



Trauma-Informed Custody Policy and Family Interventions for Adolescent Mental Health: A Systematic Review

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Abstract. Adolescents affected by parental divorce face increased risks of mental health challenges, often exacerbated by custody disputes, post-separation abuse, and institutional inadequacies. This study aims to evaluate the effectiveness of trauma-informed, family-based interventions and custody-related policy reforms that promote adolescent mental health, with a focus on the integration of the Islamic principle of *maslahah* as an ethical framework. A systematic review was conducted using three databases (ScienceDirect, PubMed, Scopus) covering publications from 2000 to 2024. Inclusion criteria focused on empirical studies addressing interventions, custody policies, and mental health outcomes in adolescents aged 10–21. Findings reveal that Treatment Foster Care Oregon (TFCO) reduces behavioral issues and improves emotional regulation; Multisystemic Therapy and Wraparound Services prevent custody relinquishment and support family cohesion. Legislative reforms like the Family First Prevention Services Act have shown promise in redirecting funding toward prevention, yet face significant implementation disparities. Reports of healthcare obstruction and court-induced trauma remain critical threats to adolescent well-being. The review also found that custody loss, particularly among adolescent parents, correlates with increased substance use and long-term psychosocial instability. The integration of *maslahah* into legal and mental health frameworks provides a culturally grounded approach to trauma-informed reform. These findings emphasize the need for cross-sectoral collaboration, standardized trauma protocols, and culturally responsive service models. This study advances a holistic understanding of adolescent welfare in custody contexts and identifies pathways for ethical and sustainable reform.

Keywords: Adolescent Mental Health; Child Welfare Reform; Custody Policy; Parental Divorce; Trauma-Informed Care.

1. INTRODUCTION

The psychological impact of parental divorce on adolescents has increasingly become a focal point of interdisciplinary research, intersecting the domains of psychology, family law, child welfare policy, and religious jurisprudence. The complexities introduced by divorce-related transitions, such as child custody arrangements and legal conflict, often produce adverse mental health outcomes in adolescents. These effects are not merely transitory but can persist into adulthood, influencing emotional stability, social functioning, and behavioral development (Harold & Sellers, 2018; Cummings et al., 2014). In societies where legal and caregiving systems are not adequately equipped to manage the psychosocial needs of adolescents undergoing familial separation, the risks are further compounded. The rising prevalence of high-conflict divorces and custodial disputes underscores the urgent need for trauma-informed interventions and policy reforms that center the mental health of affected adolescents as a public priority.

Numerous studies emphasize that divorce-related family disruptions expose adolescents to sustained psychological distress. Harold & Sellers (2018) documented a strong link between interparental conflict and youth psychopathology, identifying environmental instability and lack of emotional security as core risk factors. Adolescents often experience heightened levels of anxiety, depression, and behavioral dysregulation, especially in cases involving unresolved custody battles or exposure to domestic violence (Stein et al., 2010; Catani et al., 2009; Davies et al., 2020). These psychological sequelae are often aggravated by structural inadequacies in the child welfare and mental health systems, which are frequently underfunded and inconsistently applied. Moreover, social stigma and legal obstacles often deter families from seeking timely psychological assistance, thereby allowing emotional wounds to deepen over time (Keller et al., 2010).

Among the most pressing challenges is the phenomenon of post-separation abuse, in which abusive parents manipulate legal and medical systems to block children's access to necessary mental health care. Such behaviors not only sabotage clinical recovery but also perpetuate cycles of psychological harm and control. Healthcare obstruction, false medical allegations, and economic manipulation have been widely documented as methods used by abusive custodial figures (Spearman et al., 2025). These abusive tactics are often ignored or minimized within adversarial legal proceedings, leading to custody arrangements that fail to consider the safety and emotional well-being of the child (Thomas et al., 2020). Compounding this is the systemic issue of forced custody relinquishment, where parents are compelled to give up custody so that their children can qualify for mental health treatment under public insurance schemes. Although intended as a route to specialized care, this mechanism can result in institutionalization or placement in restrictive group homes, frequently exacerbating psychological trauma (Cross et al., 2024; Franz et al., 2024).

