

Relationship Between Family Authority Styles and Levels of Anxiety and Aggression in Children and Adolescents in the Community: A Quantitative Correlational Study

Luz Enith Velásquez Restrepo, Cristian Herrera Giraldo, Lina Marcela Suárez Gaviria

Docente, Universidad Tecnológica de Pereira; Fundación Universitaria del Área Andina, seccional Pereira

Docente, Universidad Tecnológica de Pereira; Fundación Universitaria del Área Andina, seccional Pereira

Docente, Fundación Universitaria del Área Andina, seccional Pereira

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ABSTRACT:

Family is the first socialization setting and one of the most influential contexts in children's and adolescents' emotional and behavioral development. Within this framework, this study aimed to determine the relationship between family authority styles (democratic/authoritative, authoritarian, permissive, and neglectful) and levels of anxiety and aggression among children and adolescents in the community. A quantitative, non-experimental, cross-sectional, correlational study was conducted with 312 participants aged 10 to 17 years from urban and rural educational institutions. The instruments used were the Parenting Styles and Dimensions Questionnaire (PSDQ), the State-Trait Anxiety Inventory for Children (STAIC), and the Buss-Perry Aggression Questionnaire adapted for adolescents. The findings showed statistically significant associations between parenting styles and emotional-behavioral outcomes. Democratic parenting was associated with lower levels of anxiety and aggression, whereas authoritarian and neglectful parenting were linked to higher anxious symptomatology and more aggressive behaviors. Permissive parenting showed moderate associations with verbal aggression and anger. It is concluded that family dynamics characterized by affection, communication, and consistent boundaries function as protective factors for child and adolescent mental health. These findings provide relevant evidence for the design of community-based strategies aimed at strengthening family coexistence and preventing emotional and behavioral problems in school populations.

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Introduction

The mental health of children and adolescents has become a priority for public health, education, and social sciences. In recent years, different international reports have warned that a significant proportion of adolescents have mental disorders, and that anxiety, along with behavioral problems, is among the main causes of discomfort and disability in this age group (World Health Organization [WHO], 2023). In addition, evidence indicates that protective family environments play a central role in the prevention of these problems, especially when they offer emotional support, stability, and daily accompaniment (WHO, 2023).

From an ecological perspective (Bronfenbrenner, 1979), emotional and behavioral development cannot be understood apart from the contexts in which the child's daily life takes place. In this sense, the family constitutes the closest microsystem and one of the spaces where the first ways of regulating emotions, responding to conflict, and establishing bonds with others are learned. There, internal models of security, authority, affection, and limits are progressively built, which are then expressed at school, in the community, and in relationships with peers.

The classic typology of parenting styles, proposed by Baumrind (1966, 1968, 1971) and later developed by Maccoby and Martin (1983), distinguishes four main forms of exercising family authority based on two basic dimensions: demand and responsiveness. From this combination emerge the democratic or authoritative style, characterized by high levels of affection and control; the authoritarian style, with high control and low affect; the permissive style, with high affection and low demands; and the negligent style, in which both affection and supervision are limited. This classification has allowed us to understand more precisely how the way of exercising authority in the home is related to the emotional and behavioral adjustment of children.

Although there is abundant international literature on parenting styles and mental health, much of this evidence comes from clinical

contexts or from high-income countries. In Latin America, and particularly in community settings, more empirical production is still required to understand how these family dynamics are expressed in contexts marked by social inequality, caregivers' work overload, exposure to community violence, and accelerated changes in the forms of family relationships. These conditions can stress the exercise of authority, favor inconsistent parenting styles, and increase the emotional vulnerability of children and adolescents.

Recent studies carried out in countries in the region suggest that a lack of consistency in boundaries, coercion as a disciplinary strategy, and poor affective expression are associated with higher levels of anxiety, irritability, and aggressive behaviors (Castañeda-Alape et al., 2023; Menéndez Chávez & Lima Rojas, 2024). When the family environment becomes unpredictable or uncontainable, children and adolescents may experience greater difficulty regulating their emotions and responding adaptively to school, social, and community demands.

Despite these advances, there are still few studies that jointly analyze anxiety and aggressiveness in the child and adolescent community population, also integrating the diversity of family authority styles in urban and rural contexts. In response to this gap, the present study aimed to examine the relationship between family authority styles and levels of anxiety and aggressiveness in children and adolescents in the community, based on a psychometric evaluation of family interactions in a representative sample exposed to real community dynamics. The central purpose is to understand how parental authority profiles are related to anxious symptomatology and manifestations of reactive and proactive aggressiveness.

In accordance with the above, the question that guides this research is formulated in the following terms: what is the statistical and predictive relationship between family authority styles and levels of anxiety and aggressiveness in children and adolescents in the community under study?

2. Problem statement

In different community and school contexts, there is an increase in emotional and behavioral manifestations that directly affect the well-being of children and adolescents. Anxiety, expressed through constant worry, insecurity, somatizations or concentration difficulties, coexists with forms of aggressiveness that are evidenced in irritability, hostility, interpersonal conflicts and disruptive behaviors. This combination not only compromises the mental health of minors, but also their school performance, their bonds and their social participation.

