



ECHO

Environmental influences
on Child Health Outcomes

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Study Summary

Harsh Parenting and High Socioeconomic Stress May Be Associated with Higher Internalizing Problems Like Anxiety in Children, ECHO Study Finds

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Who sponsored this study?

The Environmental influences on Child Health Outcomes (ECHO) Program, Office of the Director, National Institutes of Health supported this research.

Why was this study needed?

Internalizing problems in childhood such as chronic internal distress may be early indicators of problems associated with disorders such as depression and anxiety. Internalizing by children can be influenced by biological and environmental factors, including parent-child relationships and socioeconomic status.

This study examined the relationship between two early childhood stress factors, harsh parenting and socioeconomic stress, and children's development from childhood through adolescence. For this study, the researchers characterized harsh parenting, or "parental hostility" as non-supportive and controlling parenting practices, displays of anger and disappointment in children, and discipline through punishment. Socioeconomic stress reflects disadvantages associated with factors like household income. Few studies have examined early childhood predictors of internalizing behavior development, so this research fills an important gap by examining the role of diverse risk factors in early life, between the ages of 18 months and 5 years, on patterns of internalizing symptoms later in childhood. The study design, which used data collected from participants over a long period, also allowed the research team to explore the long-range impact of early life influences across critical stages of children's physical, social, and psychological development.

What were the study results?

Researchers observed that, within the study sample, children fell into three main groups based on the severity of their internalizing behaviors and how those behaviors progressed with age: low, moderate-increasing, and higher-increasing. Some of the internalizing behaviors reported include feeling anxious or depressed, being withdrawn, and complaining of aches and sickness. Parents who reported more negative interactions with children in early childhood had children who were more likely to be in the group with the highest internalizing behaviors. Children with more socioeconomic stress in their households were also most likely to be in the highest internalizing behaviors group, as compared with both the low- and moderate-internalizing symptoms groups.

Researchers also observed that household socioeconomic stress directly predicted children’s mental health. Study investigators did not find any significant relationship between child sex assigned at birth and how likely they would be to show internalizing behaviors.

Footnote: Results reported here are for a single study. Other or future studies may provide new information or different results. You should not make changes to your health without first consulting your healthcare professional.

What was the study’s impact?

The findings from this study suggest that in addition to focusing on children’s symptoms when treating internalizing problems, health service providers may also wish to consider the broader context of caregiver behavior and access to resources for care.

Who was involved?

The study included two samples—a nationwide sample of 481 children who were adopted at birth and a sample of 1,053 children from six predominantly low-wealth, rural communities in eastern North Carolina and central Pennsylvania. Adopted children from the Early Growth and Development Study (EGDS) have lived in their adoptive homes since birth and were recruited into the study between 2003 and 2009. Children from the Family Life Project (FLP) were raised by their biological parents and were recruited into the study at birth, between September 2003 and 2004. Results may not be representative of the general population.

What happened during the study?

The researchers analyzed data collected from children and families that participated in the EGDS and FLP. EGDS children and families completed assessments approximately every nine months when adoptees were under the age of 3, and every one to two years after that. FLP participant families completed an initial home visit assessment when children were 2 months old and participated in annual assessments thereafter.

What happens next?

Future studies are needed to further support programming and research efforts by exploring mechanisms that underlie the relationship between socioeconomic stress, parenting styles, and children’s internalizing behaviors identified in the current study.

Where can I learn more?

Access the full journal article, titled “Influence of Early Childhood Parental Hostility and Socioeconomic Stress on Children’s Internalizing Symptom Trajectories from Childhood to Adolescence,” in [Frontiers in Psychiatry](#).

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