

The influence of intimate partner behaviour on the development of adaptive vs. maladaptive emotional and behavioural coping mechanisms in children

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Abstract

Dit bachelorwerkstuk onderzoekt de invloed van partnergeweld, of intimate partner violence (IPV), op de ontwikkeling van adaptieve en maladaptieve coping mechanismen bij schoolgaande kinderen (4-12 jaar). IPV creëert een angstige en onvoorspelbare thuisomgeving, wat de emotionele, psychologische en gedragsmatige gezondheid van kinderen negatief beïnvloedt. Dit werkstuk integreert het Cognitieve Contextuele Kader (Fosco & Grych, 2007), dat stelt dat kinderen actief de waargenomen conflicten interpreteren en hun eigen coping vaardigheden daarbij inschatten.

Dit bachelorwerkstuk, een systematische review en inhoudsanalyse, identificeert verschillende coping mechanismen, waaronder gedragsmatige reacties zoals terugtrekking, alertheid en directe interventie, maar ook emotionele reacties zoals verdriet, woede en positieve cognitieve herstructurering. De coping mechanismen worden gecategoriseerd aan de hand van de CCSC-R1 en vervolgens onderverdeelt in adaptief en maladaptief. Adaptieve mechanismen passen zich aan op het geweld. Deze omvatten probleemoplossing en het zoeken naar sociale steun, terwijl maladaptieve strategieën, zoals vermijding, dissociatie en emotionele loskoppeling van de misbruiker, op lange termijn schadelijk kunnen zijn. De ouder-kindrelatie blijkt een belangrijke mediator; een veilige en ondersteunende band met de niet-mishandelende ouder functioneert als een beschermende factor.

Dit bachelorwerkstuk benadrukt het belang van inzicht in deze mechanismen voor het ontwikkelen van geïnformeerde interventies die veerkracht bevorderen en het welzijn van kinderen verbeteren. Beperkingen omvatten mogelijk publicatiebias, taal- /culturele beperkingen en de beschrijvende aard van dit werkstuk waarmee geen directe verbanden mee kunnen worden getrokken.

Introduction

Exposure to intimate partner violence (hereafter also referred to as IPV) is a widespread issue, affecting a significant number of children globally (Wathen & Macmillan, 2013). Even when the child is not the direct victim of the violence, IPV is becoming more widely acknowledged as a type of child abuse (Wathen & Macmillan, 2013). According to this concept, a child's experience of seeing or knowing aggressive or threatening behaviour between intimate partners—typically their parents or guardians—is considered exposure to IPV. Physical, emotional, and psychic abuse are all included in this definition. With domestic violence (DV) defined as "violence or aggression that occurs by current and former spouses or similarly situated individuals (e.g., cohabiting partners and individuals who share a child" (Fernandes-Alcantara, 2019), there is a significant overlap in their meanings. The major difference being domestic violence covers every item of aggression within a household, whereas intimate partner violence only covers violence between partners. Because of this overlap, this thesis will draw upon research using both terms, clearly specifying the term used within the cited article.

Children exposed to IPV face a significantly heightened risk of developing a variety of psychological and emotional difficulties, including anxiety disorders, depressive symptoms, and the negative effects of post-traumatic stress disorder (PTSD) (Kilpatrick & Williams, 1998; Graham-Bermann & Levendosky, 1998), as well as a range of behavioural issues and challenges in emotional regulation (Holt et al., 2008). The pervasive impact of IPV extends across multiple critical developmental stages, hindering the development of important social skills which are necessary for healthy interpersonal relationships. This disruption affects the development of effective emotional regulation, cognitive functioning and the forming of secure attachment bonds with primary caregivers (Howell et al., 2014).

These children learn a variety of coping strategies in an effort to deal with the demanding and even traumatic situations that come with growing up in a household where IPV takes place. Their reactions might vary from externalizing behaviours like anger, resistance, and acting out to internalizing behaviours like social disengagement, elevated anxiety, and physical complaints (Fong et al, 2019). A

variety of factors impact the development of coping mechanisms, including the age and developmental stage of the child, the frequency and intensity of intimate partner violence, the child's resilience, the availability of social support, the parent-child relationship, and the child's relationship with the victim of IPV (Figge et al, 2018).

