

**PREVENTION OF RISK BEHAVIORS AMONG ADOLESCENTS IN THE
FAMILY CONTEXT: AN INTEGRATIVE REVIEW**

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Highlights: (1) Family cohesion and dialogue foster security and autonomy for healthy decisions. (2) Firm, non-violent parental authority promotes respect and trusting relationships. (3) Cohesive, protective family environments require state support and public policies.

PRE-PROOF

(as accepted)

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ABSTRACT

The aim of this study is to present an analysis of current scientific evidence on preventive factors for risk behaviors among adolescents in the family context. This is an integrative review of national and international literature, including articles published between 2012 and 2025. The guiding research question was: “What is the recent scientific evidence on the role of the family context as a protective factor against risk behaviors in adolescence?” Data collection was initially conducted in September 2022 and updated in December 2025 in the PubMed, Scopus, SciELO, ScienceDirect, and LILACS databases, resulting in a final sample of 29 articles. The presentation and discussion of the findings were organized into three analytical thematic categories, synthesizing the main protective factors. The findings showed that family cohesion with protective emotional bonds and supported autonomy, dialogic and expressive family communication, and parental monitoring with consistent parenting practices and legitimate authority are fundamental aspects for the prevention of risk behaviors in adolescence. In light of these findings, the expansion of intervention studies in the school context is recommended to promote adolescents’ protagonism and foster the inclusion of families in health-related processes.

Keywords: Adolescents; Health Risk Behaviors; Family Relations; Health Education; School Nursing Services.

1 INTRODUCTION

Defined as the period between puberty and adult independence, adolescence is a stage of human development characterized by physical maturational changes that alter how young people understand themselves and by social changes related to how society perceives and treats them, as they assume greater autonomy, responsibility, and accountability. These modifications are influenced by individual developmental characteristics as well as by sociocultural norms, which may be adaptive and positive or constitute stressful experiences¹.

There are also subjective transformations involving social cognitive processes. This is a multifaceted stage of human development that goes beyond rigid chronological limits and involves different experiences, contexts, and resources, bringing together challenges and important potential to meet adolescents’ personal and collective demands^{2,3}.

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However, individuals in this stage of the life cycle are still in the process of developing maturity, driven by the need for discovery characteristic of adolescence⁴ and by the construction of social bonds among peers. They are more likely to be influenced by the opinions of other adolescents, contributing to greater exposure to risk behaviors, with negative implications for physical and mental health^{5,1}.

The harmful repercussions for health may be triggered immediately or may result in adverse outcomes throughout the life course, such as injuries, diseases, disability, death, or other social problems, with outcomes that compromise physical and mental health⁶.

Some adolescents engage in risk behaviors to be recognized and accepted by their peers, while others do so due to situations of social vulnerability^{1,7}. The issue of risk behaviors in this population is evidenced in a national survey, which found that 60% of school-aged adolescents have tried some type of alcoholic beverage at least once in their lifetime; nearly 30% of ninth-grade students have had sexual intercourse; and 20% believe that life has no meaning⁸.

Therefore, it is essential to recognize factors that may contribute to risk behaviors among adolescents or act as interpersonal protective factors, such as the role of family and peers, the school environment, and state mechanisms, which reflect the intersectionality of social, educational, cultural, moral, and civic elements necessary for the development of individuals at this stage^{6,9}.

In the context of adolescence, the family can be defined as the primary unit of socialization and care, responsible for providing emotional support, guidance, protection, and the structure necessary for the young person's physical, emotional, and social development. It functions as the main system of support and mediation between the adolescent and the broader social environment, influencing central processes such as identity formation, the development of autonomy, and the ability to cope with the challenges inherent to this stage of the life cycle¹⁰.

Family Systems Theory and ecological models of development emphasize that the family constitutes a primary context for youth development and a central agent of socialization¹⁰. In this sense, the family environment can act both as a risk factor and as a protective factor in relation to psychological and behavioral health problems that tend to emerge during adolescence. Although many adolescents express a desire for greater

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autonomy and may appear to reject parental support, close and dialogic relationships between parents and children strengthen feelings of trust, stability, and protection, encouraging young people to seek advice within the family and receive safe guidance for adulthood^{11,4}.

However, it is important for caregivers to establish connections with adolescents in order to create a space for dialogue, acceptance, and responsibility that is adapted to the subjective changes of this stage, allowing individuals the freedom to share their experiences⁴. Within this framework, parenting is understood as a practice of democratization, influencing the quality of family relationships¹². Nevertheless, the exercise of parenting is also characterized as a major challenge for parents and caregivers due to the relational dilemmas of everyday family life, influenced by socioeconomic and cultural specificities¹³.

In view of this, family relationships can constitute an important tool for support, protection, and prevention of risk behaviors, thus enabling the management of these relationships to promote improvements in the quality of life of this population. Therefore, the objective is to present current scientific evidence on preventive factors for risk behaviors among school-aged adolescents related to the family context.

2 METHODOLOGY

This is an integrative literature review, a broad and systematic method that allows for the collection, analysis, and synthesis of results from different methodological approaches. This methodology was selected because it enables the development of an in-depth, comprehensive, and integrated understanding of the investigated topic¹⁴.

The study was conducted in seven stages¹⁵: (1) selection of the theme and research question; (2) definition of the objective of the review; (3) operationalization and execution of the bibliographic search; (4) organization and evaluation of the data; (5) analysis and synthesis of the findings; (6) summary of the results and formulation of conclusions; and (7) dissemination of the results.