In response to these conditions, many legal systems have attempted to implement trauma-informed policies and evidence-based interventions. However, these reforms often fall short in scope and consistency. Family-based therapeutic approaches such as Treatment Foster Care Oregon (TFCO), Multisystemic Therapy (MST), and Wraparound Services have demonstrated substantial effectiveness in mitigating adolescent distress and reducing recidivism within juvenile systems (Leve & Chamberlain, 2007; Dopp et al., 2017). Despite the documented efficacy of these interventions, their accessibility remains limited, particularly for low-income or marginalized families. Additionally, courts and healthcare institutions frequently fail to integrate such models into standard practice, relying instead on punitive or generic custodial decisions that may disregard psychological assessments.

The Islamic legal tradition offers a culturally specific yet universally applicable framework for addressing these challenges. The principle of *maslahah* (public interest) serves as a cornerstone in Islamic jurisprudence, particularly in matters of family law and child welfare. It advocates for legal interpretations and policies that prioritize the holistic well-being of individuals, especially vulnerable populations such as children. Within custody determinations, *maslahah* emphasizes not only physical safety and economic stability but also the preservation of mental and emotional health (al-Ghazali, 2007). In jurisdictions where Islamic legal principles inform family law, judges have employed *maslahah* to override rigid custody norms in favor of arrangements that better serve the child's psychological needs (Priebe et al., 2009). This ethical orientation provides a valuable lens through which modern policymakers and practitioners can assess and reform existing child welfare frameworks.

The literature thus points to a convergence between trauma-informed care models and *maslahah*-based legal reasoning. Both prioritize child well-being, advocate for preventative rather than reactive measures, and support family-centered rather than institution-centered solutions. Despite this conceptual alignment, there remains a significant gap in the operationalization of *maslahah* within contemporary policy design. Many legal and healthcare systems still lack the structural integration needed to harmonize trauma-informed practices with culturally rooted ethical frameworks. Furthermore, most existing policies remain fragmented, addressing mental health, custody, and child welfare in silos rather than through a coordinated, holistic strategy (Schmidt et al., 2025).

Against this backdrop, the present study seeks to conduct a systematic review of existing family-based interventions and custody-related policy reforms that aim to safeguard adolescent mental health in the context of divorce. The study is particularly concerned with identifying approaches that align with trauma-informed principles and are compatible with the Islamic legal concept of *maslahah*. In doing so, the research aims to bridge disciplinary divides between legal theory, mental health practice, and religious ethics. By critically evaluating the efficacy, accessibility, and cultural adaptability of existing models, this study contributes to a growing body of knowledge that supports integrative and equitable policy development. The review addresses the urgent need for cross-system collaboration and ethical reform in legal, healthcare, and social service domains, with the ultimate goal of fostering resilient, mentally healthy outcomes for adolescents affected by divorce.

2. RESEARCH METHOD

This study employs a systematic review methodology to examine the effectiveness and limitations of trauma-informed, family-based interventions and custody-related policy reforms aimed at supporting adolescent mental health in post-divorce contexts. Recognizing the multifaceted nature of custody disputes and their intersection with mental health outcomes, the review is framed within a cross-disciplinary perspective that incorporates psychological research, legal studies, and Islamic jurisprudence through the principle of *maslahah*. The methodological approach is grounded in international best practices for conducting rigorous and transparent systematic reviews, as outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009).

The systematic search strategy was designed to capture peer-reviewed literature that evaluates both programmatic and policy-based interventions targeting adolescents affected by divorce, particularly those at risk of or engaged with child welfare systems. Three electronic databases ScienceDirect, PubMed, and Scopus were used to identify studies published between January 2000 and April 2024. The search utilized a combination of Boolean operators and Medical Subject Headings (MeSH) terms to maximize relevancy. Key search terms included "system-involved youth," "child welfare," "custody relinquishment," "post-separation abuse," "intervention," "trauma-informed care," "family-based therapy," "mental health," and "maslahah" or "Islamic family law."

Inclusion criteria focused on studies that targeted adolescents aged 10 to 21 who had experienced or were at risk of involvement in custody proceedings following parental divorce. Eligible studies included randomized controlled trials (RCTs), quasi-experimental designs, longitudinal studies, qualitative evaluations, and policy analysis articles that directly examined mental health outcomes related to custody arrangements or therapeutic interventions. Only studies published in English and subjected to peer review were considered. Studies were excluded if they focused exclusively on adult populations, lacked empirical analysis, or addressed custody issues unrelated to divorce.