Additionally, a growing body of research has demonstrated a connection between childhood exposure to intimate partner violence (IPV) and a higher likelihood of experiencing and committing violence in subsequent intimate relationships, illustrating the generational cycle of violence (Renner & Slack, 2006). Given the intricate relationships between IPV and children's development, it is crucial to learn more about the particular coping strategies those children employ when they encounter such negativity and to recognise the elements that highlight adaptability and resilience. Building on theoretical frameworks that seek to explain children's responses to interparental conflict, such as the Cognitive Contextual Framework (Fosco et al., 2007), it is understood that children actively attempt to appraise and understand the conflict they witness – analysing its causes, its potential impact on their own safety and well-being and their own ability to cope. According to this approach, children's subsequent emotional and behavioural results are significantly shaped by these cognitive assessments. Internalizing and externalizing behavioural and emotional issues in children exposed to interparental conflict have been found to be strongly correlated with certain types of appraisals, specifically the perception of a threat to the child's safety and well-being and a perceived lack of coping strategies to effectively manage the distress caused by the conflict (Grych et al., 2000).

However, the exact ways that IPV affects children's cognitive appraisals of conflict and the theoretical significance of cognitive appraisals in mediating these effects are still largely unknown and require more research, despite the established link between exposure to IPV and adverse child outcomes. An increasingly important mediating aspect in this complex dynamic would be the quality of the parent-child bond. According to some theories, domestic violence can significantly damage the stability and security of the parent-child bond, which by itself is a strong predictor of a number of negative child outcomes, such as behavioural, emotional, and social issues (Fosco & Grych., 2007).

This thesis intends to fill this important gap in the literature by methodically reviewing and analysing previous studies in order to develop a thorough grasp of the variety of coping strategies used by school-aged children (particularly those aged 4 to 12) who have experienced intimate partner violence. Additionally, this study aims to pinpoint the critical elements that may impact this susceptible group's adoption and use of adaptive versus maladaptive coping mechanisms. According to this thesis, maladaptive coping strategies are characterized as "strategies used to ineffectively attempt to deal with stressors, such as avoidance and anger.", whereas adaptive coping mechanisms focus on effective reactions to stressors, such as problem-solving, seeking social support, and engaging in activities like exercise or relaxation techniques. The following research question thus reads:

“How does exposure to intimate partner violence impact the development of adaptive vs. maladaptive coping mechanisms in school-aged children (ages 4-12)”?

Theoretical Framework

IPV creates an environment of fear, instability and unpredictability, which in turn negatively affects a child's emotional, psychological, and behavioural health (Kilpatrick & Williams, 1998; Howell et al., 2014). A well-defined theoretical framework is necessary in order to clarify its effects on these specific domains.

Cognitive Contextual Framework

According to Fosco and Grych's (2007) Cognitive Contextual Framework, children try to understand the violence they observe. These appraisals actively underline the meaning of the occurrences rather than passively observing them. Children assess the perceived danger to their own safety and well-being, as well as the safety of their primary caregivers (Figge et al., 2018). They also consider their capacity to cope with the emotions brought on by IPV, their confidence that they can change the situation, their understanding of the violence and their own part in it. These appraisals have a big impact on the kinds of coping strategies children learn and use. Bogat et al. (2023) hypothesize that maladaptive coping mechanisms often come from perceptions of high threat and low coping efficacy.

The Parent-Child Relationship

As stated in the introduction, this thesis recognizes that a number of contextual and child-specific factors also affect the relationship between IPV, cognitive appraisals, the parent-child relationship and coping mechanisms (Miranda et al., 2023). Firstly, children's understanding and responses to IPV are influenced by their developing cognitive and emotional abilities. Younger children may depend more on observable cues from caregivers and have less developed cognitive appraisal skills. (Howell et al., 2014). Second, more frequent and severe violence may be associated to more serious disturbances in the child's surroundings and interactions, as well as higher danger assessments (Holt et al, 2008). Thirdly, a child's personality could influence their how they adjust to changes. Lastly, supportive relationships with friends, family or other adults can also offer coping tools and act as a buffer against the negative effects of intimate partner violence. The relationship with the victimized parent may also be especially important because their personal experiences of violence may limit their ability to provide support (Figge et al., 2018).

