

## ORIGINAL ARTICLE OPEN ACCESS

## Parenting Research

# User Profiles in Supervised Family Centers and Their Relationship With Childhood Symptomatology

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## ABSTRACT

High-intensity interparental conflict constitutes a major risk factor for children's emotional and behavioral adjustment, especially in families using Supervised Family Centers (SFCs) after separation or divorce. This study aimed to identify parental profiles among SFC users in Spain and to examine their association with children's internalizing and externalizing symptoms over time. A person-centered latent profile analysis was conducted on 504 separated parents (54.8% mothers) from 10 autonomous communities, with 84 participants completing the 1-year follow-up. Measures included interparental conflict, co-parenting, family violence, parental physical and psychological symptoms, and resilience. Three profiles emerged: (1) moderate conflict and resilience, (2) adaptive adjustment with low conflict and moderate co-parenting quality, and (3) high conflict and symptomatology. Children of parents in the third profile presented significantly higher levels of emotional distress, peer difficulties, and child-to-parent violence ( $p < 0.001$ ). Longitudinal analyses showed no significant changes in symptomatology over 1 year, with minor improvements in emotional sensitivity among children in families with an adaptive profile. The findings highlight the interplay between interparental conflict, parental well-being, and co-parenting dynamics in shaping children's outcomes. From a theoretical standpoint, results emphasize the need to understand children's distress within systemic family frameworks. In practice, they underscore the importance of implementing early, comprehensive assessments in the SFCs to identify high-risk families and design tailored interventions to reduce children's symptoms.

## 1 | Introduction

In situations of interparental conflict, especially when there is violence, children are at greater risk of suffering physical, emotional, and behavioral alterations and difficulties in their social development, both in the short and long term (Auersperg et al. 2019; Frimmel et al. 2024). At the internalizing level, there is evidence of a higher risk of depression, anxiety, low self-esteem, and suicidal thoughts, among other manifestations, in children exposed to frequent, intense, and long-lasting parental conflicts (Demir-Dagdas 2021; Lee and Lee 2024; Lin et al. 2020). At the externalizing level, research has linked conflicts to minors' difficulty with emotional

self-regulation, as well as the presence of challenging and aggressive behaviors (O'Hara et al. 2019). Some children adopt an "affective distancing" attitude as a defense strategy against a hostile environment (Davies and Martin 2013). Over time, however, this "coldness" may hinder empathy and exacerbate behavioral problems, sometimes escalating into child-to-parent violence (CPV; Bouteyre et al. 2024; Xu et al. 2022). Along with these manifestations in mental health, the chronic stress caused by the presence of intense interparental conflict has been linked to headaches, sleep disorders, and gastrointestinal problems, and greater vulnerability to long-term diseases as a result of the immune system's involvement (Lin et al. 2020; Martínón et al. 2017). Long-term difficulties have

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also been reported in the educational and employment domains (Frimmel et al. 2024). Therefore, this study focuses on family contexts in which high interparental conflict, parental adjustment, and co-parenting dynamics may jointly contribute to children's symptomatology.

## 1.1 | Family Processes in High-Conflict Divorce

According to the emotional security theory (EST; Davies and Cummings 1994; Davies et al. 2023; Davies and Martin 2013), development of children's symptoms is linked to a family climate characterized by conflict and hostility, which threatens their sense of safety within the family system. This theory has been supported by multiple empirical studies (Abela et al. 2025; O'Hara et al. 2019, 2024; van Eldik et al. 2020).

According to this theory, when children are immersed in an environment of intense and recurrent interparental conflict, they perceive a chronic threat to family stability. Destructive interparental conflict, defined by hostility, verbal or physical aggression, stonewalling, and high frequency or severity, may further spill over into parenting and undermine children's adjustment (Warmuth et al. 2020). As a result, emotional reactivity and behavioral dysregulation responses, and the development of negative internal representations of interparental and family relationships are triggered, reflected through symptomatology that is especially evident in situations of high-conflict divorce or family violence (Bouteyre et al. 2024; van Eldik et al. 2020).

In this context, it is essential to understand how parents adapt to divorce, as parental adjustment helps to shape the family climate in which children's emotional dysregulation takes place. This process has traditionally been explained through the Divorce-Stress-Adjustment (DSA; Amato 2000, 2010) model, which conceptualizes divorce as a stressful transition shaped by the interplay of stressors, mediating processes, and moderating conditions. Within this framework, worse child outcomes have been consistently associated with continuing interparental conflict, ineffective parenting, and the absence of cooperative co-parenting, among other post-divorce stressors. However, the complexity of families experiencing high-conflict divorce suggests the need to complement this perspective from a systemic standpoint through the Family Adjustment and Adaptation Response (FAAR; J. M. Patterson 2002, 2004) model, which conceptualizes family adaptation as an active and ongoing effort to balance family demands and family capabilities through family meanings. In this regard, in a recent study, we emphasized the need to move beyond linear explanations and to understand post-divorce adaptation as a circular and interconnected process in which individual and relational dimensions mutually influence each other (Corral et al. 2026). Adaptation, therefore, is not reducible solely to individual psychological adjustment, but reflects how the family system reorganizes itself when demands exceed available capabilities. From this perspective, high-conflict divorce may be understood as a multi-risk context in which chronic interparental conflict co-occurs with other family demands and interacts with family capabilities, thereby shaping post-divorce family functioning in ways that

may increase children's vulnerability. Among these variables, the literature has highlighted parents' coordination, physical and psychological well-being, and resilience. All of these may be affected in situations of high interparental conflict, as outlined below.

First, divergent co-parenting goals and purposes can convey contradictory patterns to the children about how to express and regulate their own emotions when faced with stressful or frustrating situations (Abela et al. 2025; Colton and Godleski 2024).

Second, chronic stress derived from a conflictive divorce can manifest physically in the parents through multiple symptoms such as fatigue, chronic pain, headaches, as well as through multiple diseases and disorders (Pellón-Elexpuru et al. 2024). Parental depression and anxiety have also been linked to interparental conflict (Morris et al. 2007; Pellón et al. 2024). For example, parental anxiety can exacerbate avoidance or overprotective responses, which may limit the child's autonomy and increase the risk of internalizing problems (Möller et al. 2015). Depressive symptomatology also may affect children through multiple well-documented pathways, including reduced emotional availability, lower parental sensitivity, more irritable or withdrawn parenting, impaired monitoring, and less consistent responses to children's emotional and behavioral needs (Godleski et al. 2020; Morris et al. 2007; Papp et al. 2004). Taken together, these physical and psychological difficulties may compromise effective parenting practices, such as monitoring, limit-setting, problem-solving, and positive involvement, as well as parents' sensitivity and psychological availability to their children's needs (Forgatch et al. 2009; Patterson et al. 2010; Xu and Spinrad 2020).

Finally, parental resilience, that is, the ability to actively overcome difficulties and maintain constructive coping, is also a key variable in conditions of high intrafamily conflict (Swerbenski et al. 2023). Resilient parents exhibit greater emotional flexibility, communication, and assertive coping attitudes, which may facilitate the teaching of more effective emotion-regulation strategies to their children, even when disagreements with the other parent persist (Gavidia-Payne et al. 2015; Swerbenski et al. 2023). In addition, resilient parents often seek outside support (e.g., friendship networks and therapy) and self-care practices, which may contribute to a less tense relational environment (Gavidia-Payne et al. 2015).

