

Child contact problems and family court issues are related to chronic mental health problems for men following family breakdown

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It is known that family breakdown and divorce are stressful for all parties. There is evidence these can even lead to suicide, especially in men. However it is not known how much various factors – such as child access restrictions and family court issues – cause stress, and whether the levels of stress change over time. The present study surveyed the experiences of 29 men who had separated from their partners. Participants submitted multiple reports ($n = 408$ for the whole sample) over a 12-month period. It was found that these reports included 358 stressful experiences related to child access problems, and 229 stressful experiences related to family court issues. Men's mental well-being, measured using the Positive Mindset Index, was continuously low – just above clinical levels on average – throughout the 12-month period. Mental well-being was strongly negatively correlated to problems with child access ($r_s = -.571$) and family court issues ($r_s = -.448$). These correlations can be interpreted in the context of free text responses, which indicate that child access issues and family court issues had a negative impact on men's mental well-being. Physical health problems were frequently reported too. Implications of these findings for the long-term mental health and physical health of men experiencing family breakdown are discussed in relation to the need for the family courts, and associated services, to recognise the chronic stress experienced by many men who find themselves in this predicament, and to ensure that court processes are resolved as swiftly as possible.

Keywords: child access; chronic stress; family breakdown; family court; a longitudinal study

The distress of family breakdown can lead to mental health problems and even suicide (Sullivan, 2019). A review of suicide research in the US found that the two most common reasons for suicide are relationship/family discord (22% of suicides) and relationship dissolution (a further 18% of suicides) (Callanan & Davis, 2009).

Family breakdown is usually stressful for all concerned, though mothers and fathers tend to experience the related stressors differently (Köppen et al., 2020). For example, men in this situation are twice as likely to experience depression compared to women, possibly in part due to men's greater reliance on their spouse's network for social support than vice versa (Rotermann, 2007). Compared to married men, divorced men are significantly more prone to depression, suicide, substance abuse and heart disease (Felix et al., 2013). An estimate based on a large US database is that divorced men are at nine times higher risk of suicide than divorced women, even after taking into account age, education and income (Kposowa, 2003).

There is some evidence that loss of contact with one's children is a contributor to parental suicide (Shiner et al., 2009), but many aspects of the contributing factors are uncertain. There is evidence however that family breakdown can harm children, for example, delinquent behaviour (Juby & Farrington, 2001). Conversely, children who grow up in intact families tend to experience advantages in some aspects of physical health, emotional health and cognitive ability (Mariani et al., 2017).

Family breakdown can be considered a chronic stressor, but the degree of distress experienced at the different stages of breakup (e.g. initial separation, family court, long-term separation etc) have not been measured systematically. It is well recognised that divorce is linked to a reduction in health (Sbarra & Coan, 2017), suggesting that for many people the chronic stressors associated with family breakdown impact their physical as well as mental health. A national study of over 7000 adults in the US found that people who are widowed, separated, or divorced had a higher allostatic load – a profile of biomarkers indicating chronic stress – than those who were married or living with a partner (Chen et al., 2014).

In the case of men going through the family court process, this for many is a long-term stressor, and it is not known whether this relents once problems are resolved. In general, men under stress tend to prefer to deal with the problem that is causing the stress rather than deals with their feelings regarding the stressor (Holloway et al, 2018), so it is more likely that resolution of stress for men in the family court process will be 'solution-focused' i.e., stress will be resolved when the problem is resolved.

Currently, there is a lack of clear data on how stressful specific experiences can be, nor whether men and women experience these stressors differently. Therefore, the present study aimed to identify the degree to which different types of stressors are related to different levels of distress following family breakdown.

METHODS

Design

This study was a longitudinal online survey analysed using correlations and *t*-tests. The main outcome was mental positivity, and the other variables were: *demographics* (age, gender, UK region of residence); *features of the relationship and family* (months since separation [aka 'split'] from the partner, years in the relationship before separation, number of children, duration of separation from children; *recent stressful issues* (stress of family court issues, stress of arguments regarding family court issues, stress of child access issues, stress-related to mental health issues, stress of physical health issues, stress of work-related issues, stress of relationship issues, stress of substance abuse issues, and housing issues).

