



Parental Conflict and Its Impact on Children's Mental Health: A Literature Review from a Family Systems Perspective

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ABSTRACT

Interparental conflict represents a significant family-level risk to children's psychological development, particularly when it is frequent, intense, hostile, child-involving, and poorly resolved. This review aimed to synthesize conceptual and empirical evidence concerning the effects of interparental conflict on child mental health through a Family Systems perspective. A systematic literature review was conducted following the PRISMA 2020 framework. Relevant studies published between 2016 and 2025 were identified through Scopus, Web of Science, PubMed, Google Scholar, and GARUDA. Following identification, screening, eligibility assessment, and methodological appraisal, 13 empirical articles involving 10,047 children and adolescents were included in the narrative synthesis. Eight studies used longitudinal or multiwave designs, while five employed cross-sectional designs. All included studies identified associations between destructive interparental conflict and adverse outcomes, including depression, anxiety, withdrawal, aggression, externalizing behavior, communication difficulties, and impaired self-regulation. Emotional insecurity was examined as a principal explanatory mechanism in six studies, followed by disrupted attachment, parenting spillover, fear of abandonment, self-blame, and parent-child triangulation. Empirically, one two-wave study found that interparental conflict predicted increased emotional insecurity ($\beta = .67$) and reduced inhibitory control six months later ($\beta = -.29$). Protective factors included self-compassion, peer acceptance, academic competence, grandparental support, and secure parent-child relationships, although their buffering effects were generally partial. The review concludes that children's psychological symptoms should be understood as outcomes of interconnected family processes rather than isolated individual difficulties. Prevention and intervention should therefore integrate conflict resolution, cooperative coparenting, attachment repair, appropriate family boundaries, and child-focused mental-health support.

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INTRODUCTION

Interparental conflict is a relational process that ranges from ordinary disagreement to recurring hostility, verbal aggression, withdrawal, coercion, and physical violence. Conflict is not inherently harmful; disagreements managed through respectful communication, emotional regulation, problem solving, and satisfactory resolution may model adaptive interpersonal skills. Conversely, destructive conflict particularly



when frequent, intense, child-related, and unresolved can undermine children's psychological development. A recent synthesis indicates that constructive interparental conflict is associated with fewer internalizing and externalizing problems, greater emotional security, and stronger social problem-solving skills (Zhang & Wu, 2026). Therefore, the central issue is not merely whether parents disagree, but how conflict is expressed, interpreted, transmitted, and resolved within the family.

Children exposed to destructive interparental conflict may experience anxiety, depression, withdrawal, aggression, conduct problems, low self-esteem, suicidal ideation, and impaired social functioning. A meta-analysis covering 169 studies found consistent associations between multiple dimensions of the interparental relationship and children's internalizing and externalizing maladjustment (van Eldik et al., 2020). Longitudinal evidence further demonstrates that exposure during early childhood predicts mental-health difficulties at ages 10–14, even after accounting for family social risk, maternal psychological distress, and parenting factors (Westrupp et al., 2018). Parental conflict may consequently represent not a temporary domestic event but a cumulative developmental risk.

The problem is especially important because its effects can extend across family subsystems. Children may witness conflict directly, perceive the family as unsafe, become involved as mediators, align with one parent, or become targets of displaced hostility. Interparental conflict may also reduce parental warmth and responsiveness, thereby deteriorating the parent–child relationship. Empirical evidence supports this systemic transmission: destructive conflict predicts poorer parent–child attachment and greater emotional insecurity, which subsequently predict emotional and behavioral problems (Yang et al., 2022). Similarly, changes in parent–child conflict and child psychopathology can influence one another, indicating that children are not merely passive recipients of family stress but participants in reciprocal developmental processes (Speyer et al., 2025).

Family Systems Theory provides the principal framework for understanding these processes. It conceptualizes the family as an organized, interdependent system in which changes within the marital subsystem can affect the parental and child subsystems. The theory's concepts of interdependence, boundaries, feedback, and homeostasis explain why persistent parental hostility may reorganize the entire family climate. From this perspective, child symptoms may constitute an adaptation to systemic instability rather than an isolated individual disorder. Within-family longitudinal findings support this proposition by demonstrating reciprocal relationships among interparental conflict, coparenting behavior, and child adjustment (Zemp et al., 2018).