Thus, children's adjustment cannot be understood as the result of interparental conflict alone, but rather as the outcome of a multi-risk family context in which conflict, violence, parental maladjustment, and limited co-parenting coordination interact and accumulate. More specifically, destructive interparental conflict has been associated with higher parental psychological distress, including anxiety and depression. Family violence also tends to occur in contexts marked by poorer co-parenting coordination and fewer shared parental goals. Moreover, higher parental anxiety and depressive symptomatology may be linked to lower resilience and a reduced capacity to buffer family stressors. These patterns of co-occurrence provide the empirical basis for examining configurations of risk and protection, rather than isolated variables. This complexity is especially relevant in the

SFCs, where families often present multiple, overlapping risk factors.

## 1.2 | Supervised Family Centers in High-Conflict Contexts

The increasing complexity of post-separation family conflicts has consolidated the SFCs as court-mandated services that provide neutral, professionally supervised spaces for parent-child relationships and exchange in separated families characterized by high conflict, risk, or safety concerns (De la Torre 2018; Morte and Lila 2007; Pearson and Thoennes 2000; Saint-Jacques et al. 2020). These facilities offer a safe and structured space, which is even more relevant when there are complaints or indications of abuse, violent behavior, addictions, or circumstances that could put the child's well-being at risk (Birnbaum and Alaggia 2006; Birnbaum and Chipeur 2010; Kelly 2011; Parker et al. 2008; Pearson and Thoennes 2000; Saini et al. 2017). In this context, user families often have multiple problems, and their children are at greater risk of developing internalizing and externalizing symptoms, including emotional distress, peer difficulties, and behavioral problems (Saint-Jacques et al. 2020).

The SFCs are an essential resource within public policies, aimed at protecting children and preventing domestic violence. Since their origin in the 1980s in Europe, demand has increased progressively, largely due to legislative and judicial changes centered on the child's best interests (De la Torre 2018; Morte and Lila 2007; Saint-Jacques et al. 2020). This growth has also increased the challenges that professionals face in their daily practice.

Although research in this area is scarce, the literature suggests that the following challenges remain current: (a) the complexity of the approach to assessment in high-conflict situations, whether or not violence is present (Kelly 2011; Marchetti 2008; Schoeder 2021); (b) the absence of explicit references, models or empirical evidence that guide professionals in the accompaniment of the families when conducting assessment, intervention, supervision, guidance, etc. (De la Torre 2018; Pearson and Thoennes 2000); (c) the small number of studies carried out with SFCs users, most of which were descriptive, with very small samples and with multiple methodological limitations such as cross-sectional designs, reliance on administrative records or satisfaction interviews, heterogeneous samples and limited use of standardized measures (Birnbaum and Alaggia 2006; Pearson and Thoennes 2000; Saint-Jacques et al. 2020; Samel et al. 2025); (d) the absence of more comprehensive evaluations, which take into account risk and protection factors, or the presence or absence of domestic violence, among others, and at the same time, considering the users' opinions and not only that of the professionals (Saini et al. 2017). Finally, the relevance of early detection of difficulties in family dynamics is highlighted, which could facilitate appropriate interventions to prevent the chronification of dysfunctional dynamics and, therefore, the negative impact on children (Birnbaum and Chipeur 2010; Saini et al. 2017). Together, these limitations hinder a comprehensive understanding of the mechanisms linking interparental conflict,

parenting, and child adjustment in SFC families. In summary, in this context, comprehensive evaluations of family dynamics are needed to ensure that interventions are based on sound technical criteria.

## 1.3 | This Study

Previous research has consistently demonstrated that high-intensity destructive interparental conflict is a family stressor that threatens children's emotional security and has a profound impact on their psychological well-being (Davies et al. 2023; O'Hara et al. 2019, 2024; Warmuth et al. 2020). The emotional overload children are exposed to in this context is determined by variables linked to the conflict itself (intensity, presence or not of intrafamily violence), but also by its impact on other co-parenting variables or on parents' individual variables (physical and psychological health, resilience).

However, despite the substantial body of evidence linking the aforementioned variables to children's distress, research in SFCs remains limited, particularly from a person-centered perspective (Corral et al. 2026; Martínez-Pampliega, Álvarez, et al. 2021). Moreover, prior studies have typically relied on a more circumscribed set of variables and have pursued substantially different aims. To address this gap, this study adopts a broader, more integrative person-centered approach, incorporating a comprehensive set of variables to identify distinct profiles of family functioning in SFCs. Compared to variable-centered approaches, this perspective offers a more ecologically valid representation of family functioning, while also providing a more nuanced framework for assessment, case conceptualization, and the development of tailored interventions aligned with the specific needs of each profile.

The study was developed with 504 parent users of SFCs and had three objectives: the first, to identify profiles of parents using SFCs, considering the following variables: interparental conflict, family violence (between parents and toward children), common purpose, co-parenting, physical and psychological symptoms, and resilience. Second, to examine the association between assigned profile membership and the children's symptomatology, including internalizing symptomatology (emotional well-being and emotional insensitivity) and externalizing symptomatology (child-to-parent violence [CPV] and peer difficulties). And third, to examine the stability of the children's symptoms according to the parents' profiles, 1 year later, in a group of 84 participants.

Based on the literature reviewed and in line with the study objectives, the following hypotheses were developed. First, guided by DSA and FAAR, which support the identification of distinct patterns of post-divorce family functioning, we expected to identify differentiated profiles of SFC users, ranging from more adaptive to more maladaptive patterns of family functioning and parental adjustment. Second, guided by EST, which links destructive family contexts with greater child emotional insecurity and symptomatology, we expected that children of parents belonging to more maladaptive profiles would show higher levels of symptomatology than children of parents with more adaptive profiles. These differences were expected in both internalizing

and externalizing domains. Finally, we expected the association between parents' profiles and children's symptomatology to remain stable over time, with the pattern of differences between profiles observed at baseline persisting 1 year later.

## 2 | Method

### 2.1 | Participants

Participants were 504 parents (54.8% mothers) aged between 23 and 61 years ( $M=43.21$ ,  $SD=7.04$ ), all of them SFC users recruited from centers located in 10 of Spain's 18 Autonomous Communities. Further geographical detail was withheld to minimize the risk of identifying participating centers. In accordance with the inclusion criteria, all parents had at least one child and had been court-referred due to high interparental conflict. As shown in Table S1, the majority group comprised parents with only one child (47.4%), with an age range between 1 and 7 years ( $M=1.65$ ,  $SD=0.85$ ). The mean time prior to separation was 8.53 years ( $SD=5.31$ ), and currently, most of the group had been separated for at least 2 years (50.8%). Concerning child custody, although 36.1% were non-custodial parents, 26.8% shared joint custody. Table S1 presents additional variables describing the sample (current marital status; studies, employment status, difficulties in reconciling work and family life, current cohabitation as a couple; frequency of contact between parents and between parents and children).

Of the 504 parents, 84 (mothers=65.5%; number of children:  $M=1.73$ ,  $SD=0.75$ ) answered the questionnaire a second time 1 year later. In this group, the time prior to separation was 10.03 years ( $SD=5.8$ ) and, in more than 70%, at least 2 years had elapsed since their separation. Concerning custody, 67.9% had sole custody (6% had joint custody; 26.2% were non-custodial parents).

## 2.2 | Measures

### 2.2.1 | Sociodemographic Variables

This ad hoc instrument evaluated the following variables: parent (father/mother), marital status, education, employment status, cohabitation with a new partner, number of children, age and gender of the child about whom they respond, time since separation, type of custody, relationships between the parents and the child, employment of mediation service, referral from protection or family services.

### 2.2.2 | Divorce/Separation Adjustment

The Divorce-Separation Adjustment Questionnaire (CADS-S; Yáñez-Yaben and Comino-González 2010) was used. Two dimensions of adaptation to divorce were considered: Interparental conflict (3 items), which reflects arguments, fights, or disagreements with the ex-partner, and Willingness to co-parent, that is, willingness to collaborate for the children's benefit (5 items). In this study, the internal consistency of both dimensions was moderate (Interparental conflict: Cronbach's alpha ( $\alpha$ ) and

McDonald's omega ( $\omega$ )=0.75; Willingness to co-parent:  $\alpha$ =0.75 and  $\omega$ =0.76).