Coping Efficacy

A common ground of all these aspects is the coping efficacy of children, and by extension their use of specific coping mechanisms. Children develop a range of coping mechanisms in response to IPV, which can be roughly polarized into adaptive and maladaptive schools of coping. Adaptive strategies for coping include problem-solving, emotional expression, seeking social support and positive cognitive restructuring. These strategies aim to manage emotional distress or deal with its origin. Maladaptive coping mechanisms include substance abuse (particularly with teenagers), acting out, avoidance, withdrawal, violence and internalizing symptoms (such as anxiety, depression and physical complaints). Although these techniques often offer temporary relief, they may have negative long-term consequences (Miranda et al., 2022).

Children's psychological, emotional, behavioural and social adjustment can also be impacted by the kind and efficacy of coping strategies they use. According to Renner and Slack (2006),

maladaptive coping is linked to a higher chance of mental health issues as well as challenges in future relationships.

Visual Representation

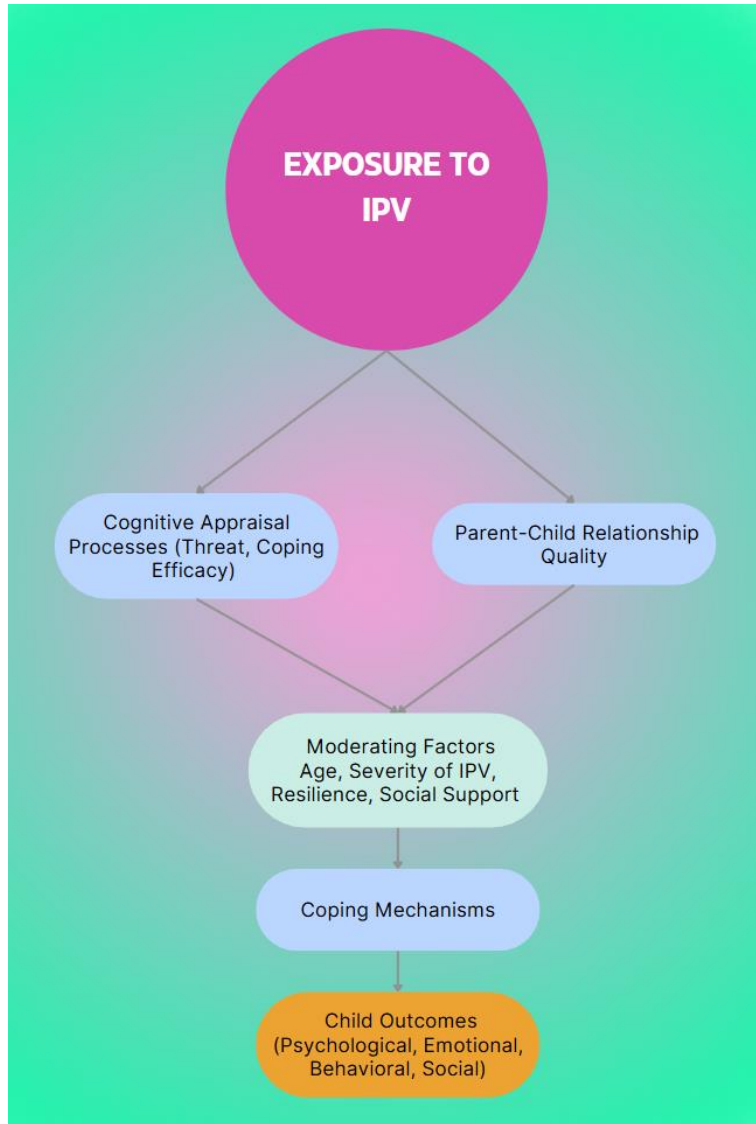


Figure 1: A simplified visual representation of this framework

In conclusion, this thesis explains how school-aged children cope with exposure to IPV by combining the Cognitive Contextual Framework with the parent-child relationship. It suggests that children's interactions with caregivers have a major impact on their assessments of violence, which are formed by their developmental stage and a number of contextual factors. This ultimately affects their well-being by influencing the development of either maladaptive or adaptive coping mechanisms