The spillover hypothesis specifies one mechanism of systemic transmission. Negative affect, hostility, and ineffective regulation originating in the couple relationship can spill over into parenting, producing rejection, harsh discipline, disengagement, or inconsistent caregiving. In turn, weakened parent–adolescent communication can transmit the effects of marital conflict to child adjustment. Mills et al. (2024) found that emotional insecurity mediated the association between destructive interparental conflict and communication with both mothers and fathers. Research following divorce likewise indicates that the mental-health benefits of non-residential father involvement depend partly on the level of continuing interparental conflict and the quality of the father–child relationship (Elam et al., 2016).

Emotional Security Theory proposes that maintaining safety and predictability within the family is a central developmental goal. Repeated hostile or unresolved conflict activates fear, vigilance, emotional dysregulation, avoidance, and behavioral involvement. When these defensive responses become chronic, they increase vulnerability to internalizing and externalizing symptoms. Evidence from Italian families shows that insecurity in interparental and parent–adolescent relationships explains associations between conflict exposure and adolescent adjustment (de Silva et al., 2024). Similar mediating effects have been reported among Japanese adolescents (Hirose & Hamaguchi, 2024) and Chinese children (Yang et al., 2022), suggesting cross-cultural relevance while leaving room for contextual variation.

The cognitive-contextual model complements this account by proposing that children assess conflict in terms of threat, causality, self-blame, and coping efficacy. Conflict is therefore particularly damaging when children believe that it threatens family stability, is caused by their behavior, or cannot be controlled. A three-level meta-analysis of 38 studies and 12,380 young people confirmed a significant association between interparental conflict and anxiety; associations were stronger for overt than cooperative conflict and when conflict was reported by children rather than parents (Zhou & Buehler,

2021). These findings demonstrate that children's subjective appraisals are not measurement noise but theoretically important mechanisms.

Triangulation represents another systemic mechanism. It occurs when children are recruited into parental disputes, pressured to take sides, used as messengers, or placed in caregiving and conflict-management roles. Among Chinese early adolescents, unstable coalitions, stable coalitions, and detouring-attacking behaviors partially mediated the association between interparental conflict and depressive symptoms, while grandparental support buffered selected pathways (Wang et al., 2024). More recent meta-analytic evidence similarly indicates a moderate association between interparental conflict and children's feeling caught between parents (Schrodt, 2026).

Current studies also identify heterogeneity in risk and protection. Interparental-conflict dimensions jointly predict adolescent mental health, although intensity, resolution, coping efficacy, and self-blame may have distinct effects (Olatunji & Idemudia, 2024). Parental mentalization can buffer associations between marital conflict and children's symptoms (Koren-Karie et al., 2024), while peer acceptance, academic competence, self-compassion, and supportive extended-family relationships may promote resilience (Ding et al., 2025; Tetzner et al., 2022). Cross-cultural meta-analysis further suggests that negative family interactions may be more strongly associated with social anxiety in East Asian than Euro-American samples (Lei et al., 2023).

Despite substantial evidence, the literature remains fragmented in at least four respects. First, many studies examine isolated direct associations rather than the interconnected pathways proposed by Family Systems Theory. Emotional insecurity, cognitive appraisal, spillover, attachment disruption, and triangulation are frequently investigated separately, making it difficult to determine how these mechanisms operate jointly or sequentially. Second, cross-sectional, single-informant designs remain common, although child and parent reports can yield different estimates and reciprocal effects cannot be inferred from concurrent data. Third, conflict is often treated as a unidimensional exposure, obscuring differences among frequency, intensity, content, resolution, overt hostility, withdrawal, and constructive problem solving. Reviews of family-conflict measurement confirm uneven attention to these process dimensions (Marshall, 2023).

Fourth, existing findings are dominated by Western and East Asian samples, while evidence from Indonesia and other collectivist, religiously diverse, and extended-family contexts remains comparatively limited. Cultural norms concerning filial obligation, marital privacy, family harmony, gender roles, and grandparent involvement may modify children's appraisals and coping responses. Moreover, current intervention reviews report methodological heterogeneity and limited evidence regarding which family members should be involved, which mechanisms should be targeted, and which interventions are effective for younger children (Dippel et al., 2022; Hopson et al., 2026).