In clinical, educational, and community practice, one of the most frequent concerns is the difficulty of many families in sustaining forms of authority that combine affection, accompaniment, and clear limits. Some dynamics are oriented towards rigid control and sanction, while others lean towards permissiveness or emotional distancing. At both extremes, children and adolescents can be exposed to scenarios of little containment, little emotional regulation, and contradictory messages about the norm, care, and coexistence.

Understanding this relationship is relevant because it allows us to move from general explanations to specific evidence on which styles of authority can act as risk or protective factors against anxiety and aggressiveness. This information is valuable for guiding mental health prevention programs, family interventions, and school strategies focused on strengthening parental competencies. Therefore, it is necessary to analyze with empirical rigor how family authority styles are related to the emotional and behavioral adjustment of children and adolescents in real community contexts.

The social justification for addressing this problem lies in the fact that late intervention, when dysfunctional behavioral patterns have already been consolidated in the adolescent's personality, has lower success rates and higher socioeconomic costs for the State and communities. If community research fails to identify with precision and empirical rigor which specific dimensions of family dynamics, such as

verbal coercion, lack of autonomy, normative inconsistency, or affective deprivation, correlate with and predict greater psychopathological damage, community prevention and intervention programs will continue to operate under generalizations of low effectiveness. It is pertinent, then, to move from the qualitative description of family conflict to a quantitative analysis that specifies the specific weight of each parenting style on the mental health indicators of the new generations.

3. Objectives

3.1. General objective

To determine the statistical and predictive relationship between family authority styles (democratic, authoritarian, permissive, and negligent) and levels of anxiety and physical, verbal, anger, and hostility in children and adolescents in the community.

3.2. Specific objectives

1. To identify the prevalence and distribution of the four predominant styles of family authority in the participants' domestic environment, based on the children's report.
2. To evaluate in a differentiated way the manifestations of anxiety in its dimensional components of State-Anxiety and Trait-Anxiety in the selected sample.
3. To typify the levels of aggressiveness in the target population, disaggregating the scores into its four constituent subdimensions: physical aggressiveness, verbal aggressiveness, anger and hostility.
4. To analyze the bivariate correlations between each of the parenting styles and the levels of anxiety manifested by children and adolescents.
5. To establish the associative relationship between the dimensions of family authority and the profiles of aggressive behavior in the sample studied.
6. To develop a multivariate predictive model that allows weighing the impact of family variables on the variance of anxiety and

aggressiveness in the community context evaluated.

4. Theoretical framework

4.1. Family Authority Styles: Conceptual Evolution and Two-Dimensional Dynamics

The study of family authority styles has been fundamental to understanding how parenting practices influence child and adolescent development. The work of Diana Baumrind (1966, 1968, 1971) marked an important starting point by showing that affection and control are not opposing dimensions, but components that interact and give rise to different forms of relationship between parents and children.

Subsequently, Maccoby and Martin (1983) organized this proposal around two central dimensions: responsiveness, understood as the ability to respond sensitively, closely, and supportive to the child's needs, and demand, related to supervision, the establishment of rules, and the expectation of age-appropriate behaviors. From the combination of both dimensions, the four classic parenting styles are configured:

1. Responsiveness: The extent to which parents respond in a sensitive, affectionate, empathetic, and validating way to their children's individual needs, emotional demands, and developmental cues. It involves emotional support, secure attachment, two-way dialogue, and recognition of the child's individuality.
2. Demandingness: demands, expectations, control, supervision, establishment of clear limits and demands of maturity that parents impose on their children. It involves the normative scaffolding, behavioral monitoring and the application of consistent consequences in the face of transgression of the rules of the home.

From the intersection of these two axes derive the four classic parenting styles:

Democratic or authoritative style (high responsiveness / high demand)

It is characterized by a balanced combination of affection, communication, and consistent boundaries. Caregivers who exercise this style accompany, listen, and guide, but also establish

clear rules that are in line with the stage of development. The literature has consistently described it as a protective factor, due to its association with greater self-regulation, better self-esteem, stronger social competencies, and lower risk of emotional and behavioral problems.

Authoritarian style (low responsiveness / high demand)

It is based on high control with little openness to dialogue and low sensitivity to the child's emotional needs. In this type of relationship, obedience, regulatory rigidity and, in some cases, coercive practices predominate. When care is mainly organized from fear, punishment or emotional invalidation, children are more likely to develop insecurity, hypervigilance, hostility or aggressive responses to the environment.

Permissive or forgiving style (high responsiveness / low demand)

In this configuration, the child's affection and acceptance of impulses predominate to the detriment of the axis of control and monitoring. Permissive parents avoid confrontation, the establishment of limits, and the imposition of demands for maturity or self-regulation, and often perceive themselves as companions or friends of their children rather than as authority figures. The child is granted premature and unregulated autonomy to govern their own schedules, habits, and behaviors, without supervision or clear consequences for disruptive behaviors. Although these children grow up in warm environments, the absence of an external regulatory framework can hinder the maturation of executive function, behavioral inhibition, and frustration tolerance processes, and predispose them to impulsivity and adaptive difficulties in external normative environments such as school (Cisneros Hidrobo, 2024).