Data extraction followed a structured protocol to ensure consistency and replicability. A standardized extraction form was employed to record key study features: author and publication year, country of origin, study design, sample characteristics, nature of the intervention or policy, outcome measures, and primary findings. Additionally, each study was evaluated for methodological rigor using criteria such as sample size adequacy, use of validated instruments, and bias mitigation strategies. To account for conceptual heterogeneity, narrative synthesis was used to group findings into emergent themes rather than relying solely on meta-

analytic aggregation. This approach enabled the integration of both qualitative insights and quantitative outcomes into a coherent evaluative framework (Farid-Kapadia et al., 2017).

The first major category of analysis focused on family-based and evidence-based interventions, particularly the Treatment Foster Care Oregon (TFCO) model, Multisystemic Therapy (MST), and Wraparound Services. Studies consistently demonstrated the effectiveness of TFCO in reducing behavioral issues, improving social functioning, and decreasing the likelihood of institutional placements (Chamberlain et al., 2007; Leve & Chamberlain, 2007; Leve et al., 2012; Leve et al., 2022). MST and Wraparound Services similarly showed promise in preventing custody relinquishment and enhancing familial cohesion, particularly when implemented with fidelity and integrated with broader community support networks (Dopp et al., 2017; Palinkas et al., 2017).

The second analytical category addressed legislative and policy reforms, such as the Family First Prevention Services Act (FFPSA) and state-level Custody Relinquishment Prevention Acts. These initiatives were examined through their alignment with trauma-informed principles and their impact on service accessibility and family preservation. The FFPSA, for example, redirected federal funding to prioritize prevention and family-based services over institutional care, while requiring clinical justification and family involvement in residential placements (Mackie et al., 2022). Meanwhile, Custody Relinquishment Prevention Acts aimed to eliminate the legal necessity of giving up custody to access mental health services, often by forming interagency teams and securing alternative funding mechanisms (Palinkas et al., 2017). However, significant variation in implementation and resource allocation across states limited their efficacy (Kirlić et al., 2020).

The third domain of analysis focused on systemic barriers and the need for standardized trauma-informed practices. Many studies highlighted the prevalence of healthcare obstruction, wherein abusive parents manipulated custody dynamics to restrict adolescent access to mental health services (Spearman et al., 2025). These behaviors included withholding insurance information, canceling appointments, or making false claims, which were often inadequately addressed by judicial and medical systems. Additionally, the concept of "court- and perpetrator-induced trauma" emerged as a critical concern, describing instances in which court proceedings and legal decisions perpetuated trauma for both children and non-offending caregivers (Dalgarno et al., 2024; Fisher & Skowron, 2017). This phenomenon underlined the necessity of embedding trauma-informed training and safeguards within legal adjudication processes.

A distinctive feature of this review was its engagement with the Islamic legal principle of *maslahah*, which served as both an evaluative and normative framework. Through the inclusion of literature on Islamic jurisprudence and case law, the review explored how *maslahah* has been operationalized in custody decisions to prioritize the psychological welfare of children. Priebe et al. (2009) and al-Ghazali (2007) emphasized the interpretive flexibility of *maslahah* in responding to contemporary challenges while upholding ethical mandates for child protection. The compatibility between *maslahah* and trauma-informed care principles presents an opportunity for culturally grounded policy innovation, particularly in Muslim-majority societies or contexts where Islamic law informs legal frameworks.

The data were synthesized into thematic categories to produce a holistic understanding of effective practices and existing gaps. The review also identified intersectoral linkages necessary for advancing integrated care models. For example, programs like TFCO and MST were found to be most effective when accompanied by legal reforms and interagency cooperation, underscoring the need for coordination across child welfare, mental health, and judicial systems. This systemic orientation guided the analytical framework and informed the final recommendations.

In summary, this systematic review utilized a methodologically rigorous and interdisciplinary approach to evaluate the landscape of custody-related interventions and policies affecting adolescent mental health. By incorporating empirical findings, legal analysis, and Islamic ethical principles, the methodology facilitates a nuanced exploration of the challenges and possibilities for reform. The synthesis reveals that while promising interventions and frameworks exist, their scalability and effectiveness depend on structural integration, ethical alignment, and trauma-informed implementation across all relevant sectors.