In the first stage, the theme was identified, and the objective and research question were established following the PICo strategy¹⁶, as this is a qualitative synthesis, addressing the following elements: P = Population: “adolescents,” I = Phenomenon of Interest: “risk behavior prevention factors,” Co = Context: “family.” The following

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research question was defined: “What is the recent scientific evidence on the role of the family context as a protective factor against risk behaviors in adolescence?” The definition of descriptors was based on the PICO strategy and on the typology of risk behaviors proposed by Alves et al.¹⁷, encompassing suicidal, sexual, delinquent, and alcohol- and drug-related behaviors. The terms were selected from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) vocabularies, forming the structured search strategies using the Boolean operators “AND” and “OR.” Data collection, initially conducted in September 2022 and updated in December 2025, covered the databases Public Medical Literature Analysis and Retrieval System Online (via PubMed), Latin American and Caribbean Health Sciences Literature (via Virtual Health Library – VHL), SciVerse Scopus, ScienceDirect, and Scientific Electronic Library Online (SciELO), with searches applied to subject, title, and abstract fields. The descriptors and detailed search strategies are systematized in Chart 1.

Chart 1. Descriptors selected in DeCS and MeSH. Recife, PE, Brazil, 2025.

DECS		
P	Adolescents, Adolescence	
I	Health Risk Behaviors, Self-Destructive Behavior, Suicidal Ideation, Risky Sexual Behavior, Unprotected Sexual Intercourse, Alcohol Consumption among Adolescents, Drug Addiction, Conduct Disorder, Juvenile Delinquency	
Co	Family, Family Relations	
Search Expressions	Lilacs	(Adolescentes) OR (Adolescência) AND (Família) OR (Relações familiares) AND (Comportamentos de risco à saúde) (Adolescentes) OR (Adolescência) AND (Família) OR ("Relações Familiares") AND ("Comportamento Autodestrutivo") OR ("Ideação Suicida") (Adolescentes) OR (Adolescência) AND (Família) OR ("Relações Familiares") AND ("Comportamento sexual de risco") OR ("Relações sexuais desprotegidas") (Adolescentes) OR (Adolescência) AND (Família) OR ("Relações Familiares") AND ("Consumo de álcool por adolescentes") OR ("Drogadição") (Adolescentes) OR (Adolescência) AND (Família) OR ("Relações familiares") AND ("Transtorno da Conduta") OR ("Delinquência Juvenil")
	SciELO	(Adolescência OR Adolescentes) AND (Família OR Relações Familiares) AND (Comportamentos de risco à saúde) (Adolescentes OR Adolescência) AND (Família OR Relações Familiares) AND (Comportamento Autodestrutivo) (Adolescentes OR Adolescência) AND (Família OR Relações Familiares) AND (Comportamento sexual de risco) (Adolescentes OR Adolescência) AND (Família OR Relações Familiares) AND (Relações sexuais desprotegidas) (Adolescentes OR Adolescência) AND (Família OR Relações Familiares) AND (Consumo de álcool por adolescentes OR Drogadição) (Adolescentes OR Adolescência) AND (Família OR Relações Familiares) AND (Delinquência Juvenil) (Adolescentes OR Adolescência) AND (Família OR Relações Familiares) AND (Transtorno de conduta)

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MESH		
P	Adolescent	
I	Health Risk Behaviors, Self-Injurious Behavior, Suicidal Ideation, Unsafe sex, Underage Drinking, Substance-Related Disorders, Conduct Disorder, Juvenile Delinquency	
Co	Family; Family Relations	
Search Expressions	PubMed	(((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Health Risk Behaviors"[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Self-Injurious Behavior"[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Suicidal Ideation"[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Unsafe Sex "[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Underage Drinking"[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Substance-Related Disorders"[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Conduct Disorder"[Mesh]) (((("Adolescent"[Mesh]) AND "Family"[Mesh]) OR "Family Relations"[Mesh]) AND "Juvenile Delinquency"[Mesh])
	Scopus	(TITLE-ABS-KEY (adolescent OR adolescence OR adolesc*) AND TITLE-ABS-KEY (family OR "Family Relations") AND TITLE-ABS-KEY ("Health Risk Behaviors")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Self-Injurious Behavior")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Suicidal Ideation")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Unsafe Sex")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Underage Drinking")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Substance-Related Disorders")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Conduct Disorder")) (TITLE-ABS-KEY ("Adolescent" OR "Adolescence" OR "Adolesc*") AND TITLE-ABS-KEY ("Family" OR "Family Relations") AND TITLE-ABS-KEY ("Juvenile Delinquency"))
	Science direct	(Adolescent OR Adolescence) AND (Family OR "Family Relations") AND "Health Risk Behaviors" (Adolescent OR Adolescence) AND (Family OR "Family Relations") AND ("Self-Injurious Behavior" OR "Suicidal Ideation") (Adolescent OR Adolescence) AND (Family OR "Family Relations") AND "Unsafe Sex" (Adolescent OR Adolescence) AND (Family OR "Family Relations") AND ("Underage Drinking" OR "Substance-Related Disorders") (Adolescent OR Adolescence) AND (Family OR "Family Relations") AND ("Conduct Disorder" OR "Juvenile Delinquency")

Source: Authors (2025).

Note: The original search terms were preserved in the language of each database.

Inclusion criteria were defined as articles published between January 2012 and December 2025, with full-text availability, in Portuguese, English, and Spanish, that addressed the guiding research question. Non-original articles were excluded from the sample, such as editorials, letters, opinion articles, manuals, protocols, review articles, reflection papers, instrument validation studies, research using secondary data, and studies involving populations different from the target of this study, considering the age range

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between 12 and 18 years, according to the chronological definition of the Statute of the Child and Adolescent¹⁸.

