitive or even critical periods [34], particularly in terms of social and emotional wellbeing. Young people may have an increased risk of experiencing mental health problems at times of life transitions, including during the transition to adulthood. Mental health problems are the most common challenges affecting young people and a peak age of onset is in young adulthood [35, 36]. Therefore, it is crucial to explore how parental marital circumstance during early adolescence affects offspring's psychopathology in early adulthood. The present study aims to examine the association between marital structure and conflict measured at child 14 years and symptoms of psychopathology in early adulthood (21 years). It also investigates the confounding effect of other factors that may distort the association between marital problems and offspring's outcomes.

Materials and method

Participants

The data are taken from the 21-year Mater-University of Queensland Study of Pregnancy (MUSP) [37]. Of the 8,556 consecutive public obstetric patients (at an average of 18 weeks' gestation) invited to participate in the study 8,458 (99 %) agreed to complete the recruitment questionnaire and 7,223 mothers and their live singleton

children constituted the overall birth cohort [38]. Mothers were re-interviewed 3–5 days after the birth of their child, and again when the child was 6 months, 5, 14 and 21 years of age. The present study is based on 3,473 young adults who completed the questionnaire at the 21-year follow-up and for whom data were available for mothers' marital status and quality of marital relationship at the 14-year follow-up. Young adult participants had an average age of 20.5 years with a range from 18 to 24 years. Written informed consent from the mother was obtained at all phases of data collection and from the young adult at the 21-year follow-up. Ethics committees at the Mater Hospital and The University of Queensland approved each phase of the study.

Measurement of young adults' psychopathology

Outcomes measured at 21 years included Achenbach sub-scales of mental health and problem behaviours. The Young Adult Self-Report (YASR) [39] of the child behaviour check list [40] was used at the 21-year follow-up. The YASR is a self-completed questionnaire about behaviour in the previous 6 months that consists of 115 items assessing eight sub-scales including aggression, delinquency, withdrawal, anxiety/depression, somatic complaints, social problems, attention problems, and thought problems. The problem items are scored 0 if the behaviour is not "true", 1 if the behaviour is "sometimes or somewhat true" and 2 if the behaviour is "very true or often true". For the purpose of this study, anxiety/depression (17 items, Cronbach's alpha = 0.91), aggression (12 items, Cronbach's alpha = 0.81), delinquency (9 items, Cronbach's alpha = 0.72), attention problems (7 items, Cronbach's alpha = 0.70), withdrawal problems (7 items, Cronbach's alpha = 0.72), somatic complaints (12 items, Cronbach's alpha = 0.81) and thought problems (5 items, Cronbach's alpha = 0.62) as well as internalising and externalising are considered as the outcomes of interest.

Measurement of mother's marital status and quality

The main exposures in the study included maternal marital status and the quality of marital relationship (referred to collectively as 'marital circumstances'). Maternal marital status was self-reported by mothers at the 14 year follow-up as being un-partnered or living with the child's biological or step-father. The quality of maternal marital relationships at current time was assessed using a short form of the Dyadic Adjustment Scale (DAS) (Cronbach's alpha = 0.88) [41] at the 14-year follow-up. The validity and reliability of the DAS has been well established in other studies [42]. In the present study participants' dyadic adjustment score ranged between 12.5 and 50.0, with

higher scores representing a better quality of marital relationship. For the partnered mothers, the lowest 20 % were considered as having poor marital adjustment. Accordingly, mothers were divided into three categories: un-partnered group and mothers with good adjustment or poor adjustment. Combining these two variables, we distinguish five types of marital circumstances: intact families with good adjustment, intact family with poor adjustment, reconstructed families (mother and step-father) following marital disruption (separation, divorce, or biological father's death) with good adjustment, reconstructed families with poor adjustment, and un-partnered mothers (who were divorced, separated, widowed or never married). Data on maternal marital status and dyadic adjustment were also collected at the 5-year follow-up of MUSP.

