



## Family System Theory and the Destructive impact of Family Conflict

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### **Abstract**

This thesis provides a narrative overview of family dysfunctions and the effects on children's development from a family system perspective. The search and screening of the literature was conducted systematically and resulted in 70 studies published in the past decade. The focus of the review is on dysfunctional family processes which result in destructive conflicts and the use of violence within and across subsystems, highlighting the interconnections between family members. The goal was to shed light on how children's exposure to and involvement in family conflicts puts them at risk for socioemotional difficulties. Family system theory is used as a framework to explain how problematic relations co-occur in the family system, via connected subsystems and mutual influences across marital, parent-child, and sibling relations, creating complex and circular processes which can result in negative mental health trajectories for children.

*Keywords:* family system theory, conflicts, violence, child development.

### **Family System Theory and the Destructive Impact of Family Conflict**

Family system theory is a psychological framework used to study interactions between separate family members and how this group of individuals functions as one (Kerr and Bowen, 1988; Minuchin, 1985). Rather than looking at the individual intrapsychic processes, the family system approach studies and treats a family as a single unit composed of smaller subsystems such as the marital, the parent-child, and the sibling system (Pfeiffer & In-Albon, 2022). Family system theory recognises that families are complex entities with subsystems affected by their social roles, dynamics and structures (e.g., dependencies, Watson, 2012). In this thesis I review the dysfunctional processes within family systems which help explain how conflicts can arise and escalate, resulting in maladaptive family dynamics. My goal is to shed light on how these processes can be put into motion and affect children's socioemotional development.

Family system theory is founded on the concept of emotional interconnectedness in which changes or strain in one individual member (or subsystem) often affects other family members (Kelledy & Lyons, 2019). Members' internal and external challenges can result in a cascade of secondary interpersonal actions and reactions that are likely to impact the whole family's functioning (Murray, 2006). This idea of circular causality via mutually reinforcing patterns of behaviour present in a family is often invoked to explain the rise and maintenance of maladaptive behavioural cycles such as family conflicts and violence, by contextualising them in the family environment, rather than stemming from one singular cause (Kelledy & Lyons, 2019). The family system has dynamics and patterns that may serve as nonlinear feedback loops that can result in a stable self-sustaining process of collective self-organisation (Cox & Paley, 1997), namely, stable patterns of interaction between family members.

Self-organisation is a complex and dynamic process (see Kunnen et al., 2019), and family systems respond to the inevitable changes and transitions that come with cohabitation and ageing, which force members to restructure and negotiate their roles and boundaries as they are exposed to new circumstances (Scott et al., 2019). Some families might resist change in their attempt to preserve the family equilibrium, which

can lead to maladaptive functioning (Minuchin, 1974). For the social system to function optimally, flexible reorganisation by all the members is necessary, and stress(ors) can be the starting point of conflicts which can result in secondary problems (Schermerhorn & Cummings, 2008). Family system theory has been used to study and treat family conflicts (Fitzgerald et al., 2020; Peltz et al., 2018; Skinner et al., 2021) to foster adaptation to internal and external challenges, as this review shall testify.

In family system theory conflicts are seen as normal, and potentially constructive, such as in supportive relationships where conflicts are resolved with healthy communication and self-disclosure (Du Rocher Schudlich et al., 2015). Poorly resolved conflicts, however, can derail family functioning, and result in maladaptive patterns and mental health difficulties (Schermerhorn & Cummings, 2008). Children can learn adaptive problem resolution skills by observing their parents effectively deal with conflicts (Cummings & Davies, 2010). Parent-child conflicts typically increase over early adolescence, a critical period when children strive for more autonomy and develop their unique identity (Steinberg, 2001). When conflicts become frequent, destructive, and unresolved, or occur in dysfunctional family systems with unclear boundaries and roles, such conflicts can severely hamper family members' functioning and well-being (Bowen 1978; Minuchin, 1985). Family conflicts can even escalate into child and partner neglect, abuse, coercion, and violence (Gebara et al., 2020; Pu & Rodriguez, 2021b). Below, I present the underlying processes of family conflicts, focus on destructive interactions, and illustrate the roles of children in such dysfunctional systems and the consequences of conflict on their development.

This review aims to summarise studies of dysfunctional nuclear family systems and the occurrence of conflicts and violence. My main goal is to integrate the empirical basis of family system perspectives on dysfunctional family patterns and how children's behaviour and psychosocial development subsequently affect family system functioning. Expansion of the family system with a child is a stressful period for the parental system, and when the child reaches adolescence, during which often new and more frequent conflicts arise, the family system, child-parent, and co-parenting relationships are challenged once more (Riina et al., 2015). Children often witness parental family conflicts, and with age, they are more likely to become involved in

family disputes (sometimes involuntarily), which can harm their mental health and future romantic relations, especially when these conflicts are frequent and destructive (Davies et al., 2015; Fosco et al., 2016a). Furthermore, children's problem behaviour and their conflicts with parents and siblings put a strain on the whole family system (Paschall et al., 2017; Relva et al., 2019).

Although the literature in this work was searched and reviewed systematically, a complete integration of all studies on family conflict at broad was beyond the scope of this master thesis, as this literature spans a vast range of concepts, theories, predictors, and outcomes, from attachment problems (e.g., Withers, 2020; Wang et al., 2019), the link to psychopathology (eg. Fitzgerald & Ledermann, 2020; Fosco et al, 2014; Lindblom et al., 2017), to triangulation and parentification (Davies et al 2015; Nuttal et al., 2021) and subsequent (re)victimisation (e.g., Coe et al., 2020; Fosco et al., 2016a). This thesis provides a narrative review of family conflict studies to identify their origin, the processes that support conflict, and how conflicts spill-and-cross-over to other family members (or subsystems), also via punishment and violence, and how these family conflicts influence child development.

This thesis synthesises the literature on family conflicts using the family system framework as the tool to analyse dysfunctional processes and their underlying dynamics, which is a more holistic approach than focusing on individual psychopathology only, as the key is to understand problematic family relations and the co-occurrence of family conflicts in different systems (Bagarozzi & Giddings, 1983). The fundamental assumption is that a deeper understanding of the underlying processes in family conflicts also informs on how maladaptive family cycles can be broken, which is important to improve the treatment of both individuals and families as a collective (Gelles & Maynard, 1987). To recapitulate, I review the empirical literature on the nuclear family system theory, including complex family systems, such as step-families and queer families.

Below I first explain how conflicts and negativity diffuse within and across family domains and systems, then present the effects of these on children's and adolescents' socioemotional development. Third, I zoom into the function of boundaries

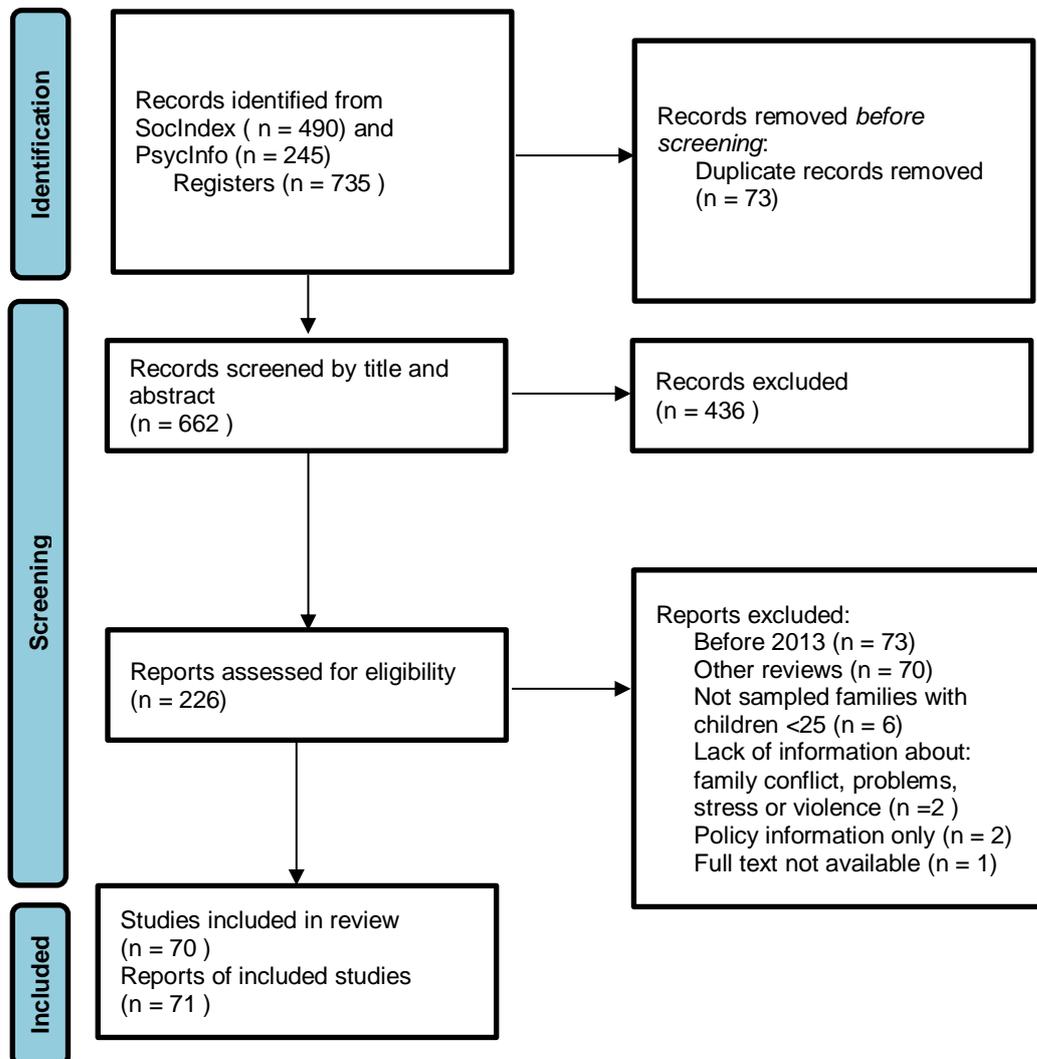
and social roles in family system functioning, and present studies of family systems with dysfunctional dynamics, which result in negative conflict strategies and resolution. I highlight the link between family conflict and violence with differences in children's development. In the discussion section, I summarise the results and explore how family system theory can be integrated and enriched by other theories and models of human development. Finally, I conclude with suggestions of how practitioners can use family system theory to help individuals and families break out of maladaptive behavioural patterns.

### **Methods**

This review is based on a systematic search following the PRISMA protocol with a two-step screening process (Page et al., 2021). The keywords to identify the papers were divided into two categories or search strings, which represented variations of "family conflicts, family dysfunctions, family violence, child abuse, domestic violence" (see Appendix). The search was conducted on two scientific databases and resulted in 735 entries, of which 490 were identified in SocIndex, and 245 in PsycInfo. After duplicate removal, 662 unique entries, and their title and abstract were screened according to seven inclusion criteria, which resulted in excluding 436 articles. From the remaining 226 articles which passed the screening, I reviewed the articles that were published in the recent decade (after 2013, in part for pragmatic reasons), thus this eight exclusion criterion was added subsequently to the first screening process. This resulted in excluding 156 articles and perusing 70 full-text papers that were retained for this review (Figure 1). I use the format of a scoping narrative review because the heterogeneity of measures and study methodology precluded reliable quantitative integration. The majority of the articles (62) are quantitative studies, the rest (7) are qualitative studies, and one mixed method design. The choice of including qualitative studies was to enrich and give support to empirical findings by getting a deeper understanding of families' lived experiences. More information about the quantitative study demographics and design can be found in Table 1 (Appendix). All information about quantitative study variables and effects found can be found in Table 2 (Appendix). Information about the qualitative study characteristics and themes can be found in Table 3 (Appendix).

The Inclusion and exclusion criteria were that the article:

1. Was published in English
2. Was available in full-text online or via the authors.
3. Included a study of families with children under the age of 25.
4. Included information regarding family dysfunctions, such as conflicts, chaos, stress, risk, abuse and neglect.
5. Needed to be an empirical study, therefore, articles presenting only information about policies were excluded,
6. Similarly, interventions, therapy evaluations and case studies were excluded,
7. As well as theoretical pieces or other reviews were excluded.
8. Finally, due to time constraints, only studies published in the past decade ( $\geq 2013$ ) were included.

**Figure 1.***PRISMA Flow Diagram for Systematic Review***Results**

Family system theory describes family functioning as a system of reciprocal and transactional relationships between family members (Paschall et al 2017; Pu & Rodriguez 2023). The quality of marital and parent-child relations are therefore closely connected, as dysfunctions in one of these subsystems often influence other members, such as marital conflicts leading to more parent-child conflicts via bidirectional effects (Smith et al., 2019). These family system transactional processes are not always

balanced or linear, as the marital system appears to have more impact on the parent-child system than the other way around (Peltz et al., 2018). Children can also evoke parental responses, as differences in their temperament influence parental reactions (e.g. to their emotional manifestations), thus affecting their parenting practices (Paschall et al., 2017; Pu and Rodriguez, 2020; Wang et al., 2019). Children's problem behaviour also affects the marital system, usually associating with increased marital problems and emotional negativity in the family system, resulting in a behavioural feedback loop between the child and marital subsystems (Pu and Rodriguez, 2020; Riina et al., 2015).

Sibling relationships are also affected by the interactions between parent-child dyads and marital functioning, as negativity in one subsystem has been shown to spread to other members and subsystems (Geerts-Perry et al., 2021; Ruff et al., 2018). These examples of maladaptive behavioural feedback loops represent a cascade of family problems and conflicts between the interconnected members, and in the following sections, I highlight which factors play a role in the escalation of such dysfunctional processes.

Two essential concepts that illustrate changes in family systems dynamics are spillover and crossover effects, which are often used interchangeably in the literature, but are distinct and largely complementary processes that root in cybernetic theory and were translated and applied in the study of human behaviour (Watson, 2012). Spillover refers to the transmission of emotions, stress or strain from one life domain into another, thus a *within* person process (Bolger et al., 1989), such as when parental work problems negatively affect the family atmosphere or their parenting. Crossover, on the other hand, pertains to the transmission of emotions, strain or stress from one member's life domain to another member's domain, thus an *interpersonal* process (Bolger et al., 1989). A highly anxious parent, for example, may make children more anxious, via parenting behaviour and modelling effects (Larsen et al., 2020). Spillover and crossover effects in the family system are now reviewed before I describe the impact of family conflict and violence on child and adolescent socio-emotional development. The paper continues with a review of boundaries and emotional dynamics, step-families, triangulation, and a general discussion.

## Spillover

Spillover represents one of the key concepts of family system theory and refers to strain and stress that spills from one of the members' life domains towards other domains, and via family system functioning, to other members (Bolger et al., 1989). Stress influences parenting behaviour, for example, during stressful periods more parent-child conflicts tend to arise when work and family demands collide (McDaniels et al., 2018, Pedersen et al., 2014; Yilmaz et al., 2019). Parental stress seems particularly detrimental to family functioning and can spill over into maladaptive parenting styles and escalate a pattern of parent-child conflicts (Jones et al., 2021; Peltz et al., 2021) and child neglect and abuse (Wang et al., 2019), which shapes the emotional landscapes of these children over their lifespan (Myroniuk et al., 2023).

A common spillover effect observed across studies pertains to the marital and parenting systems. Transitions towards parenthood are a stressful period, and parents often disagree on how to raise and discipline their children, which can affect how they view their romantic relationship (Riina et al., 2015). Research shows that when co-parenting issues spill over into their marital systems, parents are likely to experience less marital satisfaction (Kopystynka et al., 2020; Peltz et al., 2018, Pu & Rodriguez, 2021a). Contrarily, there is a positive link between marital satisfaction and co-parenting satisfaction (McDaniels et al., 2018; Riina et al., 2015; Skinner et al. 2021). An example of the impact of poor spousal relationships on the family system is the association between marital conflicts and poor parent-child outcomes, including worse parent-child communication (Mills et al., 2021), lower parent-child relationship quality (Blodgett Salafia et al., 2013; Peltz et al., 2018), and increased parent-child conflicts (Nelson et al. 2017; Smiths et al., 2019), with long-lasting consequences, including parent-child conflict years later (Smith et al., 2019). Multiple studies show that parents who are dissatisfied with their spouses tend to engage in more harsh and punitive parenting (Fitzgerald et al., 2020; Jubber et al 2013; Kopystynka et al., 2020; Xiang et al., 2020). Consequently, children's development is hindered due to exposure to negative parenting relations, resulting in a cycle of increased parent-child conflicts and harsh parenting (Paschall et al., 2017). The outcomes associated with such maladaptive family functioning are explained below in more detail after a description of crossover effects.