Materials

Features of the relationship and family

Participants were asked: *How long ago (approximately) did you split from your ex?; How many years, approximately, were you in your relationship before the breakup?; Please state the number of children with your ex.; How many of these children are you separated from, and for how long?*

Recent stressful issues

Participants were asked: *Please state how stressful any of the following have been for you in the past two weeks: family court issues; arguments related to family court issues; child access; mental health; physical health; work; relationships; substance abuse (alcohol, drugs); and housing.* These were answered on a scale from 1 to 5, where 1 = not at all stressful; 2 = slightly stressful; 3 = moderately stressful; 4 = very stressful; 5 = extremely stressful. There was also an option with each question to identify when there were no issues to deal with.

Positive Mindset Index (Barry et al., 2014)

The PMI consists of six items (happiness, confidence, being in control, emotional stability, motivation, and optimism), and uses a 5-point Likert scale. Previous work (e.g., Male Psychology Network, 2020) has observed that this scale shows good internal reliability (Cronbach's alpha = 0.926) and good concurrent validity a range of other validated instruments measuring constructs such as psychological health ($r = .678$), suicidality ($r = -.539$), happiness ($r = .689$), and self-esteem ($r = .766$).

Two platforms were used for the questionnaire (as per Stoet, 2010; 2017: Qualtrics (from November 2018 – January 19), then PsyToolkit (from February 2019 to April 2020). The survey questions were unchanged on the platforms, apart from removing the need to re-enter demographic information in the second version of the survey.

Participants

Participants were people registered with Families Need Fathers (FNF), a UK-based organisation for those facing difficulties in family breakdown. Due to the impact of UK family court laws on fathers, the membership mostly consists of men, though women are welcome too, and around a third of followers of the FNF Facebook page are women. The inclusion criteria were: being aged over 18 and with some experience of family breakdown and the family court system.

Procedure

The study was launched at an FNF conference in London in October 2018, and thereafter participants were recruited via the FNF newsletter, mailing list and social media. The contact point was JB, and potential participants who contacted JB were emailed the information sheet and consent form. Once they had consented, the participant received a personal identity code to use when filling in the survey. Every two weeks they were prompted by email to fill in the survey.

Data analysis

The distribution of most scores, which the exceptions of (age, number of children, and PMI), were positively skewed. Statistical adjustments were applied where possible (e.g., t -tests without equal variance assumed), or otherwise nonparametric tests applied (e.g., Spearman's rho, r_s).

RESULTS

Participants

Thirty-three participants (29 men and 3 women) consented to participate. All participants met the inclusion criteria, so all were included. All participants submitted the minimum required information, so all data were included. The median number of responses during the study period from the male participants was 13, with the highest number being 30 and the lowest being 1. For the three women, the median number of responses was 18, with the highest number being 22 and the lowest being 8. The median duration taken to fill in the survey was 3 minutes (minimum = 1 minute; max = 103 minutes). One man withdrew after three months due to finding the process of reporting his feelings and experiences too upsetting and was referred to the FNF support phone line. Of the three women, one was a grandmother

alienated from her grandchildren addressing difficulties with her son’s wife, a situation which is not directly comparable to the other two women, who were mothers seeking access to their children. Unfortunately, the number of women in the sample was too small for statistical analysis, and because findings from such a small group would be difficult to make generalisations from to other women, these data were withdrawn from further analysis.