Potential confounding variables

The mother's age and level of education were measured at the first clinic visit. Maternal age was divided into two categories: 13–19 and 20 years and over. Level of education was categorised into three groups: having tertiary education, completed high school, and those who did not complete high school. Family economic status was measured at the 14-year follow-up by asking mothers to report the whole family income. The 25th centile was selected as the cut-off below which a family's gross income was defined as "low". At the 5-year follow-up mothers were asked about occurrence of life events (e.g., death of loved ones, serious financial problems, serious problems with accommodation, etc.) within the 5 years preceding survey.

Mother's anxiety and depression was measured at the 5- and 14-year follow-up using the two 7-item anxiety and depression sub-scales of the Delusions Symptoms States Inventory [43]. This measure was developed to detect signs and symptoms of psychopathology that limit a person's capacity to function and to maintain relationships. This measure has high internal validity [37, 43, 44], correlates well and shares items with other measures of depression and anxiety such as the Edinburgh Postnatal Depression Scale, and the Hospital Anxiety and Depression Scale [45]. There was good internal consistency for anxiety (Cronbach's alpha = 0.86) and depression (Cronbach's alpha = 0.84).

Maternal cigarette smoking and alcohol consumption (referred to as maternal substance use) were assessed at the 5 and 14-year follow-up. Tobacco consumption was assessed according to the number of the cigarettes they smoked over the 7 days prior to survey (non-smoker, smoking 1–19 and 20+ cigarettes per day). We also obtained information on frequency (from never to daily) and quantity (from 0 to 7+ glasses) of alcohol consumption. They were then divided into three categories

(abstainers, ≤ 1 glass and >1 glass per day). For the purpose of this study, maternal mental health and substance use measured at the 14-year follow-up were as considered potential confounding factors.

Statistical analysis

All analyses were carried out using STATA v.11.1. We primarily used the Chi-squared test to compare drop out and non-response at the 21-year follow-up according to the child and mother's background characteristics measured at the baseline (first clinic visit of pregnancy) (Table 1). The association between marital circumstances at the 14-year follow-up, and young adults' psychopathology was examined using a series of analysis of variance (ANOVA) models. The outcomes of interest were YASR anxiety/depression, withdrawal problems, somatic problems, thought problems, attention problems, aggression, delinquency, internalising and externalising. The results of ANOVA tests were presented as mean symptoms of mental health and problem behaviours (standard deviation). For these analyses, the group consisting of intact families with good adjustment was considered as reference category, with p value = 0.05 as the level of significance (Table 2). The homogeneity of variances was tested by Leven's test. If the assumption of equal variances was not satisfied, the associations were examined by non-parametric (Kruskal–Wallis) test.

To test whether associations between marital circumstances at the 14-year follow-up and child psychopathology are independent of potential confounders, we used analysis of covariance (ANCOVA) tests, controlling for the participant's gender, mother's age and education (assessed at average 18 weeks pregnancy), number of life events during

the first 5 years of the child's life, family income, maternal anxiety and depression, and maternal cigarette smoking and alcohol consumption measured at the 14 year follow-up. As there was no significant gender interaction, the analyses were conducted on full cohort. To examine the independent impact of marital circumstances on offspring's psychopathology, in multivariate models, the confounding variables were included first, followed by the main independent variable (marital status and quality).

Moreover, in a series of sensitivity analyses, we examined the association of maternal marital circumstances at the 5-year follow-up and offspring's psychopathology as young adults. In multivariate analyses, we controlled the associations for maternal mental health and substance use at the 5-year follow-up.

In the present analyses, we have examined nine outcomes. This increases the possibility that the Type I error is inflated by chance, which is known as the problem of multiplicity [46]. A Bonferroni procedure could be used to control the family-wise error rate from going above the conventional level of 0.05. This method is a very conservative procedure because of the high level of correlation between the different outcomes and so is not used here [47, 48]. Under Bonferroni correction, a $p < 0.006$ (0.05/9) would be deemed to be significant. Even for the conservative threshold of $p < 0.005$, it is clear from Table 2 that most of the observed associations remain statistically significant.