Spillover is a significant concept within family system theory and the extensive research I reviewed demonstrates the transmission of strain and stress across different domains of family members' lives. The effects of spillover can be observed in various characteristics of family functioning, including parenting behaviour, parent-child conflicts, child abuse, marital satisfaction, and co-parenting dynamics, which carry long-term consequences for these children's emotional well-being. Note that spillover effects can also manifest in positive and compensatory ways, such as increased warmth from a parent who is experiencing spousal difficulties (Peltz et al., 2018; Skinner et al., 2021). These findings highlight the interconnectedness and complex dynamics between different subsystems within the family system. Now we turn to cross-over effects and the impact of family conflict on child development.

### **Crossover**

Crossover effects describe the transfer of emotions, strain or stress across different subsystems, and multiple studies recorded family conflicts that spread between family members, who were not personally involved, which (can) create secondary conflicts in the family system (Bolger et al., 1989). Marital relations often crossover into the parent-child system, for example, when parent relationship satisfaction surfaces in their spouse's parenting behaviour, a process that is referred to as "partner effects" (see McDaniels et al., 2019; Peltz et al., 2018). For example, lack of father engagement affects mothers' parenting stress, and this stress associates with the risk of mother-inflicted child abuse (Wang et al., 2019). Parent-child relations, in turn, also crossover into the marital system, such as stepfather-child relations influencing how mothers appraise their romantic relations, and in turn, the length of such relations (Ganong et al., 2019). Marital relations and the family system at large are affected by children's manifestations of problem behaviour and negativity, with children's problems associated with the rise of more conflicts in the marital system ( Paschall et al., 2017; Pu & Rodriguez, 2021b, 2023). Furthermore, different forms of destructive family conflicts seem to co-occur and create dysfunctional feedback loops, with violence crossing over between the marital and parent-child systems (Gebara et al., 2021; Pu & Rodriguez, 2021b).

Other crossover effects observed in the marital and sibling system showed that when marital problems increase this also increases the rise of sibling rivalry (Segal & Knafo-Noam, 2021), conflict (Geerts-Perry et al., 2021), and hostility (Ruff et al., 2018). Furthermore, families where parents exhibit high levels of destructive conflicts and use violence often also show dysfunctional sibling relations, associated with high rates of sibling abuse (Relva et al., 2019; Sammut-Scerri et al., 2020; Tucker et al., 2014). Arguably, children internalise and model their parental behaviour, which results in the crossover of violence across systems. The reviewed findings emphasise that conflicts and violence do not occur in a vacuum, rather they diffuse within and across subsystems, affecting the larger structure of families. The effects of conflicts and violence on children's and adolescents' socioemotional development are discussed in the next two sections.

### **Family conflict and child development**

Children's mental health is largely influenced by the family environment they live in (Davies et al., 2015; Fitzgerald et al., 2020), which, as already mentioned, is composed of the different family members who play a significant role in the development of children's maladaptive pathways. Over the past decades, studies mapped the effect of frequent parent-child conflicts on adolescent attachment dysfunctions (Withers et al., 2020), depression (Smiths et al., 2019) and eating problems (Blodgett Salafia et al., 2013; London-Johnson et al., 2020). Conflicts in the nuclear family system increase the risk that children develop internalising problems (Benito-Gomez et al., 2019; Geerts-Perry et al., 2021; Jones et al., 2021; Paschall et al., 2017), externalising problems (Fosco et al., 2016b; Jones et al., 2021; Murphy et al., 2016; Rabinowitz et al., 2016), self-esteem problems (Valsala et al., 2018), and also increase the risk that adolescents become exposed to dating violence (Fosco et al., 2016b). Furthermore, the relationship between children's problem behaviour and family functioning appears to be bidirectional, creating a behavioural cycle of children's problems that feeds into a loop of family negativity and conflicts (Pu & Rodriguez, 2023; Paschall et al., 2017).

Due to the interconnected nature of the marital and parent-child system, the quality of parental relations affects the development of children's mental health as well (Fitzgerald et al., 2020), with marital conflicts being associated with heightened risk the children develop internalising (Davies et al., 2015; Smith et al., 2019) and externalising problems (Ehrenreich et al., 2022). Children's reactions to witnessing interparental conflicts might be the key to understanding the development of future mental health pathways, because when children are exposed to frequent parental disputes, they are likely to become emotionally reactive as the conflict represents a threat towards the security of the parental system (Mills et al., 2021; Whither et al., 2021), which can be a risk factor for child and adolescent psychopathology (Davies et al., 2015). These findings suggest the significance of addressing and improving family dynamics to promote children's well-being and healthy development, as family conflict increases the risk of a child developing mental health problems and unwell-being. In the next section, the mental health outcomes associated with the most destructive forms of family conflicts are reviewed.

### **Family violence and child development**

Child development is more impaired when parents exhibit destructive conflicts that escalate in the use of harsh parenting and violence. Harsh parenting, such as the use of inconsistent treatment, or punitive and corporal punishments, is associated with both children's internalising (Benito-Gomez et al., 2019) and externalising problems (Benito-Gomez et al., 2019; Fitzgerald et al., 2020), as well as the development of maladaptive representations about the use of violence (Grogan-Kaylor et al., 2018). Similarly, more extreme forms of child punishment or abuse are associated with adolescents' self-esteem problems (Valsala et al., 2018), internalising problems (Burton et al., 2018; Cui et al., 2018) and externalising problems (Cui et al., 2018). Longitudinal studies have shown that the negative effects of violence on children's mental health can be long-lasting, with children who experienced child abuse at higher risk for attachment dysfunctions (Wang et al., 2019), internalising problems (Fitzgerald et al., 2020), externalising problems (Fitzgerald et al., 2020; Wang et al., 2019), and post-traumatic stress symptoms (Fitzgerald & Ledermann, 2020) across childhood and into adolescence.

The risk for child abuse can also be investigated when couples *prepare* to be parents, as parents have been shown to develop ideas on how to discipline children already during pregnancy, and their propensity towards violence can predict children's psychological problems over time, which in turn results in more child abuse and marital problems, creating dysfunctional feedback loops within the family system (Pu & Rodriguez, 2021a, 2021b). Additionally, family violence often co-occurs in different subsystems, creating a cycle of abuse, with child's problem behaviour, child abuse, and intimate partner violence, each reciprocally influencing each other (Pu & Rodriguez, 2021a; Gebara et al., 2020). Hence, family violence is often a circular process in which abuse occurs across different members (subsystems) and their relationships, constantly interacting with each other.

The use of violence against children is often perpetrated by both mothers and fathers (Cui et al., 2018; Gebara et al., 2020; Pu & Rodriguez, 2021a; Relva et al., 2019; Sammut-Scerri et al., 2020) as well as by their siblings (Relva et al., 2019; Sammut-Scerri et al., 2020, Tucker et al. 2014). Aggression between siblings is more common in families with frequent and destructive family conflicts (Relva et al., 2019; Sammut-Scerri et al., 2020, Tucker et al. 2014). Regarding intimate partner violence, research suggests that women are more likely to be on the receiving end of it, but often respond with violence towards their partners (Gebara et al., 2020; Pu & Rodriguez, 2021a) and children (Pu & Rodriguez, 2021a; Gebara et al., 2020; Grogan-Kaylor et al., 2018), resulting in feedback loops of abuse. Additionally, mothers who experience intimate partner violence show higher rates of depression, and children who grow up with depressed mothers are more likely to develop mental health difficulties (Jocson et al., 2022) and attachment dysfunctions (Withers, 2020). The family system approach is useful to identify and explain how different types and directions of violence stem from shared underlying processes, suggesting that the boundaries between victims and aggressors are not as clear as one might expect them to be (Straus et al., 1980). Boundaries and roles are important aspects of family system theory, and can be used to explain differences in conflict resolution, as the next sections outline in more detail.

### **Boundaries and differentiation**

Family systems' reactions to strain and stress are moderated by multiple factors, such as the kind of family dynamics and the boundaries that underlay the system (Berryhill et al., 2018; Turner et al., 2021). Early systemic theorists have shown that diffusion of conflicts and negativity within and across systems are more likely to occur in family systems with dysfunctional triadic relations, such as problematic emotional distance between members, usually explained by either over involvement or disengagement (Bowen, 1976; Minuchin, 1974). Two models on emotional distance were introduced by pioneers of family system theory and can be useful to study new complex kinds of family systems, such as step-families, blended families (e.g., couples that live with children from both previous relationships), and queer parent families. I now first explain the concept of boundaries and roles in family system theory according to two models, and subsequently, how they apply to triadic relations, and highlight the role of children in family conflict, as well as the effect on their mental health.

Minuchin (1974) proposed boundaries as the “basic principle” of family functioning, as they identify and separate roles for different members (and thus subsystems) from the rest of the system. Minuchin (1985) emphasised the need for boundaries to maintain a sense of fluidity, because when families transition through new life stages they face different challenges, and then need to renegotiate said boundaries, such as with the birth of a new child, during the transition to children's adolescence, or after separation and divorce. In Minuchin's model (1974, 1985), dysfunctional family systems are characterised as being either highly diffused with *blurred* boundaries (“enmeshed” systems) or with *rigid* and closed boundaries (“rigid” systems), and these relationships might differ between members or in different subsystems. Enmeshed families may result in highly emotionally fused members who lack emotional autonomy, whereas in rigid systems, members may be emotionally disconnected, disengaged, or lack intimacy. Minuchin (1974, 1985) suggested that parents should create distinct boundaries between themselves and their children, which are not too rigid nor fused, and should also maintain a certain level of flexibility to change.

Bowen's (1976, 1978) model of family dynamics is also based on the concept of differentiation and argues that system members need to develop autonomy and the ability to separate their own emotions from other members, while remaining

emotionally connected. Problematic family system dynamics are thought to arise when members do not achieve emotional differentiation and become over-involved with each other, which can result in two extreme maladaptive reactions: a) members tend to become *fused*, lose their sense of self and experience emotional reactivity, or b) members distance themselves from their family, and *cut* themselves emotionally free from other members. These processes often can occur cyclically, with families reacting to low differentiation by vacillating between emotional fusion and cut-off (Bowen, 1978). There is a clear parallel between fused and enmeshed, rigid and cut-off systems, and many systems shall fall in between both extremes.

Both Minuchin (1974) and Bowen (1978) emphasised the need for families to find a “healthy” balance between emotional separation and affiliation. The main difference between the two models is that Minuchin places disengaged and enmeshed families at the opposite of a continuum, whereas Bowen suggests that dynamics in which members become overly dependent or distant stem from the same process and represent two faces of the same coin (Johnson & Waldo, 1998). However, Minuchin (1985) also acknowledged that disengagement might be a reaction from family members to avoid becoming enmeshed with the system, which can be comparable to Bowen’s (1978) explanation of cutting off family members after a period of emotional diffusion. Hence, these two models can be used to explain similar underlying processes with cycles of over involvement and distancing, thus I present the findings of this thesis by pairing together the two models. The next section illustrates the recent literature on emotionally fused and distant families, and explains the dysfunctional dynamics co-occurring in the marital and parent-child systems, followed by a section on the associations between fused and distant families with child mental health.

The literature published in the past decade gives support to the models of Bowen and Minuchin as predictors of children’s maladaptive development, with studies showing that family systems affected by parental stress and poor romantic functioning are more at risk for dysfunctional boundaries and emotional dynamics (Peltz et al., 2021; Xiang et al., 2020). As such, disengaged or emotionally distant family systems, where members are withdrawn, unsupportive and more likely to be uninvolved in children’s lives, put children at risk for externalising (Farr et al., 2019) and

internalising problems (Lindblom et al., 2017), low self-compassion and psychological flexibility (Berryhill et al., 2018). The other extreme with enmeshed families or those with poor emotional differentiation and intrusive, co-dependent, and overly entangled members show high rates of child depression and anxiety (Davies et al 2015; Lindblom et al., 2017), dysfunctional dependence (Xiang et al., 2020), lack of emotion regulation (Lindblom et al., 2017), and more aggression problems (Davies et al., 2015; Fosco et al., 2014). Hence, the emotional dynamics and boundaries underlying family (sub)systems affect how members relate to each other and inherently manage conflicts, which in turn affects the development of different mental health pathways for children.

Healthy boundaries formation is essential not only for avoiding that extreme levels of conflicts and negativity diffuse in the family system residing in the same home, but also to deal with intrusion by other external and extended family members (Bermea et al., 2020; Fosco et al., 2016b). This is especially the case for complex families, such as single parent households, blended and step-families (Bermea et al., 2020; Turner et al., 2021). Finally, asserting clear boundaries seems to be essential for family systems undergoing separations (Bermea et al., 2020), especially in the context of abusive relations (Khaw, & Hardesty 2015). As mothers navigate the process of leaving an abusive partner, they need to re-establish new boundaries for the whole family system to ensure their and their children's well-being, a process that has been described as systemic, fluid, and nonlinear (Khaw, & Hardesty 2015).

### **Step-families**

Traditional views on family systems have been changing a lot in recent years, with statistics showing that more families are becoming complex. Recent literature shows that single parent households, step-families and blended families are becoming more common than traditional nuclear families composed of both biological parents in the home (Coontz, 2015). About a third of children in the United States at some point in their life cohabit with step-parents, and 40% of children are not raised by their biological parents (Parke, 2007), with similar rates observed in Europe as well (Stewart & Limb, 2020). This can be attributed to high rates of divorce and remarriage, but also to more acceptance of homogenitorial couple families. Step-families are of particular

interest in family system theory, as they have to navigate new roles and dynamics, which can put the family at risk for new conflicts (Bermea et al., 2020; Ganong et al., 2019). My systematic search identified only a handful of articles with a specific focus on step-family functioning in the past decade. The literature reviewed in this thesis suggests that step-families are at a higher risk for maladaptive conflict resolutions, and children living with step-parents are exposed to higher rates of violence and abuse (Aborisade et al., 2021; Tucker et al., 2014). Step-families face unique challenges, as they need to balance complex relations between step and biological parents and children, such as feelings of being an insider and outsider, and role ambiguity (Bermea et al., 2020). The functionality of stepfamilies appears to deteriorate with an increase in the number of children in the household, indicating a heightened complexity of parenting when multiple roles must be negotiated (Turner et al., 2021).

The relationship between step-parents and step-children is a strong predictor of the whole family functioning, and has been associated with parental (romantic) relationship quality (Ganong et al., 2019; Jensen et al. 2014) and duration of step-familial marital relations (Ganong et al., 2019). Similarly, a step-parent's perception of marital relations influences step-parenting practices (Turner et al., 2014). Step-parents often adopt a role of a disciplinarian prematurely with step-children, as many believe this is their parental duty, however, children do not respond well to such an authority figure at the beginning of their cohabitation (Ganong et al., 2019; Jensen et al., 2014). Step-families might expect children to exhibit obedience and believe that children are interfering with the new romantic bond, which is associated with poorer family functioning (Jensen et al., 2014). Conversely, step-families show better holistic functioning when step-parents aim at fostering friendly relations by focusing on increasing likeness with step-children (Ganong et al., 2019; Bermea et al., 2020), resulting in fewer conflicts and better romantic relations (Ganong et al., 2019). Thus, boundaries, roles and expectations need to be permeable and open to foster positive change in step-families.