### 2.2.3 | Family's Well-Being

The Sharing the Purpose (SOATIF-s; Álvarez et al. 2021) instrument was used. This three-item dimension was adapted for the legal process to measure the extent to which both parents share a desire to promote the family's well-being. It has 5 response options (0=strongly disagree to 4=strongly agree). In this study, internal consistency was  $\alpha$ =0.86 and  $\omega$ =0.86.

### 2.2.4 | Family Violence

The Family Violence (Ibabe and Jaureguizar 2011) scale was used. This scale has two subscales: Intrafamily Violence (3 items), which includes the existence of violence between parents and of each of the parents toward children, and Child-to-Parent Violence (CPV, 6 items), which includes the child's physical (pushing and hitting), psychological (insulting and threatening), and emotional (blackmailing) violence toward each of the two parents. Internal consistency in this study was adequate for the global scale ( $\alpha$ =0.80 and  $\omega$ =0.80) and for CPV ( $\alpha$ =0.81 and  $\omega$ =0.80) and low for Intrafamily Violence ( $\alpha$ =0.48 and  $\omega$ =0.50).

### 2.2.5 | Anxiety and Depressive Symptoms

We used the Hospital Anxiety and Depression Scale (HADS; Zigmond et al. 1983; Spanish adaptation: Terol et al. 2005). This self-report assesses 2 dimensions: anxiety and depression in adults, each with 7 items, aimed at collecting symptoms linked to generalized anxiety or depression (mainly anhedonia), during the last week. In this study, the scale showed high internal consistency for both the total scale ( $\alpha$ =0.90 and  $\omega$ =0.90) and the two dimensions (Anxiety:  $\alpha$ =0.88 and  $\omega$ =0.88; Depression:  $\alpha$ =0.82 and  $\omega$ =0.82).

### 2.2.6 | Physical Symptoms

The Physical Symptoms Inventory (PSI; Original and Spanish adaptation by Spector and Jex 1998) was administered. This scale evaluates 18 physical symptoms of adults, referring to the presence of symptoms in the last 30 days: (1=I didn't have that symptom; 2=yes, but I didn't go to the doctor; and 3=yes, and I went to the doctor). The internal consistency obtained in this study was high ( $\alpha$ =0.88 and  $\omega$ =0.89).

### 2.2.7 | Resilience

The Resilience Scale (RS-14 Resilience; Wagnild and Young 1993; Spanish adaptation by Sánchez-Teruel and Robles-Bello 2015) was used. This instrument measures parents' degree of individual resilience through 14 items organized into two subscales: Personal Competence (11 items) and Acceptance of oneself and life (3 items). Internal consistency was adequate (Global scale:

$\alpha$  and  $\omega=0.89$ ; Personal Competence:  $\alpha=0.62$  and  $\omega=0.68$ ; Acceptance:  $\alpha$  and  $\omega=0.87$ ).

### 2.2.8 | Strengths and Difficulties

The Strengths and Difficulties Questionnaire (SDQ; Goodman 1997; Spanish version) was administered. It consists of 5 scales, each with 5 items, that assess emotional and behavioral aspects of the child's well-being. Two subscales were used in this study: Emotional Problems (anxiety, depression, and somatic symptoms) and Peer Problems (social skills and relationships with peers). Internal consistency in the study was moderate-low (Emotional Problems:  $\alpha$  and  $\omega=0.73$ ; Peer Problems:  $\alpha=0.59$  and  $\omega=0.54$ ).

### 2.2.9 | Children's Traits

The Inventory of Callous-Unemotional Traits (Hawes et al. 2014) questionnaire assesses children's traits associated with a lack of empathy, guilt, difficulty expressing emotions, or concern about getting into trouble. It has 12 items, structured in two subscales: Callousness (5 items) and Uncaring (7 items). This instrument was validated in this study. The factor structure was supported: scaled  $\chi^2(43)=115.106$ ,  $p<0.001$ , CFI=0.936, TLI=0.902, RMSEA=0.070, 95% CI [0.055, 0.086], SRMR=0.039, and the internal consistency was moderate (Global scale:  $\alpha=0.72$  and  $\omega=0.75$ ; Callousness:  $\alpha$  and  $\omega=0.79$ ; Uncaring:  $\alpha=0.62$  and  $\omega=0.80$ ).

## 2.3 | Procedure

Data collection took place between December 2021 and December 2024 through the collaboration of professionals in the SFC. The first step involved securing the collaboration of SFC managers. Centers from 10 of the 18 Spanish Autonomous Communities agreed to participate. Collaboration agreements were formalized, either directly or through the Government Departments of the respective Autonomous Communities. Once these agreements were in place, professionals from the participating centers were contacted. Through telematic or face-to-face meetings, they were informed in detail about the study, the questionnaire collection procedure, the inclusion criteria, and the required ethical procedures.

After all the doubts were resolved, the professionals informed the users, who completed the questionnaires at the SFCs without in-person supervision, but were able to ask questions. The administration lasted between 15 and 20 min. One year later, participants were automatically invited by email to complete the follow-up questionnaire online. Data collection was conducted using a secure platform with IT-supervised technical safeguards to ensure data protection and confidentiality.

## 2.4 | Ethical Considerations

The study followed the guidelines of the Declaration of Helsinki. Before starting the study, approval was obtained from the

University of Deusto Ethics Committee (ETK-38/21-22). The users, after providing informed consent, participated in the study anonymously and voluntarily, without disclosing personal data (except email addresses, which were securely stored separately). Participants received an incentive of €10 each time they answered the questionnaire.

## 2.5 | Analysis Strategies

Analyses were conducted in R (R Core Team 2024) and Jamovi (The Jamovi Project 2024). Latent profile models were estimated with the *mclust* (Scrucca et al. 2016), *tidyLPA* (Rosenberg et al. 2019), and *snowRMM* (Seol 2024) packages; linear mixed-effects models with *lme4* (Bates et al. 2015) and *car* (Fox and Weisberg 2019); and multinomial logistic regression with *nnet* (Venables and Ripley 2002). Additional ANOVA and post hoc procedures were implemented in Jamovi. For each analysis, the maximum available sample was retained using analysis-specific listwise deletion; therefore, effective sample sizes varied across analyses.

The analysis began with data preprocessing, error correction to ensure data integrity, and verification of the directionality of the variable scores (higher scores indicated greater intensity). Latent Profile Analysis (LPA) was then conducted using the *mclust* and *tidyLPA* packages to identify latent profiles based on the following parent variables: sharing the purpose, interparental conflict, willingness to co-parent, intrafamily violence, and physical and psychological symptoms. Indicator variables were analyzed on their original scales without prior standardization, as mean and variance parameters were freely estimated within each profile, and scale differences are explicitly modeled in the LPA framework. Models with 2, 3, and 4 profiles were compared using multiple fit indices: Log-likelihood (LL), Akaike Information Criterion (AIC), Bayesian Information Criterion (BIC), Sample Size-Adjusted BIC (SSABIC), and the Bootstrap Likelihood Ratio Test (BLRT). Entropy was also used to assess classification precision. LL indicates model plausibility (higher values = better fit); AIC and BIC penalize model complexity (lower values = better fit), with BIC applying a stricter penalty; SSABIC adjusts BIC for sample size; BLRT compares models with  $k$  and  $k-1$  profiles (significant  $p$  supports the more complex model); and entropy (0–1) measures classification accuracy. Model selection was based on statistical fit, theoretical interpretability, and adequate profile size. Although no formal a priori power analysis was conducted for the LPA, simulation studies on latent class and latent profile models indicate that statistical power to detect the correct number of classes depends critically on class separation, sample size, and the number of indicators, and that, under typical separation conditions, sample sizes of several hundred participants are often required to achieve adequate power (Gudicha et al. 2017; Nylund-Gibson and Choi 2018; Tein et al. 2013). In all models, latent profiles were specified as multivariate Gaussian distributions with equal variances across profiles and zero covariances between indicators, which corresponds to the most parsimonious diagonal specification and is equivalent to a probabilistic  $K$ -means solution.