To organize the search results, the reference management tools EndNote Online and Rayyan Qatar Computing Research Institute (QCRI) were used. Duplicate removal was performed on both platforms. The screening and evaluation of studies, based on the reading of titles and abstracts, were conducted in Rayyan by two independent reviewers, guided by the research question and eligibility criteria.

Subsequently, the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)¹⁹ were followed to guide the screening and categorization process, and the main information from the studies was extracted into a data spreadsheet developed by the researchers. For the assessment of levels of evidence, the classification proposed by Melnyk and Fineout-Overholt²⁰ was followed: Level I – evidence from systematic reviews or meta-analyses of randomized clinical trials; Level II – evidence from at least one well-designed randomized controlled trial; Level III – evidence from well-designed clinical trials without randomization; Level IV – evidence from well-designed cohort or case-control studies; Level V – evidence from systematic reviews of descriptive and/or qualitative studies; Level VI – evidence from a single descriptive (non-experimental) or qualitative study; Level VII – evidence from opinions of authorities or reports of expert committees or specialists.

Next, a critical reading and evaluation of the studies included in the sample were conducted to address the study objective and research question. The critical appraisal was performed using an adapted version of the Critical Appraisal Skills Programme (CASP)²¹, identifying the following aspects: 1) clarity and justification of objectives; 2) appropriateness of the methodology; 3) presentation and procedural discussion of the methods used; 4) appropriate sample selection; 5) detailed data collection; 6) ethical aspects; 7) rigor and grounding in data analysis; 8) presentation and discussion of results; 9) description of the study contributions and identification of gaps for future research. At the end of the evaluation of the nine items, scores were assigned to the studies, with a maximum score of 9.

The presentation and discussion of the review findings were developed based on the Thematic Analysis proposed by Braun and Clarke²², resulting in three central analytical

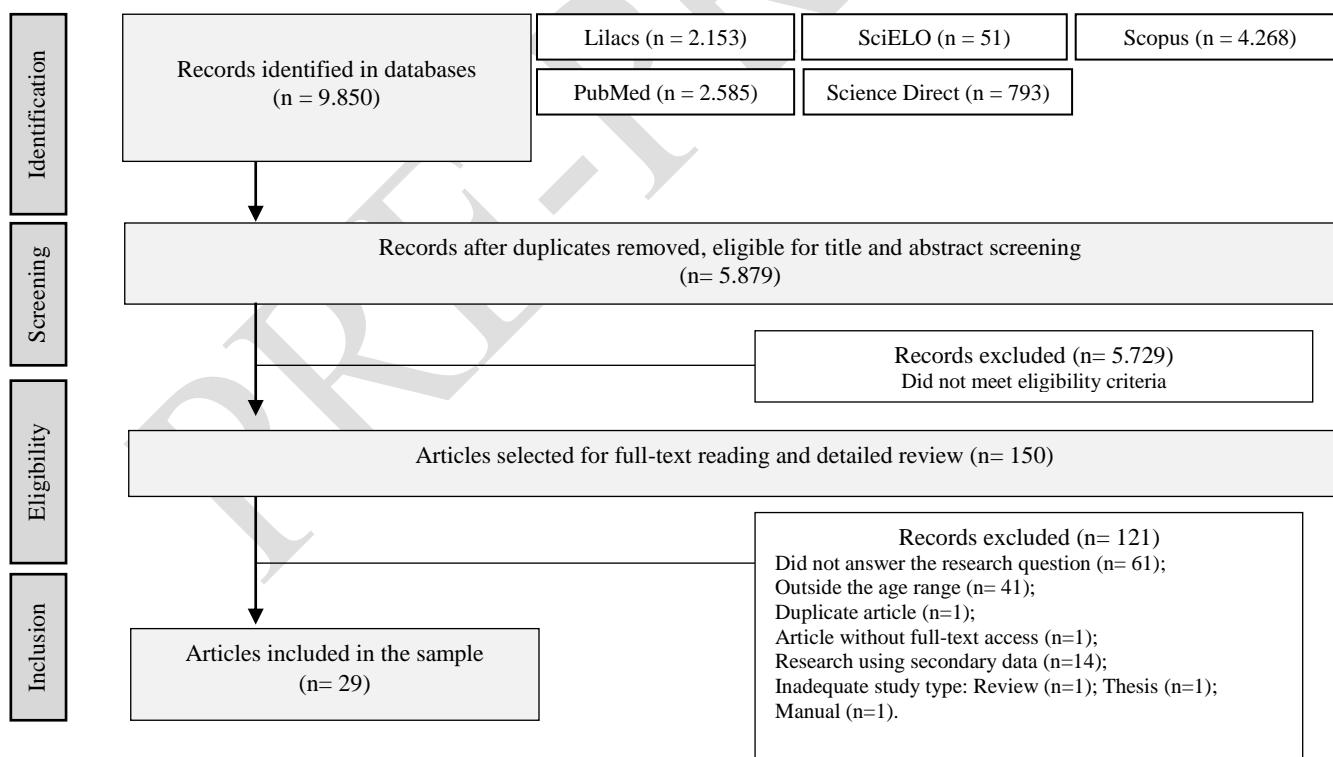
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categories that synthesize the main family-related protective factors for risk behaviors among adolescents. Thus, comparisons were made among the studies and the theoretical framework on the prevention of risk factors among school-aged adolescents in the family context, as well as an appraisal of the main findings, implications for practice, and identification of gaps for future research, culminating in the presentation of a synthesis of knowledge.