Step-families where parents prioritise their biological children over step-children are more likely to experience parenting issues and poorer romantic relations (Jensen et al., 2014). This can be due to clashing views on the conceptualisation of the family

system, as some members might expect feelings of kinship and connectedness (once the new system is created), while other members may prefer to stick to their blood relations, which can create problems for the whole family system. Previous research suggests that mothers who remarry might be more involved with their new marital system than with their children, which can be harmful for children's mental health (Brown & Manning 2009). Another risk factor that plays a role in the functioning of step-families is intrusion by external family members, such as biological parents who often interfere with the relationships their children are building with step-parents, which results in negative spillover effects impacting on step-family system's well-being (Bermea et al., 2020; Ganong et al., 2019).

Queer step-families are at heightened risk for interference from other family members (vs. cis-gendered), and a qualitative study highlighted the obstacles these families are confronted with, such as dealing with homophobic family members creating loyalty conflicts and navigating a heteronormative legal system (Bermea et al., 2020). In these situations, it may be essential to keep boundaries closed to exclude external members and to ensure the well-being of the family system (Bermea et al., 2020). The reviewed papers show that when studying families, it is essential to understand what boundaries, roles and emotional dynamics govern the family system, in order to work towards the identification and improvement of maladaptive behavioural patterns (e.g. enmeshment vs distant families, Lindblom et al., 2017). I now explain two processes that are rooted in dysfunctional boundary formations that affect different types of family systems, thus not only complex families. Furthermore, I present how triangulation and parentification often hamper children's development by over-involving them in the management and resolution of family problems.

### **Triangulation**

Family systems characterised by blurred boundaries and emotional fusion are less likely to compartmentalise their conflicts and tend to expose other family members to their relationship problems (Fosco et al., 2016a; Willis et al., 2021), this has been documented especially in the context of triadic relations involving parents and children. Triangles represent one of the key concepts of family system theory proposed by Bowen

(1978), who believed that triadic relations are "basic building blocks of emotional systems", and may become pathological. Similarly, Minuchin (1974) introduced the concept of the "rigid triangle", which involves a stable coalition between two members against a third member. Both Bowen and Minuchin focused on triangulation processes in which parents involve children in the marital system as a way to diffuse tension or resolve conflicts. In some families, one parent might shift their attention from marital problems and conflicts, via spousal displacement, onto their child (Coe et al., 2020); a partner who feels emotionally neglected or dissatisfied (in a romantic relationship), for example, shifts their emotional energy and focus towards their children (or another individual). Additionally, as conflicts increase in frequency, parents' abilities to shield their children from being exposed decreases (Du Rocher Schudlich et al., 2015), thus, as children grow and witness conflicts frequently, they might feel the need to intervene or mediate between parents (Davies et al 2015).

Family systems' capacity to face challenges and manage conflicts changes depending on the bigger social context they are embedded in, as well as the developmental stage and evolutionary tasks associated with it (Seltzer et al., 2010). Adolescence represents a critical period for triangulation in family conflicts because adolescents become more aware of the family dynamics than children do and may feel more emotionally responsible for the functioning of the family system (Fosco et al., 2014, 2016a). Triangulation can appear as parents undermine their spouse in front of their children (Murphy et al., 2016 Sammut-Scerri et al., 2020), or put pressure on their child during conflicts, such as expecting them to mediate, take sides, or form a coalition against the other spouse (Davies et al 2015; Fosco 2016a; Sammut-Scerri et al., 2020; Willis et al., 2016). Qualitative research has been useful to understand triangulation experiences and two studies have shed light on the difficult boundaries families navigate as they separate (Murna & Holowacz, 2020) and during divorce (Bermea et al., 2020). Adolescents are especially vulnerable to triangulation during these periods, as parents may attempt to alienate their ex-spouse and turn their children against them (Bermea et al., 2020; Murna & Holowacz, 2020).

Triangulation in family conflicts is associated with negative mental health pathways for children including the development of internalising (Davies et al., 2015)

and externalising problems (Coe et al., 2020, Davies et al. 2015; Fosco et al., 2014; Murphy et al., 2016). Additionally, children may internalise these roles and expectations to intervene, feeling responsible to resolve their family relations even after they left their family home (Sammut-Scerri et al., 2020), and seem at higher risk of developing dysfunctional romantic relationships themselves (Fosco et al., 2016a, 2016b). These findings support early systemic theories on triangles, which appear to be still useful in explaining how dysfunctional dynamics between the marital and parent-child system can result in children's psychopathology and the perpetuation of problematic interpersonal relations.

Scapegoating is another form of triangulation, one that might be considered the most harmful for the child. The scapegoating process involves parents deflecting from the family conflicts by readdressing them on the child, who is blamed for the family dysfunctions, and assigned the role of the troublemaker (Boszormenyi-Nagy & Spark 1973). Minuchin (1974) theorised that scapegoating involves a parental coalition against the child that is aimed to increase marital closeness at the expense of the child, who is excluded from this family dynamic. Scapegoating can often be interpreted as a self-fulfilling prophecy, when parents continuously criticise and redirect the family problems on the child, the scapegoat child is likely to manifest problem behaviour and reinforce their problematic role and identity in the family system (Coe et al., 2020). Most of the recent literature mentions scapegoating, however, only one longitudinal study from the systematic search was identified in the past decade investigating this form of triangulation specifically, and showed its association with a child's development of hostile attribution bias, externalising problems, increased experiences of peer victimisation and rejection across childhood (Coe et al., 2020).

Minuchin (1985) theorised that triangulated families tend to involve one target child in their conflict, while the other siblings remain more disengaged. Research supports this notion (Ponappa et al., 2017; Sammut-Scerri et al., 2020), showing that the triangulated child is more likely to receive preferential treatment, whereas their siblings receive less attention and warmth (Ponappa et al., 2017). Consequently, the sibling system is negatively affected by one child being triangulated, leading to more sibling hostility (Ruff et al., 2018) and conflicts (Ponappa et al., 2017). In the case of abusive

family systems, triangulation might result from one child's desire to protect siblings and other vulnerable members from family violence, for example, when children start to mediate and intervene in their attempt to deflect or stop the aggression, which might create a subsequent risk for their safety (Sammut-Scerri et al., 2020). Thus, although triangulation usually revolves around triadic relations of two parents and a child, the entire family system is affected by it.

### **Parentification**

A key concept of family system theory is the importance of establishing clearly defined and developmentally appropriate boundaries and roles, which delineate what is expected by each member of the family (Scott et al., 2019). Enmeshed or undifferentiated families lack clear distinctions between family members' responsibilities, which might result in boundary confusion and dissolution, such as children taking over adult roles. Minuchin (1974) introduced the term parentification to explain how enmeshed parents delegate caregiving responsibilities and exploit children by expecting them to provide emotional and practical support. As such, parentification has been described as children parenting their parents, by becoming their source of nurturance and comfort during stressful times (Boszormenyi-Nagy & Spark 1973).

Parentification is nowadays considered a form of emotional neglect, as children are expected to become emotionally responsible for others and adopt roles for which they are not prepared while being negated the emotional instruments from their caregivers that are necessary for healthy development (Kerig, 2005). Parentification proves common in family systems that expose children to frequent conflicts or extreme manifestations of parental vulnerability (Davies et al 2015; Nuttal et al., 2021), such as in enmeshed families, characterised by pathological levels of intimacy (Berryhill et al., 2018). Children, in turn, become responsible for the well-being of parents (Berryhill et al., 2018; Nuttal et al., 2021) and younger siblings (Sammut-Scerri et al. 2020), and feel triangulated in family dynamics, as they are expected to engage in conflict resolution techniques such as appeasing and distracting their parents, becoming their protector, confidantes or advisor (Davies et al., 2015). Children are likely to feel overwhelmed by

these developmentally inappropriate roles (Davies et al., 2015), but soon learn to put their own emotional needs aside and silence themselves (Kerig, 2005).

Adults who reflect on their parentification experiences might hold positive perceptions regarding their position in the system, as they often feel they developed autonomy and empathy early as children (Burton et al., 2018; Sammut-Scerri et al. 2020). Parentification has been described by Hetherington (2003) as “competence at a cost” as children might learn prosocial skills but via processes that (can) significantly hinder socioemotional development (Berryhill et al., 2018; Burton et al., 2018), and increases the risk of emotional problems in the long-term (Davies et al., 2015). Combined, these findings highlight the importance of family system roles, dynamics, and boundaries, especially for children living with families where there are frequent and intense conflicts. The reviewed studies suggest that family system theory can be used to explain a variety of dysfunctional processes that increase the risk of a child developing socioemotional problems.

### **Discussion**

This thesis aimed to review the literature on family system theory explanations of family dysfunction, and especially how conflict and violence are tied to child problem behaviour. Family system perspectives in studies and treatments often focus on triadic relationships and especially the bidirectional effects between the marital and parent-child systems. In this review, I pointed out that studies over the past decade are in line with the main concepts introduced by family system theorists, and support the notion that a) dysfunctional families are at risk for spillover and crossover of conflicts and violence throughout the family system, b) it is important to analyse family system roles, boundaries and emotional dynamics to explain and understand conflicts situations; c) children who are exposed to and involved in dysfunctional family processes are at heightened risk for mental health problems.

Family system theory proved to be a useful framework for understanding family functioning and the reviewed studies suggest that when one member or subsystem experiences stress, this can affect the whole family system, due to the interconnected nature of the family system. Thus, problematic relations co-occur in the family system,

via connected subsystems and mutual influences across marital, parent-child, and sibling relations resulting in conflicts and violence, in line with the idea of circular causality (Gebara et al., 2020; Pu & Rodriguez 2023; Relva et al., 2019). These findings also show that families are complex units, and that to understand how they navigate and manage stress or conflicts, it is essential to investigate the (sub)systems' unwritten dynamics, expectations and boundaries that govern the system (Berryhill et al., 2018; Ganong et al., 2019; Lindblom et al., 2017).

In this thesis, I took a narrative and theory-oriented approach to review the studies identified through a systematic search. I did not present the effect sizes of the studies, thus the magnitude of the statistical power cannot be inferred. However, recent meta-analyses in the field of dysfunctional family systems have shown moderate effects according to Cohen's (1988) guidelines, who defined effect sizes as follows:  $f^2 \geq 0.02$  as small,  $f^2 \geq 0.15$  as medium, and  $f^2 \geq 0.35$  as large effects. Meta-analyses are useful for understanding the size and magnitude of an effect as they provide an unbiased overview of the results of multiple studies. A meta-analysis by Krishnakumar and Buehler (2000) has presented medium effect sizes for the association between marital conflicts and harsh parenting, thus in line with the spillover hypothesis. Frequent and intense interparental conflicts have been linked with dysfunctional parent-child processes such as triangulation and parentification showing moderate effect sizes (see meta-analysis van Dijk et al., 2020). Rhoades' meta-analysis (2008) presented that exposure to marital conflicts was associated with children's adjustment problems such as internalising and externalising problems and self-esteem problems, with most weighted aggregate effect sizes being medium-large. Finally, a meta-analysis on family violence presented strong effects for the co-occurrence of violence across different subsystems, in line with the idea of circular causality (Chan et al., 2021). Therefore, it appears that family system dysfunctional processes have not only a strong theoretical foundation but are also supported by statistical magnitude.

Minuchin's and Bowen's views on family systems' emotional distance seem to apply to the broader diversity of family systems we observe today, with recent literature illustrating the negative outcomes associated with over involvement and disengagement. New and complex family configurations, such as step-families and queer families, can

also be studied from a family system perspective, as they are often confronted by new sets of boundaries, roles and external members' intrusions in family dynamics (Bermea et al., 2020; Ganong et al., 2019). Finally, children's socioemotional development is largely influenced by family dynamics, with recent studies showing that being exposed to and involved in family conflicts and violence is associated with a variety of mental health outcomes (eg. Fitzgerald & Ledermann, 2020; Fosco et al., 2016b; Paschall et al., 2017; Whither et al., 2021). Therefore, family system theory is useful to understand how children's roles and positions in the family can put them at risk for psychopathology, meanwhile also explaining how children's problem behaviour can in turn influence more family dysfunctions (Paschall et al., 2021; Pu & Rodriguez, 2021b, 2023). Before I explain how family system theory can inform the treatment of families, I now introduce how other theories can help understand my findings.

Family system theory shares a theoretical foundation with attachment theory, as both perspectives illustrate how dysfunctional relations characterised by over involvement and disengagement are a risk for psychological development, and both recognise that poor marital relations often result in dysfunctional parent-child outcomes (Crittenden & Dallos, 2009). The two frameworks analyse family functioning from a different perspective, family system theory focuses on triadic relations embedded in the whole family system, whereas attachment theorists zoom in on dyadic interactions, but their differences can complement each other (Rothbaum et al., 2002). Attachment theory emphasises the need for children to have consistent and emotionally responsive caregivers who provide intimacy and support while accompanying children through their development and they strive for autonomy and exploration (Bowlby, 1969). Attachment theory emphasises the need for children to develop positive caregivers' representations, and explain that conflicts can be adaptive when they occur in a healthy and secure environment (Bowlby, 1979). Family system theory can be enriched by attachment research, which provides a lot of information on the antecedent and consequences of insecure parent-child relations (Rothbaum et al., 2002).

Attachment theory helps explain how marital relations rooted in problematic intimacy and unresolved conflicts can negatively affect parenting behaviour, putting children at risk for insecure attachment (Davies & Cummings, 1994). Attachment

theory shows that a common configuration of problematic romantic relations is made by a preoccupied-avoidant dyad, with one partner seeking out closeness and dependency and the other responding by distancing, this cycle has been named “too close, too far” which is comparable to systems exhibiting cycles of over involvement and disengagement from a family system lens (Byng- Hall, 1999). Consequently, the preoccupied parent readdresses their need for closeness by tending to their child and becoming codependent, impairing the child’s autonomy (Byng- Hall, 1999). Children of such dyads are more likely to develop an ambivalent attachment style, becoming overly needy and dependent on their parents, having problems with boundaries and separation (Davies & Cummings, 1994). Children with ambivalent attachment styles develop maladaptive views on intimacy, and mixed feelings regarding the parental system, often trying to merge parents together as they separate and divide them when they get too close (Byng- Hall, 1999). Children also might feel responsible to intervene in marital conflicts, often to comfort or defend the preoccupied parent, which in family system theory is described as parentification (Rothbaum et al., 2002). Furthermore, children might start exhibiting problem behaviour as a way to distract parents from engaging in conflicts (Byng-Hall, 1999). Thus, a number of similarities can be found in the way attachment and family system theorists explain dysfunctional parent-child relations, including triangulation and parentification.

Marvin and Stewart (1990) suggest that when family system theories describe enmeshed parent-child dynamics, they refer to the same child that under the lens of attachment theory is described as ambivalent. Ambivalent attachment style is very prominent in clinical populations, with as much as 80% of abused and neglected children categorised as ambivalent, which is associated with extreme psychological vulnerability (White et al., 2019). Attachment theory can enrich family system models in the context of maladaptive behavioural cycles of over involvement and disengagement during conflicts, it can explain the underlying emotion regulation and communication styles associated with insecure attachments (preoccupied, avoidant and ambivalent), which are developed in childhood and perpetuated in adult relations (Rothbaum et al. 2002). Thus, caregivers’ attachment representations influence the development of their children’s attachment strategies, which creates complex

intergenerational cycles of dysfunctional dynamics (see meta-analysis by Shah et al., 2010). Findings on triangles seem to bridge family system theory with attachment theory, as they explain how differential relations occur in the dyadic and triadic parent-child system, and result in the development of children's problem behaviour (Crittenden & Dallos, 2009). A benefit of including attachment theory in the study of family systems is that attachment styles can be assessed and categorised with validated measurements from an early age, and attachment theory offers a lot of insights for treatment which focuses on promoting change by developing a more secure base (Crittenden & Dallos, 2009).