Once the latent profile model was selected, participants were assigned to their most likely profile (modal assignment), and this

categorical variable was used as a between-subjects factor in the subsequent ANOVAs, multinomial logistic regression, and linear mixed-effects models. This classify-analyze strategy is a common approach in latent profile research when the primary aim is to compare prespecified outcomes across empirically derived groups. Statistical differences between latent profiles were assessed using one-way ANOVAs, followed by post hoc Tukey's HSD tests.

A multinomial logistic regression was conducted with latent profiles as the outcome variable and the following predictors: parent (mother/father), cohabitation status (as a couple or not), time since separation, relationship duration, and the age and gender of the child about whom they are responding. Nagelkerke's and McFadden's pseudo- $R^2$ s and odds ratios were reported to interpret effect direction and strength.

Additionally, statistical differences between latent profiles on the outcome variables were first assessed using a one-way multivariate analysis of variance (MANOVA), with latent profiles as the independent variable and the following children's variables at Time 1 (T1) as dependents: Psychological, Physical, and Emotional CPV, Callousness, Uncaring, Emotional Problems (internalizing symptomatology), and Peer Problems (externalizing symptomatology). Wilks'  $\Lambda$  as a multivariate test was requested to evaluate the overall profile effect on the combined outcome vector. When the multivariate effect was significant, follow-up one-way ANOVAs were conducted using latent profiles as the independent variable and each outcome as the dependent variable.  $F$ -statistics,  $p$ -values, and eta-squared ( $\eta^2$ ) values as effect size were reported. Assumptions of normality and homogeneity of variances were examined using normality tests and Levene's tests, respectively. With the available sample size ( $N=504$ ), ANOVA results were generally robust or presented minor deviations from normality (Field 2018). These analyses were performed using Jamovi (The Jamovi Project 2024), and multinomial logistic regression was implemented with the *nnet* package in R.

Finally, repeated-measures data were analyzed by comparing classic fixed-effect ANOVA with linear mixed-effects models. The between-subjects factor was latent profile membership; the within-subjects factor was time (T1 and T2), with measures taken 1 year apart. This approach enabled analysis of Time  $\times$  Profile interactions. The mixed-effects model included random intercepts and slopes to capture individual variability. Model selection relied on likelihood ratio tests and AIC/BIC values. Assumptions were verified using residual plots and normality tests for random effects. Final model fixed effects were tested

using  $F$ -statistics with Satterthwaite-adjusted degrees of freedom. Linear mixed models were estimated using the *lme4* and *car* packages.

### 3 | Results

#### 3.1 | Latent Profile Identification

Firstly, the statistical analyses calculated the latent profiles, using models of 2, 3, and 4 profiles. As shown in Table 1, the model with the best entropy was the 2-profile model (0.88), while the best values [AIC (22845), BIC (23048), SSABIC (22895), and LL (−11,374)] corresponded to the 4-profile model. These indices illustrate that no single criterion clearly identifies an optimal solution. The two-profile model maximizes entropy, whereas the four-profile model minimizes information criteria, underscoring the need to integrate statistical and substantive considerations when selecting the final number of profiles. In the four-profile solution, the classes contained 49.0% ( $n=247$ ), 14.7% ( $n=74$ ), 2.0% ( $n=10$ ), and 34.3% ( $n=173$ ) of the sample, respectively. Given that the smallest class of this solution included only 10 participants (2.0% of the sample), a size typically considered statistically unstable and difficult to generalize in LPA applications (e.g., Nylund-Gibson and Choi 2018; Spurr et al. 2020), and that this additional class did not represent a qualitatively distinct configuration beyond the remaining three profiles, the three-profile model was retained for reasons of parsimony, theoretical interpretability, and adequate class size (49.6%, 14.9%, 35.5%). Although Profile 2 was the smallest class ( $n=75$ ; 14.9% of the sample), its size falls within the range commonly reported in latent profile applications and was therefore considered acceptable, recognizing that estimates for this group are less precise than for the larger profiles.

Figure 1 shows the profiles of the retained three-profile model. Profile 1 included 250 individuals (49.6%), the second contained 75 individuals (14.9%), while the third comprised 179 Individuals (35.5%). Figure S1 shows the profile graph, including the box plots of the variables involved in the analysis.

Below are the descriptive statistics for the variables in each of the latent profiles, as well as the statistical tests to analyze the differences between the profiles in each of the variables (Table 2). Thus, for example, for the variable Sharing the purpose (SHARE), there were statistically significant differences between Profile 2 (8.73) and Profiles 1 (2.14) and 3 (2.68), but there were no differences between Profiles 1 and 3.

**TABLE 1** | Model fit indices of Latent Profile Analysis ( $N=504$ ).

| Model             | LL             | AIC           | BIC           | SSABIC        | BLRT            | Entropy     |
|-------------------|----------------|---------------|---------------|---------------|-----------------|-------------|
| 2-Profiles        | −11,594        | 23,245        | 23,363        | 23,274        | 861.52**        | 0.88        |
| <b>3-Profiles</b> | <b>−11,521</b> | <b>23,118</b> | <b>23,279</b> | <b>23,158</b> | <b>146.31**</b> | <b>0.83</b> |
| 4-Profiles        | −11,374        | 22,845        | 23,048        | 22,895        | 293.46**        | 0.87        |

Note: Boldface indicates the retained three-profile solution.

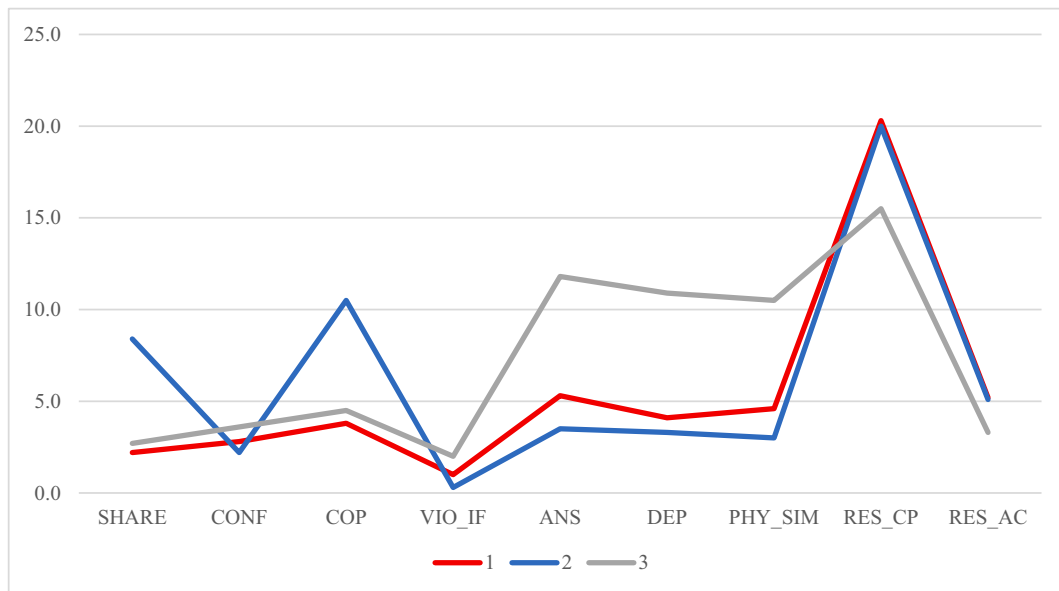
Abbreviations: AIC, Akaike Information Criterion; BIC, Bayesian Information Criterion; BLRT, Bootstrap Likelihood Ratio Test; LL, log-likelihood; SSABIC, sample-size adjusted BIC.

