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The Relationship Between Parental Violence and Children's Depression with Emphasis on Psychological Mechanisms

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A B S T R A C T

Purpose: The objective of this study was to examine the relationship between parental violence and children's depression, with specific emphasis on the predictive role of parental mental health.

Methods and Materials: This study employed a correlational descriptive design with a sample of 400 children aged 8–14 years and their parents in Tehran, selected through multistage cluster sampling. Standardized instruments were used: the Children's Depression Inventory (CDI) to measure children's depression, the Conflict Tactics Scale – Parent Form (CTS) to assess parental violence, and the General Health Questionnaire (GHQ-28) to evaluate parental mental health. Data analysis was performed using SPSS version 27. Descriptive statistics were calculated, and Pearson's correlation coefficient and multiple linear regression analysis were applied to test the relationships among variables at a significance level of $p < .05$.

Findings: The results indicated that children's depression was positively correlated with both parental violence ($r = .46$, $p < .01$) and parental mental health problems ($r = .52$, $p < .01$). Parental violence and parental mental health were also significantly correlated ($r = .41$, $p < .01$). The regression model was significant ($F(2, 397) = 117.52$, $p < .001$), explaining 37% of the variance in children's depression ($R^2 = .37$). Both parental violence ($B = 0.29$, $\beta = .31$, $t = 5.82$, $p < .001$) and parental mental health ($B = 0.41$, $\beta = .38$, $t = 6.72$, $p < .001$) emerged as significant predictors, with parental mental health showing a slightly stronger predictive effect.

Conclusion: The findings highlight that both parental violence and parental psychological distress significantly contribute to the development of depressive symptoms in children. These results underscore the importance of family-based interventions that simultaneously address violent parenting practices and enhance parental mental health to reduce the risk of depression in children.

Keywords: *Parental violence; Children's depression; Parental mental health; Family dynamics; Psychological mechanisms*

1. Introduction

Childhood depression has emerged as one of the most pressing mental health concerns worldwide, with significant implications for social, emotional, and academic functioning. The etiology of depression in children is multifaceted, encompassing biological, psychological, and social dimensions. Empirical research has documented that exposure to parental conflict and violence correlates strongly with depressive symptomatology among children and adolescents. For instance, it has been shown that marital conflict experienced by mothers can lead to increased depression among adolescent children, with parenting stress functioning as a mediating factor (Im & Do, 2025). Similarly, comparative studies have found that parental violence in both rural and urban contexts predicts elevated levels of depression in children, underscoring the pervasiveness of this risk factor (Bahrami & Jafari, 2019). Violence within the home is not only limited to physical aggression but often extends to psychological hostility, coercion, and rejection, all of which erode children's emotional security and heighten vulnerability to mood disturbances.

Theoretical frameworks, such as attachment theory, explain these patterns by positing that consistent exposure to parental violence or neglect disrupts the development of secure attachment bonds, which in turn increases the likelihood of maladaptive emotional regulation and depressive states. Empirical evidence supports this notion: research on childhood maltreatment and attachment insecurity demonstrates that negative relational patterns with parents contribute to long-term psychopathology, including self-injurious behaviors and depression (Zheng et al., 2025). Moreover, in single-parent families, the risk factors appear to intensify when compounded by socioeconomic stressors such as low income, which has been shown to mediate the link between parental violence and child outcomes (Wu, 2024).

Parental mental health plays a similarly pivotal role in shaping children's well-being. Parents struggling with depression or psychological distress may exhibit less emotional availability, reduced capacity for sensitive caregiving, and more coercive parenting practices. A longitudinal study found that parents' depressive symptoms and impaired reflective functioning predicted not only lower relational savoring but also poorer physiological regulation in children, highlighting the bidirectional impact of parental mental health on child outcomes (Borelli et al., 2024). Likewise, evidence from studies on caregivers of autistic children has demonstrated that parental depression and distress are significant predictors of child mental health difficulties (Piro-Gambetti, 2024; Seçinti et al., 2024).