Another model which can complement both family system theory and attachment theory is the circumplex model of interpersonal behaviour which originally focused on three concepts, namely; cohesion, flexibility and communication (Olson, 2000), which are key components of boundaries under family system theory as well (Berryhill et al., 2018). Developments of the circumplex model have now introduced a new spectrum focusing on individuals' needs for communion and agency to understand social relations, arguing for the importance of finding a healthy middle between the two, in order to develop relations that maintain both intimacy and support as well as autonomy and self-expression (Horowitz et al., 2006). Thus, parallels can be drawn between the interpersonal circumplex model and Bowen's (1978) emotional differentiation model illustrated above, as well as attachment theory which explains the importance of a caregiver who offers emotional support while fostering a child's exploration (Bowlby, 1969). The circumplex model of interpersonal behaviour offers benefits to studying social relations, as it stresses the importance of taking into account underlying motives behind individuals' strive for communion and agency, and similarly to family system theory, it acknowledges the circularity of such motives and behaviours (Horowitz et al., 2006). Analysing the motives behind family dynamics might represent an important insight for the study of conflicts in family systems, as it offers a window into understanding conflicts rooted in power dynamics and gender roles.

Social learning theory can also enrich family system theory on how conflicts are maintained in families and how they co-occur in different subsystems (Bandura, 1977). Children learn behaviours by observing and modelling others, and additionally, they

learn about the consequences associated with certain behaviour through vicarious learning (Bandura, 1977). Exposure to family environments where conflicts are frequent and destructive can inform children on how to behave in similar situations, as adults use violence to handle conflicts and obtain what they want, and consequently, this becomes a positive reinforcement for the use of destructive conflict resolutions, and can lead to a cycle of violence, with children modelling their parents' behaviour (Sellers et al., 2005).

Reviews have shown that witnessing family violence and having experienced child maltreatment is associated with future violent behaviour, which explains the high rates of victims of violence becoming perpetrators of domestic and child abuse once they form their own families (Greene et al., 2020; Shakoor et al., 2022). Social learning theory can enrich family system theory by presenting the underlying cognitive mechanisms that play a role in the diffusion of conflicts and violence in a system, such as intimate partner violence co-occurring with child abuse and sibling abuse. Additionally, it can give more insights into the intergenerational cycles of violence, which has been of great interest to family theorists as well (Giles-Sims, 1983).

Both social learning theory and family system theory help contextualise violence by analysing the role of family of origins, and emphasising how difficult it is to break negative intergenerational cycles (Giles-Sims, 1983; Sellers et al., 2005). Family system theory has been criticised for not placing enough blame on perpetrators for their violent behaviour and has been thought to justify their actions by presenting their past victimisation (Yllo, 1993). However, taking into account intergenerational transmissions is important to understand how behaviour is learned, but shall never excuse violence, the focus of systemic clinicians should be on accountability and safety of children and other people at risk (Murray, 2006). Furthermore, it is important to note that there is no deterministic link in abuse, although being exposed to violence puts people at risk of repeating it, not all victims become perpetrators, thus, children who break maladaptive cycles offer important insights into the study of dysfunctional family systems and how to treat them (Widom, 1998). In the applied field, the emphasis should be on early prevention, focusing on fostering healthier and nonviolent problem resolution strategies for families, especially children who are at risk for violence.

### **Family system treatment**

The family system framework was founded to be applied in clinical practice (Cottrel & Boston, 2002). Bowen's (1971) family system therapy, for example, is a coaching practice in which family members receive dyadic and individual coaching, a strategy that shifted the therapist's focus from intrapsychic pathology to a systemic problem stemming from intergenerational transmission of maladaptive cycles. Bowenian family system therapy (1971, 1978) aimed at helping families acknowledge and change their stance in the system without blaming individual actions, and the goal was to foster emotional differentiation and break maladaptive triangle patterns, thus children were often left out of the therapeutic process to avoid further involvement in the system (Brown, 1999). The therapist's role in this model was to remain neutral, and it was encouraged to maintain distance from the family conflict, as a way to not be triangulated (Bowen, 1971, 1978). Emphasis was placed on previous generations, to track how maladaptive patterns remain unresolved and play a role in the current family system, leading to the present problem (Brown, 1999).

Minuchin (1974) founded another systemic therapy, called structural family therapy, which shares a lot of similarities with Bowen's approach, such as the focus on current problems stemming from systemic interactions rather than individual pathology, and the importance of taking a neutral stance to avoid blaming family members for the current problem (Pender Baum & Pender, 2023). However, Minchin's therapy involved treating the family system as a whole, during which conflicts were enacted, as a way for the therapist to observe the patterns of behaviour in action, taking a much more active role in the therapeutic process (Cottrel and Boston, 2002). Additionally, structural family therapy focuses on the present, as it assumes that the past is responsible for the maintenance of conflicts (Pender Baum & Pender, 2023). The aim of the structural therapy model is to reframe conflicts and re-establish boundaries, by asserting more appropriate power dynamics, rules and hierarchy (McAdams et al., 2016)

Bowen's family system therapy has been largely criticised for not taking into account the larger social structures families are embedded in, decontextualizing them from influences of gender, class and ethnicity (Murray, 2006). On the other hand, it seems that structural family therapy has advanced with modern days challenges, and has been applied effectively to treat new complex systems, such as queer families, step-

families and foster families (McAdams et al., 2016). Structural family system thinking has also integrated attachment theory (Lindblat-Goldberg and Northey 2013), while maintaining the focus on creating healthier boundaries, hierarchies and alliances (McAdams et al., 2016). Structural family therapy has been useful for treating families navigating divorce (Negash et al., 2016), families with conflicts at risk for violence (Pender Baum & Pender, 2023), and incarcerated families (Tadros & Finney, 2018), and has also been applied for treating a variety of children and adolescents' mental health problems (McAdams et al., 2002). Nowadays, several systemic therapy models exist, however analysing the differences between different therapy approaches and comparing their effectiveness is beyond the scope of this review. Recent meta-analyses and reviews suggest that systemic therapies continue to be useful to treat children's' problem behaviour, showing small to medium effect sizes, with longer interventions producing larger effects (see Carr, 2019; Riedinger, 2015).

In the context of family conflicts, systemic therapists have a responsibility to first ensure children's safety (Pender Baum & Pender, 2023), and then alter any behaviour that puts children at risk, by promoting changes that focus on reshaping and reframing maladaptive behavioural patterns and fostering family strength (see review Carr, 2019). As children's problem behaviour is viewed as a reaction to a system that does not function well, systemic therapies aim to treat children's problems via parent training focused on both marital and parent-child interactions (Carr, 2019). Systemic therapies have been shown effective in dealing with children's eating disorders, attachment issues, internalising and externalising problems (Carr, 2019), and it seems that the majority of clinical studies have focused on adolescent's problem behaviour, especially aggression and substance abuse (see review Riedinger, 2015).

Systemic interventions received a lot of attention for the treatment of family violence (Stith et al., 2019), however, they have also received a large amount of backlash (Saunders, 2001). Such interventions aim at preventing and treating violence by targeting the whole family system, as violence does not occur in a vacuum, but appears circularly across different subsystems. As the reviewed studies presented in this thesis have pointed out, the boundaries between victim and aggressor are often blurry, and family system theory stresses that multiple active and passive actors play a role in

the maintenance of dysfunctional dynamics (Gebara et al., 2020; Pu & Rodriguez, 2021a). Thus, systemic interventions focus on identifying family patterns, hierarchies, and rules, and map interpersonal relations in the nuclear system and with external members, in order to change dysfunctional intergenerational dynamics (McGoldrick et al., 2020).

A systematic review on the topic of family system therapy in the Netherlands has shown that systemic interventions for family violence are increasing in the past decade, however, the evidence of their effectiveness remains weak, as findings are heterogeneous and often studies lack empirical quality (Downes & Jeronimus, 2022). On the other hand, the United States has banned systemic interventions from several states, as they are assumed to blame victims for their role in the aggression (Saunders, 2001). These shortcomings in research and practice hinder the development of reliable and effective treatment plans for family systems. Researchers and practitioners have a responsibility for creating and accurately testing systemic interventions for dysfunctional families, by accounting for the various and complex roles family members play in a cycle of violence, while ensuring that accountability is taken for violent acts (Murray, 2006). Interventions for family systems at risk for violence should first ensure the safety of all members and then focus on fostering change and preventing violence to arise in other subsystems.

### **Strengths and Limitations**

This review has given support to the study of dysfunctional family systems from a family system perspective. From the systematic search that was conducted, it can be concluded that a large amount of research has investigated dysfunctional family dynamics which manifest themselves in patterns of conflicts and abuse. The literature appears to be very heterogeneous, in terms of outcomes, actors, and developmental periods (see tables in Appendix), which can limit the generalisability of findings. For example, studies on the nuclear family do not always assess all the members living in the home, with a lot of studies on family conflicts only reporting measurements on one parent and their target child, missing information on the experiences of siblings and other caregivers such as step-parents, which are present at a growing rate in modern

family systems. Another limitation of this literature review is the lack of consensus on standardised measurements as dozens of different instruments were used to measure family conflicts in this literature, which hinders the comparability of the study findings. Finally, due to limited time resources, and the increasing number of studies published in the past decade in the topic of dysfunctional family systems, only literature published over the past decade (after 2013) was included in this review. Thus, the biggest limitation of this review is the lack of methodological homogeneity in the literature and the time constraints of a master thesis, which prohibited a quantitative integration of findings.

This narrative review has a number of strengths that are worth mentioning as well. Firstly, this is a theoretically driven review of findings that were presented and integrated into a family system perspective, which enriches this conceptual framework and gives support to the key concepts introduced by early theorists such as Bowen and Minuchin. My review also integrated family system theory with foundations of attachment theory and social learning theory, and explains where and how these models overlap, as well as their connection to circumplex models of interpersonal behaviour which can complement and inform the study and treatment of dysfunctional relationships. Although the recent literature was rather heterogeneous which can be seen a methodological shortcoming, this diversity may also be recognized as a strength for this narrative review because the content is very rich and has provided useful insights on a variety of dysfunctional family dynamics, ranging from normative and destructive conflicts, to harsh parenting which can become child abuse. This narrative review is the result of a systematic search, which ensures that findings can be replicable and accurate. Another methodological strength of this review is the integration of many longitudinal designs, consisting of about half of the studies reviewed, which can inform on changes in a system over time and are necessary for tracking family dynamics over different developmental stages. Finally, the inclusion of qualitative studies in this review can strengthen the validity of the quantitative research (Verhoef, & Casebeer, 1997) as interviews give voice to the lived experience of families dealing with dysfunctional dynamics. For example, the insights brought by the qualitative study of Sammut-Scerri

(2020) contributed to a deeper understanding of the underlying mechanisms of triangulation and parentification in family systems where violence was present.

### **Conclusion**

This review provided a narrative examination of 70 studies that were published in the past decade on dysfunctional families and their associations with children's development. It used family system theory to explain the rise and maintenance of maladaptive behavioural patterns, which can escalate in destructive conflicts and the use of violence. The focus of examination based on a family system perspective was on triadic relations, highlighting especially the bidirectional effects between the marital and parent-child system. Studies in the past decade are in line with the main concepts introduced by family system theorists, supporting the notion that dysfunctional families are characterised by problematic roles, boundaries and emotional dynamics, which consequently put families at risk for diffusion of conflicts and violence within and across systems, encompassing marital, parent-child and sibling relations. This review aimed investigate children's role and the effect on their mental health, suggesting that dysfunctional dyadic and triangle relations are associated with a wide range of children's socioemotional difficulties. The results highlight that family conflicts and violence are systemic and complex processes and that studying the underlying (sub)systems' interactions is essential to understand children's development and analyse their mental health trajectories.

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## Appendix. Search terms.

TI ( "family conflict\*" or "abused child\*" or "domestic violence" or "family violence" or "domestic abuse" or "family abuse" or "intimate partner violence" or "batter\* wife" or "wife abuse" or "child abuse" or "child neglect" or "child maltreatment" or "child to parent violence" or "cpva" or "adolescent\* to parent violence" or "risk of violence" or "risk factor\*" or "risk assessment\*" or "interpersonal relation\*") OR AB ( "family conflict\*" or "abused child\*" or "domestic violence" or "family violence" or "domestic abuse" or "family abuse" or "intimate partner violence" or "batter\* wife" or "wife abuse" or "child abuse" or "child neglect" or "child maltreatment" or "child to parent violence" or "cpva" or "adolescent\* to parent violence" or "risk of violence" or "risk factor\*" or "risk assessment\*" or "interpersonal relation\*")

Table 1. Quantitative studies' characteristics.

year	First author	Design	T	T <sub>0</sub> -T <sub>x</sub>	Country	Sample	Child age mean at baseline	♀ child
2022	Pu	P	3	~ 2yr	US	119 pregnant ♀ and 93♂ partners	3 <sup>rd</sup> trimester of pregnancy	n/a
2022	Jocson	P	2	2.5yr	US	779 mother-child dyads from high risk pop. for community violence	8.3 (SD = 0.6)	51%
2022	Ehrenreich	P	3	1y	US	115 parent-adolescent dyads	13.95 (SD = n/a)	53%
2021	Pu	P	3	6m +1y	US	119 pregnant ♀ and 85♂ from a high risk pop. of child abuse	3 <sup>rd</sup> trimester pregnancy	n/a
2020	Pu	P	3	6m +1y	US	180 pregnant ♀ and 144♂ partners	3 <sup>rd</sup> trimester of pregnancy	n/a
2021	Geerts-Perry	C	1	-	US	75 nuclear fam. and ≥2 children. Target child = YS	9 (SD = 1.21)	36%
2021	Lucassen	P	2	20m + 3m	NL	96 nuclear fam. with child	4.72 (SD = 0.61)	53%
2021	Mills	C	1	-	US	225 nuclear fam. with adolescent child	13.2 (SD = 1.7)	50%
2021	Segal	P	4	2, 1.5, 2.5yrs	IL	186 mothers with twin children (DZ/MZ).	3 (SD ~0)	50%
2021	Skinner	P	3	1yr	US <sup>1</sup>	180 nuclear fam. with 2 children	12.3 (SD = 2.2)	50%
2021	Peltz	D	5	4wk	US	1,003 (step)parents (72.4%♂) with child	9.8 (SD = 4.4)	n/a
2021	Nuttal	P	3	1yr	US	235 nuclear fam. with child	6.0 (SD = 0.48)	45%
2021	Turner	C	1	-	US	newly remarried fam. (939♂ 1100♀) with children	n/a	n/a
2021	Sokolovic	C	1	-	US	189 nuclear fam. with 2 children	YS = 7.3 (SD = .83) OS = 9.8 (SD = 1.0)	49%
2021	Jones	P	3	6 + 2yr	US	314 mother-child dyads maltreatment risk pop.	6 (SD ~0)	44%

2021	Willis	P	5	1yr	US	332 nuclear fam. with child	11.24 (SD = 0.95)	n/a
2020	Withers	P	2	2yr	US	685 parent-child	15.5 (SD = n/a)	50%
2020	Gebara	C	1	-	BR	328 mothers with partner and child	n/a	n/a
2020	Lobraico	D	21	daily	US	151 nuclear fam., two parents with child	14.6 (SD = 0.83)	61%
2020	London-Johnson	C	1	-	US <sup>2</sup>	91 parent-adolescent dyads (90%♀)	14 (SD = 2.0)	45%
2020	Coe	P	2	1yr	US	218 nuclear fam. with child	5.76 (SD = .47)	57%
2020	Zhi	C	1	-	US	191 nuclear fam. with child	12.4 (SD = na)	49%
2020	Fitzgerald	P	6	2*4yr, then 2yr	US	361 mothers in a 2 parent fam. from risk pop.	~ 4 (SD ~ 0)	48%
2020	Fitzgerald & Ledermann	P	4	1yr	US	321 mother-adolescents dyads, risk pop. for child abuse	~12 (SD ~ 0)	n/a
2020	Kopystynka	C	1	-	US <sup>3</sup>	2784 parent-child dyads	36m (SD ~ 0)	n/a
2020	Sur	C	1	-	US	458 child-parent dyads from adolescent abuse treatment group	16 (SD = 1.23)	21.5%
2020	Padilla	P	2	5yr	US <sup>4</sup>	246 nuclear families with 2 children	OS = 15.48 (SD = 1.57) YS = 12.55 (SD = 0.6)	n/a
2019	Farr	C	1	-	US	96 families (LG and hetero) with adopted child	8 (range = 5 - 12)	50%
2019	Wang	P	3	2 + 6yr	US <sup>5</sup>	2016 single mother-child dyads	1 (SD ~ 0)	49%
2019	Ganong	C	1	-	US	238 fam. (biological ♀ and step♂) with child	11.67 (SD = 3.99)	51%
2019	Smith	P	3	1 + 3yr	US	601 nuclear fam.	5 <sup>th</sup> US grade (SD n/a)	51%
2019	Relva	C	1	-	PT	320 sibling dyads	14.01 (SD = 1.53)	60%