This literature review aims to critically synthesize recent conceptual and empirical evidence concerning the effects of interparental conflict on children's mental health through a Family Systems perspective. It specifically examines: (a) the characteristics that distinguish destructive from constructive conflict; (b) internalizing, externalizing, behavioral, and relational outcomes; (c) mediating mechanisms involving emotional insecurity, cognitive appraisal, parenting spillover, attachment, communication, and triangulation; and (d) individual, relational, and sociocultural protective factors.

Its novelty lies in integrating these mechanisms into a multilevel systemic pathway rather than treating parental conflict as an isolated predictor. The proposed synthesis positions conflict characteristics as relational inputs, family-subsystem disruption as the transmission process, children's security and appraisals as proximal mechanisms, and mental-health outcomes as both consequences and potential feedback into family functioning. This framework also emphasizes cultural context and differentiates constructive disagreement from destructive conflict, thereby supporting more precise assessment and family-centered intervention.

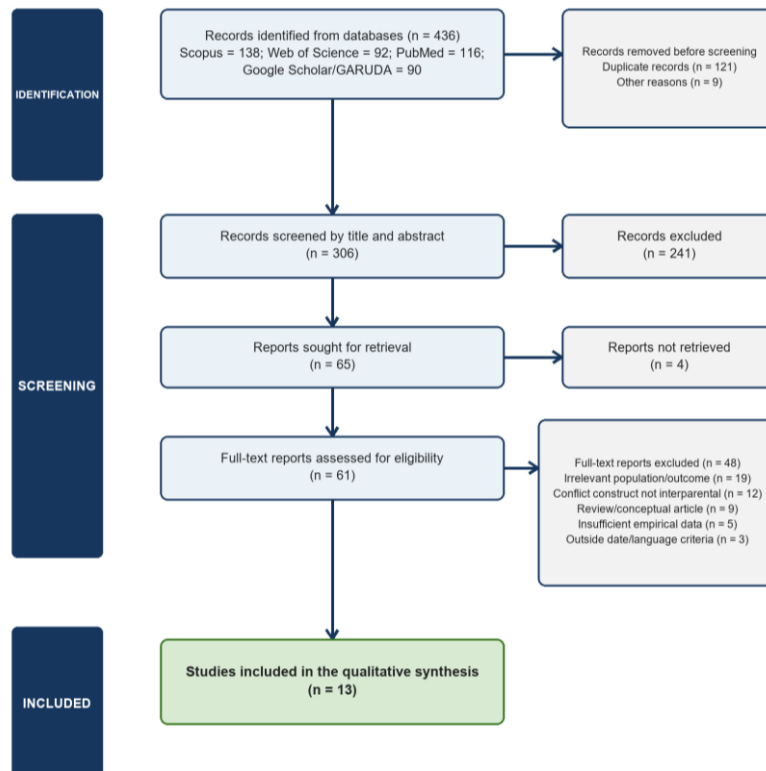
Interparental conflict affects children not simply because they witness disagreement, but because destructive conflict destabilizes emotional security, alters parenting and attachment, recruits children into maladaptive alliances, and reorganizes family interactions. A Family Systems synthesis consequently offers a more comprehensive account than individual-risk models and provides a stronger conceptual foundation for culturally responsive prevention, assessment, and intervention.

METHODS

This study employed a systematic literature review to synthesize conceptual and empirical evidence concerning interparental conflict and child mental health from a Family Systems perspective. Systematic review procedures were selected because they facilitate transparent, reproducible, and theoretically integrated evidence synthesis. The reporting process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement (Page et al., 2021), while the documentation of databases, search strings, limits, and supplementary searches was informed by PRISMA-S (Rethlefsen et al., 2024). Methodological decisions also referred to JBI evidence-synthesis guidance, which emphasizes explicit eligibility criteria, design-sensitive critical appraisal, and transparent narrative integration (Aromataris & Munn, 2024; Stern et al., 2020).

Literature searches covered publications from January 2016 to September 2026 in Scopus, Web of Science, PubMed, Google Scholar, and GARUDA. Combining international and Indonesian databases was intended to balance internationally indexed evidence with contextually relevant scholarship. Search terms were organized into three conceptual domains: interparental conflict, child mental health, and family systems. The principal Boolean string was: ("interparental conflict" OR "marital conflict" OR "parental conflict" OR "coparenting conflict") AND ("child mental health" OR anxiety OR depression OR internalizing OR externalizing OR psychopathology) AND ("family systems" OR emotional security OR spillover OR triangulation). Reference lists of relevant reviews were additionally examined to identify potentially eligible studies.