The interplay between parental distress and parenting behaviors becomes particularly relevant when considering the chronic nature of parenting demands. Longitudinal research has revealed that maternal parenting style and child feeding practices remain stable over time, suggesting that maladaptive practices influenced by parental psychological difficulties may persist and exert cumulative effects on children's emotional health (Morales et al., 2024). These patterns are not confined to special populations; they also manifest in the general population, as evidenced by studies showing that parenting stress significantly increases the likelihood of depression in single parents during challenging circumstances such as the COVID-19 pandemic (Lee, 2023).

Moreover, intergenerational and cultural contexts must be considered in understanding these associations. Protective factors embedded in cultural practices, such as intergenerational cohesion in certain communities, have been found to buffer depressive symptoms among adolescents, even when exposed to parental stress or conflict (Torres, 2024). However, in families where cultural or structural supports are absent, children may experience compounded risks. For instance, studies have shown that parental psychological control fosters negative automatic thoughts in children, which in turn elevate the likelihood of peer bullying and depressive symptoms, reinforcing the cyclical nature of maladaptive family dynamics (Zhang et al., 2024).

Family violence and related parental behaviors also intersect with broader relational processes. Research on parent–child contact problems reveals that family violence and parental alienating behaviors often coexist, creating environments where children experience both direct aggression and emotional manipulation, thereby exacerbating depressive outcomes (Sullivan et al., 2024). Similarly, studies investigating parental styles in clinical populations, such as children with alopecia areata, have highlighted how maladaptive parenting, coupled with children's health challenges, contributes to higher levels of anxiety and depression (Selçukoğlu Kilimci et al., 2024).

In examining these patterns, it is crucial to acknowledge the contextual variability across family structures. For example, the co-occurrence of child maltreatment and parental separation highlights how cumulative risk factors converge to affect children's psychological adjustment (van

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Berkel et al., 2024). Furthermore, resilience factors, such as mental health literacy and adaptive coping strategies among parents, can mitigate some of the adverse effects of caregiver burden, though their absence significantly increases the internalized stigma and depressive outcomes among children of mothers experiencing high caregiving demands (Sakız & Kaçan, 2023).

The COVID-19 pandemic further underscored the fragility of child and family mental health. Large-scale comparative studies in Australia revealed that parental mental health problems, parenting stress, and family functioning deteriorated significantly during the pandemic, with corresponding declines in child mental health and increased depressive symptoms (Westrupp et al., 2023). These findings align with evidence showing that parental depression contributes not only to child emotional problems but also to maladaptive behaviors, such as excessive smartphone use, mediated by parental neglect and children's self-esteem (Mun & Lee, 2023).

Beyond contextual crises, structural factors such as parental couple satisfaction also play a role in mediating these relationships. For example, families with autistic children have been found to exhibit significant links between low parental satisfaction, high depression, and adverse child mental health outcomes (Piro-Gambetti, 2024). Similarly, postnatal research indicates that co-parenting quality and parental mental health jointly predict parenting behaviors, emphasizing the need to consider both individual and relational dimensions in understanding child depression (Schulz et al., 2023).

Taken together, the evidence suggests a multidimensional framework in which parental violence and parental mental health operate as interrelated risk factors contributing to children's depression. On the one hand, direct exposure to violence undermines children's emotional security and fosters maladaptive coping strategies, while on the other hand, parental psychological distress compromises the capacity for nurturing and supportive parenting. Cultural, economic, and relational contexts further shape these dynamics, either amplifying risks or offering protective buffers.

The current study is designed to contribute to this growing body of knowledge by examining the relationship between parental violence and children's depression, with specific attention to the role of parental mental health. Conducted among families in Tehran, the study employs a correlational descriptive design to quantify the extent to which parental violence and parental mental health predict depressive symptoms in children.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a correlational descriptive design to investigate the relationship between parental violence and children's depression, with an emphasis on the mediating role of parental mental health. The statistical population consisted of children and their parents residing in Tehran in 2025. A total sample of 400 participants was recruited, determined according to the Morgan and Krejcie sample size determination table, which ensures an adequate sample size for correlational and regression-based analyses. Participants were selected through multistage cluster sampling from several schools across different districts of Tehran, aiming to capture diversity in socioeconomic status and family background. All participants were informed of the research objectives, and informed consent was obtained from both parents and children prior to data collection. Inclusion criteria required that children be between 8 and 14 years of age and currently living with at least one parent. Families with a history of diagnosed severe psychiatric disorders or unwillingness to participate were excluded.