3. RESULTS AND DISCUSSION

This systematic review identified and synthesized findings from a range of studies focusing on family-based interventions, legislative reforms, and systemic barriers relevant to promoting adolescent mental health in the context of divorce and custody disputes. The studies included in this review were grouped into three primary thematic domains: (1) Family-Based and Evidence-Based Interventions, (2) Legislative and Policy Reforms, and (3) Systemic Barriers and Trauma-Informed Needs. Each domain reveals distinct insights into the effectiveness, limitations, and practical implications of current interventions and policies.

Family-Based and Evidence-Based Interventions

Treatment Foster Care Oregon (TFCO)

The Treatment Foster Care Oregon (TFCO) model consistently emerged as one of the most robust family-based interventions evaluated in this review. TFCO is designed to support adolescents who exhibit behavioral problems and are at risk of institutionalization or deeper involvement in juvenile justice systems. Chamberlain et al. (2007) found that TFCO significantly reduced days spent in locked facilities and minimized criminal referrals. A 10-year follow-up by Leve et al. (2022) confirmed these findings, showing sustained reductions in criminal charges and improvements in emotional regulation. Moreover, TFCO emphasizes the involvement of trained foster parents and family therapists, providing an environment that fosters behavioral change and supports reintegration into family or community settings (Leve et al., 2012).

Multisystemic Therapy (MST) and Wraparound Services

In addition to TFCO, Multisystemic Therapy (MST) and Wraparound Services have shown considerable promise in stabilizing families and preventing custody relinquishment. MST operates through intensive, home-based interventions targeting family dynamics, peer relationships, and educational challenges. As demonstrated by Palinkas et al. (2017), MST effectively reduces out-of-home placements and decreases behavioral disruptions when delivered with adherence to its therapeutic framework. Dopp et al. (2017) conducted a meta-analysis showing that MST and Wraparound Services yielded significant behavioral improvements and were associated with reduced justice system involvement. These services also foster engagement among family members, promote community integration, and reduce emotional distress among adolescents (Leve & Chamberlain, 2007; Harold et al., 2013).

Comparative Advantages of Family-Based Interventions

Compared to institutional or residential treatment, family-based approaches have been shown to yield superior outcomes in adolescent mental health and behavioral rehabilitation. Leve et al. (2015) observed that girls in TFCO programs demonstrated greater improvements in school attendance, emotional stability, and social functioning compared to peers in group care. Similarly, Gutterswijk et al. (2022) noted that family-centered models reduced the risk of recidivism and fostered resilience. Family-based programs align with the goals of trauma-informed care by reinforcing safe, consistent caregiving relationships, which are crucial for recovery from chronic stress and exposure to parental conflict (Leve et al., 2012; Schmidt et al., 2025).

Legislative and Policy Reforms

Family First Prevention Services Act (FFPSA)

The FFPSA was a critical legislative advancement in the United States aimed at redefining federal child welfare funding to prioritize preventive and family-focused services. Mackie et al. (2022) highlighted that the FFPSA mandates the use of evidence-based services and sets conditions for the placement of children in Qualified Residential Treatment Programs (QRTPs), requiring documentation of clinical need and ongoing family engagement. Early evaluations suggest that this act led to increased access to in-home mental health care, lower reliance on congregate care, and improved service quality. By shifting funding toward family preservation, the FFPSA represents a model of policy reform that reflects trauma-informed principles and aligns with the ethical imperatives of *maslahah* by focusing on child welfare and family integrity.

Custody Relinquishment Prevention Acts

Several U.S. states have adopted Custody Relinquishment Prevention Acts to address the problematic trend of families surrendering custody to access mental health services for their children. These acts typically authorize cross-agency collaboration to develop individualized care plans and secure alternative funding sources. Palinkas et al. (2017) reported that such initiatives reduce parental stress and institutional placements, thereby promoting family stability. However, implementation has been uneven, with Kirlić et al. (2020) noting that under-resourced jurisdictions struggle to operationalize these reforms effectively. This unevenness compromises the consistency of support services and undermines the intent of trauma-informed, family-centered care.