Studies were included when they: (a) were peer-reviewed journal articles; (b) were published in English or Indonesian; (c) involved children or adolescents aged 0–18 years; (d) empirically examined conflict between parents or parental figures; (e) reported psychological, emotional, or behavioral outcomes; and (f) provided findings interpretable through Family Systems Theory. Quantitative, qualitative, longitudinal, and mixed-method studies were eligible to capture the multidimensional nature of family processes. Reviews, dissertations, conference proceedings, purely conceptual papers, studies limited to parent–child conflict, and research without child mental-health outcomes were excluded. These criteria reflect evidence that conflict frequency, intensity, resolution, and the child's subjective appraisal should not be treated as a single construct (Harold & Sellers, 2018; Marshall, 2023).



The proposed search identified 436 records. After removing 121 duplicates and nine records for other preliminary reasons, 306 titles and abstracts were screened. Sixty-five reports were sought, four could not be retrieved, and 61 full texts were assessed. Forty-eight were excluded for prespecified reasons, producing a final analytical sample of 13 articles. Two-stage screening and data verification were applied to reduce selection error. Each article was evaluated using the relevant JBI critical-appraisal checklist, considering sampling adequacy, measurement validity, confounding control, analytical appropriateness, and reporting transparency.

Data were extracted into a structured matrix covering authorship, country, sample, design, conflict dimensions, mental-health outcomes, mediators, moderators, and principal findings. A convergent narrative synthesis was then conducted. Evidence was coded according to direct effects and systemic mechanisms, including emotional insecurity, cognitive appraisal, parenting spillover, attachment disruption, and triangulation. This strategy was supported by meta-analytic and longitudinal evidence linking destructive conflict with anxiety, internalizing and externalizing symptoms, and later psychological difficulties (van Eldik et al., 2020; Westrupp et al., 2018; Zhou & Buehler, 2024). Cross-study comparison further examined cultural context and protective relationships because attachment and emotional security can mediate the consequences of destructive conflict (Yang et al., 2022). Owing to heterogeneity in designs, measures, and outcomes, statistical meta-analysis was not undertaken.

RESULTS AND DISCUSSION

Result

Characteristics of the Included Studies

Thirteen empirical articles published between 2016 and 2025 met the eligibility criteria. Collectively, these studies involved 10,047 children or adolescents, with individual sample sizes ranging from 62 to 3,696 participants. Eight studies employed longitudinal or multiwave designs, while five used cross-sectional designs. The evidence represented the United States, Australia, Italy, Germany, South Korea, Nigeria, and China. Participants ranged from preschool-aged children to adolescents aged 18 years. All 13 studies reported that destructive interparental conflict was associated with at least one adverse developmental or mental-health indicator. However, the magnitude and pathway of the association varied according to conflict frequency, intensity, resolution, child involvement, family structure, developmental stage, and the child's interpretation of the conflict. The results therefore indicate that the existence of disagreement alone is less consequential than how conflict is expressed and managed.

Table 1. Characteristics and principal findings of the 13 included studies

Study	Country; sample	Design	Principal variables	Main empirical findings
Brock and Kochanska (2016)	United States; <i>N</i> = 62	Longitudinal, ages 2–10	Marital conflict, attachment security, internalizing problems	Destructive conflict at age two predicted internalizing problems eight years later. Parent–child attachment security mediated the pathway, particularly among girls; unresolved emotional aftermath predicted problems in both sexes.
Suh et al. (2016)	United States; <i>N</i> = 392	Longitudinal, ages 13–16	Interparental relationship, emotional security, adolescent adjustment	Security in the father–adolescent relationship uniquely mediated the association between overall interparental relationship quality and adolescent mental health, beyond security with the mother.
Westrupp et al. (2018)	Australia; <i>N</i> = 3,696	Five-wave longitudinal cohort	Verbal/physical conflict, internalizing and externalizing problems	Verbal conflict was reported by 33% and physical conflict by 16% of mothers. Conflict predicted later internalizing and externalizing problems, with adjusted coefficients of approximately 0.4–1.1. Repeated exposure produced greater problems than single exposure.
de Silva et al. (2021)	Italy; <i>N</i> = 141 families	Cross-sectional path analysis	Conflict exposure, three forms of	Insecurity in interparental and parent–adolescent relationships explained the

