



Mummy's Boys, Daddy's Girls and Teenage Mental Health

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- Using data from the Millennium Cohort Study, we have previously shown that family breakdown is a major influence on whether or not teenagers subsequently exhibit high levels of any mental health problem. We have also shown that family breakdown does its damage by reducing both family income and closeness to either parent.
- In this new analysis, we look at the interplay between parent-parent and parent-child relationship, taking into account relational factors from child's birth to age 14. Although there is clear overlap between factors affecting boys and girls, we also find distinct gender differences.
- **For boys**, the major protective factors are having **parents who were married when their son was born**, whose mother was 'very happy' with her relationship with the father when the son was aged 11, or who had a **close relationship with his mother at age 14**. While having a mother with a degree is also a protective factor, most of this benefit is transmitted through closeness between mother and son. The use of physical force between parents is a risk factor for the 3 per cent ever experiencing it. However low relationship quality has no direct effect.
- **For girls**, the major protective factors are having **parents whose relationship quality was anything better than 'low'** when their daughter was born, or who had a **close relationship with her father at age 14**. Risk factors mostly affect small minorities, the 3 per cent where there has ever been physical force between parents, the 10 per cent whose family income is in the bottom two quintiles, and the 4 per cent whose interparental happiness is rated lowest. Once again, a mother's degree is a protective factor but in this case it transmits through a combination of closeness with the father and family income at age 14.
- Overall, teenagers are much more likely to be close to their mother than their father, with girls being 'very' or 'extremely close' to 81% of mothers yet only 59% of fathers, and boys being close to 86% of mothers yet only 69% of fathers. Boys thus also tend to get on slightly better with both parents. Although not being close to mum appears on the surface to have a bigger impact on teen mental health than not being close to dad, when we take other factors into account it's the relationship with the opposite sex parent that matters most.
- These complex findings suggest the way parents relate to each other and to their opposite sex children has a fundamental influence on the way teenage boys and girls might be thinking about their own future relationships and commitment.

INTRODUCTION

Mental health problems during adolescence cast a 'long shadow' over life prospects during adulthood, affecting work, marriage and well-being. According to a UK longitudinal study of adults born in 1958, mental health problems during childhood are 'far more important' than physical health problems (*Goodman et al 2011*).

Government reviews find that three quarters of mental health problems in adult life begin during childhood or adolescence. One in ten children need support for mental health problems that are associated with lower educational attainment and behaviours that pose health risks (*McShane & Rouse 2015*).

Family background plays a major role in children's mental health. Among the major risk factors for child mental health problems is poverty.

Previous studies of data from the Millennium Cohort Study, the same cohort that we use for this and our previous analysis, showed that persistent levels of poverty, transitions into poverty, parents own mental health and whether the parents stayed together as a couple, are all strongly associated with child mental health problems (*Fitzsimons et al 2017*).

As well as poverty, the parental relationship also has a major impact on teen outcomes.

A recent review of 18 UK and international studies supported this conclusion that parental divorce was associated with an increased long term risk of depression in their adult offspring (*Sands et al 2017*).

A review carried out for the Department of Work and Pensions by the Early Intervention Foundation found that the quality of the inter-parental relationship is a primary influence on children's long-term mental health and life chances (*Harold et al 2016*).

This review focused heavily, and drew its conclusions, primarily on the well-evidenced effects of parental conflict. However despite a nod to the substantial evidence base linking family structure with child outcomes (p45), the review concludes that family stability is the consequence of high levels of conflict, an assumption at odds with UK and US evidence that the vast majority of family breakdown is low

conflict in nature (*Benson & James, 2015; James 2015*).

Our own previous analysis of Millennium Cohort Study data showed that the influence of family behaviour on teenage mental health extends far beyond parental conflict (*Benson & McKay 2017*).

Family breakdown is the single biggest factor for girls and equal top influence for boys, along with parental relationship happiness.