\*\* $p < 0.01$ .

### 3.2 | Associations With Antecedent Variables

Next, the profiles' relationships with the antecedent variables were analyzed (Parent: Father/Mother; Cohabitation:

living as a couple or not; Conciliation; Time since separation; Relationship duration; Child's age; Child's gender: Boy/Girl). As shown in Table 3, only the adjusted OR between Profiles 2 and 3, OR = 0.35,  $p = 0.002$ , was significant, indicating that mothers



**FIGURE 1** | Model with 3 latent profiles. ANS, anxiety; CONF, conflict with ex-partner; COP, co-parenting; DEP, depression; PHY\_SYMP, physical symptoms; RES\_AC, resilience self-acceptance and acceptance of life; RES\_CP, resilience-personal competence; SHARE, sharing the purpose; VIOL\_IF, intrafamily violence.

**TABLE 2** | Descriptive statistics of each profile and statistical comparison between profiles ( $N = 504$ ).

| Prof | SHARE                     | CONF                      | COP                        | VIOL_IF                   | ANS                        | DEP                        | PHY_SYMP                   | RES_CP                     | RES_AC                    |
|------|---------------------------|---------------------------|----------------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------|
| 1    | 2.14 <sup>b</sup> (2.39)  | 2.82 <sup>c</sup> (3.23)  | 3.80 <sup>b</sup> (3.61)   | 1.00 <sup>bc</sup> (1.56) | 5.22 <sup>bc</sup> (3.56)  | 4.06 <sup>c</sup> (2.87)   | 4.59 <sup>bc</sup> (3.46)  | 20.35 <sup>c</sup> (1.92)  | 5.15 <sup>c</sup> (0.86)  |
| 2    | 8.73 <sup>ac</sup> (2.20) | 2.03 <sup>c</sup> (3.39)  | 10.71 <sup>ac</sup> (5.14) | 0.31 <sup>ac</sup> (0.93) | 3.28 <sup>ac</sup> (2.98)  | 3.21 <sup>c</sup> (3.35)   | 2.71 <sup>ac</sup> (2.25)  | 19.92 <sup>c</sup> (3.16)  | 5.13 <sup>c</sup> (1.11)  |
| 3    | 2.68 <sup>b</sup> (3.06)  | 3.63 <sup>ab</sup> (3.44) | 4.47 <sup>b</sup> (4.43)   | 2.01 <sup>ab</sup> (2.28) | 11.83 <sup>ab</sup> (4.43) | 10.93 <sup>ab</sup> (3.43) | 10.54 <sup>ab</sup> (4.14) | 15.51 <sup>ab</sup> (4.57) | 3.30 <sup>ab</sup> (1.32) |

Note: Statistical differences versus profiles 1 (<sup>a</sup>), 2 (<sup>b</sup>), and 3 (<sup>c</sup>). All significant differences at  $p < 0.001$ .

Abbreviations: ANS, parental anxiety; CONF, conflict with the ex-partner; COP, co-parenting; DEP, parental depression; PHY\_SYMP, physical symptoms; Prof, profiles; RES\_AC, resilience self-acceptance and acceptance of life; RES\_CP, resilience personal competence; SHARE, sharing the purpose; VIOL\_IF, intrafamily violence.

**TABLE 3** | Beta parameters, adjusted odds ratio, and  $p$ -value of the multinomial logistic regression of antecedents as predictors and the latent profiles as the response variable ( $N = 504$ ).

| Antecedents    | Profile 1 vs. 2 |         |       | Profile 1 vs. 3 |         |       | Profile 2 vs. 3 |         |       |
|----------------|-----------------|---------|-------|-----------------|---------|-------|-----------------|---------|-------|
|                | $\beta$         | Adj. OR | $p$   | $\beta$         | Adj. OR | $p$   | $\beta$         | Adj. OR | $p$   |
| Parent         | -0.63           | 0.53    | 0.054 | 0.41            | 1.51    | 0.105 | -1.04           | 0.35    | 0.002 |
| Cohabitation   | 0.27            | 1.31    | 0.493 | -0.17           | 0.85    | 0.563 | 0.44            | 1.55    | 0.282 |
| Conciliation   | 0.14            | 1.15    | 0.727 | -0.33           | 0.72    | 0.239 | 0.46            | 1.59    | 0.242 |
| T relationship | -0.01           | 0.99    | 0.816 | 0.01            | 1.01    | 0.586 | -0.02           | 0.98    | 0.531 |
| T separated    | -0.05           | 0.96    | 0.598 | -0.08           | 0.92    | 0.199 | 0.04            | 1.04    | 0.659 |
| Age child      | -0.05           | 0.96    | 0.316 | -0.04           | 0.96    | 0.253 | -0.01           | 0.99    | 0.902 |
| Gender child   | 0.20            | 1.22    | 0.540 | 0.39            | 1.48    | 0.116 | -0.19           | 0.83    | 0.571 |

Note: Parent: 1 = father; 2 = mother; T = time.

**TABLE 4** | ANOVA results and Tukey post hoc comparisons of outcome variables by latent profiles ( $N = 504$ ).

| Outcomes           | $F$   | $p$    | $\eta^2$ | Profile 1          | Profile 2          | Profile 3          |
|--------------------|-------|--------|----------|--------------------|--------------------|--------------------|
| Psychological CPV  | 24.08 | <0.001 | 0.052    | 1.00 <sup>bc</sup> | 0.33 <sup>ac</sup> | 1.53 <sup>ab</sup> |
| Physical CPV       | 21.99 | <0.001 | 0.061    | 0.57 <sup>bc</sup> | 0.21 <sup>ac</sup> | 1.21 <sup>ab</sup> |
| Emotional CPV      | 16.57 | <0.001 | 0.052    | 1.20 <sup>bc</sup> | 0.63 <sup>ac</sup> | 1.92 <sup>ab</sup> |
| Callousness        | 2.92  | 0.056  | —        | 3.78               | 4.06               | 4.71               |
| Uncaring           | 3.61  | 0.029  | 0.016    | 5.58 <sup>c</sup>  | 6.12               | 6.67 <sup>a</sup>  |
| Emotional problems | 29.66 | <0.001 | 0.105    | 2.60 <sup>bc</sup> | 1.90 <sup>ac</sup> | 4.10 <sup>ab</sup> |
| Peer problems      | 6.03  | 0.003  | 0.027    | 4.12 <sup>c</sup>  | 4.22               | 4.87 <sup>a</sup>  |

Note: CPV = child–parent violence. Statistical differences versus profiles 1 (<sup>a</sup>), 2 (<sup>b</sup>), and 3 (<sup>c</sup>).

were more likely than fathers to be assigned to Profile 3 rather than Profile 2. Consistent with this pattern, the overall fit of the multinomial logistic model was modest: McFadden's pseudo- $R^2$  was 0.03 and Nagelkerke's  $R^2$  was 0.047, indicating that the set of sociodemographic antecedents accounted for only a small proportion of the variance in profile membership.

