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REVIEW ARTICLE

The Role of the Quality of Family Interaction in Childhood Stress and Emotional and Behavioral problems in offspring - narrative literature review

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Family Relations,
Child,
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Abstract

Introduction: Parents are the basis of childrens socio-emotional functioning. Some parental practices and subjective aspects of family relationships provide information about the quality of family interaction. The literature points out that the quality of interaction between parents and children may be related to mental health problems in the offspring. **Objective:** Identify available evidence on the relationship between the quality of family interaction, stress, and childrens emotional and behavioral problems. **Methods:** Narrative literature review. The search was conducted in the Pubmed and Virtual Health Library databases from April 2021 to December 2022. Primary and secondary studies in children between 5 and 10 years old that evaluated the relationship between exposure and outcomes were considered eligible. **Results:** 4,797 articles were found, 1,314 titles were selected, and 544 were not repeated. 458 abstracts were read, and 63 were selected, which met the eligibility criteria. Most of the studies revealed that the worse quality of family interaction is related to childhood stress and emotional and behavioral problems. **Discussion:** Positive and affectionate parenting can mitigate the toxic stress response and emotional and behavioral problems. Parents are essential to developing socio-emotional skills and building childrens resilience despite the adversities children may face. **Conclusion:** Prevention of mental health problems in offspring includes parental affection and coherence, as well as positive, authoritative, non-permissive, and non-punitive parenting practices, promoting healthy and stimulating relationships.

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INTRODUCTION

Child stress can be defined as any personal threat, real or imagined, that overwhelms the child and leads to emotional and psychological changes,[1] such as anxiety, interpersonal difficulties, sudden introversion, insecurity, aggressiveness, distress, and depression.[2] Physiological reactions may also be observed,[1] including abdominal pain, diarrhea, tics, headache, nausea, nocturnal enuresis, stuttering, muscle tension, teeth grinding, breathing difficulties, and nutritional disorders.[2] Early exposure to stressful adversities, without psychosocial buffering, can result in a maladaptive response through dysregulation of the neuroendocrine and immune systems via the hypothalamic–pituitary axis, characterizing toxic stress.[3] Although stress is a symptom rather than a pathology, chronic exposure to child stress is associated with an increased risk of depression,[4] cardiovascular diseases,[5] obstructive lung diseases,[5] and autoimmune disorders[6] in adulthood.

Childhood emotional problems, in turn, refer to the internalization of emotional symptoms such as depression and anxiety,[7] and are linked to depression in adulthood.[8,9] Behavioral problems, on the other hand, refer to externalized reactions such as oppositionality,[7] inattention,[8,9] hyperactivity,[8,9] and aggressiveness.[8,9] Problematic childhood behaviors are associated with greater peer rejection in early adolescence,[10] moderate use of psychiatric health services by adolescents,[11] and a higher risk of antisocial traits in adulthood.[12]

During childhood, there are sensitive and critical periods in which lived experiences can shape brain development, as shown by epigenetics.[13] School age[14] is one of these periods and is crucial for the development of mental health problems,[15] as it marks the beginning of new social interactions, during which difficulties in meeting expectations become more noticeable to the child.[15] In addition, children face greater challenges such as pressure, acceptance, and peer labeling.[16] Therefore, research conducted with schoolchildren is important for preventing childhood mental health problems and unfavorable physical and emotional health outcomes in adolescence and adulthood. To design preventive practices, it is essential to identify factors related to the development of stress and emotional and behavioral problems in school-aged children.

Parents are the foundation of children's socioemotional functioning,[17] acting as "external regulators" in the socialization of emotions through instruction, modeling, and setting behavioral expectations.[18] Not only the existence of this bond but also its quality — and, therefore, the quality of parent–child interactions — may be related to mental health outcomes in the offspring, both positively and negatively. The literature indicates that some parenting practices, along with subjective aspects of family relationships, provide information about the quality of family interaction.[19] In this context, the aim of this review is to identify available evidence on the relationship between the quality of parent–child interaction, as well as parental relationships, and child stress and emotional and behavioral problems; to provide a broader perspective of related knowledge; to analyze knowledge gaps; and to suggest directions for future research.