3 RESULTS

The process of identifying articles in the databases, as well as the review and selection of studies, followed the PRISMA¹⁹ flowchart, as described in Figure 1.

Figure 1 - Flowchart representing the process of selecting primary studies, adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Recife, PE, Brazil, 2025.



Source: Authors (2025).

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The characterization of the articles, including article code (letter A followed by the corresponding cardinal number), authorship, year of publication, database, journal, country, study type, sample, level of evidence²⁰, CASP score (adapted)²¹, type of risk behavior addressed, and family-related preventive factors identified in the studies, is presented in Table 2.

The temporal distribution of the selected articles spans the period from 2012 to 2025. The highest concentration of evidence was identified in 2014 (n=6; 20.7%)^{25,27,37,45,46,50} and 2012 (n=5; 17.2%)^{9,32,34,35,38}. The year 2024 (n=4; 13.8%)^{31,39,41,48} also stood out, followed by 2020 (n=3; 10.3%)^{23,24,26}. The years 2016^{40,47} and 2019^{33,49} accounted for two studies each (n=2; 6.8%). Finally, the years 2013⁴³, 2015⁴², 2017³⁶, 2018⁴⁴, 2021²⁹, 2023³⁰, and 2025²⁸ showed the lowest frequency, with only one article published per year (n=1; 3.4%).

Regarding countries of publication, the United States accounted for the largest volume of publications (n=11; 37.9%)^{30,33,35-38,44,47,48-50}, followed by Brazil (n=4; 13.8%)^{9,23,24,26} and China (n=2; 6.9%)^{27,31}. The remaining studies conducted in countries such as Myanmar³⁹, India³⁴, Portugal²⁵, Iran²⁸, England³², Northern Ireland⁴⁰, Spain⁴¹, the Czech Republic⁴², Switzerland⁴³, Ethiopia⁴⁵, and Germany⁴⁶ accounted for 37.9% of the sample, with one study from each country. There was also one multicenter study²⁹, with data collected in Spain, Peru, and the Netherlands. The predominant language of publication was English (n=89.6%)^{23,25,27-50}, followed by Portuguese (n=10.3%)^{9,24,26}.

Regarding methodological design, the quantitative approach predominated and was adopted in 27 studies (93.1%)^{23-39,41-50}. In terms of study design, there was a predominance of cross-sectional studies (n=21; 72.4%)^{24-29,31-34,36,39,41-43,45-50}. Most investigations were classified as level VI evidence (n=24; 82.7%)^{9,23-29,31-34,36,39-43,45-50}, according to the adopted criteria. Finally, the methodological quality assessed using the CASP score (adapted)²¹ was 9/9 (n=23; 79.31%)^{9,23,25-28,30,31,33-42,44-46,48,50}.

Regarding the types of health risk behaviors investigated, studies on alcohol and other drug use predominated (n=12; 41.4%)^{26,29,38,39,42-44,47-50}, followed by studies on suicidal behavior (n=8; 27.6%)^{24,25,27,30,31,36,41,46}. Delinquent behavior^{9,28,37} and sexual risk behavior^{23,33,45} had the same number of studies (n=3; 10.3%). Three studies focused on the analysis of multiple behaviors simultaneously (10.3%)^{32,34,35}.

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Chart 2. Characterization of the articles selected in the integrative review according to article code, authorship, year of publication, database, journal, country, study type, sample, level of evidence¹⁶, adapted CASP¹⁷, type of risk behavior addressed, and family-related preventive factors identified in the study. Recife, PE, Brazil, 2025.

Code	Authors / year / country	Type of study / sample / level of evidence ¹⁶ / CASP (adapted) ¹⁷	Risk behavior	Preventive factors identified in the family context
A1	BÉRIA et al., 2020 ²³ , Brazil	Case-control study, 1,288 adolescents between 14 and 16 years old. Level VI. CASP (adapt.): 9/9	Sexual Behavior	Having relatives (including parents and external family members) to trust was a protective factor against pregnancy
A2	FREITAS et al., 2020 ²⁴ , Brazil	Cross-sectional descriptive study, 203 school-aged adolescents between 12 and 18 years old. Level VI. CASP (adapt.): 8/9	Suicidal Behavior	Higher hierarchy (power relations in the family environment); Support and Affection reduced depressive symptoms among adolescents
A3	GOUVEIA-PEREIRA, ABREU, MARTINS, 2014 ²⁵ , Portugal	Cross-sectional descriptive study, 534 school-aged adolescents between 14 and 18 years old. Level VI. CASP (adapt.): 9/9	Suicidal Behavior	Adolescents from families considered balanced, with connection between members, flexible family dynamics, and renegotiation capacity, present lower suicidal ideation
A4	PEUKER et al., 2020 ²⁶ , Brazil	Descriptive, correlational, cross-sectional study with a sample of 278 school-aged adolescents between 12 and under 18 years old. Level VI. CASP (adapt.): 9/9	Alcohol and drug use	Family cohesion, characterized by openness and reciprocity in expressing feelings and thoughts, affective proximity, and union among members, was an identified protective factor in reducing alcohol and drug use
A5	SILVEIRA; MARUSCHI; BAZON, 2012 ⁹ , Brazil	Qualitative study. Adolescents between 14 and 17 years old, 12 with good social adaptation and 12 adolescents involved in delinquent behavior, 24 in total. Level VI. CASP (adapt.): 9/9	Delinquent behavior	Cohesive family environments, non-use of violence for problem-solving, quality interactions; Consistent disciplinary parenting practices – supervision, dialogue and non-corporal punishment, good relationship with parents
A6	LIANG et al., 2014 ²⁷ , China	Cross-sectional study with 2,131 school-aged adolescents (mean age: 13 years old). Level VI. CASP (adapt.): 9/9	Suicidal Behavior	Family cohesion and adaptability, suggesting a possible protective function of the family linked to a solid father-son relationship
A7	Mahshid et al., 2025 ²⁸ , Iran	Cross-sectional observational study with a population of 528 adolescents between 15 and 17 years old. Level VI. CASP (adapt.): 9/9	Delinquent behavior	The study demonstrates how maternal attachment (evidenced by a good communication relationship, stability, and respect) increases self-esteem as a protective mechanism against delinquency
A8	ALBERTOS et al., 2021 ²⁹ , Spain, Peru, and the Netherlands	Cross-sectional descriptive study, sample composed of 1,276 adolescents aged 12 to 17 from Peru, 1,230 from Spain, and 2,102 from the Netherlands. Level VI. CASP (adapt.): 8/9	Alcohol use	Structured family leisure (with a specific structure, regular schedule, clearly defined goals and rules, focus on skill-building, and adult supervision)
A9	BAKER et al., 2023 ³⁰ , USA	Longitudinal study, using data from the "Healthy Passages™" cohort, sample of 4,115 adolescents with a mean age of 13.1 years old. Level IV. CASP (adapt.): 9/9	Suicidal behavior	For all adolescents, perceptions of greater connection (perceptions of affection, acceptance, proximity, and care) with their parents and family during early adolescence were associated with a lower probability of suicidal behavior three years later
A10	BAO et al., 2024 ³¹ , China	Cross-sectional study with 3,443 adolescents aged 12 to 18. Level VI. CASP (adapt.): 9/9	Suicidal behavior	Adolescents' perception of good family support had a partial protective effect on the relationship between anxiety symptoms and suicidal ideation, suggesting that strengthening family support systems can serve as a protective factor