### 3.3 | Differences in Child Outcomes at T1

In a first step, we examined whether the profiles differed on the outcomes at a multivariate level. A one-way MANOVA was conducted with Profile as the grouping factor and Psychological, Physical, and Emotional CPV, Callousness, Uncaring, Emotional Problems (internalizing symptomatology), and Peer Problems (externalizing symptomatology) as dependent variables. The overall multivariate effect of Profile was statistically significant, Wilks'  $\Lambda = 0.815$ ,  $F(14, 854) = 6.55$ ,  $p < 0.001$ , indicating that the profiles differed in the combined pattern of child adjustment indicators. In order to identify which specific outcomes contributed to this multivariate effect, we then examined separate one-way ANOVAs and post hoc comparisons for each dependent variable.

Table 4 presents the results of the analyses of variance and post hoc tests, with the latent profiles as an independent variable and the following variables at T1 as outcomes: Psychological, Physical, and Emotional CPV, Callousness, Uncaring, Emotional Problems (internalizing symptomatology), and Peer Problems (externalizing symptomatology). In all cases, the inspection of normality and homogeneity of variances indicated that the use of ANOVA was appropriate with the present sample size. The results revealed statistically significant differences in all the outcomes except for Callousness,  $F = 2.92$ ,  $p = 0.056$ . Effect sizes were in the small-to-moderate range, with  $\eta^2$  values around 0.05 for the CPV dimensions and Emotional Problems, and somewhat smaller effects for Uncaring and Peer Problems, indicating that profile membership was associated with differences in these outcomes.

Post hoc power calculations for the between-profile ANOVAs at T1 ( $N = 504$ , three profiles,  $\alpha = 0.05$ ) indicated very high power for the outcomes with small-to-moderate effects (Psychological CPV, Physical CPV, Emotional CPV, Emotional Problems, and Peer Problems; observed power  $\geq 0.93$ ), whereas power was more modest for Uncaring ( $\eta^2 = 0.016$ , observed power  $\approx 0.73$ ), consistent with its smaller effect size.

### 3.4 | Longitudinal Analyses (T1–T2)

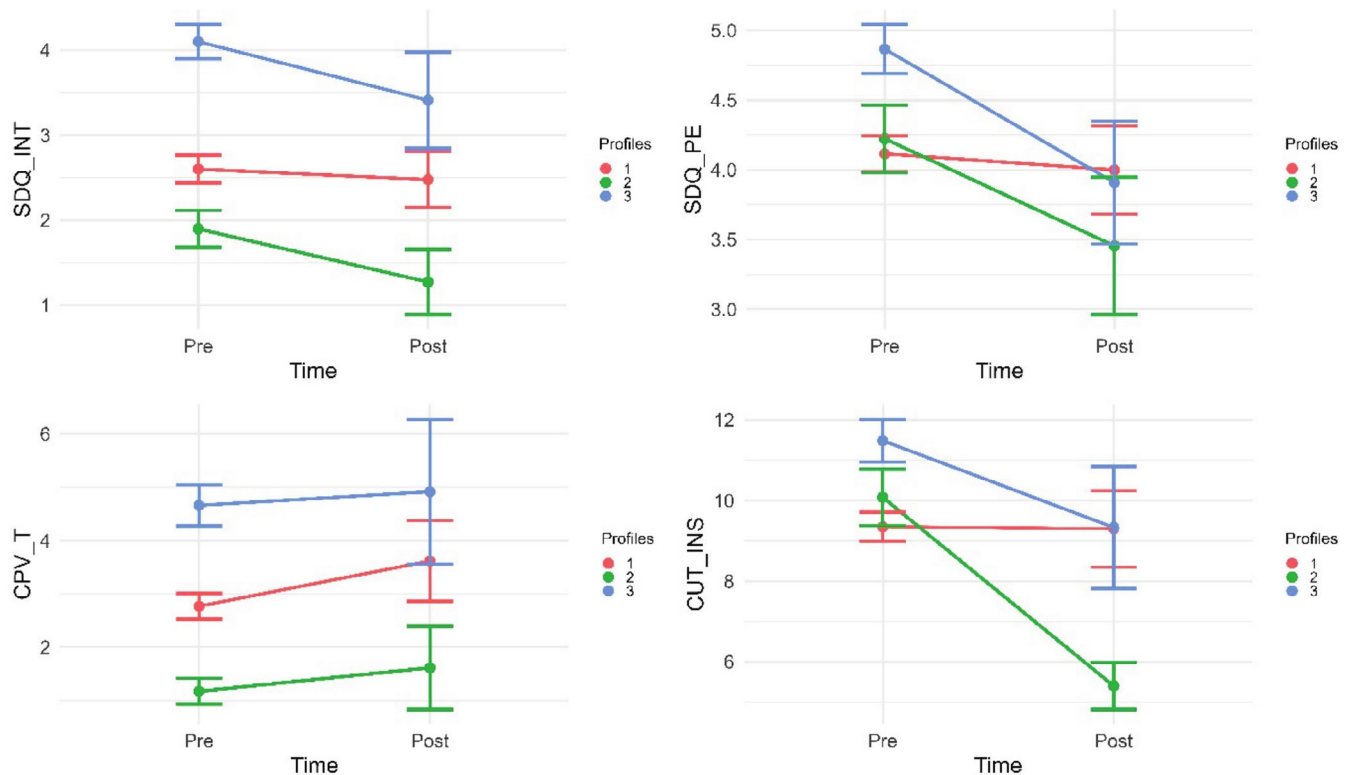
Before estimating the longitudinal models, we examined potential attrition bias by comparing participants who completed only T1 ( $N = 504$ ) with those who completed both T1 and T2 ( $N = 84$ ). With the exception of Peer Problems (SDQ-PE;  $p = 0.011$ ), no statistically significant differences were detected in the study variables between the two groups, providing no clear evidence of differential attrition for most variables (see Table S2). However, the significant difference in SDQ-PE indicates possible partial systematic attrition in this dimension; therefore, longitudinal results involving Peer Problems should be interpreted with particular caution. We then analyzed the evolution of the impact variables at the two time points (T1 and T2): Emotional Problems, Peer Problems, CPV, and Callous-Unemotional traits (CU). For a better interpretation of the results, Figure 2 shows the interaction graphs of the estimated models.

#### 3.4.1 | Emotional Problems

The linear mixed model adjusted by restricted maximum likelihood provided a better fit than the fixed-effects model,  $\chi^2 = 26.14$ ,  $p < 0.001$ , with a random variance of 3.28 and a residual variance of 2.49. Fixed effects included Time (T1, T2), Profiles (three levels), and their interaction. The constant (T1, Profile 1) was significant, 2.60,  $p < 0.001$ ; Profile 2 presented significantly lower values,  $-0.70$ ,  $p = 0.034$ , while Profile 3 showed higher values, 1.50,  $p < 0.001$ . No significant effects of time or Time  $\times$  Profile interactions were found. ANOVA confirmed a main effect for Profile,  $F = 11.68$ ,  $p < 0.001$ , but not for Time or the interaction. At T2, the only significant difference was between Profiles 2 and 3. No significant changes were observed between T1 and T2 in any profile.

#### 3.4.2 | Peer Problems

The mixed model also showed a superior fit,  $\chi^2 = 17.59$ ,  $p < 0.001$ , with a random variance of 2.15 and residual variance of 2.20. The constant was significant, 4.12,  $p < 0.001$ . Only Profile 3 showed a significant effect compared to Profile 1, 0.75,  $p < 0.001$ ; no significant difference was found for Profile 2, 0.11,  $p = 0.707$ . Time,  $F = 1.27$ ,  $p = 0.263$ , and interaction effects,  $F = 0.60$ ,  $p = 0.552$ ,



**FIGURE 2** | Interaction of latent profiles concerning the measures at T1 and T2 (12 months) in the variables internalizing symptomatology, peer problems, child-to-parent violence, and callousness. CPV\_T, child-to-parent violence; CUT\_INS, callousness-unemotional (emotional insensitivity); SDQ\_INT, internalizing symptomatology (emotional problems); SDQ\_PE, peer problems.

were nonsignificant. ANOVA revealed no main effects for Time,  $F=1.27$ ,  $p=0.263$ , Profiles,  $F=1.99$ ,  $p=0.138$ , or Time  $\times$  Profile interaction,  $F=0.60$ ,  $p=0.552$ . Post hoc analyses indicated no significant differences between profiles at T2 or between time points in any profile.