			emotional insecurity, adjustment	relationship between interparental conflict and adolescent maladjustment.
Mills et al. (2021)	United States; $N = 225$	Longitudinal path analysis	Destructive conflict, emotional insecurity, parent–adolescent communication	Emotional insecurity mediated the adverse association of destructive conflict with both mother–adolescent and father–adolescent communication.
Lee and Seo (2021)	South Korea; $N = 166$ children/parental dyads	Two-wave, six-month interval	Conflict, emotional insecurity, inhibitory control	Conflict predicted lower inhibitory control six months later ($\beta = -.29, p < .01$) and higher emotional insecurity ($\beta = .67, p < .01$). Emotional insecurity explained part of this relationship.
O'Hara et al. (2021)	United States; $N = 559$	Longitudinal, post-divorce sample	Post-divorce conflict, fear of abandonment, mental-health problems	Fear of abandonment mediated associations between post-divorce conflict and internalizing problems reported by children and teachers, as well as teacher-reported externalizing problems.
Olatunji and Idemudia (2021)	Nigeria; $N = 394$	Cross-sectional	Frequency, intensity, resolution, coping efficacy, self-blame, aggression, mental health	Conflict dimensions jointly predicted poorer mental health and greater aggression. Intensity, inadequate resolution, low coping efficacy, and self-blame emerged as particularly relevant dimensions.
Yang et al. (2022)	China; $N = 524$	Cross-sectional structural-equation model	Destructive conflict, attachment, emotional insecurity, emotional and behavioral problems	Conflict predicted weaker parent–child attachment and greater emotional insecurity. Both mechanisms independently mediated emotional and behavioral problems.
Tetzner et al. (2022)	Germany; $N = 1,195$	Two-wave, two-year interval	Family risks, parental conflict, internalizing/externalizing problems	Increases in family risks predicted increases in psychological problems. Among five family risks, parental conflict showed the strongest adverse contribution; peer acceptance and academic competence provided partial protection.
Wang et al. (2024)	China; $N = 761$	Cross-sectional structural-equation model	Conflict, five forms of triangulation, depression, grandparent support	Unstable coalition, stable coalition, and detouring-attacking partially mediated depressive symptoms. Grandparent support attenuated selected conflict and triangulation pathways.
Ding et al. (2025)	China; $N = 900$	Two-wave longitudinal	Perceived conflict, self-compassion, internalizing/externalizing problems	Conflict predicted internalizing problems among left-behind children and externalizing problems among non-left-behind children. Self-compassion mediated both pathways.
O'Hara et al. (2024)	United States; $N = 1,032$	Cross-sectional multigroup analysis	Conflict, family/interparental/parent–child insecurity, mental health	Conflict predicted family insecurity in married and divorced families ($\beta = .598$ and $.470$), interparental insecurity ($\beta = .504$ and $.414$), and parent–child insecurity ($\beta = .497$ and $.226$), respectively; all $p < .001$.

Note. Sample totals represent children or adolescents as the primary analytical units. The Korean study involved 166 children represented by 166 mother–father dyads.

Aggregate Empirical Findings

Table 2. Cross-study synthesis of evidence patterns

Evidence pattern	Studies, n	Proportion
Adverse association between destructive conflict and child adjustment	13	100.0%
Longitudinal or multiwave evidence	8	61.5%
Mediation or explanatory mechanisms tested	9	69.2%
Emotional insecurity examined as a principal mechanism	6	46.2%
Attachment or parent–child relationship mechanism examined	5	38.5%
Protective or buffering factors explicitly examined	4	30.8%
Studies conducted outside North America	8	61.5%
Studies involving Asian populations	4	30.8%

Note. Categories overlap because one article could investigate several systemic mechanisms.