2019	Xiang	C	1	-	CN	276 mother-child dyad	13.82 (SD = 0.54)	53%
2019	Benito-Gomez	C	1	-	US	68 mother-child dyads	6 <sup>th</sup> US grade	56%
2018	Berryhill	C	1	-	US	US, 600 college students	18-19 (SD = n/a)	65%
2018	Cui	C	1	-	CN	296 children in nuclear fam.	12.31 (SD = 0.56)	46%
2018	Ruff (2018)	P	3	1yr	US	400 fam. with target child and a sibling	12.26 (SD = 1.03)	50%
2018	Burton	C	1	-	US	314 adolescents	11– 14 (SD = n/a)	50%
2018	Grogan-Kaylor	P	3	6w + 22w	US/CA	109 mother-child dyad after IPV	4.9 (SD = 0.85)	46%
2018	McDaniels	D	14	daily	US	174 nuclear fam. with child	2.88 (SD = 1.33)	55%
2018	Peltz	P	5	2m	US	249 fam. with child	2.8 (SD = 0.62)	53%
2018	Valsala	C & Q	1	-	IMD <sup>6</sup>	90 adolescents	(14 -15) (US)	43%
2017	Ponappa	C	1	-	US	77 sibling dyads	20.53 (SD = 1.76)	44% ♂♀ = 40%
2017	Paschall	P	4	1yr	US	2,876 mother-child dyads	3 <sup>rd</sup> trimester pregnancy	49%
2017	Nelson	D	8	daily	US	142 mother-child dyads	7.8 (SD = 1.1)	52%
2017	Lindblom	P	3	0.5 + 7 yr	FIN	452 nuclear fam. from infertility clinics	2 <sup>nd</sup> pregnancy trimester	n/a
2016	Rabinowitz	P	2	2y	US	775 fam. with fathers from a risk pop.	10.95 (SD = 0.88)	31%
2016a	Fosco	P	2	0.5yr	US	263 adolescents	16.38 (SD = 1.17)	61%
2016b	Fosco	P	6	0.5 +	US	974 2 cohorts of adolescents	19.5	61%

				4*1yr.			in a romantic relation at risk for substance abuse	(SD = n/a)	
2016	Murphy	P	2	5yr	US	108 nuclear fam. with child	2 (SD ~ 0)	44%	
2015 (Study 1)	Davies	P	2	2yr	US	263 fam. with child with regular parent-child contact (3x week)	12.62 (SD = 0.57)	50%	
2015 (Study 2)	Davies	P	2	1yr	US	243 nuclear fam. with child	4.60 (SD = 0.44)	56%	
2015	Du Rocher Schudlich	C	1	-	US	74 nuclear fam.	10.0m (SD = 2.10m)	55%	
2015	Riina	P	3	1yr	US <sup>1</sup>	145 nuclear fam. with child	10.34 (SD = 1.07)	n/a	
2014	Fosco	P	4	6m, 1yr, 2yr	US	768 nuclear fam. with adolescents from interventions pop. for substance abuse	11.3 (SD = 0.49)	n/a	
2014	Jager	C	1	-	US	128 nuclear fam. with child	13.9 (SD = 0.27)	38%	
2014	Hooper	C	1	-	US <sup>1</sup>	77 parent-child dyads	12.8 (SD = 1.12)	58%	
2014	Jensen	C	1	-	US <sup>7</sup>	658 people in stepfam. with biological and step children	n/a	n/a	
2014	Pedersen	C	1	-	US	151 nuclear fam. (dual-earners) with child	n/a	n/a	
2014	Tucker	C	1	-	US	1726 children with siblings	5.68 (SD = 2.27)	49%	
2014	Saxbe	Pre-post	6	40, 10, 20 min.	US	103 (step)parent fam with child, 2 cohorts	15.31 (SD = 0.75)	50%	
2013	Blodgett Salafia	C	1	-	US	123 adolescents	14.81 (SD = 1.65)	100%	
2013	Jubber	C	1	-	US	85 nuclear fam. with diabetic children (T1D)	12.60 (SD = 3.26)	49%	
2013	Steeger	P	3	1yr.	US	168 mother-child dyads	11.6 (SD = 0.51)	55%	

Note. Fam.= family. Min.= minutes. Mo.= months. n/a= not applicable. Yr.= Year.  
Country codes: CA= Canada. NL= Netherlands. SES= Social Economic Status. US= United States.

<sup>1</sup> Black population. <sup>2</sup> Mostly Latinx and low SES. <sup>3</sup> Low SES. <sup>4</sup> Mexican origin. <sup>5</sup> Low SES and minority status. <sup>6</sup> Rural population. <sup>7</sup> Mormon prevalent.

Table 2. Quantitative studies' effects

year	First author	Predictor	Rater	Outcomes	Rater	FST effect
2022	Pu	Parent psychological distress (BSI).  Children's socioemotional adjustment (BITSEA) and CBCL (age 1.5-5).  Parental resources (CSES, NMRS, IRI)	F & M	Fam. functioning (CTS-2S, CSI, FAD, FES).	F & M	Direct effects: M/ $\psi$ distress $\rightarrow$ more child problems and fam. dysfunction. Parental resources $\rightarrow$ less fam. dysfunctions. F reported child's problems $\rightarrow$ $\psi$ distress and fam. dysfunction over time. F/ $\psi$ distress $\rightarrow$ lower perceived child problems. F marital dissatisfaction $\rightarrow$ more child's problems
2022	Jocson	Community violence (MyETV)  Intimate Partner Violence (CTS)  Depression (CIDI-SF)	M	Community violence (MyETV-C)  INT + EXT S <sub>x</sub> (YSR)	M	Direct effect: M exposure to violence $\rightarrow$ higher M depression $\rightarrow$ child INT + EXT S <sub>x</sub> .  Indirect effect: M exposure to violence $\rightarrow$ M depression $\rightarrow$ child INT and EXT S <sub>x</sub> .
2022	Ehrenreich	Interparental conflict (CPIC-C)  Parental Awareness of Adolescent Activities <sup>1</sup>	C	Antisocial text communication with peers <sup>2</sup>  EXT S <sub>x</sub> (YI-4)	C	Mediation effects: interparental conflict $\rightarrow$ ♀ antisocial text communication with peers $\rightarrow$ ♀ EXT S <sub>x</sub>
2021	Pu	Parent-child aggression = PCA risk (CAPI, AAPI-2, ReACCT)  IPV (CTS-2)	F and/or M	Child socioemotional adj. (BITSEA)	F and/or M	Direct individual effects: M PCA risk $\rightarrow$ higher IPV victimisation and child behavioural problems. Child behavioural problems $\rightarrow$ M IPV victimisation. F IPV victimisation $\rightarrow$ higher PCA risk. F high PCA risk $\rightarrow$ M report of child behavioural problems. M high PCA risk $\rightarrow$ higher F' IPV victimisation.
2020	Pu	Couple functioning (CTS-2, CSI)	F & M	(PCA) Parent-child aggression risk (CAPI, AAPI-2, ReACCT, CTS-PC)  Child Temperament: (IBQ-R)  Child socioemotional	F & M	Direct effects: High prenatal PCA $\rightarrow$ M report of C negative affect and F report of C low effortful control. C negative affect $\rightarrow$ future PCA risk and M report of couple dysfunction

				adj. (BITSEA)		
2021	Geerts-Perry	Sibling relations (SRQ) Family functioning (SFI)	C	Socioemotional adjustment (BASC)		<p>Direct effects: Family conflict → lower child personal adjustment, and higher INT S<sub>x</sub>. Fam. conflict → sibling conflict. Sibling conflict → higher children's INT S<sub>x</sub>.</p> <p>Mediation effects: Family conflict → sibling conflicts → child int. problems</p> <p>Moderation effects: High sibling conflict + low family warmth and closeness → child int. problems.</p>
2021	Lucassen	Parental stress (PSS)	F & M	Coercive parenting (PAFAS-COEP). Coparenting (PAFAS-COP).	F & M	<p>T<sub>0</sub> parenting stress → higher T<sub>0</sub> coercive parenting and lower T<sub>0</sub> coparenting quality.</p> <p>Direct effects: Parenting stress → higher coercive parenting and lower coparenting quality. Baseline parenting stress → higher stress over time.</p>
2021	Mills	Emotional Insecurity (SIS)	C	Parent-Adolescent Communication: (PACS) Interparental Conflict (OPS)	C F & M	<p>Direct effects: Destructive interparental conflict → higher adolescent emotional insecurity about interparental relations, and lower F-adolescent communication.</p> <p>Indirect effects: Destructive interparental conflict → lower parent-adolescent communication → higher adolescent emotional insecurity about interparental relations</p>
2021	Segal	Parenting positivity and negativity (PPQ)	M	Twin relations (TRQ)	M	<p>Growth effects: DZ twin conflict increased during childhood, rivalry increase both MZ/DZ twins. Early twin conflict decreased steeply over time. Twin conflicts and rivalry were associated over time. Initial twin dependence → higher twin conflict and rivalry.</p> <p>Direct effects: Parental negativity → higher twins' rivalry, conflict and dependence. Higher levels of parental negativity → steeper increase in twins' conflict over time.</p>

2021	Skinner	Marital satisfaction (CRDQ) Marital conflict (CNCS) Family economic strain <sup>1</sup> Depressive symptoms: (CESD)	F & M	Parent-child warmth (CRPBI-W) Parent-child conflict <sup>3</sup>	C	Direct effects: Parental depression → more parent-child conflict. Partners' marital satisfaction → parental warmth. Low F marital satisfaction → higher M warmth  Moderation effect: Marital satisfaction → higher parent-child warmth stronger with high economic strain
2021	Peltz	Stress of New Work/Parenting Demands <sup>3</sup> Stress Over Finances <sup>3</sup> Covid Health-Related Stress <sup>3</sup>	F and/or M	Family cohesion (FAD) Parenting conflict (COIS)	F and/or M	Indirect effects between level: Stable stress levels of new work/parenting demands stress and finance stress → higher fam. conflict → lower fam. cohesion.  Indirect effect within level: Changes in covid health stress → higher fam. conflict → lower fam. cohesion (spillover)
2021	Nuttal	Child representations of caregiver competence (MSSB) Parental psychological autonomy support versus restriction (CRPBI-AR) Child int. and ext problems (CBCL) Prosocial behaviour (CBS-P) Parental conflict (OPS)	C F & M F & M F & M F & M	Parentification (SIS)	C	Direct effects: Parental conflict, parent's psychological control, low caregiver competence and low M parenting → parentification.
2021	Turner	Marital stability (MII) Premarital cohabitation (yes-no) Number of children in the house (0-10) Total number of marriages	F and/or M	Parenting and Stepparenting difficulties (RQCS)	F and/or M	Direct effects: Marital stability → lower parenting and step-parenting difficulties. Premarital cohabitation → lower parenting difficulties for step-M. Financial strains → M and step-M parenting difficulties. Higher numbers of children → higher parenting and step-parenting difficulties
2021	Sokolovic	Household chaos (CHAOS-6)	F & M F & M	Responsivity (RIFL)	F & M & OS & YS	No effect of fam. conflict on responsivity.

		Family conflict (CPS)	M			
		Depression (CESD)	F			
		Antisocial behaviour history (OCHS)	F & M			
		Family income <sup>4</sup>				
2021	Jones	Daily Parenting stress (ESI)	M	Child intern. and ext. problems (CBCL)	M	Direct effect: Parenting stress → more child INT + EXT S <sub>x</sub> /D <sub>x</sub> and fam. conflicts. Fam. conflict → more child INT + EXT S <sub>x</sub> /D <sub>x</sub>
		Family conflict (SFI)				Mediation effect: Parenting stress → fam. conflict → child outcomes
2021	Willis	Differentiation (DSI)	F & M	Partner's triangulation: (TRCQ)	F & M	Direct actor effects: Low marital differentiation → higher child triangulation.
2020	Withers	Parent-adolescent relations (HOME)	F or M & C	Adolescent Depression and Delinquency (YSR)	C	Parent-adolescents conflict strongest in the anxious attachment profile, then the avoidant profile.
		Parent depression (UM-CIDI)	F or M			
2020	Gebara	IPV (CTS-2)	M	Violence against children (CTS-PC)		Direct effects: Mothers → higher IPV aggressor of physical and psychological violence and higher victims of sexual coercion and injury. M victim of psychological and sexual violence → M higher child abuse. M Child abuse → higher aggressor of sexual violence
2020	Lobraico	Daily parent-adolescent conflict <sup>5</sup>	C & M	Conflict and anger preservation, conflict and anger transmission, anterior anger and anger residue	C & M	Between effects: Higher usual level of mother-child conflict and anger → higher M and C conflict and anger  Within effects: M anger → next day lower M report conflict. Mother-child conflict → next day higher M and C anger. C anger → next day M report of conflict. C report mother-child conflict → next day lower M anger.  Preservation: M and C anger → next day M and C anger. M report mother-child conflict → next day M report of conflict.
		Daily anger <sup>6</sup>				

						Transmission: C report of mother-child conflict → next day lower M conflict. M report mother-child conflict → next day higher C report conflict. C anger → M anger
2020	London-Johnson	Parent restrained eating (TFEQ-R)  Conflict Frequency Scale (CFM)	F and/or M  C and F or M	Adolescent Eating Behaviour (DEBQ)	C	Direct effects: C report of parent-child conflict and parental restrained eating → adolescent emotional and external eating.
2020	Coe	Detouring (FIT)  Family negativity and conflict (FIT-SCIFF)	C & F & M	Child hostile attribution bias (SPS)  Child ext. problems (HBQ-E)  Child peer rejection and victimisation (HBQ-P)	C  M  T	Direct effects: Parental detouring → child hostile attribution bias, ext. problems, peer victimisation and rejection
2020	Zhi	Family conflict (TCD)  Coparenting conflict (CRD)  Interparental conflict (CPS)	C & F & M  F & M  F & M	Respiratory sinus arrhythmia (RSA)	C & F & M	Moderation effect: RSA synchrony of M and C for low coparenting conflict
2020	Fitzgerald	Maternal trauma (CVHF)  Relationship quality (ARI)  Harsh parenting (CTS-PC)	M	Child int. and ext. problems (CBCL)	M	Direct effects: Maternal trauma → lower marital quality. Low marital quality → child INT. Harsh parenting → child EXT. Low marital quality → harsh parenting.  Moderation effects: Higher harsh parenting when low income, low education and minority background.  Mediation effect: Maternal trauma → low marital quality → child problems
2020	Fitzgerald & Ledermann	Adolescent physical, sexual and emotional abuse <sup>7</sup>  Mother-adolescent	C  C & M	Post Traumatic Stress Symptoms (TSS)		Direct effects: Adolescent sexual and emotional abuse → adolescent PTSD S <sub>x</sub> . Emotional abuse and PTSD S <sub>x</sub> → lower mother-child relationship quality.