METHODOLOGY

This study is a narrative, non-systematic literature review. Findings were reported according to the *Scale for the Assessment of Narrative Review Articles*.[20] The literature search was conducted in the PubMed and Virtual Health Library (BVS) databases from April 2021 to December 2022. The descriptors used in both databases were: *school children, parent-child relationship quality, parenting practices, parent-child relationship, positive parenting, negative parenting, parent model, parent-child attachment, corporal punishment child, abusive parenting, effective discipline, harsh parenting, emotional and behavioral problems, Strengths and Difficulties Questionnaire, internalizing externalizing problems, toxic stress children, toxic stress childhood, perceived stress,* and *perceived stress scale*. In BVS, the following descriptors were also used: *escolares, relações pais-filhos, estresse infantil, escala de qualidade de interação familiar, escala de estresse infantil,* and *qualidade de interação familiar*.

As sources of evidence, primary and secondary studies published within the last 5 years were included, with no language restrictions. Studies were considered eligible if they met the following criteria:

1. conducted in school-aged children between 5 and 10 years old;
2. assessed the quality of family interaction, subjective characteristics related to it, and parenting practices;
3. included the evaluated outcomes (child stress and emotional and behavioral problems in school-aged children).

Exclusion criteria were:

1. studies that did not address the school-age period;
2. studies that relied exclusively on biological assessment measures.

Data were entered into a pre-designed form in Microsoft® Excel 16.29.1 (Microsoft Office 2019, Microsoft, Redmond, United States). Extracted data included: first author, journal, year, objective, method (design, sample, and instruments used), and main results. A narrative and descriptive summary was prepared to synthesize the findings and describe the evidence identified in relation to the review objective. The main results were also presented in a review chart (Table 1).

RESULTS

In both databases, a total of 4,797 articles were identified. From these, 1,314 titles were selected, of which 544 were non-duplicates. A total of 458 abstracts were screened, and 63 articles met the eligibility criteria.

In the reviewed literature, in most studies, respondents to the instruments assessing family interaction quality, child stress, and emotional and behavioral problems were parents and/or caregivers. Notably, some studies employed child self-report to evaluate parenting practices such as passive parental monitoring and child–parent communication,[21] perceptions of parental support and controlling parenting,[22] and emotional insecurity regarding family members and perceptions of inter-parental conflict.[23] In other studies, children and adolescents completed the *Child Behavior Checklist*,[24] the *Strengths and Difficulties Questionnaire*,[25] and also provided self-reports of their health, well-being, social, and academic performance.[26] Child self-reported stress was evaluated in two studies.[12,27]

The quality of family interaction can be assessed through parenting practices and aspects of family dynamics, which together provide a profile of family behavior.[19] Eligible studies assessed aspects such as passive and active parental monitoring strategies and parental efficacy,[21] intrusive parenting,[28] negative and positive parenting and parent–child communication,[29] physical and verbal discipline in response to inappropriate child behavior,[30] parental warmth,[24,31] positive parental attention,[11] parental monitoring and supervision,[23] parental support,[32] marital conflict,[33] maternal attachment,[27] harsh parenting,[34] parental conflict,[23,35] and children's emotional insecurity with parents.[23] Additionally, some studies used global scores of family interaction quality and assessed conflicting parent–child relationships using the *Parent–Child Relationship Scale*,[17] family relationship levels through the *Brief Family Relationship Scale*,[15] and the quality of the parent–child relationship through the *Life Changes Questionnaire*.[21]

To evaluate child stress, the included studies used the *Stress in Children Questionnaire*,[27] the *Post-Stress Growth Scale for Children*,[12] and the *Perceived Stress Scale*.[36] To assess child emotional and behavioral problems, most studies used the *Strengths and Difficulties Questionnaire* (SDQ),[15,17,23,25,30-33,37-39] and the *Child Behavior Checklist* (CBCL).[11,21,24,25,28,30,34,40-42]

Studies show that protective,[43] safe, stable, and stimulating relationships[44] can serve as psychosocial buffers against the development of child stress,[43,44] as can the presence of a caring,[45] supportive caregiver,[12] suggesting parental involvement and therefore higher quality of family interaction.[19] In addition, other positive features of family interaction may be related to fewer child emotional and behavioral problems, such as the existence of rules and monitoring,[17,35] positive child communication,[46] positive marital climate,[33] parental modeling,[7,32] and children's emotional perceptions.[23,47] Conversely, some negative features may be associated with greater emotional and behavioral problems in children, such as negative communication,[30,32] negative marital climate,[23,25,34] and corporal punishment.[17,32,35,37,48]

The main findings of the review are summarized in Table 1.