Methods

In order to synthesize previous studies on the coping strategies of school-aged children exposed to intimate partner violence (IPV), this thesis uses a systematic review design and content analysis. This method is most suitable for this subject because it allows for a comprehensive and unbiased synthesis of diverse research findings on a complex issue (Snyder, H., 2019). This thorough approach identifies existing knowledge, highlights gaps and provides strong evidence to inform future research and intervention strategies. For this thesis, a child's exposure to IPV encompasses witnessing or being aware of violent or threatening behaviour between intimate partners, often being a child's parents or guardians. This includes abuse that is psychological, emotional, and physical (Meltzer, H., 2009). As stated in the introduction, articles that use either the terms intimate partner violence or domestic violence will be included because of the parallels between the definitions. The precise denomination used in the original source will be mentioned when citing such articles. This review attempts to give a thorough overview of the likely connections between exposure to IPV and its effects on the development of adaptive versus maladaptive emotional and behavioural coping mechanisms by combining the experiences and findings of several studies that are directly related to the research goal and questions. An exploratory search revealed a need for such a comprehensive analysis in the body of existing research.

Literature Search Strategy

To find research looking at coping mechanisms or interventions for children who were exposed to IPV, a thorough literature search was done across useful databases, specifically PsycINFO, ERIC, and CINAHL. To strengthen the credibility, it was ensured that the utilised sources were also peer-reviewed. The core search string utilized was: (child OR children OR childhood OR kid OR kids OR adolescent* OR youth OR minor* OR young people) AND ("domestic violence" OR "domestic abuse" OR "parental violence" OR "intimate partner violence" OR IPV OR "family violence" OR "witness* violence") AND (intervention* OR program* OR prevention OR therapy OR treatment OR support OR strategy OR strategies OR response OR responses) AND (coping OR "coping mechanism*" OR "coping

strateg*" OR resilience OR adaptation OR "coping skill*" OR "psychosocial support") This initial search yielded 869 potentially relevant articles.

Study Selection Criteria

The primary focus of this review were studies on coping methods, coping mechanisms or similar constructs in children who have been exposed to intimate partner violence. Priority was given to studies that examined specific approaches or interventions meant to affect the coping skills of children who were subjected to IPV. Nonetheless, descriptive research that gave insight into the coping strategies used by this group was also deemed significant. This thesis only contained research that was published in English or Dutch. Studies released more than 30 years before the search date were disqualified in order to guarantee that the results were applicable to current knowledge and procedures. This specific criterion recognizes that the nature and use of interventions may evolve throughout time.

There were two screening steps in the selection process. First, using the inclusion criteria as guidelines, the titles of the identified articles were reviewed for initial relevance. Second, a closer look was taken at the abstracts of items that might be of interest. When the abstract and title suggested a strong fit with the study questions and purpose, the entire text of the paper was viewed and carefully evaluated in relation to all inclusion criteria. A "snowball effect" selecting technique was also used. In order to find other potentially relevant research that might not have been found by the original database searches, the publications that satisfied the inclusion criteria were reviewed. This additional strategy sought to improve the literature review's thoroughness and legitimacy.

Data Extraction and Synthesis

The key elements relevant to the research objectives were the focus of data extraction from the included studies. These elements were then categorized, including the reference itself, the year of publication, the research strategy employed, the sample size, and the study population's characteristics (age range, definition and context of IPV exposure, and severity of IPV). The thesis will also include the particular coping mechanisms or methods that were found or addressed in the study and categorize them in a framework similar to the Children's Coping Strategies Checklist- Revision 1(CCSC-R1).

According to definitions found in the pertinent literature, these were thereafter divided into two categories: adapted and maladaptive, depending on the context and relevant literature.

