The Effects of Parenting Practices, Victimization and Peer Relationships in Children's Internalizing Symptoms: A Mini-Review

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Abstract

The development of internalizing symptoms in children is a complex process involving various factors. In particular, research has linked parenting practices, child victimization, and peer relationships to the development of internalizing problems. In this article, previous studies that have examined the association between these factors are reviewed. Overall, the studies highlighted that children are at risk of developing internalizing symptoms when they are exposed to negative parenting practices, victimization, and poor peer relationships. Findings can contribute to children's psychosocial and psycho-emotional empowerment by designing appropriate prevention and intervention programs.

Keywords: Internalizing Symptoms; Parenting Practices; Victimization; Peer Relationships

Introduction

Internalizing symptoms in children are persistent and associated with fundamental impairment in children's functionality and adjustment [1]. Internalizing problems are a broad term that refers to a range of emotional difficulties and distress. Children with internalizing symptoms are mostly characterized by anxiety and depressive symptoms, somatic complaints, and social withdrawal [2]. Epidemiology studies have shown that the incidence of anxiety symptoms in children and adolescents appears to be between 10-25% [3], while depression occurs at a rate of 5-15% [3]. Children with anxiety symptoms express a pattern of motor reactions (avoidance of situations, crying, trembling), subjective reactions (feeling embarrassed), and typical reactions (tachycardia, headache, sweating) to fearful situations [4]. Furthermore, children with depressive symptoms often experience intense and prolonged feelings of sadness, guilt,

shame, and hypersensitivity to criticism, have low self-esteem, and feelings of personal worthlessness [4].

During childhood and adolescence, experiencing internalizing symptoms, like depression or anxiety, can disrupt critical developmental processes, including difficulties in growing independence, exploring one's interests, and forming healthy peer relationships [5]. Thus, research seems to be particularly concerned with the development of internalizing symptoms to identify the factors contributing to this process so that prevention and intervention programs can be developed to reduce their occurrence. Furthermore, efforts to both prevent and treat internalizing symptoms in children and adolescents often identify the family unit and broader social environment as essential risk factors for intervention. Therefore, the present mini-review aimed to investigate the family and social factors contributing to children's internalizing symptoms (depression and anxiety), such as

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parenting practices, victimization, and peer relationships. However, a few systematic reviews have summarized the evidence base examining associations between parenting practices, victimization, and peer relationships as risk factors for developing internalizing symptoms in children and adolescents. As a result, the objective of this mini-review was to synthesize studies summarizing these associations.

Methods

Criteria for the Review

The articles considered for inclusion were quantitative studies that were published in English during the period 2005–2022. In order to be included in the review, the studies had to focus on internalizing behaviors in children and matters relating to parenting practices (specifically, care and protection practices), victimization, and peer relationships. Articles were excluded based on articles in which parents had a pre-existing psychological disorder and articles that had a medical focus. We conducted a systematic search of the PsycInfo, Scopus, PubMed, and Web of Science databases. The keywords used in the search included 'internalizing symptoms and problems', 'parenting practices', 'victimization', and 'peer relationships'.

Results

Parenting Practices and Internalizing Problems

Parenting practices refer to the behaviors that parents use towards their children, including strategies of protection, control, discipline, care, and warmth [6]. Parental protection and parental care are two important parenting practices that have been extensively reviewed in the literature. High parental care concerns the affection, warmth, reward, acceptance, and emotional support parents provide to their children. In contrast, low parental care encompasses coldness, alienation, and rejection [7]. Parental protection refers to the autonomy, independence, and freedom given to the children [7]. However, high protection refers to parental actions that limit the development of the child's autonomy and independence, such as overprotection [8].

More generally, several studies have shown that negative parenting practices, such as low care, overprotection, control, lack of interest, and lack of warmth, are associated with internalizing problems in children [9-12]. Specifically, research by Luckyx K, et al. [11] showed that parents who indicate low care, warmth and interest in their children are more likely to develop internalizing symptoms. In addition, Young R, et al. [13] found that parental rejection, control and overprotection are associated with higher rates of psychopathology development in children, such as depression and anxiety.

Victimization and Internalizing Problems

Another factor that seems to be associated with negative effects on children's mental health is victimization. Victimization is defined as the exposure of the child victim to aggressive behavior, which is systematic and intentional by an individual or group of individuals against the victim, who is weaker and has difficulty supporting him or herself [14]. This aggressive behavior is intended to cause the victim physical or mental pain, injury, and humiliation [15]. Research findings have shown that the effects of victimization are mainly related to the development of internalizing symptoms in children [16-20]. For example, research by Turner M, et al. [21] found that students bullied at school were more likely to develop depression and internalizing symptoms than students who were not bullied at school. Also, the research of Zwierzynska K, et al. [22] showed that victimization predicts the development of internalizing symptoms in adolescence, such as depression, anxiety, and emotional problems.

Peer Relationships and Internalizing Problems

Peer relationships refer to the social interactions children have with other children of their age. These relationships are essential in children's adjustment, social and emotional development. Peer relationships provide a unique context in which children learn a range of critical social and emotional skills, such as empathy, cooperation, and problem-solving strategies [23]. Instead, poor peer relationships can contribute negatively to social-emotional development through exclusion and deviant peer process [24]. The association between peer relationships and internalizing problems demonstrated in literature may be especially salient for children [25]. For example, studies demonstrated that poor friendship quality, lack of friends, low social acceptance, peer rejection, and social isolation are associated with internalizing problems in children [26-28]. In addition, negative interactions within closest friendships and low peer competence may contribute to feelings of anxiety and depression, and raise concerns about negative peer evaluations [29,30].

Discussion

This mini-review aimed to extract the factors suspected to explain children's reactions to emotional and internalizing problems. At first, this review indicated that negative parenting practices (low care and overprotection) are associated with internalizing symptoms in children. It seems that low parental care and interest may cause negative

emotions to children, making it difficult for them to feel worthy and capable of building trusting relationships, leading to internalizing symptoms [31-32]. Furthermore, parents' overprotection may promote negative feelings in children towards themselves, low self-esteem, shyness, introversion, and as a consequence internalizing problems [12,13,33]. Therefore, when parents are not attuned, unavailable, unresponsive, rejecting, and overprotective, this may lead to detrimental outcomes in children. Victimization and poor peer relationships were also identified as risk factors for internalization in children. It seems that victimization, lack of acceptance, and support from peers contribute to emotional problems [34-36]. In addition, these children may experience isolation and loneliness, leading to negative feelings about themselves and others. These negative social experiences seem to increase the likelihood of developing emotional and internalizing problems [37].

The results of this mini-review indicated that exposure to negative parenting practices, victimization, and poor peer relationships are significant risk factors for children's emergence of psychological difficulties. Most studies, so far, have examined the relationship between parenting practices, victimization, peer relationships, and internalizing symptoms separately. However, a few studies have connected these lines of research in one model to examine internalizing pathology in children [18]. Therefore, it would be useful for future research to investigate simultaneously the respective effects of these factors on the development of internalizing symptoms through complex moderated and mediation models. These complex models will examine how various factors (family and social factors and individual characteristics) function as risk or protection factors concerning internalizing problems.

Conclusion

Finally, intervention programs might be developed and implemented based on the mentioned relationships that enhance children's psychosocial and emotional status. Future interventions need to be designed to prevent peer victimization and improve parenting roles and practices, minimizing the influence of stressors.

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