DISCUSSION

The literature indicates that a caregiver can modulate children's emotional and physiological arousal related to stress,[49] both positively and negatively. Evidence shows that stress, in the absence of protective relationships, can quickly become toxic, impairing children's mental and physical health.[43] Thus, toxic stress can be understood as the biological processes that occur after extreme or prolonged activation of the body's stress response systems in the absence of safe, stable, and nurturing relationships.[44]

Moreover, the presence of a caring caregiver can attenuate the physiological disturbances associated with a toxic stress response,[45] as can parental involvement, which encompasses the support provided to children.[19] A study conducted with Chinese children aged 8 to 12 revealed that children's perceived support mediated the relationship between their perceived stress and the positive changes they experienced after coping with stress. Parental social support was also positively related to these changes, known as post-stress growth,[36] which indicate resilience. These findings underscore the importance of relational health, which can mitigate the adversities children may experience and also proactively promote future resilience. In this way, positive relational health can foster the skills needed to respond to adversity in healthy and adaptive ways.[44]

According to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the diagnosis of Acute Stress Disorder involves witnessed events but is not limited to observing life-threatening or severe injury, unnatural death, physical or sexual violence inflicted on another person as a result of violent assault, and severe domestic violence.[54] A negative marital climate indicates that parents interact aggressively, with fights, insults, and negative dialogue between them.[19] Thus, severe domestic violence suggests a negative marital climate and, therefore, lower quality of family interaction. Likewise, household dysfunction and neglect also reflect negative qualities of family interaction and may be considered early-life adversities or Adverse Childhood Experiences. Although influenced by genetic variability and social and biological factors, these adversities, when experienced early, act on the child's body as stressors.[3]

Regarding emotional and behavioral problems, poorer parent–child relationships were associated with more emotional and conduct problems in Thai children.[15]

Table 1. Main findings of the literature review.

Main author, magazine, year	Objectives	Methods	Main results
Racz, SJ *et al*. Dev Psychopatho, 2019[21]	To investigate active (parental discussions) and passive (child-parent communication) parental monitoring strategies at different developmental periods.	Design : longitudinal study Sample : 753 children from the United States Instruments : *Supervision Questionnaire* to assess active parental monitoring strategies; *Parent-Child Communication Questionnaire* to assess passive parental monitoring strategies; *Life Changes questionnaire* for the quality of the relationship between parents and children; *Child Behavior Checklist* for assessing child conduct problems.	Higher levels of discussion (talking about children's daily lives and plans, and the frequency of conversations), and child-parent communication were associated with fewer child conduct problems in early childhood.
Clark, JE *et al*. J Clin Child Adolescent Psychol. 2018.[29]	To test the associations of positive (warm and responsive) and negative (harsh and inconsistent) aspects of parenting with callous-unemotional traits and conduct problems.	Design : cross-sectional Sample : Caregivers and teachers of 92 schoolchildren in the United States. Instruments : *Alabama Parenting Questionnaire* to assess negative parenting; *Positive Parenting scale ,* for positive parenting; *Parent-Child Communication and Cooperation , to* assess communication and interaction between parents and children; Inventory *of Callous-Unemotional Traits,* to assess callous and unemotional traits; *Disruptive Behavior Disorder Scale* , to assess conduct problems	Positive parent-child interaction was associated with fewer conduct problems in children with fewer callous-unemotional traits, but not among those with high levels of these traits. There was no difference in the analysis stratified by gender.
Wang, C *et al*. *Sch Psychol Q*. 2018.[31]	To examine the trajectory of internalizing problems in Australian children.	Design : cohort Sample : 3,153 children, parents, and teachers from the United States Instruments : *Strength and Difficulties Questionnaire* , to assess emotional and behavioral problems, and to evaluate peer relationships; *Short Temperament Scale for Children* , to assess emotional dysregulation; *Child Rearing Questionnaire* , to assess parental warmth; *Kessler K6,* to assess maternal mental health	More internalizing problems were observed in girls, also in children with greater emotional dysregulation and externalizing problems, and whose mothers reported mental health problems and more angry parenting practices (punishment) at the child's age 6-7. Maternal mental health problems and peer problems at ages 4-5 were associated with internalizing problems at ages 6-7. Girls and children with emotional dysregulation problems at ages 6-7 were factors associated with the faster development of internalizing problems.
Kho, C *et al*. *Asian Am J Psychol*, 2019[28]	To examine associations between intrusive parenting practices and emotional and behavioral problems.	Design: cross-sectional Sample: 239 children from Singapore Instruments: *Maternal Psychological Control Scale* (item 11), to assess intrusive parenting; *Child Behavior Checklist* , to assess internalizing and externalizing problems	More externalizing (but not internalizing) problems were reported by parents and teachers among children of parents who exhibited more intrusive behaviors. Teachers reported more externalizing problems in boys than in girls.
Kuppens, S *et al*. *J Child Fam Stud*, 2019.[32]	Identify joint parenting styles, support, behavioral control and parental psychological control, and child behavioral outcomes.	Design : cross-sectional Sample : 600 Belgian children Instruments : *Ghent Parental Behavior Scale* , to assess behavioral control and parental support; *Psychological Control Scale* , to assess parental psychological control; *Strengths and Difficulties Questionnaire* , to assess externalizing and internalizing problems.	Children of authoritarian parents demonstrated more hyperactivity, conduct problems, emotional symptoms, and less prosocial behavior compared to children whose parents had other parenting styles. The congruent positive authoritative parenting style produced significantly lower levels of conduct problems in children compared to authoritarian and intrusive parents. Less prosocial child behavior was found for the congruent intrusive parenting style compared to authoritative (positive) parents.