### 3.4.3 | Child-To-Parent Violence (CPV)

The mixed model provided a better fit,  $\chi^2=55.10$ ,  $p<0.001$ , with random variance of 11.36 and residual variance of 7.15. The constant was significant, 2.77,  $p<0.001$ . Profile 2 showed a significant negative effect compared to Profile 1,  $-1.60$ ,  $p=0.005$ , while Profile 3 showed a significant positive effect, 1.89,  $p<0.001$ . Time and interaction effects were not significant. ANOVA confirmed a significant main effect for Profile,  $F=9.81$ ,  $p<0.001$ , but not for Time or the interaction. At T1, Profile 3 had significantly higher values than Profiles 1 and 2,  $p<0.001$ , and Profile 1 showed higher values than Profile 2,  $p=0.014$ . At T2, Profile 3 had higher values than Profile 2,  $p=0.041$ ; no differences were observed between Profiles 1 and 3, or 1 and 2. No significant changes were found between T1 and T2 in any profile.

### 3.4.4 | Callous-Unemotional Traits (CU)

The mixed model fit was significantly better than the fixed-effects model,  $\chi^2=11.38$ ,  $p<0.001$ , with random variance of 13.17. The constant was significant, 9.35,  $p<0.001$ . Profile 3 showed significantly higher values than Profile 1, 2.14,  $p<0.001$ .

Although the main effect of Time was not significant in the model,  $\beta=-0.35$ ,  $p=0.70$ , ANOVA revealed a significant main effect of Time,  $F=6.95$ ,  $p=0.009$ , indicating an overall change in CU traits between T1 and T2. Post hoc analyses revealed a significant difference between Profiles 1 and 3 at T1,  $p=0.002$ , but no differences between profiles at T2. Only Profile 2 showed a significant change between T1 and T2,  $p=0.035$ , suggesting greater temporal variability in this group. This pattern suggests that, while there is evidence of a marginal population-level change in CU traits over time, the high inter-individual variability captured by the random effects renders the subject-specific fixed effect of Time non-significant in the mixed model. These findings may support the use of mixed models to capture inter-individual variability and the complexity of longitudinal change across assigned profiles.

## 4 | Discussion

This study, which focused on understanding the different profiles of SFC users and their relationship with parent-reported child symptomatology, has identified patterns broadly consistent with the first two hypotheses. That is, three distinct parent profiles were identified, each associated with different levels of interparental conflict, co-parenting, resilience, and symptomatology, which were differentially related to the children's difficulties. The profiles identified advance the systemic theory by representing distinct configurations of family demands and resources rather than linear effects. Hypothesis 3, regarding symptomatology stabilization, could not be confirmed across

all variables studied. The most relevant results will be discussed below:

Aligned with Hypothesis 1, the study allowed identifying three user profiles. Profile 2, comprising the smallest group (14.9%), reflected the most adaptive adjustment to divorce, characterized by shared parental goals, low conflict and violence, fewer parental physical and psychological symptoms, and high resilience (personal competence). In contrast, Profile 3 (35.5%) exhibited the most negative indicators, while Profile 1 (49.6%) represented an intermediate pattern: lower depressive symptoms and higher resilience than Profile 3, but with minimal parental coordination, similar to Profile 3.

Although over 85% of participants reported low levels of co-parenting and shared purpose, these profiles were differentiated by the intensity of conflict, intrafamily violence, and symptomatology. These results align with previous studies (Morte and Lila 2007; Saint-Jacques et al. 2020; Samel et al. 2025), and underscore the utility of a typological approach in tailoring risk-sensitive interventions. Unlike variable-centered approaches, these findings show that risk factors tended to cluster into qualitatively distinct profiles associated with different child outcomes. The profiles were unaffected by variables such as the child's age, gender, or time since divorce, except for the parent's sex: mothers were overrepresented in Profile 3. One possible interpretation is that even nowadays, mothers usually assume sole custody and primary caregiving (Frimmel et al. 2024; INE 2024), which in high-conflict divorces entails a heavy burden aggravated by lack of paternal support and prolonged litigation (Marchetti 2008; Morte and Lila 2007), often manifesting in greater physical and psychological symptoms and reduced resilience (Demir-Dagdas 2021).

In support of Hypothesis 2, parents with more negative profiles (especially Profile 3) reported higher levels of child distress, including internalizing symptoms (e.g., anxiety and depression), externalizing problems (e.g., peer conflict and CPV), and uncaring. Interestingly, no significant differences emerged across profiles for callousness (apathy and indifference). This result may reflect a defensive strategy in hostile environments (Davies and Martin 2013). These results seem consistent with previous literature that supported the impact on children's distress of the level of conflict (O'Hara et al. 2019), violence in the family (Turhan 2021), lack of co-parenting (Martínez-Pampliega, Álvarez et al. 2021), or parental symptomatology (Godleski et al. 2020; Möller et al. 2015). Nevertheless, this explanation should be interpreted with caution, insofar as biases related to data collection may have affected the results (e.g., social desirability and parental reporting).

Therefore, these results are consistent with the sensitivity of a systemic approach to conflict and its impact, considering the interpersonal (between parents and between parents and children) and intrapersonal contexts (Morte and Lila 2007; Saini et al. 2017). These results are consistent with the emotional security theory and suggest that parent-reported child distress is associated not only with conflict intensity but also with the configuration in which the conflict is embedded. In addition, the person-centered approach has allowed us to deepen our study and generate questions, as we will point out.

Significant differences were found between the three profiles concerning CPV. Users in Profile 3 reported higher levels of physical, psychological, and emotional CPV. This result was consistent with the literature, insofar as CPV has been associated with prolonged exposure to interparental conflicts. Some studies have identified this relationship as bidirectional (Arias Rivera and Hidalgo García 2020; Ibabe and Jaureguizar 2011) such that the presence of CPV increases the parents' psychological and emotional wear and tear, weakening their resilience and capacity for containment. This aspect has not been specifically studied, but the results seem to support Smyth and Moloney's (2019) approach, which emphasizes that conflictive divorce is often complicated by the intersection of overlapping and reinforcing factors. This interpretation is also consistent with Patterson's coercion theory (Patterson 1982, 2016; Speyer et al. 2022), which highlights how parenting stress and parental distress may disrupt parenting practices and foster aversive, reciprocal parent-child exchanges that escalate over time and contribute to the maintenance of children's externalizing behaviors, supporting the relevance of evidence-based parenting interventions in high-conflict family contexts.

This same result was identified in emotional problems. The parents in Profile 3 identified more symptomatology in their children linked to anxiety, depression, or somatic symptoms, in line with previous studies (Lin et al. 2020). However, the results were not so clear regarding externalizing symptoms. Firstly, parents in Profiles 1 and 3 (both with higher conflict and violence) reported worse outcomes. However, Profile 1's greater resilience and lower depressive symptoms may be consistent with a buffering effect. Therefore, the result is coherent and supports the few previous studies that relate these health variables and resources to the children's externalizing symptomatology (Papp et al. 2004).