Negligent, indifferent, or disengaged style (low responsiveness/low demand)

It represents the most severe form of non-clinical relational dysfunction within the family environment. Caregivers show an almost absolute absence of affective commitment and behavioral supervision; interactions with children

are reduced to the minimum necessary for basic physical survival, manifesting indifference to the child's emotional states, academic trajectories, friendships and psychological needs. This style is usually associated with latent parental psychopathology, socioeconomic stress, addictions or marked egocentrism. Children raised in this atmosphere of relational neglect grow up in a situation of chronic helplessness and, lacking both structuring affection and containment limits, they may experience distortions in their identity, difficulties in processing emotions and a greater propensity to develop risky behaviors and anxiety-depressive symptoms during adolescence.

4.2. Anxiety in childhood and adolescence: dimensional perspective and family etiology

Anxiety in developmental stages should not be understood exclusively as a transitory emotional response, but as a multidimensional psychopathological construct characterized by a state of sustained psychophysiological activation, catastrophic cognitions, and maladaptive avoidance behaviors in the face of stimuli that the subject evaluates as threatening. At the psychometric and clinical level, it is necessary to differentiate between two dimensions operationalized by Spielberger et al. (1973):

State-anxiety: a transitory or modifiable emotional condition over time, characterized by subjective feelings of tension, apprehension, and concomitant activation of the autonomic nervous system. It varies in intensity depending on the environmental stressor stimuli present in the individual's immediate environment.

Trait-Anxiety: Relatively stable anxious propensity of the subject's personality. It involves a latent tendency to perceive a wide range of objectively safe or neutral situations as dangerous or threatening, responding to them with disproportionate elevations of State-Anxiety.

The etiology of child and adolescent anxiety is closely linked to family interaction patterns. Current neurobiological models suggest that chronic stress derived from living in a hostile or unpredictable family environment can alter the

hypothalamic-pituitary-adrenal (HPA) axis, affecting cortisol secretion and the reactivity of the cerebral amygdala.

When a child is systematically subjected to an authoritarian parenting style, the presence of constant criticism and the absence of affective validation can predispose the child to operate in a persistent mode of alertness. Trait-Anxiety is consolidated as the child internalizes that the home environment, which should be his or her safe base for exploration, is an unpredictable space where any behavior can trigger rejection, punishment, or aggression from attachment figures (Bonilla-Nolivos & Barba-Lara, 2024).

On the other hand, the negligent style favors the manifestation of high levels of State-Anxiety. By not having caregivers to act as co-regulators of their emotional states, the child is forced to process the stressful stimuli of the community environment with immature coping resources, which can trigger panic attacks, sleep disorders, concentration difficulties and recurrent somatizations (headaches, abdominal pain of psychogenic origin) that affect their school and relational functionality.

4.3. Aggressiveness in children and adolescents: typologies and mechanisms of family transmission

Aggressiveness in the child and adolescent population is a complex behavioral phenomenon, defined by the execution of actions aimed at inflicting physical, psychological, or material harm on third parties. Following the theoretical model formulated by Buss and Perry (1992), aggressiveness is not a unitary trait, but a construct composed of four interdependent dimensions that encompass motor, instrumental, affective, and cognitive components:

1. Physical aggressiveness (motor component): involves the execution of explicit behaviors that threaten the bodily integrity of others (e.g., hitting, pushing, kicking, destroying other people's objects). It represents the most direct externalization of the aggressive impulse.
2. Verbal aggressiveness (instrumental component): it is manifested through the use of

linguistic resources to attack, humiliate, insult, threaten or spread rumors. It tends to increase during the transition to middle and late adolescence.

3. Anger (affective-physiological component): represents the dimension of emotional and psychophysiological activation that precedes or accompanies aggression. It includes high irritability, low tolerance to frustration and difficulties in modulating emotional activation in the face of conflicting stimuli.

4. Hostility (cognitive component): it is characterized by the presence of cognitive biases of hostile attribution, feelings of bitterness or resentment, generalized distrust of the intentions of others and a view of the social environment as a competitive or interpersonally threatening scenario.

The development and consolidation of these dimensions find their main explanatory vector in the modeling and reinforcement mechanisms that occur within the family. According to Bandura's (1977) Theory of Social Learning, children learn complex behavioral repertoires through direct observation of the significant models in their environment. In families with a coercive authoritarian style, parents act as a model that physical and verbal violence is a legitimate and effective mechanism for resolving conflicts and exercising control over others; the child can learn that force guarantees dominance over the other, and replicate these behaviors with their peers in the community and school environment.

In contrast, the emergence of aggressiveness in permissive family contexts responds to a regulatory deficit mechanism (Cisneros Hidrobo, 2024). By growing up without confronting limits or experiencing the natural consequences of their actions, the child may develop a cognitive scheme of omnipotence and a low threshold of tolerance for frustration. When they are inserted into the community or school environment and discover that their desires are not immediately satisfied, they may experience an emotional collapse that is expressed externally in the form of anger and instrumental verbal or physical aggressiveness.