Clerici, G *et al.* Eureka, 2019.[22]	Contribute theoretically and empirically to studies of self-concept in boys and girls, and the relationship with the perception of parenting practices of their mothers, fathers and/or caregivers.	Design: cross-sectional Sample: 105 Argentines Instruments: *Piers -Harris Children's Self-Concept Scale*, to assess self-concept; *Practices Educational Parentals Perçues par l´Enfan*, to assess children's perception of parenting practices	The more support children perceived, the more sensitivity and attention they received, the higher their positive self-concept. The more controlling their parents were, involving physical punishment and unquestionable authority, the lower their positive self-concept.
Wall, TD *et al.* J Child Psychol Psychiatry, 2016[51]	To investigate characteristics that may differentiate children with elevated callous-insensitive traits, with and without conduct problems (CP), to identify factors that may reduce the risk of CP in children with limited prosocial emotions.	Design: longitudinal Sample: 1,366 children from Cyprus Instruments: *Inventory of Callous-Unemotional Traits*, to assess callous and unemotional traits; *Child Symptom Inventory for Parents-4*, to assess conduct problems; *Antisocial Process Screening Device* , to assess impulsivity; *Alabama Parenting Questionnaire* , to assess positive parenting.	When compared to children with callous-insensitive traits and CP, children with callous-insensitive traits and without CP had greater involvement with their mothers and were exposed to more affectionate and positive parenting. This group also showed less hyperactivity and impulsivity, and smaller executive function deficits, in addition to greater emotional self-control and being more connected with school and peers.
Seleem, MA *et al.* Int J Ment Health Syst, 2019[48]	To investigate the demographic and clinical characteristics of a sample of children suffering from emotional and behavioral problems who seek psychiatric services.	Design: retrospective observational Sample: 886 participants from Egypt Instruments: medical record review; MINI International Neuropsychiatric *Interview for Children and Adolescents*, to assess the presence of psychiatric disorders.	Corporal punishment and physical and sexual abuse were identified as significant risk factors for internalizing and externalizing disorders in children and adolescents. Girls were more likely than boys to have depressive disorders, while boys were more likely to have ADHD and communication disorders. The most common diagnoses were attention deficit hyperactivity disorder; intellectual disability; depressive disorders; and disruptive behavior disorders.
Scrimin, S *et al.* Child Care Health Dev, 2018[26]	Investigate how the adversities experienced by family and support resources are linked to children's perceptions of their own health status, well-being and academic and social performance.	Design: cross-sectional Sample: 227 Italian children Instruments: checklist containing a series of stressful events that a family may experience; *Child Health and Illness Profile - Child Edition*, emotional and physical comfort subscale, to assess the experience of emotional and physical symptoms	The interaction between the support resources provided to the family was linked to the children's perceived social performance and child well-being. The stressful events assessed were moving, divorce, loss of a family member, accident involving a family member or close friend, serious illness, arguments between parents, arguments with children, and financial problems.
Flouri, E *et al. J Am Acad Child Adolescent Psychiatry*, 2019[52]	To explore whether paternal psychological distress is related to child problem behavior after accounting for maternal psychological distress.	Design: cohort Sample: 13,442 people from the UK Instruments: *Kessler 6-item Psychological Distress Scale* , to assess maternal and paternal mental health; *Strengths and Difficulties Questionnaire*, to assess childhood emotional and behavioral problems	High levels of paternal psychological distress predicted emotional symptoms and hyperactivity more strongly in boys than in girls. The effect of paternal psychological distress was weaker than that of maternal distress. Even after adjusting for maternal psychological distress, paternal psychological distress predicted hyperactivity, conduct problems, and emotional and peer problems.
Bolsoni-Silv *et al. Psicol Reflex*, 2020[25]	To verify associations between positive and negative parenting practices, marital relationships, social skills and behavioral problems among children from two-parent families with and without maternal depression.	Design: cross-sectional Sample: 70 Brazilian mother-child pairs Instruments: *Child Behavior Checklist* , for assessing child behavior; *Patient Health Questionnaire-9* , for assessing maternal depression; *Parenting Social Skills Interview Guide* , for assessing parental social skills; *Marital Relationship Questionnaire* , to assess marital relationship	Positive parenting practices were correlated with children's social skills. Negative parenting practices were positively correlated with reports of behavioral problems. Positive parenting practices were associated with positive marital relationships. Depression scores (in undiagnosed/subclinical mothers) were directly associated with behavioral problems and inversely associated with children's social skills.