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A11	BROOKS et al., 2012 ³² , England	Cross-sectional study with 1,087 school-aged adolescents aged 15. Level VI. CASP (adap.): 8/9	Multiple behaviors (Alcohol use, cigarette smoking, cannabis use, and sexual behavior)	Sense of autonomy within the family, sense of family belonging, supportive family relationship, parental regulation, negotiation regarding leisure, function as a protective mechanism against multiple and high-frequency risk behaviors
A12	CAUSEY; HIGH, 2019 ³³ , USA	Cross-sectional study with 1,102 African-American adolescents with a mean age of 14 years old. Level VI. CASP (adap.): 9/9	Sexual Behavior	Adolescents with higher levels of parental monitoring reported lower levels of risky sexual behaviors in adolescence
A13	CHHABRA; SODHI, 2012 ³⁴ , India	Cross-sectional descriptive study with 500 male adolescents aged 12 and 18. Level VI. CASP (adap.): 9/9	Multiple behaviors (Suicidal, substance use, risky sexual behavior)	Inducing adolescents to have responsibilities, family structure, values, monitoring, and communication between parents and children are important factors that influence critical choices, such as drug experimentation, delaying the start of sexual relations, and more consistent use of contraceptives by sexually active adolescents
A14	FOSCO et al., 2012 ³⁵ , USA	Longitudinal, prospective, and autoregressive study with 593 adolescents from 6th to 8th grade. Level IV. CASP (adap.): 9/9	Multiple behaviors (Antisocial behavior, substance use)	Parental monitoring and family relationships play important and relevant preventive roles in youth involvement in antisocial behavior, substance use, and deviant peer groups. Receiving parental support and guidance, trusting their advice, and feeling emotional connection
A15	FOSTER et al., 2017 ³⁶ , USA	Cross-sectional study with 224 dyads of adolescents between 12 and 15 years old and their parents. Level VI. CASP (adap.): 9/9	Suicidal Behavior	Adolescents with strong connections to their parents were more likely to report lower levels of depressive symptoms, suicidal ideation, non-suicidal self-injury, and conduct problems. The resilient nature of families, with parent-child connections, appears to benefit youth
A16	HAEGERICH et al., 2014 ³⁷ , USA	Longitudinal study, 1,093 pairs of caregivers and adolescents between 12 and 17 years old. Level IV. CASP (adap.): 9/9	Delinquent behavior, Youth violence, weapon carrying	Monitoring, supervision, honesty between parents and children, warm relationship that broadens communication
A17	KOPAK et al., 2012 ³⁸ , USA	Longitudinal study, 4,894 adolescent alcohol consumers and 2,875 drug users, with a mean age of 16 years old. Level IV. CASP (adap.): 9/9	Alcohol and drug use	Family cohesion, parent-child attachment, and parental control predicted a lower probability of experiencing drug use-related problems, while family cohesion and parental control protected against alcohol-related problems
A18	LATT et al., 2024 ³⁹ , Myanmar	Cross-sectional and correlational study with a sample of 157 adolescents between 13 and 18 years old. Level VI. CASP (adap.): 9/9	Alcohol and drug use	A "healthy" family functioning, measured by aspects of communication, cohesion, and good problem-solving, was associated with the intention to avoid drug and alcohol use and abuse among participants
A19	MCLAUGHLIN; CAMPBELL; MCCOLGAN, 2016 ⁴⁰ , Northern Ireland	Qualitative study with focus groups, 62 adolescents between 13 and 17 years old participated. Level VI. CASP (adap.): 9/9	Alcohol and drug use	Positive parent-child attachment, including spending quality time together and effective communication (between parents and with children) and listening skills. Adolescents were considered less likely to use substances when parents were dedicated, loving, attentive, supportive, and reliable, and when they gave autonomy or trusted their children
A20	PELÁEZ-FERNÁNDEZ et al., 2024 ⁴¹ , Spain	Cross-sectional study with a sample of 2,722 adolescents between 12 and 18 years old. Level VI. CASP (adap.): 9/9	Suicidal behavior	Adolescents' perception of a positive family climate (with cohesion and space to express their feelings) contributed to the reduction of suicidal ideation
A21	SPIJKOVÁ;	Cross-sectional study with 1,025	Cigarette and	Mother's educational level; The role of