Finally, in the negligent style, aggressiveness usually emerges as an attention-seeking strategy and as a reflection of the disorganization of primary attachment ties; the child externalizes his discomfort and cognitive hostility towards an environment and caregivers that he perceives as absent or rejecting (Juárez Viera & Gonzáles Ponce de León, 2024).

5. Methodology

5.1. Research design

The study was developed under a quantitative approach. The design was non-experimental, since no intentional manipulations of the independent variables (parenting styles) were carried out, but rather the reality of the phenomenon was captured in its natural state within the community context. Likewise, the study has a cross-sectional scope, since the data collection was carried out in a single time point, and a correlational level, aimed at determining the degree of statistical association and the predictive capacity between the dimensions of family authority and the internalization (anxiety) and externalization (aggressiveness) profiles of the children.

5.2. Population and sample

The reference population consisted of students enrolled in the basic secondary and secondary vocational education levels of public educational institutions located in an area of socioeconomic vulnerability and community diversity. To ensure the representativeness of the findings, the optimal sample size was calculated using the G*Power software version 3.1.9.7, setting a median expected effect size ($f^2 = 0.15$), an alpha error level of 0.05 and a statistical power of 95 % ($1 - \beta = 0.95$) for multiple linear regression models.

The selection procedure was carried out through probabilistic sampling stratified by clusters, considering as control strata the sex of the participants, the age range and the geographical location of the institution (urban versus rural/peripheral sectors). The final sample was made up of 312 children and adolescents who met all the criteria established in the protocol.

Inclusion criteria

1. Have a chronological age between 10 and 17 years at the time of application of the instruments.
2. Have the informed consent signed by the father or mother or legal guardian of the minor.
3. Grant informed consent in writing, reaffirming their voluntary participation, with freedom of withdrawal at any stage of the process.
4. Maintain the status of regular active student in the selected educational institutions during the corresponding school year.

Exclusion Criteria

1. Present a pre-existing severe psychiatric clinical diagnosis (e.g., psychotic disorder, severe autism spectrum disorder, or active manic episodes), reported by the guardians or recorded in the school record.
2. Evidence of a cognitive deficit or a delay in maturation development that would prevent adequate reading comprehension and autonomous completion of psychometric instruments.

5.3. Data collection instruments

Estilos parentales: Parenting Styles and Dimensions Questionnaire (PSDQ)

To measure family authority styles from the child's perception, the abbreviated and validated version of the Parenting Styles and Dimensions Questionnaire (PSDQ), originally developed by Robinson et al. (2001), was used. This self-administered instrument consists of 32 items structured on a 5-point Likert-type scale (1 = Never, 5 = Always).

The PSDQ assesses parenting through three scales: Democratic Style (15 items, which explore emotional support, autonomy, and inductive reasoning), Authoritarian Style (12 items, which assess verbal hostility, corporal punishment, and punitive control), and Permissive/Negligent Style (5 items, which discriminate leniency and lack of normative follow-up). In the present research, the internal reliability of the instrument (Cronbach's α) was $\alpha = 0.89$ for the

democratic scale, $\alpha = 0.84$ for the authoritarian scale, and $\alpha = 0.78$ for the permissive/negligent scale.

Anxiety: State-Trait Anxiety Inventory for Children (STAIC)

Anxious symptomatology was assessed using the State-Trait Anxiety Inventory for Children (STAIC) by Spielberger et al. (1973), adapted to Spanish. The inventory consists of two subscales of 20 items each (State-Anxiety and Trait-Anxiety), with a 3-point Likert response format (0 = Nothing/No, 1 = Somewhat/Sometimes, 2 = A lot/Often).

The State-Anxiety subscale asks about how the child is feeling at that moment (e.g., fear, worry, nervousness), while the Trait-Anxiety subscale assesses how the child usually feels (e.g., propensity to worry, shyness, insecurity). In this sample, the internal consistency was $\alpha = 0.86$ for State-Anxiety and $\alpha = 0.88$ for Trait-Anxiety.

Aggressiveness: Buss and Perry Aggression Scale (AQ)

Manifestations of aggressive behavior were quantified using the Buss-Perry Aggression Questionnaire (AQ) (Buss & Perry, 1992), in its version adapted for the Spanish-speaking adolescent population. The instrument is composed of 29 items on a 5-point Likert scale (1 = Completely false for me, 5 = Completely true for me).

The AQ allows us to obtain an overall score and is disaggregated into four subscales: Physical Aggressiveness (9 items), Verbal Aggressiveness (5 items), Anger (7 items) and Hostility (8 items). The internal consistency coefficients in the present study were $\alpha = 0.83$ for Physical Aggressiveness, $\alpha = 0.76$ for Verbal Aggressiveness, $\alpha = 0.81$ for Anger and $\alpha = 0.79$ for Hostility, values that confirm the psychometric adequacy of the instrument for multivariate analysis.

5.4. Procedure

The development of the research was organized in four consecutive phases:

Phase 1. Institutional management and community consultation

Meetings were held with the directives, ethics committees and academic councils of the selected educational institutions, where the objectives, methodology and scope of the study were presented. After evaluating the relevance of the project, the institutional endorsement minutes and the corresponding administrative permits were obtained.