Whether parents are married, happy, stay together, and remain close to their child all make a unique contribution.

Our findings also demonstrated that teenage outcomes differ depending on whether the parents were married or cohabiting, even when parents with similar backgrounds remained intact as a couple. Previous analysis found that younger children appear to fare similarly well in intact married and cohabiting households (*Crawford et al 2013*).

In this new analysis, we include a wider selection of parental factors from birth to age 14 that includes whether parents had ever used physical force at each stage, how happy they were in their relationship at each stage, as well as a composite measure of parental relationship quality.

We have already found that being close to either parent is a key influence on teen mental health outcomes. However this link may be reciprocal. It is as likely that children whose parents are not close to them find life more difficult as it is that children who find life more difficult make it harder for parents to be close.

So we especially wanted to look at the prevalence of parent-child closeness, what precursors in the parental relationship precede this, and whether there are differences between boys and girls.

We also wanted to look at the prevalence of physical force, given that government advisors claim this to be a primary influence on child outcomes.

METHOD

Our analysis draws on Millennium Cohort Study data from 10,929 mothers with children born between 2000 and 2002. The mothers were surveyed initially when their children were approximately nine months old, and again when their children were aged 3, 5, 7, 11 and 14.

Our main dependent variable was the mental health of children at age 14, as reported by mothers in the twenty five item Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997).

Mothers were asked to mark each item as 'Not true', 'Somewhat true' or 'Certainly true' based on their child's behaviour 'over the last six months or this school year'.

Items included 'Considerate of other people's feelings', 'Restless, overactive, cannot stay still for long', 'Often has temper tantrums or hot tempers', and 'Often plays alone'.

A full list of items is included at the end of this study.

Most researchers use the Total Difficulties score, from which ONS, for example, state that one in eight teens report mental health problems (ONS 2015).

However SDQ also divides into five subgroups or scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer problems and prosocial behaviour. Like others, we have excluded 'prosocial behaviour' as this scale is less well validated (Fitzsimons et al 2017).

Each scale then has a cut-off score for distinguishing 'slight', 'high' and 'very high' problems.

We use standard cut-offs for 'high' and 'very high'. For the emotion scale, the cut-off is 5 or more out of a possible ten; for conduct, 4 out of ten; for hyperactive, 8 out of ten; and for peer problems, 4 out of ten.

As in our previous analysis (Benson & McKay 2017), where we bring a new approach is to look at whether teens breach the cut-off for high levels of problems on any of these four scales.

As independent variables, we use mother's education, ethnicity, marital status and a composite measure of relationship quality at Wave 1, when the child was nine months old, and whether both parents were living in the household at Wave 6, when the child was fourteen years old.

The Millennium Cohort Study divides mother's marital status at the time of child's birth into seven categories: Married and living together, cohabiting/living as married, separated, divorced, closely involved, just friends, not in any relationship.

We have confined our analysis to comparing SDQ scores at age 14, as reported by the parent, by whether the parents were married or cohabiting at the first wave, shortly after their child's birth. We have combined the 'other' relationship categories as numbers are too small for meaningful comparison.

In order to look at changes in the relationship along the way, we also included whether the mother reported their partner ever using force at Waves 1 to 6, and the mother's happiness with her relationship at Waves 1 to 6.

Finally, we looked at closeness to each parent at Wave 6, as reported by the mother in terms of 'no contact', 'not very', 'fairly', 'very' or 'extremely close', as well as family income divided into quintiles.