However, paradoxically, Profile 2 (with the best indicators) did not differ significantly from Profile 1 in parent-reported child externalizing symptomatology. In this sense, we could hypothesize an explanation through co-parenting. The literature has identified co-parenting as a protective factor in the context of divorce (Samel et al. 2025), though it may not always serve the child's best interests (Birnbaum and Alaggia 2006; Birnbaum and Chipeur 2010). In this line, in Profile 1, there is a higher level of conflict and even violence, so the absence of contact could be hypothesized as a protective factor; however, future studies should examine the potential amplifying role of co-parenting in contexts of intrafamily violence. Alternative explanations should also be considered, including the possibility that children of parents in Profile 2 entered SFCs services with pre-existing externalizing trajectories related to factors not captured by the parental profile variables. Finally, Hypothesis 3, concerning the stability of child symptoms over time, was only partially supported. While overall parent-reported distress levels did not show significant changes across profiles after 1 year, particularly emotional symptoms and CPV, callousness in Profile 2 did show a significant positive change, such that these parents perceived their children's level of empathy and concern for others more positively 1 year later. However, symptom dispersion increased at follow-up, and differences between profiles diminished, suggesting a convergence of parental perceptions. Notably, distinctions in emotional distress and CPV persisted between Profiles 2 and 3, reinforcing the value of early differentiation.

Therefore, regarding Hypothesis 3, no evidence was found of reduced distress at T2 (except for Callousness in Profile 2). This same result was identified by Saint-Jacques et al. (2020) in their study on SFC, interpreted as the stability of the results. This led these authors and earlier scholars (Morte and Lila 2007) to remind us that the fundamental function of these resources is not so much to provide therapy or intervention to address the parents' or their children's personal difficulties, but rather to provide a neutral environment that facilitates the relationship between parents and their children, protecting the children from the conflict and preserving their integrity. However, previous studies have not only shown that parents immersed in this level of conflict could benefit from receiving specific support or therapeutic intervention to improve their emotional management skills but also that the few interventions carried out in the context of SFC have demonstrated their effectiveness in reducing children's distress (Martínez-Pampliega, Herrero, et al. 2021; Samel et al. 2025).

## 5 | Limitations

Despite the relevance of the conclusions, it is essential to mention some limitations. First, regarding the nature of the sample and the data collected: (a) the voluntary nature of the sample may introduce selection bias, and the lack of a control group precludes comparisons with other divorced families; (b) given the study design, child symptomatology was assessed exclusively through parent reports and not through direct measures of child functioning; (c) although child age was included as an antecedent variable and did not significantly predict profile membership, the broad age range introduces developmental heterogeneity that future studies should examine; (d) parenting practices were not directly assessed; future studies should incorporate direct measures of these practices alongside the parental and relational variables examined here.

Second, from a longitudinal perspective, all mixed-effects models were estimated using only cases with complete data at T1 and T2 (complete-case analysis). Given that participation at follow-up was voluntary and study variables are observational, nonresponse at T2 cannot be assumed to be Missing Completely at Random (MCAR). Although group comparisons suggested that most variables did not differ significantly between participants who did and did not respond at follow-up, the significant baseline difference in Peer Problems (SDQ\_PE) indicates possible partial systematic attrition. Consequently, longitudinal findings, particularly those involving Peer Problems, should be interpreted with caution.

Third, the reduced size of the longitudinal subsample ( $N=84$ ), distributed across three profiles of unequal size (with Profile 2 representing only 14.9% of the total), limits statistical power to detect Time  $\times$  Profile interaction effects in the mixed models and increases the risk of Type II errors for small longitudinal effects. Available power estimates for latent profile analysis suggest that samples between 300 and 1000 participants are required for reliable profile number detection under typical conditions (Nylund-Gibson and Choi 2018), which underscores that the baseline sample size ( $N=504$ ) was adequate for the cross-sectional LPA but that the follow-up sample size of  $N=84$  is likely insufficient

to precisely estimate differential longitudinal effects between profiles, particularly those of smaller size. Moreover, because Profile 2 was the smallest subgroup in the three-profile solution ( $n=75$ ; 14.9% of the total sample), cross-sectional and longitudinal findings involving this profile should be interpreted with particular caution, as its smaller sample size entails more uncertainty in the corresponding estimates. Longitudinal results should therefore be considered preliminary, especially regarding Time  $\times$  Profile interactions, and replicated with larger samples.

Fourth, from an analytical perspective, profile membership was treated as a fixed observed category based on modal assignment. Although the selected three-profile solution showed good classification quality (entropy = 0.83), the classify-analyze strategy does not explicitly correct for classification error when examining distal outcomes. Future studies could apply three-step procedures with BCH correction (Bolck et al. 2004; Dziak et al. 2016) to estimate profile effects on outcomes while adjusting for classification uncertainty. Additionally, several subscales showed modest reliability (e.g., Intrafamily Violence, Personal Competence, and Peer Problems), potentially introducing measurement error and reducing the precision of profile estimation. Therefore, findings from these measures should be interpreted with caution.

Fifth, although the adequacy of the profiles was examined by considering variables such as current cohabitation, time since divorce, conciliation difficulties, etc., other potentially relevant variables, including time in SFC services, socioeconomic status, and ethnic or cultural background, were not included. Although these structural factors were beyond this study's specific focus, which centered on relational and psychological processes within high-conflict post-separation families, future research should incorporate them to examine how broader contextual conditions interact with family profiles and influence developmental outcomes. Additionally, combining person-centered approaches with clinical change metrics could help identify children at higher risk of chronic difficulties, particularly in families classified under Profile 3.

## 6 | Implications

Despite the limitations, this study is one of the most comprehensive studies to date regarding the variables considered and the number of participating users (Pearson and Thoennes 2000; Saint-Jacques et al. 2020) in a field where recent reviews point to a persistent scarcity of large-scale empirical studies (Samel et al. 2025). The results obtained have allowed us to deepen our comprehension of the associations between high-conflict divorce characteristics and parent-reported child outcomes through the identification of profiles based on conflict intensity, co-parenting, parent symptomatology, and resilience. Even among SFC users, meaningful differences in child outcomes were observed across profiles, supporting the adoption of systemic, differentiated approaches. This is especially relevant insofar as, overall, there was no evidence of change in parent-reported child symptomatology over 1 year, with only modest changes in specific indicators and profiles. Given the reduced longitudinal sample and the evidence of partial systematic attrition in Peer Problems, these longitudinal findings should be

interpreted with caution and considered preliminary, particularly for externalizing dimensions. Nonetheless, the pattern observed suggests a heightened risk for some cases, especially those involving parents with the most adverse profiles, which may maintain or even increase their behavioral and emotional problems over time.

The results have practical implications for professionals working in SFCs. A greater understanding of users, the relationships among the variables examined, and parent-reported child problems may support comprehensive initial evaluations and inform intervention priorities (conflict de-escalation, co-parenting coordination, and parental resilience), according to the observed risk pattern. Such early, profile-informed support may help interrupt trajectories associated with adverse psychological, physical, academic, or social outcomes in children as early as possible. These findings also suggest that brief therapeutic components could be integrated within SFC services for high-risk families.

## 7 | Conclusions

In conclusion, this study highlights the importance of understanding family functioning in SFCs from a systemic and person-centered perspective. Identifying distinct profiles of risk and resilience may provide a more nuanced framework for assessment and intervention in high-conflict post-separation families. These findings may contribute to advancing evidence-informed practices aimed at reducing children's distress in complex family contexts.

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## Conflicts of Interest

The authors declare no conflicts of interest.

## Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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## Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Figure S1:** Model with 3 Latent Profiles and Boxplots. **Table S1:** Sociodemographic characteristics of the sample. **Table S2:** Mean difference between participants at T1 and Participants at T2.