		relationship quality (MCRQ)				Mediation effect: Emotional and sexual abuse → lower mother-child relationship quality → PTSD S <sub>x</sub> .
2020	Kopystynka	Destructive interparental conflict (H-D)  Constructive interparental conflict: (H-C)  Coparenting alliance (PAI)  Depressive symptoms: (CESD)  Financial difficulties <sup>8</sup>  Father presence <sup>9</sup>	F & M	Parenting behaviour (2BT)	F & M	Family structure effects: Highest destructive conflict, lowest constructive conflict and lowest coparenting alliance for cohabitating families  Direct effects across family structures: Constructive conflict → higher coparenting. Destructive conflict → lower coparenting alliance and F harsh parenting.
2020	Sur	Family discussion (FIAT, GSFSR)  Observed family functioning (GSFSR-FC)  Family cohesion and conflict (FES-CC)  Observed adolescent int. and ext. problems Behaviour (GSFSR-IE)	F and/or M & OS and/or YS	Observed Adolescent Self-Regulation (ASR)  Dispositional Adolescent Self-Regulation (YSR)	Conf.  C	Direct effects: Family level negative affect and conflict avoidance in task 1 → lower conf. rated ASR. Enmeshment → higher conf. rated ASR. More family members in the room → higher ASR.  Lagged effects: Family level negative affect and enmeshment in task 1 → ASR carryover in task 2 and 3
2020	Padilla	Familism values (MACV)	F & F & OS & YS	Parent-child warmth (CRPBI-W)  Parent-youth conflict <sup>10</sup>	OS & YS	Direct effects: C familism values → higher parent-child warmth and for OS lower parent-child conflicts. F familism values → higher father-older child conflicts

2019	Farr	<p>Observation of family interaction (IC)</p> <p>Family-level traits in the task (FIT-SCIFF)</p> <p>Feelings about adoption (ADQ)</p>	<p>MM or FF or M &amp; F &amp; OS and/or OS</p> <p>MM or FF or M &amp; F &amp; C</p> <p>C</p>	<p>Child ext. problems (CBCL)</p>	<p>MM or FF or M &amp; F</p>	<p>Positive child feelings about adoption → higher family cohesion and positive affect, lower family conflict. Child preoccupation with adoption → family cohesion.</p> <p>Direct effects: Low family cohesion → higher child problems</p>
2019	Wang	<p>Father engagement<sup>9</sup></p> <p>Parenting stress (JOBS, PSI)</p> <p>Child resistant attachment (A-QSET)</p> <p>Physical child abuse (CPCS)</p> <p>Child difficult temperament<sup>11</sup></p> <p>Maternal depression (na scale)</p> <p>Father spanking behaviour (na scale)</p>	<p>M</p>	<p>Child aggression (CBCL)</p>	<p>M</p>	<p>Direct effects: F engagement → lower M parenting stress. M parenting stress → higher M physical child abuse and C age 3 resistant attachment → C age 9 behavioural aggression. M parenting stress → C mood and verbal aggression.</p> <p>Mediation effect: M physical abuse → C resistant attachment → C behavioural aggression</p>
2019	Ganong	<p>Stepfather affinity-seeking (SFASM)</p> <p>Stepfather-stepchild conflict (CPRS)</p> <p>Frequency of contact with biological father<sup>12</sup></p>	<p>F &amp; M</p>	<p>Marital quality (QMI)</p> <p>Marital confidence (MC)</p> <p>Stepfamily cohesion (BFRS)</p>	<p>F &amp; M</p>	<p>Actor effects: F report of StepF affinity seeking → F report of lower stepF-child conflicts, higher marital quality, marital confidence and step-family cohesion, and M report of lower stepF-child conflicts, higher marital quality, marital confidence and step-family cohesion. M report of StepF affinity seeking → higher marital confidence and stepfamily cohesion. High M and F stepF-child conflict, low marital quality and cohesion → shorter marriage duration. Higher contact between child and biological F → higher stepF-child conflicts</p> <p>Moderation effects: Stepfamilies with ♀ child → higher stepF-child conflicts, lower marital confidence and stepfamily cohesion.</p>

2019	Smith	Depression (CDI-S) Interparental conflict: (PCRM)	C F & M	Parent-child conflict (CPRS)	F & M	Direct effects: Parental conflict and M-child conflict → higher t3 adolescents' depression. Parental conflict t1 → t3 parental conflict.  Mediation effects: M and F perception of parental conflict → higher M-child conflicts → higher adolescent depression
2019	Relva	Parental discipline strategies (DDI)  Family communication (FCS)	C	Sibling conflicts (CTS2-SP)	OS & YS	M = more kinds of disciplines than F. YS = more discipline from parents. OS = more physically aggressive with YS.  Direct effects: Parental punitive strategies and inductive discipline → lower family communication and higher sibling psychological aggression and assault. P inductive discipline and family communication → higher sibling negotiation. Lower family communication → sibling psychological and physical aggression.  Mediation effects: Lower family communication → higher parental aggressive discipline → lower sibling negotiation
2019	Xiang	Marital quality (EMS)  Parenting stress (PSS)	M	Perceived psychological control (DAPCS)  Separation- individuation (SITA)	C	Direct effects: Marital satisfaction → lower parenting stress, dependency oriented psychological control and dysfunctional dependence. Parenting stress → higher dependency and achievement oriented psychological control and dysfunctional independence. Dependency oriented psychological control → adolescents' dysfunctional dependence. Achievement oriented psychological control → adolescents' dysfunctional independence.  Indirect effects: Marital satisfaction → lower parenting stress → lower dysfunctional dependence. Parenting stress → psychological control → lower marital satisfaction.
2019	Benito- Gomez	Financial stress (FSES)  Marital status <sup>13</sup>  Maternal psychological Risk (CES-T)	M M M	Adolescent Social stress (TSST)  Adolescent Int. symptoms (YSR)	C	Moderation effects: High RSA activation + cumulative risk factors, maternal psychological risk, hostile family climate → adolescent int. problems. Mean RSA activation + cumulative risk factors → adolescent int. problems

		Parenting risk (APQ1)	M			
		Mother perception of family hostile climate (FES)	M			
		Adolescent perception of family climate (HFC)	C			
		Parasympathetic reactivity (RSA)	C			
2018	Berryhill	Chaotically-Enmeshed Family (FACES)	C	Psychological flexibility (AAQ-II)		Direct effect: Chaotic-enmeshment → lower self-compassion and psychological flexibility.
				Anxiety (STAI)		Indirect effect. Chaotic-enmeshment → lower self-compassion and psychological flexibility → higher anxiety.
				Self-compassion (SCS)		
2018	Cui	Child maltreatment (CTS-PC)	F & M	Adolescent behaviours (YSR, CBCL)	C M	Direct effects: M child abuse → higher adolescent int. and ext. problems. Boys = more abuse. M and F = similar rate of physical abuse.
2018	Ruff (2018)	Interparental conflict (RELB) .	F & M	Triangulation (TRCQ)	F & M	Direct effects: Interparental conflict → higher C triangulation reported by M and F (both actor and partner effect). Triangulation from F → sibling hostility.
				Sibling relations (SRI)	C	
2018	Burton	Parenting behaviours (APQ2)	C	Depressive symptoms and well-being (PANAS-C)	C	Direct effects: Parental involvement and positive parenting → higher C well-being and lower depression. Negative parenting → C depression.
		Parentification (PNT)				Mediation effects: Parental involvement, positive parenting → C perceived benefits of parentification → C well-being. Inconsistent parenting and corporal punishment → C perceived benefits of parentification → C depression.
						Moderation effect: C Lower perceived benefit of parentification → higher C depression. C Higher perceived benefit of parentification for ♀. Lower parentification for younger C.
2018	Grogan-Kaylor	Maternal depression (CESD)	M	Child Attitudes and Beliefs	C	Direct effect: Maternal depression and child physical punishment → higher maladaptive

				about violence <sup>14</sup>		child attitude and beliefs about violence
		IPV (CTS-2)				
		Child physical punishment (APQ1)				
2018	McDaniel	Daily relationship quality (DRQ)	F & M	Daily coparenting (D-COP)	F & M	Direct effects between levels: Higher daily spousal relation quality → higher actor and partner report of daily coparenting. Higher parenting stress, negative mood and F work fluctuations → lower daily coparenting.
		Daily stress (DS)				
		Daily work hours <sup>15</sup>				
		Daily negative mood (POMS-15)				Direct effects within levels: Fluctuations of daily relation quality, parenting stress and negative mood → coparenting fluctuations.
		Daily child-induced parenting stress (PSI)				
2018	Peltz	Interparental cooperation (CQ)	F & M	Relationship satisfaction (CSI)	F & M	Direct effects: M marital satisfaction → higher M report of interparental cooperation. F relationship satisfaction → lower F report of interparental conflict. F interparental cooperation → higher F report of marital satisfaction. F and M interparental cooperation → higher parent-child relation satisfaction.
		Interparental conflict (CCS)		Relationship satisfaction with child (PCRS)		
						Partner effects: M higher report of marital satisfaction → higher F report of marital satisfaction, higher interparental cooperation and lower conflicts. F higher report of marital satisfaction → M higher report of marital satisfaction and lower conflict. F higher report of interparental cooperation → M higher report of marital and M-child relation satisfaction. M higher report of interparental cooperation → F higher report of F-child relation satisfaction.
						Mediation effects: M report of marital satisfaction → F higher interparental cooperation → F higher report of F-child relation satisfaction. F report of marital satisfaction → F interparental conflict → lower M-child relation quality satisfaction. F-child relation quality satisfaction → F interparental cooperation → F and M report of marital satisfaction.
2018	Valsala	Social support appraisal (SSA)		Adolescent self-esteem (SE)		Direct effects: Family challenges → lower adolescent self-esteem and perceived social

		<p>Psychosocial care for children (PCC)</p> <p>Qualitative interview: family challenges, parental conflict, abuse, substance abuse</p>				<p>support.</p> <p>Moderation effects: Family challenges + younger adolescents → lower adolescent self-esteem and perceived social support.</p> <p>Qualitative results: Adolescents challenges = humiliation, fight between parents, parental alcohol abuse and comparison between children → self-esteem.</p>
2017	Ponappa	Parent-child triangulation (CPIC)	OS & YS	<p>Depressive Symptoms (PHQ-9)</p> <p>Parental Differential Treatment = PDT of Siblings (ASRQ)</p>	OS & YS	<p>Direct effects: C triangulation → higher levels of PDT → lower sibling warmth. OS triangulation → lower YS PDT. Low Sibling warmth → higher C depression.</p>
2017	Paschall	<p>Interactional mother-child behaviours (3BT)</p> <p>Family conflict (FES)</p>	M & C M	Child's Negative Emotionality (EASI)	M	<p>Transactional effects: t2-t3 mothers' behaviour → more child behaviour than C → M behaviour</p> <p>Moderation effects: Family conflict + child negativity at t2 → more t3 child negativity. High maternal negative regard + high family conflict → low child engagement. Maternal supportiveness + low family conflict → high child engagement</p> <p>Mediating effects: high child negativity t2 + high family conflict → high child negativity t3 high → high maternal negativity t4.</p>
2017	Nelson	Daily stress (BDS, CHAOS-6, RBC)	M	Mother-child Conflict <sup>16</sup>	M	<p>Long-lasting, intense mother-child conflicts later in the day = more oppositional.</p> <p>Within person effects: Days with high levels of home chaos and romantic stress → more mother-child oppositional conflicts. Higher romantic negativity → more collaborative mother-child conflicts.</p> <p>Moderation effects: Mother-daughter dyads → more oppositional conflicts</p>
2017	Lindblom	<p>Family system types (FST)</p> <p>Infertility history and parity<sup>17</sup></p>	F & M	<p>Child depression and anxiety (BASC)</p> <p>Child Emotion</p>	F & M	<p>Direct effects: Discrepant, distant and enmeshed family kinds → higher child depression and anxiety. Distant and enmeshed family kinds → higher child emotional dysregulation.</p>

				regulation (EQ)		Moderation effects: Naturally conceived families + distant families → higher child depression. Enmeshed families + first born → higher child peer exclusion
				Child Peer exclusion (CBCL)		Mediation effects: Enmeshed and distant family kind → child emotion dysregulation → child depression. Highly educated + authoritarian families → child emotion dysregulation → child depression
2016	Rabinowitz	Family conflict (FES)	M	Child int and ext. problems (CBCL)	M	Direct effect: Family conflicts and t1 mother report of child problems → t2 child ext. symptoms.  Moderation effect: Family conflict + child negative mood → child ext. and int. symptoms
2016a	Fosco	Interparental conflict: (CPIC-C)  Triangulation (CPIC-T)  Closeness with parents (IPPA)  Parent-adolescent conflict (CTS-PC)	C	Dating behaviour (CADRI)	C	Direct effects: Triangulation → higher adolescents' positive conflict resolution in dating.  Moderation effects: Parent-son closeness → higher boys' positive conflict resolution in dating. Triangulation + low parent-adolescent closeness → higher verbally abusive dating. Triangulation + high parent-daughter conflicts → higher physical abusive dating
2016b	Fosco	Adolescent hostile/aggressive behavior (HAB-NS)  Family climate (FES)	C	Young adult relationship violence (CTS-2P)  Young adult relationship problem-solving skills (PSSK)  Love and connection (RPCS)	C	Direct effects: Positive family climate → lower adolescent aggression and higher adolescent dating love and connection. Higher adolescent aggression → dating violence and inefficient dating problem solving. Increases in family climate → higher dating problem solving skills  Mediation effect: Decrease in family climate → higher adolescent aggression → higher dating violence
2016	Murphy	Triadic family interactions (CFRS)	C & f & M	Child ext. problems (CBCL-TRF)	T	Direct effects: Triangulation, negative affectivity and triadic family conflict → child ext problems.
2015 (Study 1)	Davies	Children Responses to Interparental conflict (SIS)	C & F & M	Adolescent int. and ext. symptoms	C & F & M	Direct effects: Adolescents' emotional reactivity to interparental conflict → adolescents ext. symptoms.

				(CBCL)		
		Destructive interparental conflict (OPS-VB, CPS)	F& M			Moderation effects: Adolescent's interparental conflict mediation and coerciveness + high emotional reactivity to interparental conflict → higher adolescents' ext. symptoms. Adolescent interparental conflict mediation and coerciveness + low emotional reactivity to interparental conflict → lower adolescents' ext. symptoms.
2015 (Study 2)	Davies	Children's responses to interparental conflict (SIS)	C & F & M	Child int. and ext symptoms (DISC-IV-YC, HBQ-E)	M	<p>Direct effects: High child emotional reactivity to interparental conflicts → child int. symptoms.</p> <p>Moderation effects: Child interparental conflict mediation + high child emotional reactivity to interparental conflicts → higher child ext. symptoms. Child interparental conflict mediation + low child emotional reactivity to interparental conflicts → lower child ext. symptoms. Child conflict appeasement and coerciveness + high child emotional reactivity to interparental conflicts → higher int. symptoms. Child conflict appeasement and coerciveness + low child emotional reactivity to interparental conflicts → lower int. symptoms.</p>
2015	Du Rocher Schudlich	History of Destructive Interparental Conflict (CPS)  Depression symptoms (CES-D).	F & M  F & M	Marital conflict resolution (MDR)  Triadic and dyadic interaction with their infant absent (dyadic context) <sup>18</sup>	F & M  C & F & M	<p>Dyadic interactions → more depressive conflicts for M and F, and more constructive conflicts M than triadic interactions.</p> <p>Direct effects: History of destructive interparental conflict → higher M and F destructive conflict, higher F depressive conflict, lower M constructive conflict. Paternal depression → higher M and PI destructive conflict, higher P depressive conflict and lower P constructive conflict.</p> <p>Moderation effect: F low history of destructive conflicts + triadic interactions → lower F destructive conflict. M and F low depressive symptoms + triadic interactions → low depressive conflict</p>
2015	Riina	Attitudes toward child rearing (GBAC)	F & M	Co-parenting satisfaction (DMS)  Marital relationship	F & M	<p>Direct effects: Marital love → higher co-parenting satisfaction. Marital conflicts → lower co-parenting satisfaction.</p> <p>Moderation effects: Marital relations → co-parenting satisfaction stronger for F. Marital</p>