Table 1 shows the information (demographic, relationship/family, *Stressful recent life experiences*) given at baseline (i.e., the first time filling in the survey). It can be seen that most participants were from London or the South East of England, possibly due to the study being launched at an FNF conference in London, which would have been attended mainly by people from London and the surrounding area. The sample had an average (median) age of 47, around 3.5 years since their split, had been in that relationship for about 9 years, had three children, who had been separated from for around two years. On a scale of 1 to 5, where 5 indicated the highest level of stress, the experience that caused the most stress was child access (median 5) and family court issues (median 5). The median PMI scores of 2.8 (0.82) were lower than the average for men in the UK 3.40 ($SD = 0.72$). The threshold for clinically low levels of mental positivity is around 2.7, so the mental positivity of the men in the FNF study was on average only just above levels that would indicate a problem that required psychological intervention. The median PMI scores across the study (408 observations) were 2.77 (0.82), which suggests a fairly consistently low level of mental positivity (see also Figure 1). The UK norm for the percentage of men scoring 2.7 on the PMI is 12.1% (Barry, 2020). In the present study, at baseline, 46% (13 of 28) scores were below the 2.7 thresholds, and 44% (10 of 26) were below this threshold at the time of their last rating in the study. These scores show that across the 12 months of the study, clinically low mental well-being scores were almost four times more common than would be expected.

Table 1
Baseline Information Regarding Demographic Characteristics, Relationship/Family, and Stressful Life Experience Scores of the Respondents

		Men (N = 29)	χ^2
Age, median (min - max)		47 (27 - 60)	
Region	London & SE	19 (63%)	8.397
	SW England	3 (10%)	
	Scotland	5 (17%)	
	Other	3 (10%)	
Months since split		42 (2 - 156)	
Years in relationship before split		9 (1 - 36)	
Number of children		3 (1 - 5)	
Months separated from children		24 (2 - 108)	
Family court issues		5 (2 - 5)	
Arguments of family court issues		4 (2 - 5)	
Child access		5 (2 - 5)	
Mental health		4 (2 - 5)	
Physical health		3 (1 - 5)	
Work		3 (1 - 5)	
Relationships		3 (1 - 5)	
Substance abuse		1 (1 - 3)	
Housing		4 (1 - 4)	
Positive Mindset Index (PMI)		2.8 (0.82)	

NB: Apart from region which shows percentages, and PMI which shows mean (\pm SD), values are shown as medians (and highest - lowest scores), analysed using Chi Square (χ^2).

SE = South East England; SW = South West England

χ^2 with Fisher’s Exact correction

Table 2 shows the correlations between scores on the PMI and the relationship/family variables and stressful recent life experiences variables. It can be seen that three events are strongly correlated with worse PMI: child access, mental health stress, and family court issues/arguments. Notably, child access issues were the most frequent problem, being identified in 92.8% of the reports as being at least 'slightly stressful' or worse. This is much more frequent than family court issues (59.3% of occasions) or arguments about family court issues (68.3% of occasions).

Table 2
 Correlations (Spearman's rho, r_s) Between PMI and Other Variables for the 29 Male Participants and 408 Reports

Variable	Correlation with PMI	% of Times this issue arose	Sig.
Months since split	-.032	-	ns
Years in relationship	-.064	-	ns
Number of children	.177**	-	.001
Months separated from children	.140**	-	.005
Family court issues	-.448**	59.3%	.05 ⁻¹⁹
Arguments about family court issues	-.439**	68.3%	.02 ⁻¹⁷
Child access issues	-.571**	92.8%	.05 ⁻³³
Mental health issues	-.547**	86.8%	.05 ⁻³⁰
Physical health issues	-.365**	91.3%	.04 ⁻¹³
Work-related issues	-.253**	89.5%	.02 ⁻⁷
Relationship issues	-.307**	84.3%	.02 ⁻¹⁰
Substance abuse	-.185*	33.9%	.001
Housing issues	-.318**	67.3%	.03 ⁻¹¹

NB: The number of times each issue arose throughout the study varies for each variable, depending on whether the participant had experienced an issue with a particular issue or not.