2.2. Measures

To assess children's depression, the Children's Depression Inventory (CDI) developed by Kovacs (1985) was employed. This instrument is one of the most widely used self-report measures for evaluating depressive symptoms in children and adolescents aged 7 to 17 years. The original CDI consists of 27 items, each rated on a three-point Likert scale (0 to 2), yielding a total score ranging from 0 to 54, where higher scores indicate greater severity of depressive symptoms. The CDI encompasses several subscales, including negative mood, interpersonal problems, ineffectiveness, anhedonia, and negative self-esteem. The validity and reliability of the CDI have been well established internationally, and multiple studies conducted in Iran have confirmed its psychometric properties. Iranian research has reported Cronbach's alpha coefficients above 0.80, indicating satisfactory internal consistency for use among children and adolescents in the Iranian context.

Parental violence was measured using the Conflict Tactics Scale – Parent Form (CTS) originally developed by Straus (1979) and later revised. The CTS is widely

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recognized for evaluating patterns of family conflict and parental violence toward children. The parent version typically includes 20 to 30 items addressing verbal aggression, psychological aggression, and physical violence, rated on a five-point Likert scale ranging from "never" to "always." The subscales cover psychological aggression, minor physical assault, and severe physical assault. The CTS has been extensively applied in Iranian studies, where it has undergone translation, cultural adaptation, and validation. Its psychometric soundness has been confirmed, with Cronbach's alpha coefficients generally exceeding 0.75 in Iranian populations, reflecting adequate internal reliability.

Parental mental health was assessed using the General Health Questionnaire (GHQ-28), developed by Goldberg and Hiller (1979). This questionnaire consists of 28 items designed to detect non-psychotic psychiatric disorders in community and clinical populations. The GHQ-28 includes four subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and depression. Each item is scored on a four-point Likert scale (0 to 3), with a total score range of 0 to 84, where higher scores represent greater psychological distress. The GHQ-28 is one of the most widely applied screening tools for mental health globally and has been extensively validated in Iran. Studies in the Iranian context have consistently confirmed its construct validity and reported high reliability, with Cronbach's alpha coefficients above 0.85, supporting its suitability for assessing mental health among Iranian parents.

2.3. Intervention

The Greenberg (1980) Emotion-Focused Therapy (EFT) protocol was implemented over 12 ninety-minute sessions held twice weekly for the experimental group. In the first session, participants were introduced to the treatment goals and process, establishing an empathic therapeutic alliance and fostering secure relational bonds through unconditional positive regard. The second session focused on psychoeducation about borderline personality, identifying emotional instability, exploring nightmare content, and conceptualizing issues based on inner experiences. The third session emphasized emotional awareness, acceptance, verbal and nonverbal expression, regulation, transformation, and corrective emotional experiences. The fourth session created opportunities for eliciting and challenging typically unpleasant emotional experiences within relational and familial contexts, fostering adaptive emotional cycles. The fifth session introduced emotional schema mapping with five elements: perceptual situation, bodily sensations, symbolic cognition, action tendencies, and core primary emotion recognition. The sixth session involved expressing unmet needs and validating them by attending to nonverbal markers such as body language, voice tone, and incongruent expressions. The seventh session addressed unresolved interpersonal injuries by evoking the presence of significant others, revisiting past experiences, and generating new responses. The eighth session worked on self-polarization, addressing inner conflicts between self-critic, experiential self, and inhibited self, and exploring opposing aspects of self-experience. The ninth session involved tracing and identifying object-related themes in current problems and linking them to self-images or representations of parents and other significant figures. The tenth session provided coaching during object representation work to foster experiential insight. The eleventh session focused on strengthening and integrating the vulnerable self through self-support, self-attunement, and self-compassion. The final session (twelfth) centered on reprocessing personal narratives, creating new life meanings, and enhancing emotional intelligence, particularly in recognizing one's own and others' emotions.