The information obtained from each study was consistent and thorough due to the usage of a standardized data extraction form. A content analysis method was subsequently used to synthesize the retrieved data. To do this, the results from all of the included studies were carefully categorized and summarized in order to detect recurring themes, trends, and inconsistencies pertaining to the research issues. The analysis concentrated on characterizing the variety of coping methods found in the literature, focusing on the elements that influence the development of adaptive versus maladaptive coping strategies in children who have been exposed to intimate partner violence.

Quality Review

The used evaluation tactic to ensure the quality of the sources was based on the Joanna Briggs Institute (JBI) critical evaluation checklist. It considered elements including the study question's clarity, the suitability to the subject and the outcomes' clear reporting. Since the goal was to present a holistic review of the existing literature, no research was disqualified based on only quality, even though the quality assessment guided the interpretation of the result. This approach allowed the exploration of trends and connections between school-aged children's exposure to IPV and their development of coping strategies by combining the results of previous studies. The primary focus of the literature search, data extraction, and content analysis that follows was based on the key ideas of IPV exposure, adaptive and maladaptive coping strategies, and the possible impacting factors.

Results

“Children who are victims of domestic violence suffer in silence”, Dobson (2007).

Although there is truth to this statement, it does not always cover all cases of domestic violence. Children who witness IPV or DV have a large variety of coping mechanisms at the ready. Depending on the context and the output of their cognitive appraisals, they approach from different angles. To

reflect on these types of coping mechanisms, they will be categorized by the scales of the CCSC-R1, coping mechanisms that fall out of these categories and other related factors.

Problem-Focused Coping

In Deboard-Lucas' and Grych's study (2011), some children opted for indirect intervention, even while it relies on resources that are not directly within their control (14.7%). This appealing for help from others (such as police or outside family members) also demonstrates a problem-focused coping approach. Close to a third of children went for direct intervention instead, by interrupting or distracting their caregivers. These types of interventions can potentially endanger children (Georgsson et al, 2011).

Something that is often noticed in children exposed to trauma is a type of vigilance, suggested by the percentage of children who stayed to witness the confrontation (32.4% directly, 11.8% indirectly) (Deboard-Lucas & Grych, 2011, Miranda et al, 2023). Although it can also lead to chronic anxiety and stress, this monitoring behaviour may be an attempt to anticipate rising violence and get ready for possible dangers. Nearly a third of children actively tried to stop the violence directly, demonstrating their desire to keep the abused parent safe.

Positive Cognitive Restructuring

According to Camisasca et al. (2017), certain children adopt positive cognitive restructuring, which involves changing their perspective on the conflict to one that is more positive, as a coping strategy. Instead of concentrating on the bad things that have happened to them, they highlight the good times they have spent with their parents or guardians. Miranda et al (2023) also include positive resignification, where they analyse experiences and transform them into positive ones. This coping mechanism is mostly seen in adolescents. In Henze-Pedersen's study (2021), some children deliberately preserved a sense of intimacy by emphasizing pleasant memories and shared experiences, even in the face of the father's aggression. Children also created independent ways to bond with their fathers, which is demonstrated by a child, named Noah, who's listening to his father's favourite songs. This shows a conscious attempt to sustain a bond through symbolic means and private customs. Some children

exhibited emotional suppression in the difficult setting of a refuge in order to spare their moms, who were also coping with the fallout from violence. Noah also chose not to invite his mother to the beach because she had "a lot of stuff", which shows that they are trying to control their own demands and feelings in order to support the parent who is currently available (Henze-Pedersen, 2021).

Distraction Strategies

In Pereira et al.'s study (2020), there were multiple cases of children withdrawing themselves physically and mentally from the conflict. Some focused on doing activities, sometimes with peers, to take their mind away from the traumatic experiences. Some children give themselves completely to a sport, in which they can release frustration (Aymer, S. R., 2008). These activities could then be recognised as their own coping mechanism, since they helped distract the children, release stress and help them bond with other children.