Results

At the 21-year follow-up, 3,844 young adults (47.5 % male and 52.5 % female) completed YASR, of those 3,473 had

Table 1 Missing at the 21-year follow-up according to mother and child characteristics

Variable measured at baseline		Data available at 21 years	
		Yes	No
Participant's gender	<i>N</i>	<i>N (%)</i> ^a	<i>N (%)</i> ^a
Male	3,758	1,649 (43.9)	2,109 (56.1)
Female	3,465	1,805 (52.1)	1,660 (47.9)*
Mother's age ^b			
<20 years	1,184	448 (37.8)	736 (62.2)
20–34 years	5,726	2,854 (49.8)	2,872 (50.2)
35+ years	313	152 (48.6)	161 (51.4)*
Mother's education ^b			
Incomplete high school	1,305	518 (39.7)	787 (60.3)
Complete high school	4,609	2,247 (48.8)	2,362 (51.2)
Tertiary education	1,256	689 (54.9)	567 (45.1)*
Mother's marital status ^b			
Married/living together	6,121	3,072 (50.2)	3047 (49.8)
Un-partnered	1,038	364 (35.1)	674 (64.9)*

* $p < 0.001$, level of significance derived from Chi-square test

^a Number (proportion) of attendance or drop out at the 21-year follow-up for each row category

^b Assessed at the first clinic visit

Table 2 Unadjusted associations of marital circumstances and quality of marital relationship with child psychopathology at the 21-year follow-up ($N = 3,473$)

Offspring's psychopathology	Marital status and quality at the 14-year follow-up				
	Intact family ^a		Reconstructed family ^b		Un-partnered ^c
	Good adjustment	Conflict	Good adjustment	Conflict	
Anxiety/depression	7.50 (6.29)	8.90 (6.69)***	8.27 (6.63)*	9.04 (6.29)***	9.15 (6.94)***
Withdrawal	2.40 (2.22)	2.75 (2.46)**	2.47 (2.26)	2.81 (2.41)*	2.92 (2.31)***
Somatic	4.26 (3.70)	4.87 (4.05)**	4.78 (3.84)*	5.15 (3.67)**	4.95 (4.02)**
Thought	0.65 (1.11)	0.77 (1.23)	0.73 (1.18)	1.02 (1.53)***	0.93 (1.40)***
Attention	3.14 (2.32)	3.48 (2.55)**	3.29 (2.30)	3.70 (2.57)**	3.69 (2.58)***
Aggression	3.86 (3.32)	4.53 (3.68)***	4.62 (3.69)***	5.03 (4.15)***	4.79 (3.78)***
Delinquency	2.09 (2.26)	2.52 (2.58)***	2.63 (2.62)***	3.21 (2.94)***	2.78 (2.75)***
Internalising	9.90 (7.89)	11.65 (8.54)***	10.74 (8.22)*	11.86 (8.04)**	12.07 (8.55)***
Externalising	8.67 (6.24)	9.88 (7.32)***	10.07 (7.10)***	11.53 (8.72)***	10.46 (7.53)***

* level of significance from reference category (good adjustment) obtained with Bonferroni paired-wised comparison tests $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

^a Lived with child's biological father

^b Lived with child's step-father

^c Separated, divorced or widowed; data are mean symptoms (standard deviation)

data available about maternal marital circumstances from previous follow-ups. Participants had a mean age of 20.6 (ranged 18.2–23.4) years. The mean (standard deviation) for YASR sub-scales at 21 years was: anxiety/depression = 8.11 (6.52); withdrawal problems = 2.55 (2.28); somatic problems = 4.61 (3.83); thought problems = 0.74 (1.21); attention problems = 3.33 (2.42); aggression = 4.25 (3.55); delinquency = 2.36 (2.47); internalising = 10.66 (8.18); and externalising = 9.40 (6.84).

Table 1 compares the baseline socio-demographic characteristics of the respondents to the 21-year follow-up versus non-participants. Females were more likely (52.1 %) to remain in the study up to the 21-year follow-up than males (43.9 %). Drop out by the 21-year follow-up was disproportionally higher among children whose mothers were from lower socio-demographic background or were un-partnered at the first clinic visit (baseline).

