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VIOLENCE, PARENTING, AND MATERNAL AND CHILD MENTAL HEALTH
VIOLENCIA, PARENTALIDAD Y SALUD MENTAL MATERNA E INFANTIL

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EDITORIAL

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Positive parenting involves the ability of caregivers to respond sensitively, consistently, and appropriately to the child's needs, promoting secure emotional bonds, offering learning opportunities, and ensuring protection against different forms of violence and neglect (Altafim et al., 2023). In contexts where these parenting skills are challenged by adversity, such as violence, the risks to the well-being of caregivers and children tend to intensify.

Violence against children and adolescents is a persistent and global challenge, with repercussions on mental health and human development, as well as being associated with high social and economic costs throughout the life cycle (United Nations, 2025). Latin America is among the regions most affected by violence in the world, with high rates of crime, urban violence, and social instability (Institute for Economics & Peace, 2023).

Brazil, as one of the most populous countries in the region, offers a relevant overview for understanding the relationships between violence, parenting, and mental health. Evidence from surveys in the country and longitudinal studies indicates that a significant portion of violence against children occurs in the family context (Linhares et al., 2023; IBGE, 2022). The Early Childhood for Healthy Adults (PIPAS) survey, conducted in Brazilian state capitals, revealed that caregivers use negative parenting practices with children, such as shouting (33%) and spanking (35%) (Ministry of Health & Maria Cecília Souto Vidigal Foundation, 2023). Convergent results are observed in the National School Health Survey, in which more than a quarter of students (27.5%) in the 9th grade reported physical abuse by fathers, mothers, or guardians in the 30 days prior to data collection. (IBGE, 2022).

Scientific literature shows that exposure to violence has an impact on mental health and child development. One study found a higher prevalence of clinical mental health symptoms among children and adolescents with a history of violence (Hildebrand et al., 2019). Community violence, such as homicides occurring in the vicinity of the home, was associated with poorer self-regulation, more behavioural problems, and lower child development performance in 3-year-olds (McCoy et al., 2024). In adolescents, experiences of bullying, school violence, and community violence were associated with higher levels of depression, anxiety, and self-harming behaviours (Quinlan-Davidson et al., 2021). On the other hand, social support, especially parental support, emerges as a protective factor capable of mitigating the effects of violence on young people's mental health (Quinlan-Davidson et al., 2021). These findings reinforce the importance of public policies that consider territory and safety as central components of promoting child development.

Violence in the family context, including violence between intimate partners, also has negative effects on children's mental health. A longitudinal study indicated that children exposed to domestic violence during pregnancy and in the early years of life have a higher prevalence of behavioural problems in childhood and school age (Silva et al., 2019). These data show that violence in the family environment compromises the emotional and relational environment necessary for the healthy development of children. In this scenario, maternal mental health emerges as a central element in understanding the relationship between violence, parenting, and child development. Studies show that maternal depressive symptoms are associated with negative parenting practices, such as physical and verbal aggression, lower responsiveness, and less involvement with children (Knox et al., 2011; Trussell et al., 2018). In addition, maternal depression is related to worse outcomes in child development and more unfavourable indicators of child health and care (Rocha et al., 2020; Scherrer et al., 2024).

A study conducted in Brazil found that maternal mental health was directly related to the use of negative parenting practices, including hitting and yelling at the child, and emotional discomfort with motherhood, characterised by feelings of tension, nervousness, and perception of motherhood as overly challenging (Altafim et al., 2024). Longitudinal studies with infants reinforce this argument by demonstrating that maternal depression is associated with poorer indicators of child physical health and maternal care, especially in family contexts marked by violence, single parenthood, and a poor support network (Scherrer et al., 2024). In contrast, social support—from partners, family members, neighbours, or professionals—has been shown to be a relevant protective factor, associated with a reduction in maternal depressive symptoms and an indirect improvement in child health (Scherrer et al., 2024).

Taken together, the evidence points to the need for integrated approaches that combine violence prevention, promotion of positive parenting, and maternal and child mental health care. Evidence-based parenting programmes, combined with intersectoral public policies that strengthen support networks, social protection, and access to mental health services, represent fundamental strategies for breaking intergenerational cycles of violence and promoting healthy child development.

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