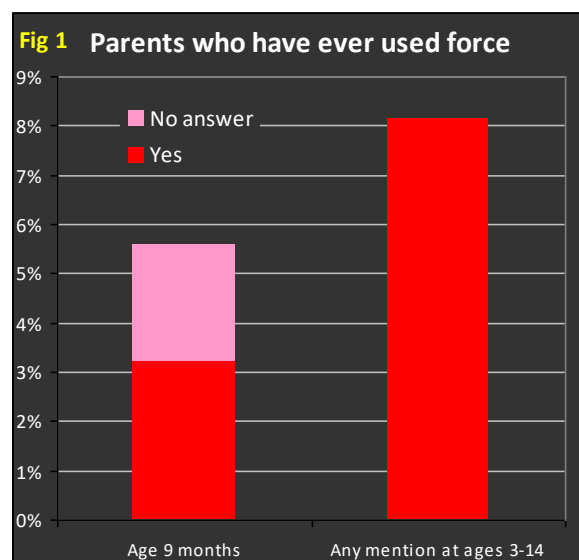
RESULTS

Our first analysis looked at a sample of 8,401 mothers from Wave 1, when the children were aged 9 months, to Wave 6, when they were aged 14.

This analysis differed from our previous analysis by the addition of whether physical force between partners was reported at Wave 1 or any mention at all was made between Waves 2 and 6.

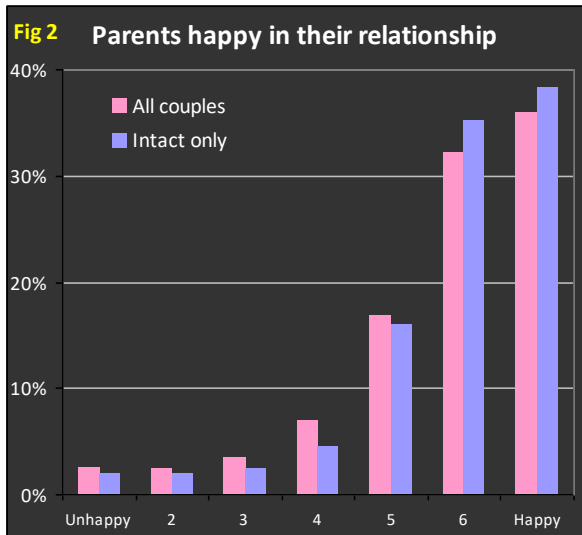
At Wave 1 – i.e. when the children were newborn – 3% of mothers said they had ever experienced physical force, a broad measure that ranged from pushing and shoving to hitting. A further 2% did not answer the question.

Between Waves 2 and 6 – i.e. when the children were aged from 3 to 14 – 8% of mothers mentioned force at any time. See [Figure 1](#) below.



Unsurprisingly, mothers' reported happiness with their relationship soon after their child is born is skewed towards the very happy end, with 5% unhappy, 27% neutral, and 68% happy, see [Figure 2](#) below.

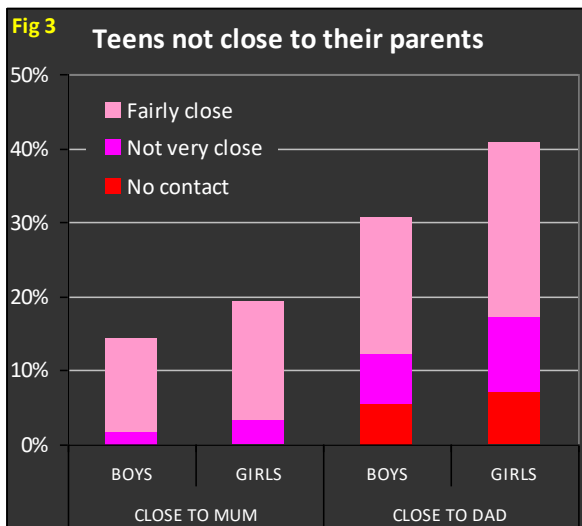
These figures become skewed further when only looking at the couples who remained intact until their children are aged 14, with 4% unhappy, 23% neutral, and 73% happy. This pattern remains largely unchanged at ages 3, 5, 7, and 11.



A significant minority of teens, both boys and girls do not have a close relationship with their parents. This applies whether we include parents who split up or not, see [Figure 3](#) below.

Fathers with either child and girls with either parent tend to have the worst relationships.