Phase 2. Family Consent and Socialization Protocol

Assemblies of parents and guardians were convened in each institution, where the scientific, voluntary and confidential nature of the study was explained, and the Informed Consent forms were distributed. Subsequently, awareness days were held with the students in their classrooms, using language adapted to their level of development, and the signing of the Informed Assent forms was managed for those whose parents had already authorized their participation.

Phase 3. Psychometric field application

The administration of the battery of instruments (PSDQ, STAIC and AQ) was carried out collectively in the classrooms, in 60-minute sessions to avoid cognitive fatigue of the evaluated. The sessions were directed and supervised by psychologists trained in psychometric application, guaranteeing adequate distancing between students to protect the privacy of the answers. At the beginning of each session, the instructions were read aloud, clarifying vocabulary doubts in a standardized way, without inducing response biases.

Phase 4. Data processing and purification

The physical response templates were digitized and entered into a protected numerical data matrix. A quality control and statistical cleaning process of the data was carried out to identify outliers or questionnaires with incomplete or inconsistent response patterns (for example, linear marking of a single option or more than 10% of item omission). The surveys that presented these anomalies were excluded from

the final analysis, which guaranteed the quality of the 312 records that made up the statistical system.

5.5. Statistical analysis

The statistical and inferential treatment of the data was executed using the IBM SPSS Statistics version 26.0 software package. The analysis plan was structured in the following stages:

1. Univariate descriptive analysis: absolute frequencies and percentages were calculated for categorical variables (sex, prevalence levels, distribution of parental styles). For continuous variables, measures of central tendency (means, M) and dispersion (standard deviations, SD) were determined, together with the Kolmogorov-Smirnov test with Lilliefors correction to verify the assumptions of normality.
2. Bivariate inferential analysis: to contrast differences between groups according to sex and sample origin, Student's t-tests were applied for independent samples or one-factor analysis of variance (ANOVA), with Bonferroni's post-hoc tests to identify specific differences between the means of the four parenting styles.
3. Bivariate correlational analysis: to quantify the strength, direction, and significance of the linear associations between family dimensions and dependent variables, Pearson's correlation coefficient (r) was calculated. Effect sizes were interpreted according to Cohen's (1988) criteria, in which $|r| \geq 0.10$ represents a small effect, $|r| \geq 0.30$ a moderate effect and $|r| \geq 0.50$ a large effect.
4. Multivariate predictive modeling (multiple linear regression): two multiple linear regression models were designed by the stepwise method, in order to determine the predictive value and explained variance (adjusted R^2) of parental authority styles on Global Anxiety and General Aggressiveness. Compliance with the model's assumptions was evaluated: absence of multicollinearity by means of the Variance Inflation Factor ($VIF < 5$), independence of residuals by the Durbin-Watson statistic ($1.5 < d < 2.5$) and homoscedasticity by analyzing the standardized residual scatter plots. All tests were

contrasted under a significance level of $p < .05$ and $p < .01$.

5.6. Ethical considerations

The execution of this study adhered to the bioethical principles of the Declaration of Helsinki of the World Medical Association, as well as to the international ethical guidelines for biomedical and social research of the Council of International Organizations of Medical Sciences (CIOMS). Likewise, the design observed the provisions of Resolution No. 8430 of 1993 of the Ministry of Health of Colombia, which classifies this research as a study of minimal risk, since it does not involve clinical, invasive or experimental interventions that violate the physical integrity of the participants.

The right to privacy, anonymity and confidentiality in the handling of information was guaranteed through the blind alphanumeric coding of the questionnaires, which prevented the nominal identification of the minors in the database or in the reports of results. Participation was voluntary, with the right to withdraw consent at any stage without entailing any academic sanction or institutional reprisal. The data collected were used exclusively for the scientific

purposes of the study and were kept under computer security measures.

6. Results

6.1. Descriptive and sociodemographic analysis of the sample

The final sample consisted of 312 participants. Of the total, 52.2 % ($n = 163$) were female and 47.8 % ($n = 149$) were male. The age distribution was between 10 and 17 years, with a mean of $M = 13.8$ years ($SD = 1.94$). Regarding the geographical context of the educational institutions, 61.5 % ($n = 192$) of the children lived in consolidated urban areas, while 38.5 % ($n = 120$) belonged to rural or suburban areas.

When analyzing the prevalence of family authority styles perceived by children (Table 1), it was found that the democratic style is the one with the greatest representation in the sample, grouping 37.8% of the cases. However, a cumulative percentage of 62.2% of the children and adolescents reported growing up under non-optimal parental dynamics: 23.7% perceived their caregivers as predominantly authoritarian, 20.2% were in the permissive style, and 18.3% reported a negligent parenting style.

Table 1 Distribution of frequencies and percentages of the predominant family authority styles

Perceived Parenting Style	Frequency (n)	Percentage (%)	Cumulative percentage (%)
Democratic	118	37.8	37.8
Authoritarian	74	23.7	61.5
Permissive	63	20.2	81.7
Negligent	57	18.3	100.0
Total	312	100.0	100.0

Regarding the psychological adjustment variables, the analysis of global anxiety showed that 28.0% of the sample was located in low or normative anxiety ranges, 49.0% presented

moderate anxiety levels, and 23.0% reported scores that placed them in the high anxiety range, suggesting latent emotional distress in the school community environment.