Flouri, E et al. *J Fam Psychol*, 2017.[30]	To examine the role of harsh parental discipline in mediating and moderating the effects of environmental adversity (family socioeconomic disadvantage and adverse life events) on emotional and behavioral problems across childhood.	Design: longitudinal Sample: 16,916 children from the UK Instruments: *Strengths and Difficulties Questionnaire, to* assess emotional and behavioral problems; Conflict *Tactics Scale*, to evaluate physical and verbal discipline tactics when the child misbehaves: slaps, yelling and "scolding".	Harsh parenting was a risk factor, primarily, for externalizing problems in children. Harsh parenting moderated the effect of environmental adversity on internalizing and externalizing difficulties in children (it increased the level of internalizing and externalizing problems in children exposed to high levels of adversity).
Huang, KY *et al. Child Psychiatry Hum Dev,* 2018[17]	To investigate the links between parental well-being, parenting, and early childhood student outcomes in Ghanaian families.	Design : cross-sectional Sample: 262 Ghanaian parents Instruments : *Parent-Child Relationship Scale*, to assess conflicting parent-child relationships; *Attitude About Corporal Punishment scale*, to assess corporal punishment; *The ISPACN Child Abuse Screening Tool - Parent Version (ICAST-P)*, to evaluate disciplinary practices; *The Pictorial Pediatric Symptom Checklist (PPSC)*, to assess behavioral and emotional problems.	Conflictual relationships and beliefs about the use of corporal punishment were associated with lower child social competence and more externalizing and attention problems. High levels of parent-child conflict were also associated with more internalizing problems. High parental involvement in the child's education (supervision and homework assistance) was associated with better academic functioning and physical health.
Hosokawa, R *et al. PLoS One*, 2019[33]	To investigate the link between specific marital conflict tactics and child mental health symptoms.	Design: cross-sectional Sample: 799 Japanese children Instruments: *Conflict and Problem-Solving Scale*, to assess marital conflict; *Strengths and Difficulties Questionnaire*, to assess internalizing and externalizing problems.	Constructive marital conflict (cooperation) was inversely associated with externalizing and internalizing problems in boys and girls. Destructive marital conflict (avoidance-capitulation and verbal aggression) was significantly associated with externalizing problems in boys and internalizing problems in girls.
Rothenberg, W.A. *et al. Dev Psychopatho*, 2020.[24]	To investigate associations between parental warmth and control and emotional and behavioral problems.	Design: longitudinal Sample: 1,315 children from the United States Instruments: *Child Behavior Checklist*, to assess emotional and behavioral problems; *Parental Acceptance-Rejection / Control Questionnaire* , to assess "parental warmth" and parental control.	Boys demonstrated more behavioral problems and girls more emotional problems. Children's externalizing and internalizing behaviors at ages 8, 9, 10, and 12 were significantly negatively associated with subsequent maternal and paternal warmth at ages 9, 10, 12, and 13, respectively.
Westrupp EM *et al.*, Eur J Pediatr, 2018[53]	To investigate the association between interparental conflict and internalizing and externalizing problems.	Design: cohort Sample: 3,696 Australian children Instruments: *Strengths and Difficulties Questionnaire*, to assess emotional and behavioral problems; *Argumentative Relationship Scale* , to assess interparental conflict.	interparental conflict consistently predicted externalizing and internalizing problems reported by mothers, fathers, and children (with stronger associations for repeated physical conflict compared with a single exposure)
Saputra, F *et al.* Asian *J Psychiatr*, 2017[15]	To investigate the prevalence of mental health problems in school-age children and their relationship with personal, maternal and family factors.	Design: cross-sectional Sample: 143 children from Indonesia Instruments: *Strengths and Difficulties Questionnaire*, to assess emotional and behavioral problems; *Brief Family Relationship Scale*, to assess family environment; *Parental Stress Scale* , to assess parental stress; *Parent's Report Questionnaire*, to assess maternal behavior; *Indonesian Version of the Beck Depression Inventory -II*, to assess maternal depression.	The prevalence was: emotional problems (37.8%), hyperactivity (27.3%), conduct problems (18.9%), and problems with peers (16.1%). The prevalence of conduct problems was higher when the family level was low and moderate. The prevalence of emotional problems was higher when the family level was low and moderate.