41% of girls and 31% of boys do not have an especially close relationship to their father. 19% of girls and 14% of boys do not have an especially close relationship to their mother.

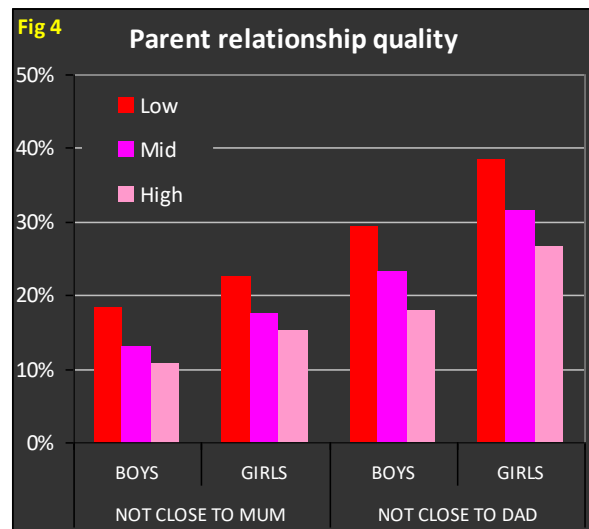


Finally, there is a clear link between parent's relationship quality soon after their child is born and closeness to their teenagers at age 14. For this measure, we used a composite based on seven questions (*Crawford et al 2013*), which we then grouped into low, medium and high quality.

Parents with lower relationship quality early on were more likely to have a difficult subsequent relationship with their teens. This point is most apparent for fathers and for daughters, see [Figure 4](#) below.

So 38% of *fathers* with low quality parental relationships go on to have poor relationships with their *daughters* compared to 27% of fathers with high quality parental relationships.

In contrast just 18% of *mothers* with low quality parental go on to have poor relationships with their *sons* compared to 11% of fathers with high quality parental relationships.



Our previous analysis of this data has already shown that family breakdown – where the father had left the household some time between 9 months and 14 years – is the biggest influence of mental health for both boys and girls (*Benson & McKay, 2017*).

In [Table 1](#) below, we add the use of physical force as factor into our regression calculation among all families who start off as married or cohabiting parents.

Model 1 looks only at factors present at Wave 1. Both the acknowledgment of physical force and refusal to answer the question are significant influences on subsequent teenage mental health outcomes, raising the odds by 34% among parents who said yes and 56% among parents who refused to answer.

However Model 2 shows that, as for family breakdown, the sometime use of physical force between parents has its influence through lower closeness with children and/or lower family income. Adding any mention of the use of force from 3 years onwards also has no significant unique effect.

Table 1

All couples, all children			n=8401	Model 1			Model 2		
				Wald	Odds	Sig	Wald	Odds	Sig
Force	9 mths	Yes	3%	5.3	1.34 *	1.0	1.15		
	9 mths	No answer	2%	8.4	1.56 **	3.7	1.36		
Marital	9 mths	Cohab	25%	18.4	1.29 ***	9.4	1.21 **		
	9 mths	All others	3%	8.6	1.60 **	4.1	1.40 *		
Father	14 yrs	No	24%	56.7	1.55 ***	0.0	0.98		
	14 yrs	Deceased	1%	2.5	1.58	2.6	0.60		
Age	9 mths		0%	3.1	0.99	0.1	1.00		
Degree	9 mths	Yes	24%	28.6	0.71 ***	6.6	0.84 *		
Ethnic	9 mths	Mixed	1%	0.1	0.90	0.0	0.94		
	9 mths	Indian	3%	0.7	0.85	2.8	0.72		
	9 mths	Pak/Bang	7%	12.0	1.54 **	1.8	0.83		
	9 mths	Black	2%	3.0	0.67	8.7	0.50 **		
	9 mths	Other	2%	1.7	1.33	0.6	1.19		
Rel Happy	9 mths	Very	3%	0.0	0.99	0.1	0.96		
	9 mths	Unhappy	2%	0.6	1.14	0.3	1.10		
	9 mths	Neutral -	3%	11.4	1.55 **	6.7	1.41 **		
	9 mths	Neutral	7%	15.4	1.47 ***	8.2	1.33 **		
	9 mths	Neutral +	17%	10.5	1.27 **	8.0	1.24 **		
9 mths	Very happy	36%	1.0	0.94	1.6	0.92			
Close mum	14 yrs	Not very	2%			19.9	1.99 ***		
	14 yrs	Fairly	14%			16.7	1.39 ***		
	14 yrs	Extremely	44%			0.1	1.02		
Close dad	14 yrs	Not very	7%			7.7	1.33 **		
	14 yrs	Fairly	20%			4.7	1.17 *		
	14 yrs	Extremely	32%			3.6	0.86		
	14 yrs	No	4%			18.1	1.75 ***		
Income	14 yrs	Lower	11%			42.8	2.04 ***		
	14 yrs	Second	13%			22.4	1.53 ***		
	14 yrs	Fourth	27%			9.0	0.79 **		
	14 yrs	Highest	29%			14.8	0.73 ***		
Force	14 yrs	Yes	8%			2.3	1.15		