At the same time, the classification of the aggregate levels of aggressiveness (physical, verbal, anger, and hostility) reflected a similar trend: 31.0% of the children were at a low level, 46.0% at a moderate level, and 23.0% in the high aggressiveness range, indicating a relevant risk of escalation of relational conflicts in the context evaluated.

Table 2 Pearson's correlation matrix between parenting styles, anxiety, and dimensions of aggression

Parenting style	State-anxiety	Trait-Anxiety	Agr. Physics	Agr. verbal	Ira	Hostility
Democratic	-0.42	-0.48	-0.39	-0.35	-0.46	-0.52
Authoritarian	0.49	0.55	0.58	0.41	0.53	0.61
Permissive	0.21	0.18	0.28	0.36	0.34	0.22
Negligent	0.54	0.47	0.51	0.39	0.58	0.50

Note. Pearson's correlation coefficients (r); $p < .05$, $p < .01$ (bilateral).

The analysis of the matrix reveals findings of theoretical relevance. The democratic style confirmed its protective nature by exhibiting negative correlation coefficients of moderate to high magnitude with all indicators of psychological maladjustment, with outstanding inverse associations against Cognitive Hostility ($r = -0.52$, $p < .01$), Trait-Anxiety ($r = -0.48$, $p < .01$), Anger ($r = -0.46$, $p < .01$), State-Anxiety ($r = -0.42$, $p < .01$), Physical Aggressiveness ($r = -0.39$, $p < .01$) and Verbal Aggressiveness ($r = -0.35$, $p < .01$), which suggests that the greater the presence of structured affection and open communication in the home, both distrustful thinking schemes and children's emotional and behavioral reactivity consistently decrease.

The authoritarian style showed a strong positive association with the study variables, in support of the He2 hypothesis. This pattern of punitive control correlated with Cognitive Hostility ($r = 0.61$, $p < .01$), Physical Aggressiveness ($r = 0.58$, $p < .01$) and Trait Anxiety ($r = 0.55$, $p < .01$). These coefficients, with large effect size, suggest that discipline based on severe coercion is associated with a more stable anxious trait and

6.2. Pearson's correlational analysis

To test the bivariate hypotheses of the study, Pearson's correlation coefficient was calculated between the family variables and the subdimensions of anxiety and aggressiveness (Table 2). The analyses yielded significant correlations ($p < .01$).

with responses of physical aggressiveness and cognitive resentment towards the social environment.

The negligent style exhibited the highest coefficient of the entire matrix with respect to State-Anxiety ($r = 0.54$, $p < .01$) and a strong correlation with Anger ($r = 0.58$, $p < .01$). These results support the He3 hypothesis, and indicate that the absence of emotional involvement and supervision is associated with a state of situational uncertainty (acute anxiety), which can be behaviorally channeled into emotional instability and irritability responses.

The permissive style showed a more specific relational profile, in accordance with the He4 hypothesis. It presented its strongest correlation with the Verbal Aggressiveness subscale ($r = 0.36$, $p < .01$) and with the Anger dimension ($r = 0.34$, $p < .01$), while its associations with global anxiety and cognitive hostility were weaker. This suggests that the absence of clear boundaries is associated, more specifically, with difficulties in containing discursive impulses and tolerating negative impulses from the environment.

6.3. Multivariate predictive modeling (multiple linear regression)

In order to transcend the simple correlational analysis and determine the joint predictive capacity of the authority styles on the dependent variables, multiple linear regression analyses were performed using the stepwise procedure.

Predictive Model 1: Dependent Variable = Global Anxiety (Total STAIC)

In the first model, designed to explain the variance of Global Anxiety (Table 3), the four parenting styles were introduced as candidate predictors, controlling for the effects of sex and age of the children.

Table 3 Multiple Regression Modeling for the Prediction of Global Anxiety in the Sample

Predictor variable	B	EE	b	T	p	LIVE
(Constant)	24.15	1.84	N/A	13.12	<.001	N/A
Authoritarian style	0.44	0.05	0.39	8.14	<.001	1.22
Negligent style	0.38	0.06	0.31	6.52	<.001	1.18
Democratic style	-0.29	0.04	-0.24	-5.11	<.001	1.25

Note. $R = 0.71$; $R^2 = 0.51$; adjusted $R^2 = 0.504$; $F(3, 308) = 106.84$, $p < .001$. Dependent variable: Global Anxiety (total STAIC).

The final regression model was statistically significant, $F(3, 308) = 106.84$, $p < .001$, and managed to explain 50.4 % of the total variance of Global Anxiety in children and adolescents. Three parenting styles entered as significant predictors: the authoritarian style emerged as the most important predictor of anxious symptomatology ($\beta = 0.39$, $t = 8.14$, $p < .001$), followed by the neglectful style ($\beta = 0.31$, $t = 6.52$, $p < .001$). The democratic style entered with an inverse sign coefficient ($\beta = -0.24$, $t = -5.11$, p

$< .001$), which evidences its attenuating role of anxious discomfort. The permissive style and demographic variables did not contribute significant increases to the explained variance and were excluded from the model.