				quality (RPCS).		love + incongruence of child rearing → higher co-parenting satisfaction
2014	Fosco	Interparental boundary problems <sup>19</sup>  Parent-adolescent hostility <sup>20</sup>  Adolescent-parent hostility <sup>21</sup>	F & M  C & F & M  C & F & M	Adolescent aggressive behaviour problems (CBCL, YRS)	C & F & M	Direct effects t2-3: Triangulation → higher parent-adolescent hostility. Triangulation and parent-adolescent hostility → adolescent-parent hostility. Adolescent aggression problems → triangulation, parent-adolescent and adolescent-parent hostility. T2-t4: Adolescent-parent hostility → adolescents' aggression problems.  Mediation effects t2-t4: Triangulation → higher parent-adolescent hostility t2 → higher adolescent-parent hostility t3 → adolescents aggression problems t4
2014	Jager	Family functioning (FAD)	C & F & M	Dyad adjustment:  -security (KERNS) (CSBR)  - conflict (CBQ-44)  - marital quality (DAR)	C F & M  C & F & M  F & M	Family perspective of family dysfunction → each dyad perspective of dyad adjustment (family view of the system). For each parent-adolescent dyad, the adolescent's unique perspective of family dysfunction → worse dyad adjustment. For each dyad perspective with F, his unique perspective of family dysfunction → worse dyad adjustment (unique view). For each dyad perspective with M, her unique perspective of family dysfunction → mother-father dyad perspective of marital functioning. The adolescent's unique perspective strongest → dyads adjustment.
2014	Hooper	Family environment scale (FES)  Family resources scale (FRS)  Parent depression (BDI)	C & F or M  F or M  F or M	Child Depression (BDI)	C	Direct effects: higher family resources and parental problematic views of their and their child's weight → higher adolescent BMI
2014	Jensen	Attitudes about or expectations toward stepfamily dynamics and the stepparental role <sup>23</sup>	F & M	Step families issues (QCS).  Romantic satisfaction (RS)	F & M	Direct effects: Higher biological children priority, stepchild obedience, child interference → higher step-families issues. Cohabitation status and longer marital relations → lower step-families issues
2014	Pedersen	Perceptions of own and	F	Health	F	Direct effects: F work-to-family conflict

		spouses' work-to-family conflict (WTFC)	and/or M	behaviours <sup>24</sup>	and/or M	stronger reported by M. M report of F work-family conflict was → lower F health behaviour. F report of job pressure → lower health behaviour
2014	Tucker	Interparent conflict: (CPIC-C)  Family violence Juvenile Victimization Questionnaire (JVQ-W)  Parental warmth (PSDQ)  Inconsistent/ harsh parenting and supervision (APQ2)	F & M	Sibling victimisation (JVQ-S)	F & M	3 types of sibling victimisation = none, common (50%) and severe (3%)  Direct effects: No sibling victimisation groupship → Lower fam. violence, conflict and harsh/inconsistent parenting than victimised groups, lower warmth than the common victimisation group. High fam. violence, parental conflict and harsh/inconsistent parenting → common and severe sibling victimisation. Highest levels of negative fam. experiences and lowest parental warmth and supervision → severe sibling victimisation Moderation effects: single and step-parent fam. strongest severe sibling victimisation.
2014	Saxbe	Triadic discussion task <sup>25</sup>	C & F & M	Cortisol collection (saliva)		Aggregate and Lagged effects: The cortisol levels of fathers, mothers, and youth were positively associated. In time-lagged models, mothers' cortisol predicted fathers' cortisol levels sampled at the following t, whereas fathers' predicted youths' and youths' predicted mothers' cortisol.
2013	Blodgett Salafia	Marital conflict (CPIC-C).  Parent-Adolescent Relationship Quality (PBI)  BMI <sup>22</sup>	C	Disordered eating patterns (DFT, DEBQ-R, ChEAT)	C	Direct effects: Marital conflict, low parent-child relationship quality and higher BMI → higher adolescent disordered eating.  Mediation effect: Marital conflict → low parent-child relationship quality → higher adolescent disordered eating.
2013	Jubber	Metabolic control <sup>26</sup>  Marital conflict: (OPS)  Parental caregiver burden (PCB)	C  F & M	Psychological control (PPC)	F & M	Direct effects: Poor adolescent metabolic control → F caregiver burden. Marital conflict → caregiver burden. Caregiver burden → psychological control on the child  Moderating effects: Marital conflict → caregiver burden stronger for M. Caregiver burden → psychological control on the child stronger for F.

						Mediating effects: Marital conflict → caregiver burden → psychological control on child
2013	Steeger	Mother-child conflict (CBQ)	C & M	Adolescent aggression (YSR) (CBCL)	C M	Direct effects: M psychological control → mother-child conflicts. Mediating effects: Adolescent aggression and depressions → mother-child conflicts → M psychological control
				Adolescent depression(CDI)	C & M	
				Maternal psychological control (PPC)	C & M	

Note. EXT= Externalising. INT= Internalising. S<sub>x</sub>= symptoms.

Table 3. Qualitative studies' characteristics and results.

Year	First name	Country	Sample	Qualitative Analysis	Focus of the interview	Type of interview	Results
2021	Aborisade	NG	62 albino's (M = 25.62, SD = 1.79)	Inductive thematic analysis	Fam. based childhood experience of violence against albinism: perceived prejudice, disability-specific physical violence, physical and psychological severity of violence and impact on fam. relationship, coping strategies used.	Semi-structured interview	All participants reported childhood discrimination against albinism which resulted in being seen as physically incapable, denial of continuing education and vocations, exclusion from fam. gatherings, being rejected at birth, fam. separating and fighting over their condition. All experienced violence from immediate and distant fam. members, the violence was reported by most participants as severe (including scars and hospitalisations), male siblings were often the aggressors, children who grew up with step families experienced the most violence from both parents and siblings. Violence based on spiritual and superstitious beliefs was reported by many participants, and often happened at church. The most used coping skill was avoiding family discussions and isolating oneself, some created real or imaginary bonds with a caring someone, others used alcohol and drugs or other forms of escapism. Most of the participants forgave their family members but still held some animosity. They still reported low mental health, feeling isolated, rejected and unworthy.
2020	Bermea	US	6 queer step-families with biological, step and adoptive children (M = 16 years, range= 11-21)	Constructivist grounded theory	Experience on how individuals became a family, struggles in the transition, relationship with former partners and families.	Interview with stepfamily, couple and child separately. Family maps were created for each stepfamily for the interactions with former partners and families to identify strategies used to establish boundaries <sup>27</sup>	Neutral and positive interaction strategies were used in four families to form boundaries: getting along for the child, keeping a normal schedule, encouraging a positive parent-child relation. Negative strategies were used in all stepfamilies: talking behind step-couples' backs, homophobic remarks, creating a negative environment for the child, perpetrating control. Open boundaries resulted in more negative spillover effects hindering the stepfamily functioning due to conflict between new and former spouses often rooted in homophobia and boundary ambiguity, while navigating heteronormative legal systems. Closed boundaries resulted in less negative spillover effects and more structure for the step-family.
2020	Christofferson	US	Focus groups with 28	Constant-comparison and	Experiences about the child's medical journey and the	Focus groups separately for	Family members experience emotional reactions and distressing thoughts, trauma-related reactions and behaviours. Family

			families with a child treated in a hospital (patients: M = 10.67, SD = 2.12).	directed-content analysis	traumas associated with it for the entire family. Negative impact on parents and siblings caring for a hospitalised child. Resources used to face the medical journey.	caregivers, siblings and patients using a map of the medical journey <sup>28</sup>	patterns and routines changed, while family conflict arose. Participants felt different from their peers and strived for normalcy, they tried to construct positive narratives about these events and experience positive consequences and emotions
2020	Murna n	US	15♀ street prostitution and subst. abuse +children	Inductive content analysis	History and view of the mother-child relationship, mother's perceptions of how other family members, friends, and service providers influenced their relationships with their children.	Semi structured interviews with mothers to chronicle all the experiences.	Subst.Dx treatment created opportunities for mothers to reconnect with their children, who were removed from their custody due to maltreatment, neglect and subst. abuse, and placed with other caretakers, usually fam. Mother-child reconnection was hindered by relapse, emotional discomfort, resistance from caretakers, and co-parenting difficulties. Caretakers were perceived as gatekeepers in the relation between mothers and children who were triangulated. All mothers aspired to break intergenerational cycles of maltreatment and subst. abuse by bringing positive parenting changes.
2020	Sammut-Scerri	MT	15 adult women with experiences of childhood domestic violence recruited from psychologists (M=28.5)	Grounded theory analysis	Fam. systems triangulation, living with contradictions, double binds and dilemmas, the traumatogenic effect of the violence on the child and adult development, turning points/ developmental processes that foster change and resilience, reconnection and redemption.	Semi-structured attachment interview. <sup>29</sup>	All of the participants lived in homes with a (step)father who physically abused them, their mothers and siblings. Some were also abused by their mothers and siblings. They all felt triangulated in the domestic abuse during childhood, some reported being recruited in the middle of a conflict, others felt responsible or expected to intervene, take sides and protect their fam. members. Sometimes taking action against the abuse helped, other times it made the abuse worse. All ♀ reported contradicting feelings in the triangulation, from good relation with ♂ to fearing them, others struggled with the relation with their mothers who did not protect or took action against the abuse. Most ♀ felt competent and resilient because of their role, some were scared they would pass down the abuse or continue to be abused in adulthood. The triangulation continued in adulthood. They all sought out therapy.
2019	Yilmaz	BE	23♀ with children (10 native BE, 13 TR♀ born in BE or emigrated)	Grounded theory analysis	♀ work-fam. conflicts (WFC) and coping strategies.	Semi-structured interview to track differences in ♀ WFC in strong vs	All ♀ reported difficulties balancing work and childcare. Single mom was stressor, but TR also social control and disapproval. BE♀ more maternal gatekeeping. TR♀ more work and parental related guilt. BE+TR♀ internalised gender roles that lead to WFC. More BE♀ reported instrumental help from

			as child).			weak fam. ties <sup>30</sup>	their husbands. TR♀ more expectations from extended fam., but also relied more on their help for child caring.
2015	Khaw (2015)	US	25 mothers who had separated with abusive partner	Constructivist grounded theory	Boundary stages and boundary ambiguity in mothers' process of change for leaving an abusive relationship.	Semi-structured interview to chronicle the family experiences (BASC) <sup>31</sup>	Stages of leaving an abusive partner: Precontemplation (1): partner abusers were physically present but psychologically absent, they were perceived positively before the abuse, then they lacked commitment, started being violent, towards children they were emotionally detached and often neglecting and abusive. Moms not ready for change, denial, minimization, self-blame, adapted to abuse, and considered abuser as part of fam. Abusers attempted remedial work Preaction (2): abusers still fell in stage 1, but mothers started to be physically present but ψ out of the relationship, shifting from wanting to be together to thinking of leaving and knew they had to protect the children. Action (3): Mothers left their partners, which resulted in feeling ψ connected again but physically absent, they still had contrasting feelings about leaving and had difficulty adj. to being single, some reported their children missed the father so they stayed in contact. Mothers fluctuated with being back and forth with the abuser, experiencing mixed feelings and wondering whether they were all still a fam. Abusers' remedial work re-established their role as father and partner, which kept mothers in a limbo. Maintenance (4): Abusers' remedial work eventually helped mothers see the patterns of abuse. Mothers gathered extra resources and stayed separated for >6 mo. rep. boundary intrusion as the abusers tried to interfere with the separation. Mothers had to work to create a new system and shift their perspective as single parents or co-parents, often taking custody of children. Coparenting happened when father presence was perceived as important for children.

Legend.

Design. **Cs**= cross-sectional studies. **Ds**= diary studies. **f/u** = Follow up. **m**= Months. **Pre-post** =pre-post lab study. **P**= Prospective studies. **Q** = qualitative study. **y**= year.  
 Sample. **Pop** = population. **SES** = Socioeconomic status. **C** = Child or Adolescent rated.  
**DZ** = Dizygotic twins. **Conf.** = Confederate. **F** = Fathers rated. **F & M**= Fathers and Mothers rated. **F/M** = Fathers or Mothers rated. **M** = Mothers rated. **MZ** = Monozygotic twins. **PTSD**= Post-traumatic stress disorder. **S**= Sibling of the target child. **S<sub>x</sub>**= Symptoms. **OS** = Older Sibling. **T** = Teacher rated. **T<sub>0</sub>** = baseline wave. **YS** = Younger Sibling. ♀ = Female. ♂ = male

Countries. **BR** = Brasil. **CA** = Canada. **CN** = China. **FIN** = Finland. **IL** = Israel. **IND** = India. **MT** = Malta. **NG** = Nigeria. **NL** = The Netherlands. **PT** = Portugal. **US** = United States.

**n/a**= Not reported / information missing i.e. not applicable.

Variables = **Int.** = internalising. **Ext.** = externalising. **IPV** = Intimate partner violence.

Scales. **AAPI-2** = The Adult Adolescent Parenting Inventory-2 (Bavolek & Keene, 2001). **AAQ-II** = The Acceptance and Action Questionnaire (Bond et al. 2011). **ADQ** =

The Adoption Dynamics Questionnaire (Benson, et al., 1994). **APQ1** = the Alabama Parenting Questionnaire (Shelton et al., 1996) . **APQ2** = The Alabama Parenting Questionnaire (Frick 1991). **A-QSET** = Maternal Attachment Sort: The attachment Q-

Set (Waters, 1995). **ARI** = The Autonomy and Relatedness Inventory (Schaefer &Edgerton, 1982). **ASR** = Adolescent observed Self-regulation based on parameters of the FIATs: Task Focus, Behavioral Regulation, Emotional Regulation, Initiation and

Participation (Sur et al., 2020). **ASRQ** = Maternal and Paternal Rivalry items of the Adult Sibling Relationship Questionnaire (Stocker et al., 1997). **BASC** = The Behavior Assessment System for Children (Reynolds & Kamphaus, 1992). **BDI** = Beck

depression inventory (Beck et al., 1996). **BDS** = Busy Day Scale (Repetti, 1993). **BFRS** = The Cohesion subscale from the Revised Brief Family Relationships Scale (Fok et al., 2014). **BSI**= Brief Symptom Inventory-18 (Derogatis & Melisaratos, 1983). **BITSEA**=