Table 2 provides details of child psychopathology measured by YASR at the 21-year follow-up according to each of the different categories of marital circumstances reported at child 14 years. For the associations presented in Table 2 the category that represents intact family (living with biological father of the child) with good adjustment was considered the reference category. Children who lived in reconstructed (step-father) families but their parents had a good marital relationship manifested higher symptoms of anxiety/depression, somatic problems, aggression, delinquency, internalising and externalising. Regardless of living with either a biological or step-father, conflict in the marital relationship was associated with increased levels of

offspring's psychopathology across all sub-scales of YASR; the magnitude of effect was stronger when the child lived in a reconstructed family with a poor parental marital relationship. Children who lived in single parent families had higher levels of psychopathology at 21 years when compared with those from intact families with good parental adjustment.

To compare psychopathology of offspring who lived with un-partnered mothers versus those reared in reconstructed families, we conducted a series of complementary ANOVA tests with the un-partnered group which was considered the reference category. In the new analyses, children in families in which there was no male partner were not statistically significantly different from those in reconstructed families (data are not shown).

Table 3 examines offspring's psychopathology for the different categories of marital circumstances while taking into account a selected group of confounding variables. As compared with the findings in Table 2, adjustment for child gender, mother's socio-demographic background, number of life events within first 5 years of the child's life, mother's anxiety, depression, cigarette smoking and alcohol consumption at child 14 years did not materially alter the association between marital status and quality of marital relationship on the one hand, and offspring's psychopathology on the other. However, there was slight attenuation in the magnitude of associations when compared with unadjusted findings presented in Table 2.

In a series of sensitivity analyses, additional ANCOVA models were conducted to test the robustness of the present

Table 3 Adjusted associations of marital circumstances and quality of marital relationship with child psychopathology at the 21-year follow-up ($N = 3,473$)^a

Offspring's psychopathology	Marital status and quality at the 14-year follow-up					<i>F</i> (<i>p</i> value) ^e
	Intact family ^b		Reconstructed family ^c		Un-partnered ^d	
	GA	CR	GA	CR		
Anxiety/depression	7.45 (6.28)	8.92 (6.75)	8.30 (6.62)	9.06 (6.49)	8.72 (6.81)	3.27 (<0.05)
Withdrawal	2.38 (2.21)	2.75 (2.49)	2.47 (2.27)	2.83 (2.53)	2.75 (2.23)	2.77 (<0.05)
Somatic	4.26 (3.69)	4.79 (4.03)	4.62 (3.72)	5.09 (3.74)	4.71 (3.83)	0.93 (0.44)
Thought	0.66 (1.12)	0.78 (1.25)	0.74 (1.19)	1.07 (1.61)	0.87 (1.28)	2.49 (<0.05)
Attention	3.13 (2.32)	3.41 (2.53)	3.34 (2.25)	3.87 (2.76)	3.62 (2.59)	2.21 (0.06)
Aggression	3.87 (3.35)	4.38 (3.59)	4.54 (3.64)	5.09 (4.29)	4.62 (3.57)	2.09 (0.08)
Delinquency	2.10 (2.27)	2.45 (2.55)	2.67 (2.65)	3.29 (3.13)	2.76 (2.71)	5.39 (<0.001)
Internalising	9.81 (7.86)	11.64 (8.59)	10.71 (8.28)	11.80 (8.40)	11.54 (8.43)	7.79 (<0.001)
Externalising	8.72 (6.29)	9.60 (7.18)	10.12 (6.99)	11.86 (8.26)	10.29 (7.19)	10.83 (<0.001)

Data are mean symptoms (standard deviation)

^a Adjusted for child gender, mother's age and education at baseline, family income at 14 years, mother anxiety and depression at 14 years and mother's smoking and alcohol consumption at 14 years

^b Lived with child's biological father

^c Lived with child's step-father

^d Separated, divorced or widowed

^e Obtained with ANCOVA tests

findings by including maternal marital status and quality of marital relationship at the 5-year follow-up as the main predicting variables. The findings of new analyses were not different from those presented in Tables 2 and 3.