Santini, PM *et al. Child Abuse Negl*, 2017.[39]	To evaluate a positive parenting program for Brazilian mothers who used corporal punishment with their children.	Design: randomized clinical trial Sample: 40 Brazilian mothers Instruments: *Beck Depression Inventory* (BDI), to assess maternal depression; *Strengths and Difficulties Questionnaire* (SDQ), to assess emotional and behavioral problems	Significant positive effects were observed on the total BDI and SDQ scores, as well as fewer Conduct and Hyperactivity Problems on the SDQ measures of the experimental group mothers, comparing the pre- and post-test. Observational data also indicated a significant improvement in the positive interaction of the experimental group mothers at post-test, compared to the controls.
Lux, U *et al. Attach Hum Dev*, 2019.[23]	To investigate the links between parenting, interparental conflict and positive regard for both parents, and the emotional insecurity of offspring with their father and mother.	Design: longitudinal Sample: 372 triads from Germany Instruments: *Emotional Warmth*, to assess positive parenting; *Negative Communication* (negative and pejorative communication) and *Brief Questionnaire for the Assessment of Parental Behaviors* (parental control), to assess negative parenting; *Munich Individuation Test of Adolescence*, to assess parent-child relationships; *Children's Perception of Interparental Conflict* , to assess interparental conflict; *Strengths and Difficulties Questionnaire*, to assess prosocial behavior	The results revealed consistent associations between interparental conflict and emotional insecurity in offspring. Interparental conflict predicted lower prosocial behavior in children and greater peer rejection. Emotional insecurity with parents predicted greater peer rejection. Children reported emotional insecurity toward family members, perceptions of interparental conflict , and prosocial behavior.
Vilela, TR *et al. Child Abuse Negligence*, 2019.[42]	To estimate the prevalence of childhood emotional and behavioral problems and to investigate factors related to increased risk of emotional and behavioral problems.	Design: cross-sectional Sample: 101 Brazilian children Instruments: *Psychosocial Stress Factors* , to assess family psychosocial stressors; *Child Behavior Checklist* (CBCL), to assess emotional and behavioral problems	Exposure to family psychosocial stressors was high, including serious illness (33%), physical assault (28.9%), and death (27.8%). Exposure to these family stressors was associated with a two- to fourfold increase in the prevalence of internalizing and externalizing problems.
Gryczkowski, M *et al. Child Psychiatry Hum Dev.*, 2018[35]	To examine the relationships between mothers' and fathers' parenting practices and children's prosocial behavior.	Design: cross-sectional Sample: 129 Polish children and adolescents Instruments: *The O'Leary -Porter Scale* , to assess parental conflict; *The Alabama Parenting Scale Questionnaire-Parent Report* , to assess parenting practices; *The Social Skills Rating System*, to assess prosocial behavior	Positive paternal parenting and corporal punishment were significantly related to prosocial behavior in girls, but not in boys. High levels of paternal and maternal warmth (sensitive and affectionate parenting) and positive control, and low levels of paternal and maternal "severity," were associated with more prosocial behavior in children. Paternal involvement was related to prosocial behavior in school-aged children, but not in adolescents.
Leusin, JF *et al. Rev. SPAGESP*, 2018.[54]	Investigate the relationship between family climate and emotional and behavioral problems in childhood.	Design : cross-sectional Sample : 237 Brazilian children Instruments : *Family Climate Inventory* (ICF), to assess family climate; *Child Behavior Checklist* (CBCL), to assess emotional and emotional problems.	The conflict factor showed the highest correlations with the CBCL factors. The cohesion factor correlated negatively with thought problems and aggressive behavior. Regarding conflict, the highest correlation was found with aggressive behavior. Regarding hierarchy, the highest correlation was with attention problems. Regarding support, the highest correlation was with the somatic complaints and attention problems factor.