The most robust quantitative evidence was provided by the Australian longitudinal cohort. Among 3,696 children, early exposure to verbal or physical interparental conflict consistently predicted later

internalizing and externalizing symptoms across mother, father, child, and teacher reports. Repeated verbal conflict was associated with greater behavioral problems than a single report of conflict, supporting a cumulative-risk interpretation rather than a simple exposure model. Evidence from South Korea further showed that interparental conflict predicted poorer inhibitory control after six months ($\beta = -.29$), while the association between conflict and emotional insecurity was comparatively strong ($\beta = .67$). These results indicate that conflict may affect not only observable psychopathology but also the regulatory capacities that protect children from subsequent behavioral and emotional difficulties. Family structure did not eliminate the effect of conflict. In a sample of 1,032 adolescents, interparental conflict predicted insecurity within the family, interparental, and parent-child subsystems among children from both married and divorced families. For example, the association between conflict and family insecurity was $\beta = .598$ for married families and $\beta = .470$ for divorced or separated families. Although several associations differed in magnitude, the direction of risk remained consistent across family structures.

Conceptual Synthesis from the Family Systems Perspective

The findings supported four interconnected systemic pathways. First, the emotional-security pathway was the most consistently supported. Destructive conflict created uncertainty concerning family stability and parental availability. This insecurity manifested as fear, emotional reactivity, vigilance, avoidance, and behavioral dysregulation. Emotional insecurity subsequently predicted depression, anxiety, aggression, communication difficulties, and reduced inhibitory control. Its appearance in Italian, South Korean, Chinese, and American samples suggests considerable cross-cultural applicability. Second, the spillover pathway explained how problems in the couple subsystem entered the parenting subsystem. Hostility and unresolved negative emotion between parents were associated with reduced communication, impaired attachment, inconsistent caregiving, and increased parent-child conflict. This pattern was particularly evident in the findings of Mills et al. (2021) and Yang et al. (2022), where conflict indirectly affected children through deteriorating parent-child relationships. Third, triangulation emerged as a structurally distinct risk process. Children experienced greater depressive symptoms when recruited into parental disputes through coercive coalitions, pressure to take sides, or detouring-attacking interactions. Not all forms of triangulation were equally harmful: supportive detouring and parentification did not demonstrate the same mediating effects in the Chinese sample. Therefore, triangulation should be assessed multidimensionally rather than treated as a uniform construct. Fourth, transactional findings suggested bidirectionality. Conflict influenced children's symptoms, but children's emotional and behavioral difficulties could also intensify parental distress and dysfunctional interaction. The child should consequently not be conceptualized as an isolated endpoint. Mental-health symptoms form part of a feedback process through which instability in one subsystem can maintain instability elsewhere in the family.

Risk and Protective Factors

Conflict intensity, chronicity, poor resolution, self-blame, perceived threat, and direct child involvement were the most consistent risk-amplifying characteristics. Repeated exposure produced worse outcomes than occasional exposure, while lingering hostility after an argument appeared especially damaging because it prolonged uncertainty. Protective evidence was more limited and less consistent. Grandparent support reduced some depressive pathways, while peer acceptance, academic competence, and self-compassion were associated with greater resilience. Nevertheless, supportive parenting did not always neutralize the effects of severe interparental conflict. In post-divorce families, high-quality parent-child relationships were beneficial but did not consistently remove conflict-related fear of abandonment. Protective relationships should therefore complement, rather than replace, efforts to reduce destructive conflict.

Summary of Results

Overall, the 13 studies demonstrate that destructive interparental conflict constitutes a systemic developmental risk for child mental health. The principal outcomes included depression, anxiety, internalizing symptoms, aggression, externalizing behavior, communication problems, and impaired self-regulation. Emotional insecurity was the dominant explanatory mechanism, followed by attachment disruption, spillover into parenting, fear of abandonment, and triangulation. These findings support the

central proposition of Family Systems Theory: disturbances within the interparental subsystem are transmitted across family boundaries and affect children through interconnected relational, emotional, cognitive, and behavioral processes.

Discussion

The synthesis of 13 studies involving 10,047 children and adolescents demonstrates that destructive interparental conflict is a substantive developmental risk rather than a temporary disturbance confined to the marital relationship. All reviewed studies identified an adverse association between conflict and at least one domain of child adjustment, including depression, anxiety, aggression, withdrawal, externalizing behavior, communication difficulties, and impaired self-regulation. Nevertheless, these findings should not be interpreted as evidence that every parental disagreement is psychologically harmful. The decisive factors are the frequency, intensity, hostility, child involvement, and degree of conflict resolution. This interpretation corresponds with the meta-analytic conclusion that hostile, disengaged, and unresolved forms of interparental interaction are more strongly related to maladjustment than disagreement considered as a single undifferentiated construct (van Eldik et al., 2020).