Discussion

This is a large pre-birth cohort study which has prospectively examined the effects of marital status and quality on symptoms of psychopathology in the young adult offspring. The findings suggest that parental marital status and quality of the relationship between a child's parents predict his or her psychopathology as a young adult. The findings indicate that the marital choices that women make may have long-term effects on their children's psychopathology in early adulthood. Children reared in non-intact families or families affected by marital disagreement manifest a higher level of psychopathology in early adulthood. The data also show that 14-year-old children who lived with an un-partnered mother were at increased risk of impaired mental health and problem behaviours in early adulthood. These associations are independent of a selected group of potential confounders.

The data indicating that children living in broken families were more likely to have higher symptoms of psychopathology by the age of 21 are consistent with previous cross-sectional or short-term longitudinal studies [11, 17, 18, 21] which have found marital divorce and separation

increases offspring's mental illness and problem behaviours from early childhood to young adulthood. However, to date there is lack of longitudinal evidence that shows the impact of both marital status and quality of marital relationship. Our data contribute to the existing knowledge that compares both reconstructed and un-partnered families versus intact families. In agreement with previous studies [6, 8, 9, 21] we have found that poor marital relationships negatively affect the long-term mental health of offspring. Most importantly our findings suggest that when family restructure and quality of marital relationships are examined independently, both parents' marital status and marital relationship remain significant factors predicting offspring's psychopathology in early adulthood.

One possible explanation for our results is that marital disruption and conflict lead to negative socio-economic consequences which can influence child development. However, our findings show that the association of family circumstances and offspring's psychopathology is not confounded by the family's economic status during early adolescence, or by the mother's age or level of education. Alternatively, marital disruption and reconstruction affect parental supervision and control of the children, and undermines parent-child relationships [11] and may enhance children proneness to peer pressures and involvement in antisocial behaviours [49]. There is a need for longitudinal research to disentangle the pathway of association between marital circumstances and offspring's psychopathology.

Strengths and limitations

An important strength of this study is that it simultaneously assesses the influence of marital reconstruction, single parenthood and marital quality on the mental health of offspring in early adulthood. Second, the data are from a large prospective study that had information on a wide range of potential confounders that may distort the association between marital circumstances and child psychopathology. To our knowledge, previous studies have not had the capacity to control for the listed confounding variables included in this study.

However, there are a number of limitations that need to be taken into account when considering the findings presented here. The first limitation concerns the generalisability of the results. Of the overall cohort (7,223) recruited into study, 3,844 (53.2 %) provided information about YASR psychopathology at the 21-year follow-up. Of these, 3,473 had data available on marital status and quality of marital relationship at 14 years. Loss to follow-up at different follow-up times was likely to be associated with lower socio-economic status and the young age of the mother at the birth of the child (<20 years). These women were also more likely to have had marital disruption and discord than those women remaining in the study. However, the results would only be biased if the associations examined either did not exist or were in the opposite direction to non-participants and this is not the case. Second, the sample was restricted to those women attending a public (free) obstetric clinic, therefore the results cannot be generalized to potentially more affluent women receiving private obstetric care (that is care for which they pay).

Another limitation is that this study used self-report measures for both marital quality and young adults' psychopathology. The YASR is a well validated measure of young adult mental health and problem behaviour. However, it does not represent a clinical diagnosis of mental illnesses but rather measures the symptoms of impaired mental health and problem behaviours. In addition, this study is limited to women and their children; we could not control the observed associations for paternal potential confounding factors such as mental health and substance use. It is not possible to know which spouse initiated the dissolution of the relationship as we only have the mothers' perception of the quality of their relationship. It is possible that the associations identified will differ for men. Finally, there remains a possibility that the present association is due to unmeasured associations such as paternal mental health and substance use.

Conclusions

Mental health problems are important causes of morbidity in adolescence and early adulthood. This study examined

the effects of particularly stressful life events, that is, marital disruption and marital discord on the mental health and problem behaviour of the offspring in early adulthood. Consistent with previous studies, this study found that marital structure is an important factor in the long-term mental health outcomes for children and that family separation can have long-term adverse effects. Notwithstanding the limitations, it is important in clinical practice to acknowledge these associations particularly when considering interventions for young people presenting with symptoms of impaired mental health and problem behaviour. Further research that identifies the mechanism of association between marital problems and child psychopathology can help to reduce negative effects of marital disruption and discord on offspring.

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Conflict of interest None.

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