Furthermore, high levels of destructive conflict between Ghanaian parents and children were linked to more emotional problems in the offspring.[17] Family conflict was also associated with behavioral problems in Brazilian children, and family cohesion was negatively correlated with aggressive behavior in the offspring.[30] When interpreting these findings, it is important to consider distinct cultural characteristics that influence parenting. Nevertheless, the findings highlight the importance of healthy, cohesive parent–child relationships with constructive conflict.

Moreover, interparental conflict was linked to less prosocial behavior in childhood and greater peer rejection.[34] Couple conflict was also associated with harsh parenting, which in turn was significantly associated with child behavioral problems.[34] Another analysis found that interparental conflict, both physical and verbal, was associated with emotional and behavioral problems. This study also highlighted that associations were stronger for repeated physical conflict compared to a single exposure.[25] These observations reinforce the importance of positive, functional relationships not only between parents and children but also between the parents themselves, whether as a couple or not.

Authoritarian parenting practices, such as "some people forbid others from doing certain things without explaining why," were associated with attention problems in Brazilian children.[30] In addition, harsh parental discipline — including yelling insults and corporal punishment — was associated with greater conduct and hyperactivity problems in English children.[30] Harsh parenting moderated the effect of environmental adversity on internalizing and externalizing difficulties in children, increasing emotional and behavioral problems in those exposed to high levels of family socioeconomic disadvantage and Adverse Childhood Experiences.[30] This highlights the importance of encouraging positive parent–child communication.

Belief in corporal punishment as a disciplinary practice was associated with lower child social competence and more behavioral and attention problems.[17] Corporal punishment by parents has been identified as a significant risk factor for emotional and behavioral problems in children and adolescents.[39] Moreover, childhood maltreatment, including corporal punishment, was positively associated with psychopathology measures and negatively associated with prosocial behaviors.[37] Notably, all groups of evaluated diagnostic categories (attention-deficit/hyperactivity disorder, separation anxiety disorder, social anxiety disorder, specific phobia or agoraphobia, panic disorder, generalized anxiety disorder, depression or post-traumatic stress disorder, oppositional defiant disorder, or conduct disorder) showed higher levels of maltreatment than typically developing children.[37]

On the other hand, parental warmth and positive reinforcement were associated with fewer conduct problems in individuals with traits of callousness and restricted affect.[29] These children are thought to have limited prosocial emotions and antisocial behavior due to their traits and, therefore, could be at even greater risk for emotional and behavioral problems. Thus, parental involvement appears to be crucial, as it is associated with fewer conduct problems that could further harm children's mental health and prosocial behavior, including relationships with both parents and peers.

Greater maternal support received and provided to children was associated with fewer behavioral problems and more prosocial behaviors.[38] Higher family support was also linked to children's social performance and well-being.[26] Children's perception of greater parental support, attention received, and sensitive parenting was related to higher positive self-concept. Conversely, the more controlling the parents were — involving physical punishment and unquestionable authority — the lower the children's positive self-concept. Self-concept assessment investigates aspects of self-perception and self-worth,[22] which reflect children's self-esteem and can contribute to autonomy. Lower parental support, in turn, was associated with greater attention problems.[30]

Conversely, parental coercion and neglect were associated with greater indirect aggression in boys and girls.[55] Indirect aggression includes lying, gossiping, criticizing physical appearance, and may undermine prosocial behavior and peer relationships, especially upon entering school age, when new interactions begin. Additionally, children of authoritarian parents exhibited greater hyperactivity, conduct problems, and emotional symptoms, and less prosocial behavior, compared with children of parents with other parenting styles.[32] Parents were considered authoritarian when less affectionate and less involved in their relationship with their children, with parenting also characterized by rigid corporal punishment, lack of clear behavioral rules, and absence of monitoring.[32]