2.4. Data Analysis

Data analysis was conducted using SPSS version 27. Descriptive statistics, including frequency distributions, percentages, means, and standard deviations, were calculated to describe the demographic characteristics of the participants. To examine the primary research objectives, Pearson's correlation coefficient was used to assess the bivariate relationships between the dependent variable (children's depression) and the independent variables (parental violence and parental mental health). Furthermore, linear regression analysis was applied to determine the predictive power of the independent variables on the dependent variable. Specifically, children's depression was entered as the dependent variable, while parental violence and parental mental health were included as independent predictors. Prior to conducting regression analysis, the assumptions of normality, linearity, homoscedasticity, independence of errors, and absence of multicollinearity were tested and confirmed. A significance level of $p < 0.05$ was adopted for all inferential analyses.

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3. Findings and Results

Of the total 400 participants, 211 (52.8%) were female and 189 (47.2%) were male. The mean age of the children was 11.36 years (SD = 1.87), ranging from 8 to 14 years. In terms of parental education, 92 parents (23.0%) had completed primary school, 118 (29.5%) had a high school diploma, 134 (33.5%) held a bachelor's degree, and 56 (14.0%) possessed a master's degree or higher. Regarding socioeconomic status, 104 families (26.0%) reported low income, 183 (45.8%) reported middle income, and 113 (28.2%) reported high income. These figures suggest a relatively balanced distribution of participants across gender, age, and socioeconomic background, ensuring adequate representation of the target population.

Table 1

Descriptive Statistics for Study Variables (N = 400)

Variable	Mean	SD	Minimum	Maximum
Children's Depression	21.47	8.62	4.00	51.00
Parental Violence	37.82	10.43	12.00	66.00
Parental Mental Health	32.19	9.57	7.00	63.00

Children's depression scores averaged 21.47 (SD = 8.62), reflecting a moderate level of depressive symptoms across the sample. Parental violence scores averaged 37.82 (SD = 10.43), suggesting that exposure to coercive parenting behaviors varied considerably among participants. Parental mental health scores averaged 32.19 (SD = 9.57), with higher values indicating greater psychological distress. These distributions confirm variability across all study variables.

The assumptions underlying correlation and regression analyses were examined prior to hypothesis testing. The Kolmogorov–Smirnov test indicated that the distribution of children's depression scores did not significantly deviate from normality ($Z = 0.87$, $p = 0.41$). Scatterplots confirmed the linearity of relationships between the independent and dependent variables, while the Durbin–Watson statistic (1.98) supported the independence of errors. Levene's test showed that the assumption of homoscedasticity was met ($F = 1.21$, $p = 0.28$). Multicollinearity diagnostics revealed acceptable tolerance values (> 0.74) and Variance Inflation Factor (VIF) scores below 1.35, indicating no serious multicollinearity among predictors. Collectively, these results confirmed that the assumptions for conducting Pearson correlation and linear regression analyses were satisfied.

Table 2

Pearson Correlation Coefficients Between Study Variables

Variable	1	2	3
1. Children's Depression	—	.46** (p < .01)	.52** (p < .01)
2. Parental Violence	.46** (p < .01)	—	.41** (p < .01)
3. Parental Mental Health	.52** (p < .01)	.41** (p < .01)	—

Correlation analysis showed that children's depression was positively correlated with parental violence ($r = .46$, $p < .01$) and parental mental health ($r = .52$, $p < .01$). Furthermore, parental violence and parental mental health were also significantly correlated ($r = .41$, $p < .01$), indicating that higher psychological distress among parents was associated with greater use of violence toward children.

Table 3

ANOVA Summary for Regression Model Predicting Children's Depression

Source	Sum of Squares	df	Mean Square	R	R^2	Adjusted R^2	F	p
Regression	6824.19	2	3412.10	.61	.37	.36	117.52	< .001
Residual	11605.41	397	29.24					
Total	18429.60	399						

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The regression analysis indicated that the overall model was statistically significant ($F(2, 397) = 117.52$, $p < .001$), explaining 37% of the variance in children's depression ($R^2 = .37$, Adjusted $R^2 = .36$). This suggests that parental violence and parental mental health jointly represent substantial predictors of depressive symptoms in children.