Correlations with physical health

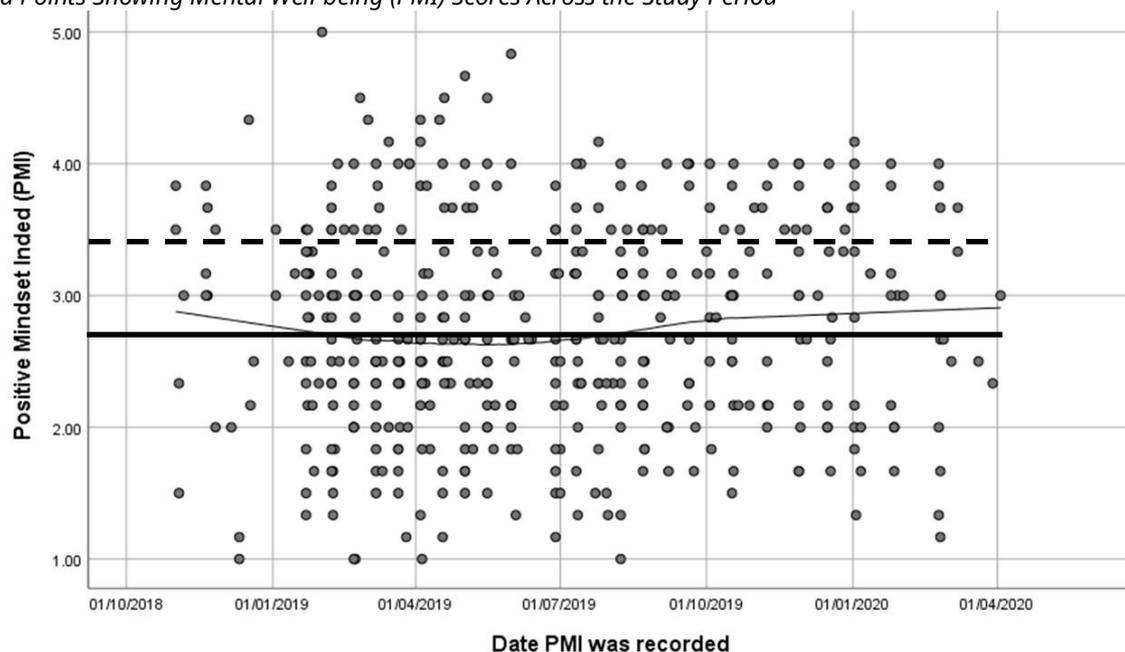
There were significant positive correlations (not shown in Table 2) between physical health problems and other variables: child access problems ($r_s = .389, n = 388, p < .02^{-13}$), family court issues ($r_s = .383, n = 388, p < .05^{-13}$), and arguments over family court issues ($r_s = .275, n = 388, p < .04^{-6}$).

Table 3
 Quotations from some of the participants, capturing the core issues experienced

Variable	Quote from participant
Months separated from children	<i>Every day, I am reminded that I have no contact with my daughters.</i>
Family court issues	<i>Constantly shocked by the bias in the Family Courts against men</i>
Arguments of family court issues	<i>Frustrated at my ex partners attitude and with the family court.</i>
Child contact	<i>Most stress now comes from having to continue contact with my ex, and from not having as much contact with the kids as I did.</i>
Physical health	<i>I was admitted to hospital with severe chest pains and breathing issues. I had a number of tests done all of which came back clear. It became apparent that all this issues where related to stress and anxiety caused by family court issues and contact failing.</i>
Work	<i>Work is quiet stressful and seams to get into my time with my child... I desperately need exercice but my work takes a lot of my energy.</i>
Relationships	<i>Trying to have hope in the impossible of a normal relationship with one's child is so so difficult.</i>
Substance abuse	<i>I have realised that alcohol can be dangerous and have now gone 5 nights without</i>
Housing	<i>I'm still waiting for my new home (new build) to be completed, and it is increasingly strained for my son and I to continue living with my mum.</i>

Figure 1 shows the relationship between the PMI score and the date that the PMI score was recorded. It can be seen the time of year does not appear to have an impact on PMI. To test this, the PMI scores for men recorded at three periods during the year were compared: the Xmas period (mean PMI = 2.9), the new year period (mean PMI = 3.2), and the rest of the year (mean PMI = 2.8). One-way ANOVA found no significant difference in the PMI scores, $F(2, 396) = 1.474, p < .230$.