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	PIKHART; DZÚROVÁ, 2015 ⁴² , Czech Republic	middle school-aged adolescents aged between 14 and 15 years old. Level VI. CASP (adap.): 9/9	alcohol use	parents, monitoring of their children's leisure activities, and setting a good example; Higher level of satisfaction with the relationship with the mother; Adolescents from two-parent families
A22	TORNAY et al., 2013 ⁴³ , Switzerland	Cross-sectional study with 7,611 adolescents aged 15 and 16. Level VI. CASP (adap.): 7/9	Alcohol, cigarette, and other drug use	Parental monitoring; the two practices most strongly associated were knowledge of who they were with and knowledge of where they were
A23	COX et al., 2018 ⁴⁴ , USA	Longitudinal study, 1,023 parent-adolescent dyads from 6th to 8th grade participated. Level IV. CASP (adap.): 9/9	Alcohol use	Protective influences of parental communication and rules for drinking
A24	DESSIE; BERHANE; WORKU, 2014 ⁴⁵ , Switzerland	Cross-sectional study, 663 adolescents between 13 and 18 years old participated. Level VI. CASP (adap.): 9/9	Sexual Behavior	Adolescents with satisfactory levels of reproductive sexual communication and high parental monitoring were less likely to report a higher number of risky sexual practices
A25	DONATH et al., 2014 ⁴⁶ , Germany	Cross-sectional study, 44,134 9th-grade students, with a mean age of 15 years old. Level VI. CASP (adap.): 9/9	Suicidal Behavior	Authoritative parenting protects against suicidal behavior and was shown to reduce the risk of suicide attempts by approximately 20%
A26	HANDREN; DONALDSON; CRANO, 2016 ⁴⁷ , USA	Cross-sectional study, 8th-grade (N = 7,229), 10th-grade (N = 5,986), and 12th-grade (N = 1,570) adolescents participated. Level VI. CASP (adap.): 8/9	Alcohol use	Parental involvement had a protective effect on alcohol use for all groups
A27	RAHAL et al., 2024 ⁴⁸ , USA	Cross-sectional study with a sample of 316 school-aged adolescents of various ethnicities with a mean age of 16.40 years old. Level VI. CASP (adap.): 9/9	Substance use	Correlations indicated that adolescents who had more family meals reported moderately higher parental support, greater family cohesion, more time spent with parents, and, on average, more leisure time with family. In female adolescents, this greater interaction with parents was associated with lower substance consumption
A28	SHIN; MILLER-DAY; HECHT, 2019 ⁴⁹ , USA	Cross-sectional study, 718 9th-grade students participated, with a mean age of 14.68 years old. Level VI. CASP (adap.): 8/9	Alcohol and drug use	Ongoing indirect parental communication style (e.g., hinting and non-verbal cues) resulted in the lowest use of alcohol, cigarettes, or marijuana; Structural traditionalism was related to lower degrees of cigarette, marijuana, and chewing tobacco use
A29	TELZER; GONZALES; FULIGNI, 2014 ⁵⁰ , USA	Cross-sectional study, 385 dyads of school-aged adolescent + primary caregiver participated, with 9th and 10th-grade students. Level VI. CASP (adap.): 9/9	Alcohol and drug use	Family obligation values are protective for substance use by Mexican adolescents. They were associated with lower levels of substance use because adolescents were less likely to associate with deviant peers and more likely to disclose their activities to their parents

Source: Authors (2025).

Three analytical thematic categories were identified, synthesizing the main family-related protective factors for risk behaviors among adolescents, as shown in Table 3.

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Chart 3. Categorization and thematic analysis of preventive factors for risk behaviors identified in the family context. Recife, PE, Brazil, 2025.

Thematic category	Analytical synthesis	Integrated findings
1. Family cohesion with protective affective bonds and autonomy with support 23,24,26,27,30,31,36,38,40,47	Refers to the quality of family relationships, characterized by affection, trust, respect, belonging, and emotional support, forming the structural basis of protection against risk behaviors. Balance between adolescent autonomy and family support, associated with the transmission of values, daily structure, and parental involvement.	Children's trust in parents and relatives and parents' trust in children; pride and identification with the family; reduction in the use of alcohol, drugs, self-harm, and suicide; protection in diverse groups. Autonomy with support; structured leisure; family values and spirituality; lower risk of self-harm and delinquency.
2. Dialogic and expressive family communication 25,28,34,37,39,41,49	Open, bidirectional, and respectful communication that fosters the expression of feelings, the sharing of experiences, and the prevention of risk behaviors.	Reduction in suicidal ideation, anxiety, and depressive symptoms; lower sexual risk; lower levels of substance use.
3. Parental monitoring with consistent parenting practices and legitimate authority 9,29,32,33,35,42-46,48,50	Continuous monitoring of adolescents' routines, relationships, and activities, exercised in a non-violent manner and with parental involvement. Additionally, consistent parenting practices with clear limits, non-violent discipline, and authority perceived as fair, promoting adolescent self-regulation.	Continuous monitoring of adolescents' routines, relationships, and activities, exercised in a non-violent manner and with parental involvement. Additionally, consistent parenting practices with clear limits, non-violent discipline, and authority perceived as fair, promoting adolescent self-regulation.