Lack of parental supervision was associated with greater overt aggression in boys and girls,[55] including severe bullying, property destruction, and physical fights.[55] This can be harmful to children's prosocial behavior and peer relationships, particularly during a life stage when they face challenges such as pressure, acceptance, and peer labeling.[16] On the other hand, high parental involvement in education, including supervision and assistance with children's tasks, was associated with better physical health and improved school functioning, including not only better grades but also greater motivation to attend school.[17] This may contribute to better peer relationships and prosocial behavior through regular school attendance. Positive parental control — meaning parents' regulation of their children's behavior through monitoring, rule-setting, and supervision — was also associated with higher prosocial behavior.[37]

Positive parent–child communication is a specific strategy of passive parental monitoring.[21] Higher levels of conversations, such as parents discussing children's daily activities

and plans, and greater frequency of such conversations, were associated with fewer conduct problems in offspring.[21] Parents' emotional socialization behaviors, such as discussing emotions, were more strongly linked to conduct problems at younger ages when the focus was on socializing negative rather than positive emotions.[46] Thus, after the literature highlighted the harms of negative communication on children's mental health, the importance of positive communication for preventing behavioral problems becomes clear. However, more research is needed to establish the relationship between positive communication and emotional problems.

Similarly, characteristics of communication and the couple's relationship are also important for children's mental health. A positive marital climate is characterized by a good and affectionate relationship between partners, with ongoing dialogue and mutual respect,[19] which may contribute to positive marital conflicts when they occur. After all, marital conflict is inevitable, and children may witness it. In some couples, conflict may occur positively and constructively; in others, negatively and destructively. Therefore, constructive marital conflict can benefit children's outcomes, teaching them problem-solving skills and effective communication, and fostering more positive social relationships.[33] Constructive marital conflict was inversely associated with child emotional and behavioral problems.[33] Conversely, destructive marital conflict — including avoidance–capitulation and verbal aggression — was significantly associated with externalizing problems in boys and internalizing problems in girls.[33] These findings underscore the importance of how married parents manage conflicts.

Positive and consistent authoritative parenting was significantly associated with fewer conduct problems compared with intrusive and authoritarian parenting.[32] Authoritative parents are positive when they show warmth and involvement, establish and monitor rules, and focus on promoting desired behavior. They are coherent in that they teach what they consider appropriate, while simultaneously encouraging such behaviors and disciplining inappropriate or undesirable behaviors, rarely using harsh corporal punishment.[32]

In a Brazilian program promoting positive parenting,[39] after individual sessions, positive effects were observed on maternal depression as well as fewer conduct and hyperactivity problems in the children of mothers in the experimental group, when comparing pre- and post-test results. Moreover, post-test observational data also indicated a significant improvement in positive interaction between mothers in the experimental group and their children compared with control dyads.[39] These findings highlight the importance of programs and public policies that promote parental mental health care, showing that certain parenting practices are modifiable and open to intervention, with positive results for both caregivers and children. They underscore the importance of encouraging parenting skills that promote competence through positive parenting practices.

As a limitation, the findings should be interpreted with caution due to the age range included in this study, which cannot be generalized to other age groups. Therefore, future research is recommended to expand the age range of the children assessed. In addition, literature reviews are subject to publication bias, since studies confirming associations between exposure and outcome are more likely to be published than those with nonsignificant results.

CONCLUSION

Finally, some parenting practices, along with other aspects of family relationships, provide information about the quality of family interaction. According to most studies included in this review, poorer family interaction quality is associated with child stress and emotional and behavioral problems. Therefore, the prevention of mental health problems in offspring includes the promotion of relational health, which should begin as early as the prenatal period,[56] extending through childhood and adolescence, in order to reduce possible mental and clinical problems in adulthood. Parents are essential for supporting and assisting in the development of basic social and emotional skills,[57] which can enable children to be resilient despite the adversities they may face.

The results of our study highlight the importance of family relational health based on affection, consistency, and positive, authoritative, non-permissive, and non-punitive parenting practices, fostering healthy and stimulating relationships. We also emphasize the importance of public health strategies aimed at identifying dysfunctional family environments and preventing and addressing adverse outcomes in children's mental health.

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