Predictive model 2: dependent variable = General aggressiveness (total AQ)

The second model was configured to evaluate the predictive power of family variables on the total aggressiveness score (Table 4).

Table 4 Multiple Regression Modeling for the Prediction of General Aggressiveness

Predictor variable	B	EE	b	T	p	LIVE
(Constant)	38.62	2.15	N/A	17.96	<.001	N/A
Authoritarian style	0.58	0.06	0.43	9.88	<.001	1.15
Negligent style	0.41	0.07	0.28	6.02	<.001	1.19
Permissive style	0.26	0.05	0.19	4.41	<.001	1.10
Democratic style	-0.22	0.04	-0.17	-3.85	<.001	1.21

Note. $R = 0.76$; $R^2 = 0.58$; Adjusted $R^2 = 0.572$; $F(4, 307) = 104.91$, $p < .001$. Dependent variable: General aggressiveness (total AQ).

The second model demonstrated an even greater explanatory capacity, with 57.2 % of the variance of the aggressiveness construct explained ($R^2 = 0.572$; $F(4, 307) = 104.91$, $p < .001$). In this equation, the four styles of family authority reached statistical significance. The authoritarian style was once again consolidated as the variable with the highest predictive power on the manifestation of aggressive behaviors ($\beta = 0.43$, $t = 9.88$, $p < .001$), followed by the negligent style ($\beta = 0.28$, $t = 6.02$, $p < .001$) and the permissive style ($\beta = 0.19$, $t = 4.41$, $p < .001$). The democratic style was incorporated by confirming its negative or protective direction vector ($\beta = -0.17$, $t = -3.85$, $p < .001$). The values of the Inflation Factor of Variance (VIF) in both models ranged from 1.10 to 1.25, which rules out relevant collinearity biases between the predictors and supports the methodological soundness of the multivariate inference.

7. Discussion

The findings of this study provide empirical evidence on the influence of family authority styles on the dimensions of internalization (anxiety) and externalization (aggressiveness) in children and adolescents within the community context. The data obtained support the hypotheses raised and dialogue with the specialized literature generated in Latin America and abroad in recent years, which allows the analysis of the psychosocial mechanisms underlying these associations.

First, the high prevalence of dysfunctional parenting styles documented in the sample (62.2% between the authoritarian, permissive, and negligent aspects) constitutes a warning indicator for community mental health. This phenomenon cannot be analyzed in isolation from the socioeconomic determinants that affect contemporary families in the region. As Menéndez Chávez and Lima Rojas (2024) argue, parenting dynamics in vulnerable community contexts are often mediated by high levels of parental stress derived from underemployment,

housing instability, and exposure to environmental violence. Under these pressures, caregivers tend to polarize their strategies, either by giving up on maintaining healthy boundaries (permissiveness/neglect) or by radicalizing control through taxing tactics (authoritarianism).

The finding that places the democratic style as a protective factor against anxiety and aggressiveness coincides with previous reports by Castañeda-Alape et al. (2023) and Juárez Viera and Gonzáles Ponce de León (2024). From the perspective of developmental psychology, the democratic style provides the child with a predictable and psychologically safe environment. When parents combine affection and empathic support with the firm and reasoned establishment of rules (inductive reasoning), they favor the child's self-regulation processes. The two-way dialogue characteristic of this style allows the child and adolescent to identify their emotional states and try strategies for peaceful conflict resolution, which reduces the propensity to experience the social environment as a threat (Attenuation of Trait Anxiety) and decreases the need to resort to aggressiveness as a mechanism for interpersonal self-affirmation.

In contrast, the predictive association evidenced between authoritarian style and high levels of Trait Anxiety, Physical Aggressiveness, and Cognitive Hostility represents one of the most consistent points of the study, and supports the findings of Di Tocco (2024). The repeated use of coercive discipline, corporal punishment, and systematic affective invalidation can alter the child's stress response systems. A child raised under an authoritarian regime may learn to perceive authority relationships as threatening, consolidating hostile attribution biases (Buss & Perry, 1992); the child tends to interpret the neutral or ambiguous actions of his or her peers as deliberate attacks, responding in a defensive-aggressive manner. Likewise, this style models that physical force and verbal dominance are ways to exert control and impose individual will (Bandura, 1977). Paradoxically, internalizing the chronic fear of parental censorship can consolidate an anxious personality trait that affects adolescent self-efficacy.

On the other hand, the neglectful style emerged as the predictor with the greatest specific impact on Acute State-Anxiety and the Anger/Irritability dimension, a finding little explored with this level of statistical precision in previous community studies. This dynamic of relational absence deprives the child of the emotional co-regulation function exercised by caregivers in the stages of development. As Bonilla-Nolivos and Barba-Lara (2024) point out, in the face of a lack of monitoring and affective support, the child may experience profound psychological helplessness. The community and school environment is then decoded as a space that exceeds their coping resources, which can trigger symptoms of acute anxiety (panic attacks, emotional lability) and physical somatizations. The aggressiveness and anger documented in children raised under neglect often seem to operate as externalizing behaviors aimed at capturing the attention of an absent parental system, or as a reflection of a psychic structure without normative guidelines for the containment of impulses.