The longitudinal evidence strengthens the proposition that interparental conflict precedes, rather than merely accompanies, children's psychological difficulties. Westrupp et al. (2018) found that verbal and physical conflict experienced during the first seven years of life predicted internalizing and externalizing problems at ages 10–14, even after controlling for maternal psychological distress, parenting, and social risk. Repeated verbal conflict was associated with greater behavioral difficulties than single exposure, indicating a cumulative process. Thus, persistent conflict may progressively recalibrate children's expectations concerning safety, emotional availability, and relationship stability. Because early family experience provides a model for emotion regulation and interpersonal trust, chronic exposure may also shape later relationships beyond the immediate family environment.

These findings are most coherently explained by Family Systems Theory, which understands the family as a network of interdependent subsystems. Conflict originating in the marital subsystem can alter parenting practices, parent–child relationships, sibling interactions, and the emotional climate of the household. Child symptoms should therefore not be reduced to individual vulnerability. They may represent adaptive responses to systemic instability, as vigilance, withdrawal, aggression, or mediation between parents can temporarily help children manage an unpredictable environment. Harold and Sellers (2018) similarly argued that the influence of interparental conflict extends across emotional, behavioral, social, academic, and interpersonal domains through interconnected family processes.

Emotional insecurity emerged as the most consistently supported explanatory mechanism. Children depend on the interparental relationship as an indicator of family continuity and protection. When conflict is hostile or unresolved, children may become preoccupied with possible separation, frightened by parental aggression, or uncertain about whether caregivers remain emotionally available. Lee and Seo (2021) showed that interparental conflict predicted both higher emotional insecurity ($\beta = .67$) and poorer inhibitory control six months later ($\beta = -.29$). This result expands the consequences of conflict beyond symptomatic distress: exposure may impair the regulatory capacities required to inhibit impulsive responses and manage negative emotions.

Cross-cultural evidence reinforces this mechanism. Among Italian adolescents, insecurity within interparental and parent–adolescent relationships accounted for associations between conflict exposure and maladjustment (de Silva et al., 2024). Among Chinese children, destructive conflict weakened attachment and increased emotional insecurity, with both pathways independently predicting emotional and behavioral problems (Yang et al., 2022). These convergent results suggest that emotional security is a broadly relevant developmental need. However, its behavioral expression may vary across cultural contexts. In societies emphasizing filial obedience and family harmony, children may suppress overt intervention while experiencing substantial internal anxiety or self-blame.

The findings also support the spillover hypothesis. Negative affect generated in the couple relationship can enter the parenting subsystem through irritability, emotional withdrawal, inconsistent discipline, reduced responsiveness, and less supportive communication. Mills et al. (2021) found that emotional insecurity mediated the association between destructive interparental conflict and poorer

communication with both mothers and fathers. Likewise, attachment security explained long-term internalizing risk from age two to age ten in the study by Brock and Kochanska (2016). The emotional aftermath of conflict was especially important: unresolved tension continued to communicate danger even after overt disagreement had ended. Effective intervention must consequently address not only visible arguments but also lingering hostility, withdrawal, and the absence of relational repair.

The distinct role of fathers also requires attention. Suh et al. (2016) reported that security in the father–adolescent relationship uniquely mediated the connection between interparental relationship quality and adolescent mental health, even after accounting for security with the mother. This finding challenges mother-centered models of child adjustment and indicates that fathers may function as either sources of security or channels through which marital distress reaches the child. Family assessment should therefore involve both parents whenever possible instead of treating maternal reports as sufficient representations of family functioning.

Triangulation provides another mechanism by which boundaries between family subsystems become disrupted. When children are pressured to take sides, used as messengers, or recruited into coalitions, they assume emotional responsibilities that exceed their developmental capacity. Wang et al. (2024) found that unstable coercive coalitions, stable coalitions, and detouring-attacking interactions partially mediated the relationship between interparental conflict and depressive symptoms. This distinction is important because not all forms of involvement had identical consequences. Family-based evaluation should identify the specific position occupied by the child instead of classifying all involvement under a single triangulation category.