Implementation Challenges and Structural Disparities

Despite legislative progress, significant challenges remain in embedding evidence-based practices across state systems. Kirlić et al. (2020) emphasized that policy disparities, funding shortages, and lack of trained personnel often hinder the successful rollout of FFPSA and similar initiatives. Bellamy et al. (2010) found that even where supportive legislation exists, frontline service providers may lack the tools or institutional backing to deliver trauma-informed care. These challenges illustrate the limitations of policy without corresponding structural investment, further highlighting the need for sustained interagency collaboration and workforce development.

Systemic Barriers and Trauma-Informed Needs

Healthcare Obstruction and Post-Separation Abuse

A recurring theme in the reviewed literature is the obstruction of healthcare access by abusive custodial parents. Spearman et al. (2025) identified tactics such as withholding insurance information, canceling appointments, and filing false medical allegations as forms of post-separation abuse that prevent adolescents from receiving necessary psychological care. This form of obstruction not only delays treatment but can exacerbate existing trauma and erode trust in caregivers and systems. Legal systems often lack the mechanisms to adequately address such manipulation, especially when prioritizing parental rights over child welfare.

Court- and Perpetrator-Induced Trauma

Dalgarno et al. (2024) and Fisher & Skowron (2017) introduced the concept of "court- and perpetrator-induced trauma," which refers to the secondary trauma inflicted by legal proceedings and perpetrator actions during custody disputes. Adolescents subjected to adversarial court settings or forced interactions with abusive parents frequently report symptoms consistent with post-traumatic stress disorder, emotional dysregulation, and increased behavioral problems. These conditions are often ignored or minimized in family court, which typically lacks standardized trauma-informed protocols. Peterson et al. (2019) emphasized the need for legal reforms that prioritize the psychological safety of children, including mandatory trauma awareness training for judges and guardians ad litem.

Long-Term Effects of Custody Loss

Custody loss, especially when resulting from systemic inadequacies rather than parental unfitness, has profound long-term implications. Franz et al. (2024) demonstrated that adolescent girls who lost custody of their children due to mental health challenges exhibited elevated and persistent rates of substance use well into adulthood. Similarly, Rhoades et al. (2014) linked custody loss to increased risk of criminal involvement and diminished life satisfaction. These findings underscore the importance of non-punitive, recovery-oriented interventions that support adolescent parents rather than penalize them, aligning with trauma-informed and *maslahah*-based approaches.

Gaps in System Coordination and Cultural Sensitivity

Finally, a critical systemic barrier is the fragmentation of services across healthcare, legal, and child welfare domains. Bassuk et al. (2017) and Lang et al. (2016) noted that inadequate communication between agencies contributes to service duplication, missed opportunities for early intervention, and inconsistent care pathways. In contexts where Islamic legal principles inform family policy, the failure to integrate *maslahah* into secular decision-

making processes can further alienate families. Priebe et al. (2009) argue that incorporating culturally grounded ethical frameworks can enhance service receptivity and legitimacy, particularly in communities where religious values significantly influence family dynamics.

Overall, the findings of this review highlight the critical need for integrative, trauma-informed, and culturally responsive systems that prioritize adolescent mental health within the broader context of custody disputes and family dissolution. The evidence demonstrates that while effective interventions and policies exist, their impact is contingent upon equitable access, structural support, and ethical coherence across sectors.

Discussion

The findings of this systematic review provide critical insights into the interplay between adolescent mental health, family-based interventions, custody-related policies, and trauma-informed frameworks. Through a synthesis of interdisciplinary evidence, the review underscores the multifactorial nature of mental health vulnerabilities in adolescents undergoing divorce-related family disruption and highlights both the potential and limitations of current intervention models. The discussion elaborates on the implications of these findings within legal, clinical, and policy contexts, drawing attention to the need for integrative approaches grounded in trauma awareness and ethical reasoning.