However to include a more detailed look at how parental relationships change over time means looking only at intact couples, those married and cohabiting parents who are still together when their child is aged 14.

Because we are now looking only at intact families, the sample size reduces to 2,203 for families with boys and 2,242 for families with girls.

Factors included in the model were:

- physical force ever mentioned in any of the three surveys at age 9 months, 3 years and 5 years, and separately at ages 7, 11 and 14;
- relationship happiness between parents at each survey, aged 9 months to age 14;
- relationship quality at age 9 months;
- mother's marital status at age 9 months, whether she has a degree, and her ethnicity;

- teen closeness to father and mother at age 14 years
- family income by quintile at age 14 years.

Table 2 shows only those factors which have a significant unique influence on the odds of boys or girls exhibiting high levels of any mental health problem. As ever, the Wald number gives an indication of the importance of the factor.

For both boys and girls, there are some common factors.

How happy parents are with their relationship matters from early on. The use of physical force by parents has an impact on children sometime after age 7. from age 11.

However there are also some clear differences.

For boys, the biggest impact comes from having married parents, which reduces the odds of future problems by 34% compared to teens with similar intact parents but who are cohabiting.

For girls, the biggest impact comes from the use of physical force ever between age 7 and 11, which increases the odds of subsequent mental health problems by more than three times.

Girls are also influenced by family income and parent relationship quality, whereas boys are not.

However it is especially notable that boys and girls are influenced by closeness to the opposite sex parent. Those 13% of boys who do not have a close relationship with their mother and the 27% of girls who do not have a close relationship with their father have significantly higher odds of problems.

For both boys and girls, the closeness of relationship with the same sex parent has no unique impact.

Two other factors are of note.

The first is that girls with intact ethnic black parents do especially well. However the sample size is small.

The second is that having a mother with a degree would be the biggest influence on subsequent outcomes for both boys and girls. However in both cases, this effect is entirely accounted for by subsequent closeness to parents and family income.