Fonte: Autores (2025).

3.1 Family cohesion with protective emotional bonds and supported adolescent autonomy

The findings of the studies demonstrate how the emotional quality of family relationships can function as a protective mechanism against risk behaviors; however, prevention does not occur through control, but through emotional security. In this context, family cohesion is highlighted in the studies through elements such as affection, trust, belonging, and emotional support^{23,24,26,27,30,31,36,38,40,47}.

The studies suggest that a supportive family environment in which the adolescent has someone to trust²³, combined with positive attachment characterized by dedicated,

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loving, attentive, supportive, and reliable parents⁴⁰, may reduce involvement in risky sexual behaviors and substance use, respectively. Furthermore, the adolescent's subjective perception of feeling accepted, cared for, and the recipient of affection has also been associated with a lower likelihood of suicidal behavior^{24,30}.

Some authors recognize the family as an integrated and cohesive unit, characterized by family cohesion, with an environment that provides openness and reciprocity for expressing feelings, emotional closeness, and unity among members²⁶. In the prevention of risk behaviors, a strong relationship between parents and children²⁷, as well as connections and attachment to their parents^{36,38}, are associated with lower risks of self-harm, drug and alcohol use, and conduct problems, demonstrating the relevance of emotional bonding and connection between adolescents and their families. Thus, the studies indicate that adolescent autonomy is grounded in parental support³¹ and active parental involvement⁴⁷, which promote secure development and, consequently, have a protective effect against suicidal ideation, anxiety, and alcohol use in the studied groups.

3.2 Dialogic and expressive family communication

In this category, the findings refer to studies that identified family communication as a pillar for the prevention of risk behaviors. In this regard, it stands out as a protective factor not only because of the presence of dialogue, but also because of its quality, being affective, honest, functional, flexible, and guiding^{25,28,34,37,39,41,49}. In other words, it is an interaction system that allows the adolescent to renegotiate their role within the family²⁵ and to express their distress⁴¹ in a safe and honest environment³⁷.

The studies highlight that establishing a space for the expression of feelings, with honesty and reciprocity^{37,41,49}, promotes meaningful exchanges between adolescents and their families, enhancing the moral and emotional quality of communication³⁷ and contributing to the reduction of risk for suicidal and delinquent behaviors^{25,28,41}. From this perspective, some authors conceptualize communication as a general family competence, requiring a sense of security for the expression of feelings⁴¹, in addition to dialogue and a positive relationship to support positive discipline and secure attachment between adolescents and their parents²⁸. Studies indicate that the mere presence of dialogue between parents and children, along with a relationship that encourages such

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exchanges, functions in itself as a protective factor against isolated risk behaviors, such as alcohol and drug use^{39,49}, delinquent behavior^{28,37}, and suicidal behaviors^{25,41}, as well as multiple concurrent behaviors³⁴.

In this context, communication was also identified in the studies as a functional tool, in which dialogue serves not only for conversation but also for negotiating rules and resolving conflicts, avoiding rigidity that could lead to risk behaviors such as suicidal ideation²⁵ and supporting the prevention of alcohol and substance use³⁹. In addition, the findings showed that the prevention of risk behaviors is strengthened when parents and caregivers use communication as a channel through which values and stability are conveyed, directly influencing adolescents' critical decisions, such as delaying sexual initiation and avoiding drug experimentation³⁴, as well as fostering mechanisms that enhance self-esteem and protect against delinquency²⁸.

3.3 Parental monitoring with consistent parenting practices and legitimate authority

The findings of the articles in this category demonstrate that continuous monitoring of adolescents' routines, relationships, and activities is carried out in a non-violent manner and with parental involvement. In addition, consistent parenting practices, with clear limits, non-violent discipline, and authority perceived as fair, may contribute to adolescents' self-regulation^{9,29,32,33,35,42-44,46,48,50}.

The included studies show that parental monitoring, grounded in consistent parenting practices, high-quality communication, and authority legitimized by emotional bonds, constitutes an important protective factor against risk behaviors in adolescence.

In cohesive family environments, with non-violent disciplinary practices, supervision, dialogue, and clear rules⁹, structured family leisure, and shared routines such as regular schedules, goals, explicit rules, and adult supervision^{29,48}, as well as close and systematic parental monitoring, especially regarding parents' knowledge of where adolescents are and with whom, are associated with a reduction in risky sexual behaviors, substance use, and involvement in antisocial conduct^{33,35,43,44}.

In addition, the balance between control and autonomy, emotional support, family obligation values, and authoritative parenting were shown to be protective against multiple risks and suicidal behavior by strengthening bonding, trust, and legitimate parental

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authority^{32,46,50}, and are also influenced by structural and relational factors, such as maternal education and biparental family structure⁴².

4 DISCUSSION

The studies highlighted aspects of balance between adolescent autonomy and family support as protective elements against risk behaviors. In this context, family cohesion, understood as the intensity of emotional bonds and the sense of belonging, support, and unity among members, is positively associated with individuals' psychological well-being and the quality of family interactions^{51,52}.

Cohesive families are more likely to provide an environment in which members feel valued, understood, and supported, which can significantly improve their mental and emotional health⁵². A longitudinal study conducted with 3,604 adolescents in the United States found that high family cohesion significantly attenuated the relationship between risk behaviors and exposure to violence, reducing the risk of depression and post-traumatic stress disorder⁵³, as well as alcohol and other substance use⁵⁴.