Figure 1
 Data Points Showing Mental Well-being (PMI) Scores Across the Study Period



NB: The heavy dotted line shows the norm wellbeing score for men in UK; the heavy black line shows the threshold for clinically relevant scores; the lighter curved line (Loess curve) shows PMI scores in this study were consistently close to the clinical threshold across the duration of the present study.

Stress-related to child access or family courts

Three men were dealing with child access, but not via the courts at any point during the survey. Taking all measurement occasions into account (75 for the no-court group vs 323 for the others), the mean PMI of these three men was significantly higher than the PMI of those who were involved in the family court process (3.5 vs 2.6; $t(df = 150.08) = 12.187, p < .05^{-32}$).

Impact of resolution of family court issues

Although there were only two examples of the resolution of family court issues during the period of the study, which is not a sufficient number to apply statistical analysis, some free text responses suggest that resolution led to considerable relief from stress. In his final submission to the survey, one man said his wife had called off-court action and wanted to restart their relationship; in this post, his PMI was 3.0, a marked improvement to his previous mean PMI score of 2.4 during the period of separation.

DISCUSSION

This longitudinal survey assessed the mental positivity of 29 men over 12 months, identifying the issues that predicted distress about their family breakdown experience. It was found that problems with accessing their children, and family court issues, were strongly correlated with chronic levels of, on average, almost clinical levels of distress.

Stress due to child access and family courts

It is known that the distress of family breakdown can lead to distress and even suicide (Sullivan, 2019). Indeed relationship dissolution accounts for 18% of suicides (Callanan & Davis, 2009). The Positive Mindset Index is known to be well correlated with suicidality and other indexes of mental health, and in the present study, the median PMI scores across the 12-month study period (Figure 1) were 2.77 (0.82), demonstrating a chronic low level of mental positivity, being in just above the threshold (PMI of 2.7) for clinically relevant scoring. The fact that PMI wasn't significantly lower over the winter holiday period might be explained by the reduced activities of the family courts over this period, so although many fathers may not have had access to their children over this time, any sense of loss might have been compensated by at least not having to cope with family court issues over this time. At the start of the study, 46% (13 of 28) of scores were below the PMI clinical threshold of 2.7, and at the end of the study, 44% (10 of 26) were below this threshold. Therefore across the 12 months of the study, clinically low mental well-being scores were almost four times more common than would be expected in adult men in the UK. Table 1 shows that the duration of time since separation, which ranged from two to 108 months, was not correlated with the degree of stress, which indicates the chronic and unrelenting nature of the stress experienced by the men in this study.

Previous research suggests that loss of access to one's children is a contributor to parental suicide (Shiner et al, 2009). The correlations (Table 2) suggest that that child access was the variable most related to low mental positivity ($r_s = -.571$). The effect size of this correlation is strong ($r = .5$ is a strong correlation). Almost as strongly related to PMI were family court issues ($r_s = -.448$), and arguments related to the family court issues ($r_s = -.439$). Correlation does not prove causation, but the free-text responses (Table 3) support the interpretation that issues connected to child access and family courts were the cause of men's stress.

There were two other sources of evidence that family courts caused stress. Firstly, the three men who did not use the family court process had significantly higher PMI scores than men using the family courts (respectively, PMI scores of 3.5 vs 2.6, $p < .05^{-32}$). Secondly, two men came to a resolution of family court issues during the period of the study, which although is not a sufficient number for statistical analysis, experienced considerable relief from stress, as shown not only by PMI changes but by their free-text responses. In his final submission to the survey, one man said his wife had called off-court action and

wanted to restart their relationship; in this post, his PMI was 3.0, which is a clinically significant increase from the mean of his previous posts, which was 2.4.