Table 2

Intact families only, boys and girls separately

BOYS	Wave	n=	Final Model	
			Wald	Odds
		2,203		
Mum married	9 months	79%	10	0.66 **
Mum has degree	9 months	30%	1	0.90
Mum neutral happy	5 years	15%	4	1.41 *
Mum neutral happy	7 years	5%	5	1.66 *
Mum neutral happy	11 years	6%	9	1.91 **
Mum very Happy	11 years	36%	9	0.64 **
Mum ever had force	14 years	3%	4	2.12 *
Mum unhappy	14 years	5%	4	1.99 *
Mum fairly close	14 years	12%	9	1.74 **
Mum not very close	14 years	1%	7	4.15 **
GIRLS				
		2,242		
Mum has degree	9 months	30%	4	0.79
Mum low rel qual	9 months	26%	6	1.44 *
Mum neutral happy	9 months	2%	4	0.44
Mum black	9 months	1%	4	0.03 *
Mum unhappy	7 years	2%	8	2.45 **
Mum very unhappy	7 years	2%	6	2.48 *
Mum unhappy	11 years	3%	4	1.83 *
Mum ever had force	11 years	3%	14	3.42 ***
Family income lowest	14 years	4%	8	2.88 **
Family income second	14 years	6%	6	1.89 *
Dad fairly close	14 years	22%	6	1.42 *
Dad not very close	14 years	5%	5	1.70 *

DISCUSSION

This study builds and expands on our earlier analysis of data from the Millennium Cohort Study, looking at factors that predict whether teens exhibit high or very high levels of any of four measures of mental health, namely emotional, conduct, hyperactivity/inattention and peer problems.

In particular, our analysis includes more detailed measures of parental relationship quality, happiness, and use of physical force.

This is important because current government advice is that parental conflict plays a major role in teenage mental health outcomes.

Our study shows that the use of physical force between parents, whilst remaining an undoubtedly unpleasant and toxic influence on children, in reality affects a relatively small number of families.

At most 8% of couples experience any kind of physical force, a broad measure ranging from pushing to hitting, nowhere near enough to explain the 27% of boys and girls who exhibit high levels of any problem.

Similarly, unhappiness with the parental relationship mercifully never exceeds 5% of couples throughout childhood.

In our first analysis of all couples, those who were married or cohabiting when their child was 9 months, regardless of whether they stayed together or split up, showed that the biggest single factor in teen outcomes is whether the father is still in the house.

However family breakdown is subsequently accounted for a combination of closeness to either parent and/or family income.

Whether force was ever used between parents was also an important factor for the minority affected. This effect also disappeared once closeness and income were taken into account.

Even after taking all of these factors into account, parents' original marital status and relationship happiness both remained significant influences.

So in our second analysis, we looked at couples who stayed together and how their relationship changed over time.

Where this analysis differed was that we included whether force was ever reported in each survey as being used, how happy parents were in their relationship in each survey, and also a composite measure of relationship quality in the first survey.

We had to look exclusively at intact relationships because of the difficulty of disentangling responses from those couples who had split up and then formed new, and hopefully happier, relationships.

Previous research has found limited evidence that boys and girls might differ in the way they respond to parental conflict (*Rhoades 2008*). What we found was some clear overlap in the way parental relationships influence both boys and girls mental health, but also some clear and interesting differences.

Both boys and girls mental health appears to be influenced by the way parents relate to one another, in terms of how happy they are with their relationship and whether physical force has ever been used.

Teenage mental health is also linked specifically to the closeness of relationship with the opposite sex parent.

However boys seem to respond to clearer signals from their parents – whether their parents are married rather than cohabiting and whether their parents are very happy.

In contrast, girls seem to respond to whether their family situation is above or below a minimum level – whether or not their parents' relationship quality is low, their parents are unhappy, and their family income is in the bottom two quintiles.

For boys, the biggest influence is whether their parents were married when they were born. For girls the biggest influence is whether their parents have used physical force in the past three years.

So what does this all mean?

What it looks like is that teenage mental health reflects the level of security that boys and girls feel about their own future relationships.

It is possible that children in difficulty might make it hard for parents to have a close relationship with their child, rather than the other way round. However if this were the case, then teenage mental health should be linked to closeness to both parents. It is not.

The relationship that matters is the relationship with the opposite sex parent. If teens can't get on with their opposite sex parent, then what hope is there that they can get on with a future partner?

That's clue number one that what teens see and experience at home is vital to their confidence about the future, and hence their mental health.

Clue number two comes from the different factors that influence boys and girls.