In this regard, the literature indicates that interventions targeting substance use and other risk behaviors should include techniques that strengthen bonds and the sense of closeness between youth and caregivers⁵⁴. However, the effectiveness of this family cohesion is conditioned by social determinants such as economic status, immigration, cultural identity, religious values, level of education, and global events such as wars and economic crises. Since the family is a social structure in constant interaction with the community, its functioning reflects external influences⁵².

Although the transition to adulthood is a time for greater autonomy, caregivers, health professionals, and educators should carefully consider and promote ways for adolescents to remain engaged in processes of cohesion, bonding, support, and care within the family as a means of building the resilience needed during a period of transition and potential risk⁵⁵.

In the context of family communication patterns, conversation orientation reflects the extent to which families encourage open, expressive, and supportive communication among their members. Higher levels of conversation-oriented communication were significantly associated with increased adolescent self-efficacy and positive prosocial

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behaviors in virtual environments, indicating that receptive and dialogic family communication promotes adolescents' confidence in sharing thoughts, feelings, and perspectives in both offline and online contexts⁵⁶.

A study conducted with high school and college students from public and private institutions in Spain supports the findings of this review, showing that open and empathetic family communication can act as a moderating factor in suicidal ideation among cybervictimimized adolescents⁵⁷. From this perspective, it is essential for caregivers to establish connections with adolescents, promoting a space for dialogue, acceptance, and responsibility that is adapted to the subjective changes and the need for exploration characteristic of adolescence, allowing them the freedom to share their experiences and concerns¹¹. In addition, open family communication should be recognized as an effective preventive strategy in the context of suicidal behavior among adolescents, as well as a protective factor for health and well-being^{57,58}.

Regarding parenting practices and legitimate authority with adolescents, a healthy family environment constitutes a protective factor against behavioral problems, as interpersonal relationships and positive parenting practices contribute to better academic performance, resilience, self-esteem, and improved coping with adverse situations⁵⁹. Educational parenting practices deeply impact adolescents' needs for autonomy, competence, and social connection. These dimensions encompass, respectively, the desire for self-direction, the sense of capability, and the need for belonging. By establishing secure and stable connections, parents promote the trust necessary for the development of resilience and adolescents' own autonomy. In addition, strategies that support this autonomy, such as offering choices, justifying rules, and acknowledging feelings, are fundamental for psychosocial adjustment, reinforcing emotional security and voluntary engagement within the family environment⁶⁰.

In contrast, weak parental bonds and insufficient supervision may predispose adolescents to risk behaviors. The National School Health Survey (2019) supported this relationship by identifying higher polysubstance use among adolescents who experience parental aggression, skip school without their parents' knowledge, and whose leisure activities are not supervised by caregivers⁶¹. In addition, controlling, rigid, and neglectful parenting practices are considered risk factors for adolescent well-being and are associated

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with involvement in bullying, suicidal ideation, anxiety, alcohol and drug use, as well as mental disorders⁶².

5. FINAL CONSIDERATIONS

This review presented a synthesis of current scientific evidence on preventive and protective factors for risk behaviors among school-aged adolescents within the family context. Publications were identified that elucidated relevant and interrelated aspects of family dynamics, functioning, and parenting practices in protecting against risk behaviors among youth.

Cohesion with affective bonds emerged as a key aspect of family dynamics, identified in the studies as protective against risk behaviors. Characteristics of cohesive families, such as reciprocity, communication, commitment, affection, and support, were also highlighted as protective tools against risk behaviors. It is important to consider the construction of positive family affective bonds that contribute to providing adolescents with self-knowledge and autonomy for making assertive decisions that promote healthy development.

Dialogic and expressive family communication emerged as a protective factor within the family context by enabling adolescents to feel safe in expressing their feelings and concerns, including topics still considered taboo today, such as sexuality, gender issues, intimate relationships, and alcohol and drug use, among others. Dialogic relationships contribute to strengthening bonds of closeness, trust, and mutual respect. Thus, amid various challenges and situations of vulnerability to which adolescents are exposed, the family context serves as a source of security.

Regarding parental monitoring with parenting practices and legitimate authority, the studies also emphasize the importance of building dialogic and trusting relationships between parents and children, grounded in mutual respect and the establishment of firm parental guidance that incorporates consistent, yet non-violent, disciplinary practices that promote a culture of peace.

The findings highlight the need for preventive actions and public policies aimed at protecting the family context, emphasizing the constitutional role of the state, schools, and society in ensuring adolescents' freedom, dignity, physical, psychological, and moral

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integrity, as well as health and education. In other words, the findings of this review indicate that the construction of a cohesive, protective, and dialogic family environment plays a role in preventing and protecting against risk behaviors; however, it also requires the active support of state mechanisms and public policies aimed at strengthening family structure and socioeconomic conditions, which contribute to a safe and responsible environment.

Reflecting on the protection of this population also involves creating spaces for responsible emancipation that are educational and formative, both within and beyond the family environment, in order to build a support network that enables adolescents to actively participate in their life processes, making thoughtful and critically informed choices. Everything that fosters conscious participation and autonomy, linked to a dialogic and emancipatory education, also enables these individuals to become protagonists in the course of their development.

As limiting factors of this study, the selection of descriptors focused on only four types of risk behaviors is noted, excluding a range of other behaviors that also result in vulnerabilities for this population, such as physical inactivity, eating disorders, excessive use of the internet and electronic devices, bullying, among others.

Furthermore, future research is encouraged to explore in greater depth issues related to social determinants of health, sociodemographic and cultural particularities of adolescents and their families, as well as intersectoral health education intervention studies involving both education and health sectors for adolescents and their families, in order to enhance youth protagonism supported by a cohesive, affective, and dialogic family context.

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