Table 4

Regression Coefficients Predicting Children's Depression

Predictor	B	SE	β	t	p
Constant	6.84	2.41	—	2.84	< .01
Parental Violence	0.29	0.05	.31	5.82	< .001
Parental Mental Health	0.41	0.06	.38	6.72	< .001

The multivariate regression revealed that both predictors made unique, significant contributions to the model. Parental violence significantly predicted children's depression ($B = 0.29$, $\beta = .31$, $t = 5.82$, $p < .001$), indicating that for each unit increase in parental violence, depressive symptoms in children increased by approximately 0.29 units. Parental mental health also significantly predicted children's depression ($B = 0.41$, $\beta = .38$, $t = 6.72$, $p < .001$), confirming that higher parental distress strongly exacerbated depressive symptoms in children. The standardized coefficients indicated that parental mental health was a slightly stronger predictor than parental violence.

4. Discussion and Conclusion

The present study sought to examine the relationship between parental violence and children's depression, with parental mental health as an additional independent variable. Using correlational and regression analyses on a sample of families in Tehran, the results revealed two central findings. First, parental violence was positively associated with children's depressive symptoms, suggesting that exposure to hostile or coercive behaviors within the family environment significantly elevates children's vulnerability to depression. Second, parental mental health was also found to be a significant predictor of child depression, with higher levels of parental psychological distress linked to greater depressive symptoms in children. The regression model demonstrated that both parental violence and parental mental health contributed uniquely to the variance in child depression, indicating that these risk factors operate both independently and synergistically.

These findings are consistent with a growing body of research that underscores the detrimental effects of family violence on child psychological outcomes. Previous studies have shown that parental violence, whether physical, verbal, or psychological, is strongly correlated with depressive symptomatology in children (Bahrami & Jafari, 2019). Similarly, maternal marital conflict has been identified as a precursor to adolescent depression, with parenting stress mediating this relationship (Im & Do, 2025). This suggests that violence and conflict in the home compromise children's emotional security, reduce their sense of safety, and impair their capacity for adaptive coping, all of which foster depressive tendencies.

The results also highlight the critical role of parental mental health. Parents experiencing depression, anxiety, or psychological distress may struggle to provide consistent emotional availability and supportive caregiving, which are essential for fostering resilience in children. Research has demonstrated that parents' depressive symptoms, combined with diminished reflective functioning, predict poorer child outcomes, including physiological dysregulation (Borelli et al., 2024). Similarly, studies on caregivers of autistic children confirm that parental depression and distress are significant risk factors for child psychological difficulties, further validating the findings of the present study (Piro-Gambetti, 2024; Seçinti et al., 2024). These findings converge on the conclusion that children's emotional health is deeply embedded in the psychological functioning of their parents.

Moreover, the interplay between parental violence and parental mental health is particularly noteworthy. Parents experiencing psychological distress may be more prone to engaging in coercive or violent parenting practices, thereby creating a dual pathway to children's depression. Evidence from studies on maternal parenting style indicates that maladaptive practices shaped by parental distress tend to remain stable over time, amplifying their negative effects on children (Morales et al., 2024). This persistence highlights the cyclical nature of family dysfunction: parental distress contributes to violent behaviors, which in turn exacerbate child depression, perpetuating a negative intergenerational cycle.

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The findings also resonate with research emphasizing the broader relational and contextual factors influencing family dynamics. For example, cultural and intergenerational protective factors have been found to buffer the impact of parental stress and violence on adolescent mental health (Torres, 2024). However, when such supports are absent, children may experience heightened risks. In Chinese families, parental psychological control has been shown to encourage negative automatic thoughts in children, which then increase depressive outcomes and even bullying involvement (Zhang et al., 2024). This aligns with the present study's results, reinforcing the idea that parental mental health and behavior directly shape children's cognitive and emotional worlds.

The study also supports findings from investigations into family violence and alienating behaviors, which reveal that parental violence often co-occurs with manipulative relational tactics, further compromising children's psychological well-being (Sullivan et al., 2024). In clinical contexts, such as families coping with alopecia areata, maladaptive parenting styles have similarly been linked to higher rates of anxiety and depression in children (Selçukoğlu Kilimci et al., 2024). The convergence of these findings across diverse populations suggests a universal mechanism whereby maladaptive parental behaviors, often exacerbated by parental mental health challenges, undermine children's psychological functioning.