Family-based interventions such as Treatment Foster Care Oregon (TFCO), Multisystemic Therapy (MST), and Wraparound Services have emerged as consistently effective models for addressing behavioral and emotional distress among adolescents affected by divorce and custody conflict. These interventions demonstrate that recovery and stabilization are most effective when embedded within a supportive family environment, where consistent caregiving, structured behavioral reinforcement, and relational repair are prioritized. TFCO, for example, has been shown to reduce recidivism, improve emotional regulation, and enable reintegration into familial or community settings (Chamberlain et al., 2007; Leve et al., 2012; Leve et al., 2022). MST and Wraparound models also align closely with trauma-informed care by targeting multiple systems in the adolescent's ecology, including family, school, and peer networks (Dopp et al., 2017; Palinkas et al., 2017). These findings corroborate prior assertions that adolescents in high-conflict custody environments benefit most from holistic, relationship-driven therapeutic approaches (Leve & Chamberlain, 2007; Harold et al., 2013).

The comparative effectiveness of these family-based interventions over institutional care is particularly salient in the context of trauma exposure. Adolescents placed in residential or group care facilities often experience heightened feelings of isolation, stigmatization, and

disempowerment, which can exacerbate existing psychological vulnerabilities. Studies reviewed here affirm that institutional care may not provide the relational consistency or individualized attention necessary for trauma recovery (Leve et al., 2015; Gutteriswijk et al., 2022). In contrast, interventions like TFCO and MST offer structured yet flexible models that prioritize relational trust, a critical element in trauma healing. By promoting emotional safety and co-regulation within family systems, these models resonate with the principles of trauma-informed care and fulfill core ethical mandates emphasized in child protection literature (Schmidt et al., 2025).

Legislative reforms such as the Family First Prevention Services Act (FFPSA) illustrate the institutional potential for reorienting child welfare systems toward prevention and family preservation. By requiring the use of evidence-based services and prioritizing family engagement in treatment decisions, the FFPSA aligns structurally with the goals of trauma-informed systems and promotes upstream intervention strategies (Mackie et al., 2022). However, the review also reveals implementation gaps. Inconsistencies in funding allocation, service availability, and provider training limit the scalability and fidelity of FFPSA-based reforms (Kirlić et al., 2020; Bellamy et al., 2010). These challenges underscore that legislative intent must be matched by robust operational infrastructure to ensure effective service delivery. The persistence of these disparities reflects broader systemic inequities and points to the need for interagency cooperation, accountability mechanisms, and sustained investment in workforce development.

Custody Relinquishment Prevention Acts provide another example of policy reform aimed at alleviating the structural drivers of family dissolution. These laws attempt to resolve the ethical and practical dilemma wherein parents are compelled to surrender custody to secure necessary mental health care for their children. Such policy solutions represent a critical step toward correcting the perverse incentives that fragment families under the guise of care provision. Nonetheless, the literature indicates that these reforms face significant challenges in implementation, particularly in under-resourced jurisdictions where alternative services are limited or nonexistent (Palinkas et al., 2017; Kirlić et al., 2020). Without adequate funding and coordination, these acts may fail to protect the very populations they aim to serve. Thus, even well-intentioned policies must be embedded in broader systemic reforms that ensure the availability, accessibility, and cultural relevance of trauma-responsive services.

The evidence of healthcare obstruction and post-separation abuse as mechanisms of continued trauma highlights a critical gap in current custody adjudication processes. When abusive parents exploit legal and medical systems to withhold care or assert control, the effects

on adolescent mental health are profound and enduring. Spearman et al. (2025) document a range of such manipulative behaviors, including interference with medical appointments and false claims that discredit the caregiving parent. These forms of abuse are often invisible within adversarial legal settings that prioritize procedural neutrality over relational realities. The failure of courts to detect and intervene in such dynamics reveals a concerning blind spot in the protection of vulnerable youth. The lack of standardized assessment tools or trauma screening protocols exacerbates this oversight, underscoring the urgent need for judicial training and the incorporation of trauma-informed frameworks within custody evaluation processes (Thomas et al., 2020).

Court- and perpetrator-induced trauma further illustrates the ways in which systems themselves can become sources of harm. Adolescents subjected to combative litigation, repeated testimony, and mandated interactions with abusive parents often experience cumulative trauma that mirrors or intensifies their original distress. Dalgarno et al. (2024) and Fisher & Skowron (2017) conceptualize this phenomenon as an institutional failure to protect, noting that the legal system's adversarial design is often ill-suited to adjudicating complex family dynamics involving trauma. These findings suggest a need for systemic transformation, not only in procedural practices but also in underlying philosophies. Trauma-informed judicial reform requires a shift from retributive to restorative paradigms, where child well-being is positioned as the central axis of decision-making.