Commitment theory finds that adult men's commitment tends to be based more around decisions whereas adult women's commitment tends to be based more around attachment (*Stanley et al 2006, Owen et al 2013*).

So if teenage boys are looking at how they might establish clarity and remove ambiguity in their own relationships once they become adult men, then they will be especially interested in the clarity and lack of ambiguity in their parents' relationship.

This may explain why having parents who are married and very happy is so important.

On the other hand, if teenage girls are looking at how they might establish attachments once they become adult women, then they will be interested in anything that makes that difficult.

This may explain why having parents who have recently used physical force is such a negative influence, but it also explains why having unhappy parents with low relationship quality and being in the lowest income groups also matters.

As far as we are aware, this is the first study to suggest a link between what boys and girls experience at home, their mental health, and their beliefs about their potential for adult commitment.

Although plausible, there may be other explanations. This is an interesting area that merits further research.

REFERENCES

- Benson, H. & James, S. (2015). Out of the blue: Family breakdown in the UK. Cambridge: Marriage Foundation
- Benson, H. & McKay, S. (2017) Family breakdown and teen mental health. Cambridge: Marriage Foundation.
- Crawford, C., Goodman, A., & Greaves, E. (2013). Cohabitation, marriage, relationship stability and child outcomes: final report (No. R87). IFS Reports, Institute for Fiscal Studies.
- Fitzsimons, E., Goodman, A., Kelly, E., & Smith, J. P. (2017). Poverty dynamics and parental mental health: Determinants of childhood mental health in the UK. *Social Science & Medicine*, 175, 43-51.
- Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- Goodman, A., Joyce, R., & Smith, J. (2011). The long shadow cast by childhood physical and mental problems on adult life. *Proceedings of the National Academy of Sciences*, 108, 6032-6037.
- Harold, G., Acquah, D., Sellers, R., & Chowdry, H. (2016) What works to enhance inter-parental relationships and improve outcomes for children. London: Early Intervention Foundation.
- James, S. (2015) Variation in Marital Quality in a National Sample of Divorced Women. *Journal of Family Psychology*, 29, 479-489
- McShane, M. & Rouse, J. (2015). Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing. Department of Health.
- Office for National Statistics (2015). Insights into children's mental health and well-being.
- Owen, J., Rhoades, G., & Stanley, S. (2013). Sliding versus deciding in relationships: Associations with relationship quality, commitment, and infidelity. *Journal of couple & relationship therapy*, 12, 135-149.
- Rhoades, K. (2008). Children's responses to interparental conflict: A meta-analysis of their associations with child adjustment. *Child development*, 79, 1942-1956.

Sands, A., Thompson, E. J., & Gaysina, D. (2017). Long-term influences of parental divorce on offspring affective disorders: A systematic review and meta-analysis. *Journal of Affective Disorders*.

Stanley, S., Kline, G., & Markman, H. (2006) Sliding vs. Deciding: Inertia and the premarital cohabitation effect. *Family Relations*, 55, 499-509.

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STRENGTH & DIFFICULTIES QUESTIONNAIRE

Emotion

- *Often complains of headaches, stomach-aches or sickness*
- *Many worries, often seems worried*
- *Often unhappy, down-hearted or tearful*
- *Nervous or clingy in new situations, easily loses confidence*
- *Many fears, easily scared*

Conduct

- *Often has temper tantrums or hot tempers*
- *Generally obedient, usually does what adults request*
- *Often fights with other children or bullies them*
- *Often lies or cheats*
- *Steals from home, school or elsewhere*

Hyperactive

- *Restless, overactive, cannot stay still for long*
- *Constantly fidgeting or squirming*
- *Easily distracted, concentration wanders*
- *Thinks things out before acting*
- *Sees tasks through to the end, good attention span*

Peer

- *Rather solitary, tends to play alone*
- *Has at least one good friend*
- *Generally liked by other children*
- *Picked on or bullied by other children*
- *Gets on better with adults than with other children*