Brief Infant Toddler Social Emotional Assessment (Briggs-Gowan et al., 2004). **CADRI** = Conflict in Adolescent Dating Relationship Inventory (Wolfe et al., 2001). **CAPI** = The Child Abuse Potential Inventory (Milner, 1986). **CBCL**= Child Behavior Checklist (Achenbach, & Rescorla, 2001). **CBCL-TRF** = Child Behavior Checklist Teacher Report Form (Achenbach 1991). **CBS-P** = The Prosocial subscale of the Child Behavior Scale (Ladd & Profilet, 1996). **CBS-PE** = The Peer exclusion scale of the Child Behavioral Scale (Ladd & Profilet, 1996). **CBQ-44** = The Conflict Behavior Questionnaire (Prinz, 1979). **CCS** = The Coparenting Conflict Scale (Ahrns & Wallisch, 1987). **CDI-S** = The Child Depression Inventory Short Form ( Kovacs, 1992). **CESD** = The 12-item Center for Epidemiological Studies Depression Scale (Radloff, 1977). **CES-T** = The Depressive Symptoms, Somatic Complaints, and Interpersonal Problems subscales from the Center for Epidemiologic Studies Depression Scale (Radloff, 1977). **CFRS** = The Coparenting and Family Rating Scales (McHale et al. 2000). **CFM** = Modified Conflict Frequency Scale (Melby et al. 1998). **CHAOS-6** = Confusion, Hubbub, and Order Scale (Matheny et al., 1995). **ChEAT** = Children's Version of the Eating Attitudes Test (Maloney et al. 1988). **CFQ** = Child Feeding Questionnaire (Birch et al., 2001). **CIDI-SF** = Depression Subscale of the Composite International Diagnostic Interview – Short Form Depression Module (Kessler & Mrozek, 1997). **CNCS**= The Couple Negativity/Conflict Scale (Braiker & Kelley, 1979). **COIS** = Coparental Interaction Scale (Ahrns, 1981). **CPIC-C** = Interparental Conflict subscale of the Children's Perceptions of Interparental Conflict scale (Grych et al., 1992). **CPIC-T** = The Triangulation subscale of the Children's Perceptions of Interparental Conflict scale (Grych et al., 1992). **CPRS** = Conflict subscale from the Child-Parent Relationship Scale ( Pianta, 1992). **CPS** = Conflicts and Problem-Solving Scale (Kerig, 1996). **CQ** = The Coparental Questionnaire (Margolin et al., 2001). **CRD** = Child rearing Disagreements Questionnaire (Jouriles et al., 1991). **CRPBI-W** = Warmth scale of the Child Report of Parental Behavior Inventory (Schwarz et al., 1985). **CRIC** = Children's Caregiving Reactions to Interparental Conflicts,

standardised recorded conflict vignettes index of child caregiving reactions (Davies et al., 2002). **CRPBI-AR** = Parental Psychological Autonomy Support versus Restriction Scale of the Child Report of Parental Behavior Inventory (Schwarz et al., 1985). **CRDQ** = The Couple Relationship Domain Questionnaire (Huston et al., 1986). **CSBR** = The Parents of Adolescents Separation Anxiety Scale (Hock et al., 2001). **CSI** = Couple Satisfaction Index (Funk & Rogge, 2007). **CTS-2S** = The Revised Conflict Tactics Scale-Short Form (Straus & Douglas, 2004). **CSES** = Coping Self-Efficacy Scale (Chesney et al., 2006). **CTS-2** = The Revised Conflict Tactics Scale (Straus et al., 1996). **CTS-2P** = The Physical Violence subscale from the Conflict Tactics Scale (Strauss, 1979). **CTS2-SP** = The Revised Conflict Tactics Scales Sibling Version (Straus et al., 1995). **CTS-PC** = The Psychological and Physical Aggression subscales of the Conflict Tactics Scale:Parent-Child (Straus et al., 1995). **CVHF** = The Caregiver Victimization History Form from the LONGSCAN database (Runyan et al., 1998). **DAPCS** = The Dependency-oriented and Achievement-oriented Psychological Control Scale (Soenens et al. 2010). **DAR** = The Revised Dyadic Adjustment Relationship Scale (Busby et al., 1995). **D-COP** = Daily coparenting scale (McDaniel et al., 2017). **DDI** = The Child form of the Discipline Dimensions Inventory (Straus and Fauchier, 2007). **DEBQ** = Dutch Eating Behavior Questionnaire (Van Strien and Oosterveld 2008). **DEBQ-R** = The Dutch Eating Behavior Questionnaire Restraint Scale (van Strien et al. 1986). **DFT** = Drive for Thinness subscale of the Eating Disorders Inventory (Garner et al. 1983). **DISC-IV-YC** = Diagnostic Interview Schedule for Children (Luby et al., 2002; Luby, et al., 2004). **DMS** = Domains of Marriage scale (Huston et al., 1986). **DRQ** = Daily Relationship Quality (Curran et al., 2015; Totenhagen et al., 2012). **DS** = Daily Stress (Almeida et al., 2002). **DSI** = Emotional Reactivity and Cutoff the Differentiation of Self Inventory (Skowron & Friedlander 1998). **EASI** = Temperamental Survey for Children (Buss & Plomin, 1984). **EMS** = Enrich Marital Satisfaction (Flowers and Olson 1993). **ESI** = The Everyday Stressors Index (Hall et al., 1985). **FACES** = Functioning Unbalanced Types of Family Cohesion and Flexibility (Olson and Gorall, 2006). **EQ** = The Emotion Questionnaire (Rydell et al., 2003). **FAD** = Family Assessment Device (Epstein et al., 1983). **FCS** = The Family Communication Scale (Olson & Barnes, 2004). **FES** = The Family Environment Scale (Moos & Moos, 2009). **FES-CC** = Cohesion and Conflict subscales from the Family Environment Scale (Moos & Moos, 2009). **FIT** = Family Interaction Task (McHale et al., 2001). **FIT-SCIFF** = Family Interaction Task Negativity and Conflict scale of the System for Coding Interactions and Family Functioning (Lindahl & Malik, 2000). **FIAT** = Families of the Slums" project (Minuchin, 1967) using the SFRS = Structural Family Systems Ratings coding scheme for the three subtasks (Hervis, 1991; Robbins et al., 2001; Szapocznik et al., 2003). **FRS** = Family Resources Scale (Dunst and Leet, 1987). **FSES** = the Economic Pressure Scale (Conger and Elder 1994). **FST** = the Subjective Family Picture Test (Mattejat & Scholz, 1994). **GBAC** = Gender-Based Attitudes toward Childrearing Scale (Hoffman & Kloska, 1995). **GSFSR-FC** = The Enmeshment, Conflict Avoidance, Negative Affect subscales from the Global Structural Family Systems Ratings Coding Scheme (Hasler et al., 2006; Rohrbaugh et al., 2007; Rynes et al., 2014). **GSFSR-IE** = Two scales from the Global Structural Family Systems Ratings (Lindah & Malik, 2001). **HAB-NS** = Adolescent Hostile/Aggressive Behavior scale of the National Youth Survey (Elliott, et al., 1985). **HBQ-E** = The Externalizing scale of the MacArthur Health and Behavior Questionnaire (Ablow et

al.,1999). **HBQ-P**= The Child Peer Rejection and Victimization scale of the MacArthur Health and Behavior Questionnaire (Ablow et al.,1999). **H-C** = Constructive Parental Conflict (Hershey et al., 2008). **H-D** = Destructive Parental Conflict (Hershey et al., 2008). **HFC** = the Interparental Hostility Scale (Buehler et al. 1998). **HOME** = The Home Observation for Measurement of the Environment (Caldwell & Bradley, 1984). **IBQ-R**= Infant Behavior Questionnaire-Revised Very Short Form (Putnam et al., 2014). **IC** = Discussion and Resolution of a Family Problem of the Issues Checklist (Robin & Foster, 1989). **IPPA** = The Trust and Communication scale of The Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987). **IRI**= Interpersonal Reactivity Index (Davis, 1983). **JOBS** = Adapted scale from the JOBS Child Outcome Survey (Hofferth et al., 1997). **JVQ-S** = The Sibling Victimization subscale of the Juvenile Victimization Questionnaire (Finkelhor et al., 2009, 2011; Hamby et al., 2010; Turner et al., 2010). **JVQ-W** = Witnessing and Indirect Victimization subscale of the Juvenile Victimization Questionnaire (Finkelhor et al., 2009, 2011; Hamby et al., 2010; Turner et al., 2010). **KERNS** = Kerns Security Scale (Kerns et al., 1996). **MCRQ** = The National Longitudinal Study of Adolescent to Adult Health (Resnick et al., 1997). **MACV** = Mexican American Cultural Values Scale (Knight et al., 2010). **MC** = The Marital Confidence Scale (Stanley et al. 1994). **MDR** = Observations of Marital Interactions based on the Marital Daily Records Protocol (Cummings et al. 2002). **MII** = The Marital Instability Index (Booth et al., 1983). **MSSB** = the MacArthur Story Stem Battery (Bretherton et al., 1990). **MyETV** = My Exposure to Violence Scale (Kindlon et al., 1996; Selner-O'Hagan et al., 1998). **MyETV-C** = My Child's Exposure to Violence Scale (Kindlon et al., 1996; Selner-O'Hagan et al., 1998). **NMRS**= The Negative Mood Regulation Scale (Catanzaro & Mearns, 1990). **OCHS** = Conduct Disorder Aggression scale of the Ontario Child Health Study (Boyle et al., 1993). **OPS-VB** = Verbal Hostility subscale of O'Leary Porter Scale (Porter & O'Leary, 1980). **PACS** = The Parent-Adolescent Communication Scale (Barnes & Olson, 2003). **PAFAS-COEP**: The subscale Coercive Parenting of the Parenting And Family Adjustment Scales (Sanders et al., 2014). **PAFAS-COP**: The subscale Parental Teamwork of the Parenting And Family Adjustment Scales (Sanders et al., 2014). **PAI** = The Parenting Alliance Inventory (Abidin & Brunner, 1995). **PANAS-C** = Positive and Negative Affect Schedule for Children (Laurent et al. 1999). **PCB** = Adaptation of the Caregiver Strain Index (Robinson, 1983). **PBI** = Parental Bonding Instrument (Parker et al. 1979). **PCC** = Family Portrait (Sekar et al., 2007). **PCRM** = Partner Conflict and Resolution Measure (Braiker and Kelley, 1979). **PCRS**= The Parent-Child Relationship Scale, an adapted version of the 4-item CSI (Funk & Rogge, 2007). **PHQ-9** = The Depression subscale of the Patient Health Questionnaire (Kroenke et al., 2001). **PNT** = Parentification Inventory (Hooper 2009). **POMS-15** = The Profile of Mood States (Cranford et al., 2006; McNair et al., 1992). **PPC** =Parental Psychological Control Scale (Barber 1996). **PPQ** = The Parenting Practices Questionnaire (Robinson et al., 1995). **PSDQ** = Parenting Styles and Dimensions Questionnaire (Robinson et al., 2001). **PSI** = Abidin's Parent Stress Inventory (Abidin, 1995). **PSS** = The Parental Stress Scale (Berry & Jones, 1995). **PSSK** = The Cooperative Problem Solving Measure (Assad, et al., 2007). **ReACCT** = The Response Analog Child Compliance Task (Rodriguez, 2016). **RBC** = Relationship Behaviors Checklist (Buck & Neff, 2012). **RPCS** = Subscale from the Love and Conflict Scale (Braiker & Kelley, 1979). **RS** = Romantic satisfaction (Amato et al., 2007). **QCS** = The Questionnaire Couples in

Stepfamilies (Beaudry et al., 2001). **QMI** = the Quality Marriage Index (Norton, 1983). **RELB** = Conflict Scale of the RELATE Assessment Battery (Busby, 2001). **RIFL** = The Responsive Interactions for Learning (Prime et al., 2015). **RSA** = Synchrony Heart Rate Variability during Discussion Task. **RQCS** = Revised Questionnaire for Couples in Stepfamilies (Schramm & Higginbotham, 2009). **SCS** = The Self-compassion Scale (Neff 2003). **SE** = Rosenberg's Self-esteem Scale (1965). **SFASM** = the Step-parent Affinity-Seeking and -Maintaining Scale (Ganong, 2017). **TCD** = Triadic Family Conflict Discussion (Li et al., 2019). **SFI** = The Self-Report Family Inventory (Beavers et al., 1990). **SIS** = The Security in the Interparental Subsystem (Davies et al., 2002). **SITA** = The Separation Anxiety Subscale and The Dependency Denial subscale from the Separation-Individuation Test of Adolescence (Levine et al. 1986). **SPS** = Social Problem Solving Vignettes (Dodge et al., 1995). **SRI** = Sibling Relationship Inventory (Stocker & McHale, 1992). **SRQ** = The Warmth/Closeness and Conflict subscales of the Sibling Relationship Questionnaire (Furman & Buhrmester, 1985). **SSA** = Vaux Social Support Appraisal Scale (Vaux et al., 1986). **STAI** = State-Trait Anxiety Inventory (Spielberger 1983). **TFEQ-R** = Revised three-factor Eating Questionnaire (de Lauzon et al. 2004). **TRCQ** = Triangulation Scale of the Coparenting Questionnaire (Margolin et al., 2001). **TRQ** = Twin Relationship Questionnaire (Fortuna et al., 2010; Segal & Knafo-Noam, 2019). **TSS** = The Trauma Symptom Checklist (Briere, 1996). **TSST** = Modified version of the Trier Social Stress Test for Children (Buske-Kirschbaum et al. 1997). **UM-CIDI** = Composite International Diagnostic Interview (Kessler, & Mrozek, 1997). **WTFC** = Work to Family conflict (Kirchmeyer 1992, 1993). **YSR** = Youth Self Report (Achenbach, 1991). **YI-4** = Youth Inventory: Self Report Form-4 (Gadow and Sprafkin, 2009). **2BT** = Supportive and Harsh Parenting of the Two-bags task (National Institute of Child Health and Human Development Early Child Care Research Network, 1999). **3BT** = Three Bag 10-min videotaped mother-child task (Berlin et al., 2002; Love et al., 2005)

<sup>1</sup> = six-item scale derived about Parental Awareness of Adolescent Activities from the work of Stattin & Kerr (2000)

<sup>2</sup> = Four days of text messaging during the participants' 9th grade year coded for antisocial communication (Ehrenreich et al., 2022)

<sup>3</sup> = Stress of New Work/Parenting Demands; Stress Over Finances; Covid Health-Related Stress scales created for the study of Peltz et al. (2021)

<sup>4</sup> = standardised composite of both parents' reports of household income and assets (Sokolovic et al., 2021)

<sup>5</sup> = 2 items about mother-adolescent conflict: "I was ANGRY or MAD at my child/mother," "There was TENSION between my child/mother and I today." (Lobraico et al., 2020)

<sup>6</sup> = 1 item about daily anger: "How much of the time today did you feel ANGRY?" (Lobraico et al., 2020)

<sup>7</sup> = measurement for adolescent physical, sexual and emotional abuse developed for the study of Fitzgerald & Ledermann, 2020

<sup>8</sup> = Financial difficulties measured with 3 binary questions (Kopystynka et al., 2020)

<sup>9</sup> = item assessing whether father lives with biological child at age 1 and frequency of father-child interaction

<sup>10</sup> = Parent-child conflict instrument adapted from a study by Smetana (1988)

<sup>11</sup> = Child temperament assessed with three items “child often fusses and cries”, “child gets upset easily”, and “child reacts strongly when upset” (Wang et al., 2019)

<sup>12</sup> = the amount of time the focal child spent with their nonresident parent (ordinal measure, ranging from 1 [“never”] to 8 [“almost every day”]) (Ganong et al., 2019)

<sup>13</sup> = marital status (0 = married or domestic partnership, 1 = single, widowed, or divorced) (Benito-Gomez et al., 2019)

<sup>14</sup> = a 10-item measure assessing children’s adaptive and maladaptive thinking about family violence (Grogan-Kaylor et al., 2018)

<sup>15</sup> = Reported numbers of hours parents worked for pay each day (McDaniels et al., 2018)

<sup>16</sup> = collaborative and oppositional qualities of the specific conflict interaction assessed using a measure developed for the current study (Nelson et al., 2018)

<sup>17</sup> = former infertility history (0 naturally conceiving, 1 assisted reproductive treatments), parity (0 primiparity, 1 multiparity) (Lindblom et al., 2017)

<sup>18</sup> = Observation of discussion between parents, with and without child, about three topics that were most typically problematic for parents created for the study of Du Rocher Schudlich et al. (2015)

<sup>19</sup> = 6 items developed for measuring adolescent triangulation in parental conflict for the study of Fosco et al. (2014)

<sup>20</sup> = 4 items developed for measuring perceptions of parental hostility toward their child for the study of Fosco et al. (2014)

<sup>21</sup> = 4 items developed for measuring perceptions of child hostility toward their parents for the study of Fosco et al. (2014)

<sup>22</sup> = BMI = weight (in kg) divided by height squared (in m) categorised as as defined by Centers for Disease Control and Prevention (2006)

<sup>23</sup> = items created to assess biological child priority, biological child acceptance, stepchild respect, stepchild obedience, immediate parental role, child interference for the study of Jensen et al. (2014)

<sup>24</sup> = physical and psychological health items created for the study of Pedersen et al. (2014)

<sup>25</sup> = conflict topic questionnaire, parents choose the most conflictual topics and discuss it for 15 min for the study of Saxbe et al. (2014)

<sup>26</sup> = results of four HbA1c blood tests (Jubber et al., 2013)

<sup>27</sup> = family maps using interactional concepts to broader processes (Charmaz, 2011)

<sup>28</sup> = map for medical journey (Center for Pediatric Traumatic Stress, 2015)

<sup>29</sup> = guide adapted from Adult Attachment Interview (AAI) (George et al., 1996)

<sup>30</sup> = guide for strong and weak cultural ties (Reher, 1998)

<sup>31</sup> = questions derived from the Boundary Ambiguity Scale for Divorced Adults (Boss et al., 1990)