The influence of structural and situational stressors should also be acknowledged. Research has shown that in single-parent families, low income mediates the relationship between domestic child violence and adverse outcomes (Wu, 2024). Likewise, the COVID-19 pandemic dramatically magnified the interplay between parental distress and child mental health, with large-scale evidence from Australia documenting significant increases in parental psychological difficulties and corresponding rises in child depressive symptoms (Westrupp et al., 2023). These findings emphasize that family violence and parental mental health are not isolated phenomena but are embedded within broader social, economic, and contextual environments that can intensify their effects on children.

Parental satisfaction and couple dynamics also intersect with these patterns. Studies of families with autistic children indicate that low parental couple satisfaction and high parental depression contribute directly to child mental health difficulties (Piro-Gambetti, 2024). Likewise, research on postnatal co-parenting demonstrates that parental mental health problems can undermine collaborative parenting practices, with negative consequences for child adjustment (Schulz et al., 2023). Together with the present findings, these results suggest that family functioning must be considered holistically, with attention to parental violence, parental mental health, couple satisfaction, and broader relational dynamics.

The implications of these findings are substantial. They underscore the importance of addressing both parental violence and parental mental health simultaneously when designing interventions for childhood depression. Efforts to reduce violence in families may not succeed without parallel support for parents' psychological well-being. Conversely, initiatives aimed at improving parental mental health may yield limited benefits if patterns of violence and coercion remain unaddressed. This dual focus is supported by resilience-based perspectives, which emphasize that parental coping and mental health literacy can mitigate the adverse effects of caregiving burdens and family stressors (Sakız & Kaçan, 2023).

Ultimately, the findings of this study contribute to a nuanced understanding of the mechanisms through which parental behavior and mental health shape children's psychological trajectories. They confirm that parental violence is a direct predictor of children's depression and that parental mental health problems constitute an equally significant risk factor. Importantly, these factors operate within relational, cultural, and socioeconomic contexts that may amplify or buffer their effects. By situating the results within the broader international literature, the present study provides evidence that these mechanisms are robust across different populations and contexts, while also highlighting the need for culturally sensitive interventions in the Iranian setting.

Several limitations of the present study should be acknowledged. First, the correlational design precludes causal inferences regarding the relationships among parental violence, parental mental health, and child depression. Longitudinal studies are necessary to establish temporal precedence and clarify causal mechanisms. Second, data were collected exclusively through self-report questionnaires, which may be subject to response biases such as social desirability or underreporting of violent behaviors. Third, the sample was drawn only from families in Tehran, limiting the generalizability of findings to other regions of Iran with different cultural, economic, or social conditions. Fourth, potential moderating variables such as child gender, parental education, or family socioeconomic status were not analyzed in detail, even though they may

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influence the strength of the observed relationships. Finally, the study did not include qualitative assessments, which could provide deeper insights into the lived experiences of children and parents.

Future studies should adopt longitudinal and mixed-methods designs to more precisely identify causal pathways and explore the developmental trajectories linking parental violence and parental mental health to child depression. Expanding research to rural and ethnically diverse populations within Iran would also enhance the generalizability of findings. It would be valuable to investigate potential mediating and moderating factors such as parenting styles, resilience, peer relationships, and school environment, which could further clarify the mechanisms underlying child depression. Additionally, incorporating biological or physiological measures, such as cortisol levels or neuroimaging data, could offer novel insights into the biopsychosocial processes at play. Comparative cross-cultural studies are also warranted to examine whether cultural protective factors, such as intergenerational cohesion, operate similarly in different contexts.

From a practical perspective, the findings emphasize the need for integrated intervention programs that simultaneously target parental mental health and reduce violent parenting practices. Parenting education initiatives should include components aimed at fostering emotional regulation, stress management, and mental health literacy among parents. Schools and community organizations could play a vital role by providing psychoeducational workshops and early identification of at-risk children. Mental health professionals should be trained to adopt family-centered approaches, addressing both child and parent needs in clinical settings. Policymakers should also prioritize the implementation of child protection frameworks and accessible mental health services for parents, ensuring that interventions reach families in both urban and rural areas. By adopting a holistic and preventive approach, practitioners can help break the intergenerational cycle of violence and depression, fostering healthier developmental outcomes for children.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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