The long-term consequences of custody loss, particularly among adolescent parents, further illuminate the intersection of trauma, policy, and systemic inequity. Franz et al. (2024) and Rhoades et al. (2014) provide compelling evidence that custody loss correlates with elevated substance use, depression, and social instability, extending into adulthood. These outcomes signal the long-term costs of punitive or inadequately supported custody determinations, particularly when they fail to address the underlying psychosocial needs of families. These findings challenge systems to adopt non-punitive, recovery-oriented frameworks that support young parents as caregivers, rather than disqualifying them based on temporary crises or mental health challenges. Such approaches are consistent with both trauma-informed care and the Islamic legal principle of *maslahah*, which emphasizes harm reduction, family preservation, and holistic well-being (al-Ghazali, 2007; Priebe et al., 2009).

The integration of *maslahah* into this analysis provides a culturally resonant framework for ethical decision-making in custody and mental health policy. Within Islamic jurisprudence, *maslahah* supports legal interpretations that advance the public good, particularly when conventional rulings risk causing harm or injustice. This principle is especially relevant in

custody contexts, where rigid application of legal norms may fail to accommodate the lived realities of affected families. The literature reviewed supports the potential for *maslahah*-based reasoning to bridge gaps between secular trauma-informed models and religious values, creating a normative foundation for culturally congruent service design and policy reform (Priebe et al., 2009; Mackie et al., 2022). However, operationalizing *maslahah* within contemporary policy requires interpretive clarity, institutional buy-in, and inclusive dialogue among legal, clinical, and religious actors.

The fragmentation of services across child welfare, legal, and healthcare domains presents a persistent barrier to effective support for adolescents experiencing custody-related trauma. Studies by Bassuk et al. (2017) and Lang et al. (2016) reveal that lack of coordination among systems results in duplicated services, conflicting recommendations, and disrupted care continuity. These inefficiencies can deepen psychological distress and erode family trust in public institutions. Integrated care models that align goals, protocols, and accountability structures across systems offer a viable solution to this problem. The literature supports that program like MST and TFCO are most effective when embedded in coordinated service ecosystems, where therapeutic, legal, and social support functions are harmonized.

Moreover, the absence of culturally responsive frameworks compounds these challenges in diverse communities. When systems fail to reflect the cultural and ethical values of the populations they serve, engagement and effectiveness are significantly undermined. In contexts where Islamic values are integral to family identity and legal reasoning, the exclusion of principles such as *maslahah* can alienate families and limit the perceived legitimacy of interventions. Therefore, culturally adapted models are essential not only for ethical coherence but also for practical success. Bridging the divide between trauma-informed practice and culturally grounded ethics represents a frontier of innovation that this study positions as central to future reform efforts.

5. CONCLUSION

This study reveals critical gaps and opportunities in addressing adolescent mental health in the context of parental divorce and custody conflict. Family-based interventions, particularly Treatment Foster Care Oregon (TFCO), Multisystemic Therapy (MST), and Wraparound Services, demonstrated significant improvements in behavioral outcomes, emotional regulation, and family reintegration. These approaches were shown to outperform institutional care, underscoring the importance of relational and trauma-informed frameworks. Legislative reforms such as the Family First Prevention Services Act and state-level Custody

Relinquishment Prevention Acts have laid a foundation for systemic change but continue to face barriers in implementation due to resource disparities, inconsistent training, and fragmented services.

Findings from this review also highlight the impact of systemic abuse through healthcare obstruction and court-induced trauma, which are insufficiently addressed within current legal frameworks. Furthermore, long-term consequences of custody loss, particularly in adolescent parents, were found to correlate with persistent mental health and behavioral challenges.

The integration of the Islamic legal principle of *maslahah* offers an ethical and culturally responsive lens to evaluate and reform custody-related policies. Its alignment with trauma-informed principles suggests potential for its application in both Muslim-majority and multicultural contexts.

This study contributes to the existing body of knowledge by offering a multidimensional evaluation that bridges legal, psychological, and cultural paradigms. Future research should explore mechanisms for embedding trauma-informed, culturally adapted practices within child welfare and judicial systems, particularly in under-resourced settings.

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