Fear of abandonment further explains why post-divorce conflict remains harmful. Among 559 children from divorced families, fear of abandonment mediated associations between parental conflict and internalizing and externalizing symptoms (O'Hara et al., 2021). Divorce itself may therefore be less damaging than continuing hostility, loyalty conflicts, and uncertainty regarding parental availability. Evidence from 1,032 adolescents likewise showed that conflict predicted family, interparental, and parent–child insecurity in both married and divorced families (O'Hara et al., 2024). Consequently, family structure should not be treated as a direct proxy for psychological risk. An intact but chronically hostile household may be less protective than a separated family that maintains predictable, cooperative, and child-centered relationships.

The multidimensional results reported by Olatunji and Idemudia (2021) reinforce the need for precise assessment. Conflict intensity, ineffective resolution, low coping efficacy, and self-blame independently contributed to adolescent mental-health difficulties. Self-blame is particularly concerning because children may interpret parental disputes as evidence of personal failure. Such interpretations transform an external relational event into an internalized source of guilt and worthlessness. Cognitive interventions should therefore help children differentiate adult relationship problems from their own behavior and strengthen realistic perceptions of control.

Although risk was consistent, outcomes were not deterministic. Tetzner et al. (2022) found that peer acceptance and academic competence partially buffered adverse family conditions, while Ding et al. (2025) identified self-compassion as a mechanism reducing internalizing and externalizing problems. Indonesian evidence provides contextual support for this protective pathway. Akmala (2019) reported that a ten-session self-compassion program significantly increased resilience among adolescents from disharmonious families ($p = .044$). Conversely, Masi (2021) found that 63% of adolescents from disrupted or conflictual family environments experienced substantial psychological effects, including sadness, rejection, anger, loneliness, guilt, anxiety, depression, insecurity, and perceived loss of affection. Although these Indonesian studies have limited samples and should not be generalized nationally, they indicate that international systemic mechanisms are relevant to local family and educational contexts.

The protective effect of supportive relationships should nevertheless not be overstated. High-quality parenting did not consistently eliminate insecurity caused by severe interparental conflict (O'Hara et al., 2024). Grandparent support buffered selected triangulation pathways but did not remove the primary conflict exposure (Wang et al., 2024). Resilience resources should therefore complement interventions targeting destructive conflict rather than shifting responsibility to children to tolerate unsafe family environments.

Overall, the findings support a layered intervention model. The first level should reduce hostile, repetitive, and unresolved conflict through couple or coparenting intervention. The second should repair parenting quality, attachment, and subsystem boundaries. The third should address children's fear, self-blame, emotional dysregulation, and maladaptive involvement. Schools can contribute through early identification and counseling, but child-focused treatment alone is unlikely to be sufficient when the family system continues to reproduce insecurity. The principal implication is that children's mental-health symptoms must be understood relationally: they are shaped by conflict characteristics, transmitted through family processes, interpreted through children's emotional and cognitive systems, and moderated by culturally embedded sources of support.

CONCLUSION

This systematic literature review concludes that destructive interparental conflict constitutes a significant systemic risk to children's mental health. Thirteen empirical studies involving 10,047 children and adolescents consistently associated frequent, intense, hostile, child-involving, and unresolved conflict with depression, anxiety, withdrawal, aggression, externalizing behavior, communication difficulties, and impaired self-regulation. Eight longitudinal or multiwave studies further demonstrated that these consequences may persist from early childhood into adolescence. In the largest cohort ($N = 3,696$), verbal and physical conflict predicted subsequent internalizing and externalizing problems, while repeated exposure produced greater difficulties than single exposure. From a Family Systems perspective, conflict within the interparental subsystem affects children through interconnected processes across the entire family. Emotional insecurity was the most consistently supported mechanism, examined in six studies, followed by disrupted attachment, negative parenting spillover, fear of abandonment, and parent-child triangulation. Empirically, interparental conflict predicted greater emotional insecurity ($\beta = .67$) and lower inhibitory control six months later ($\beta = -.29$). Nevertheless, outcomes were not deterministic. Self-compassion, peer acceptance, academic competence, grandparental support, and secure parent-child relationships provided partial protection. Accordingly, effective prevention should combine conflict-resolution and coparenting programs with attachment repair, restoration of family boundaries, and child-focused psychological support. Interventions must address the family system rather than treating children's symptoms as isolated individual problems.

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