Impact on physical health

Previous research has found that individuals who are divorced or separated are more prone to health problems related to chronic stress (Chen et al., 2014). Divorced men are significantly more prone to depression, suicide, substance abuse and heart disease than married men (Felix et al., 2013). In the present study, physical health problems were moderately correlated (r_s between .3 and .5) with child access problems, family court issues, and arguments over family court issues. Free text comments from participants (examples in Table 3) suggest that stress directly related to family courts and stress due to arguments about family court issues increased health problems. Table 2 shows that men mentioned health issues in 91.3% of their reports and that health issues were moderately related to PMI ($r_s = -.365$). Table 3 gives an example of a man who was hospitalised with severe chest pains due to the pressures of his family breakdown issues. The longer-term consequences of stress on health could not be assessed in this study, which followed men over only 12 months. However the frequency of reports of health issues is a red flag for long-term consequences, and this needs to be the subject of further research.

Strengths of this study

This was a longitudinal study which assessed changes in stress levels over time, and the impact of various court experiences and life experiences over time. This research design means that the results can't be explained by individual differences e.g. due to demographics or personality type. Though only a pilot study, the project amassed a lot of data – with over 400 reports throughout the study. The study highlighted the unrelenting stress associated with family breakdown, the key roles of child access and family court problems, and how these issues impact health. This study also showed that although family court issues and arguments about family court issues raise roughly similar levels of stress, the frequency of stress-related to arguments about family court issues was greater (68.3% of reports) than the frequency of stress-related to family courts (59.3% of reports), suggesting that family court issues created additional stressful arguments. The findings of this study have identified which issues are the most stressful, thus should help to identify the people going through these experiences who would most benefit from support.

Limitations of this study

The number of participants was relatively small, though having said this, the number of observations (> 400) was large enough to detect statistically significant effects. However, a larger sample would have allowed for a greater range of statistical tests e.g. multiple regression. Also, it would have been very useful to have a comparable sample of women for the study, to see whether there were gender differences in experiences and sources of distress. We recruited two mothers, but unfortunately, this is not a sufficient number to allow statistical analysis.

Implications and future research

Future research could be improved by recruiting more effectively a sample of mothers. Research suggests there are sex differences in the impact of family breakdown, often with mothers experiencing more dissatisfaction with post-breakdown finances, and men – with reduced access to their children - experiencing more dissatisfaction with post-breakdown family life (Köppen et al., 2020). Although mothers are more likely to be given the retention of children by the family courts, there is anecdotal evidence recognised in FNF that when mothers are denied access to children, this can be extremely stressful for the mother.

Although coping strategies were not assessed in the present study, futures studies might study the degree to which different coping strategies (e.g., emotion-focused vs solution-focused) might impact the levels of stress experienced about family breakdown (Holloway et al., 2018). The reduction in PMI in those participants who resolved their family breakdown issues implies that a solution-focused approach works i.e. addressing the cause of the stress rather than addressing the stress itself. A future study should collect

more detailed data on the health impact of going through the family court process. This would need a long-term study, over several years at least.

CONCLUSION

The finding of unremittingly low levels of mental well-being across the course of this study has serious implications for the long-term health of men following family breakdown. It is recommended that the family courts should consider the mental health impact of going through the family court process and make the resolution of cases as fair and rapid as possible. It is anecdotally suggested (see Table 3) by men going through such proceedings that, as fathers, they are viewed much less sympathetically than mothers. Such a state of affairs is not only unfair on the father but unfair to the children who are deprived not only of their father's presence in the home but deprived of any access to a happy father. The fact that this situation has not already been recognised by the authorities or acted upon might be a sign of gamma bias, a widespread cognitive distortion that makes problems less visible when then impact men than when the same problems impact women (Seager & Barry, 2019).

In conclusion, these findings underline the urgent need for support for men going through family breakdown, especially those seeking access to their children, and those going through the family court process. Perhaps the family courts could look into their proceedings and – after consultation with men who have experience of these proceedings – identify modifications which would make the process less stressful. In the meantime, family courts should also actively make men who are using their services aware of sources of mental health support e.g. the FNF counselling helpline.

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