Finally, the results on the permissive style, characterized by a moderate and selective correlation with Verbal Aggressiveness and Anger, provide a theoretical nuance that connects with the theses of Cisneros Hidrobo (2024). Indulgent parents often confuse affective validation with renouncing their role of authority. By growing up without confronting the experience of refusal or learning to postpone the gratification of their desires, children can structure a self-concept of omnipotence and a low threshold of tolerance for frustration. When these children and adolescents are inserted into external microsystems with strict regulations, such as the educational institution or community spaces, and experience the refusals and limits of social life, they may have difficulty containing their behavior and externalizing anger verbally, through insults, defiant behaviors or disqualifications, as an instrumental way to try to bend the environment to their immediate demands.

The limitations of this research lie mainly in its cross-sectional design, which prevents establishing unidirectional causal relationships

over time. Likewise, the use of self-report instruments based on the exclusive perception of the child may be affected by social desirability biases or by the emotional reactivity of the moment of evaluation.

Despite these methodological limitations, the study has relevant strengths: the rigor of the multivariate analysis, the size of the sample selected in a probabilistic and stratified way in urban-rural environments, and the use of validated psychometric instruments give the conclusions an adequate degree of reliability and external validity. These findings suggest that community efforts aimed at mitigating the rates of school violence, risk behaviors or anxiety disorders in adolescents will hardly be effective if they do not incorporate an intervention on authority patterns and parental competencies within the households.

8. Conclusions

1. The existence of a statistically significant, robust relationship with a relevant effect size between the dimensions that structure the styles of family authority perceived by the children and the manifestations of anxiety and aggressiveness in the child and adolescent population of the evaluated community was determined, which validates the general hypothesis of the research.
2. The democratic style of authority was consolidated as the main protective factor against the socio-emotional maladjustment of children. Its presence significantly predicts lower scores of Trait Anxiety, Cognitive Hostility and Anger, which suggests that affection articulated with a discipline based on inductive reasoning favors the development of adaptive competence and resilience in children.
3. Authoritarian parenting is the risk factor with the greatest direct predictive weight on the consolidation of anxious traits and on behaviors of physical aggressiveness and relational hostility. Discipline based on coercion, corporal punishment and low affective responsiveness can favor a state of emotional hypervigilance in minors and model the use of violence as a strategy for social interaction.

4. The negligent or disengaged parenting style exerts a relevant and differential impact on internalizing adjustment, and emerges as the variable with the greatest capacity to predict acute levels of State-Anxiety and emotional dysregulation expressed in Anger. The absence of relational support and supervision from caregivers destructures the environmental predictability of the child, who must process stress with coping resources that are still immature.

5. The permissive family style correlates selectively and significantly with Verbal Aggressiveness and with a low tolerance to frustration (Anger). Sustained indulgence and the absence of clear limits can hinder the maturation of behavioral inhibition mechanisms, leading to adolescent profiles with difficulties in adapting to normative and institutional environments outside the home.

6. The multiple linear regression models by successive steps showed a high explanatory capacity, accounting for 50.4% of the total variance of Global Anxiety and 57.2% of the variance of General Aggressiveness based on the configurations of family authority. These results show that parenting practices constitute one of the environmental determinants with the greatest specific weight on child and adolescent mental health at the community level.

9. Recommendations

1. Design and institutionalize community parenting schools with an action research approach: it is recommended that the ministries of health and education develop and implement community intervention programs aimed at parents and primary caregivers. These spaces should go beyond informative talks, being structured as experiential workshops based on scientific evidence for training in democratic parenting skills, assertive communication, non-violent conflict resolution, and non-coercive formative disciplinary techniques.

2. Strengthen school guidance and school mental health departments: provide community educational institutions with

psychology professionals with training in community psychology and child and adolescent clinical psychology, and establish periodic psychometric screening protocols (for example, through the PSDQ and the STAIC) that allow the early detection of authoritarian or negligent family dynamics and subclinical anxious symptoms, facilitating the timely activation of comprehensive care routes.

3. Implement emotional literacy programs in the classroom: incorporate modules into the curriculum of basic and secondary education aimed at the development of socio-emotional skills and executive functions, prioritizing training in emotional self-regulation, stress management techniques to mitigate State-Anxiety, as well as assertive communication workshops aimed at channeling frustration and reducing hostile attribution biases that feed verbal and physical aggressiveness.

4. Promote effective co-parenting strategies and normative consistency: in community family intervention processes, professionals should emphasize the need to build consistent co-parenting alliances between the adults who cohabit in the home (parents, grandparents, aunts and uncles), standardizing the criteria of authority and the consequences in the event of the transgression of limits, in order to reduce the disciplinary inconsistency associated with uncertainty anxiety and episodes of anger in children and adolescents.

5. Develop lines of longitudinal research and structural modeling: it is suggested that the academic community continue this empirical effort through longitudinal research that allows the monitoring of cohorts of children throughout the life cycle, in order to clarify the trajectories and temporal stability of the effects of parenting on mental health. Likewise, the use of structural equation models (SEM) is recommended to analyze the mediating role of variables such as attachment, self-concept, and executive functions in the relationship between family authority and psychological adjustment.

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