Avoidance Strategies

Physical withdrawal or active disengagement is among the most common behavioural responses, highlighting a child's natural need to protect themselves by removing themselves from the immediate environment of violence (Cater & Sjögren, 2016). In a threatening situation, this could be a short-term adaptive self-preservation strategy. About half of the children interviewed in the Deboard-Lucas and Grych (2011) study have used this tactic. However, according to Camisasca et al. (2017), avoidant coping strategies are mostly employed by children who are insecure. While they may provide some short-term relief, they might lead to a lower sense of confidence when it comes to being able to cope with the underlying issues.

Although it's a self-defence tactic, emotionally separating from the abuser might slow the growth of positive relationships. A child's view of healthy relationships may be distorted, and abusive behaviours may become normalized, if the abuser, especially a parent, is idealized in order to preserve psychological stability (Cater & Sjögren, 2016; Henze-Pedersen, 2021). Some children in Henze-Pedersen's study (2021) showed physical distancing behaviours, including pulling away or using unpleasant language when the mother wasn't there, as indicators of stress in their relationship with their

mothers. This indicates that the widespread stress of IPV may have a detrimental effect on the mother-child bond and cause distancing as a coping mechanism (Henze-Pedersen, 2021).

Dissociation, a state of detachment from one's thoughts, emotions, or body, can be a powerful coping strategy for extreme trauma, but it can also have detrimental long-term implications on mental health and functioning. This potential long-term coping mechanism emphasises the severe effects of IPV as a traumatic experience (Stride et al., 2002).

Support-Seeking Strategies

Some children use social relations as a coping mechanism. In Deboard-Lucas' and Grych's study, 17.6% of people seek assistance, which shows how important social connections are as a buffer against IPV. (Deboard-Lucas & Grych, 2011; Camisasca et al., 2017; Miranda et al., 2023).

When a child is exposed to IPV before turning 4 years old, their sense of coping efficacy is negatively impacted. This could interfere with more fundamental developmental processes, such as their development of self-esteem (Figge et al., 2018). On the other hand, a healthy parent-child bond that is marked by support and love serves as a protective element. (Pereira, 2020). This emphasizes how a child's developing coping skills may be less negatively impacted by IPV if they have a solid, supportive relationship with the non-abusive parent. However, IPV frequently compromises the well-being of mothers, which can affect their ability to parent consistently and supportively, which leads children to develop fitting coping mechanisms. (Figge et al., 2018; Greene et al., 2018; Winfield et al., 2023).

Expressing Emotions

Children who encounter IPV often have had complex emotional experiences (Deboard-Lucas & Grych, 2011). Feelings of powerlessness, sympathy for the abused parent and a sense of loss of a secure and stable family setting could all be seen in the majority of sadness (50.0%) of the children in Deboard-Lucas' and Grych's study. About one-third of children experience many emotions at the same time, which emphasizes the complicated emotional states they experience (Deboard-Lucas & Grych, 2011). Though less frequent, emotional expressions, such as crying, point to a more emotional coping mechanism in response to the violence witnessed. This can be a useful method of easing sadness, even

though the safety of expressing such feelings may be compromised in a violent household (Deboard-Lucas & Grych, 2011).

Attachment Theory

According to Camisasca et al. (2017), attachment theory offers important insights into how children handle conflict between parents. A sense of safety is established by secure attachment, which gives children the confidence to handle stressful situations by allowing them to use different coping mechanisms, such as active problem-solving (positive cognitive restructuring) and asking for emotional support (Swanston et al., 2014). On the other hand, less adaptive coping strategies are linked to insecure attachment types. (Camisasca et al., 2017).

Discussion

Intimate partner violence (IPV) has a substantial effect on children and creates a fearful, unstable, and unpredictable environment in the home (Kilpatrick & Williams, 1998; Howell et al., 2014). This thesis attempts to reflect the body of research on the coping mechanisms used by school-aged children subjected to intimate partner violence (IPV) by integrating the Cognitive Contextual Framework (Fosco & Grych, 2007) with the crucial mediating role of the parent-child relationship.

Cognitive assessment processes are important to children's responses to IPV. According to the Cognitive Contextual Framework, children do not passively experience violence but actively interpret its meaning. Figge et al. (2018) say this involves evaluating the perceived risk to themselves and their primary caretakers, assessing their coping skills. Then they consider how they might affect the situation and try to understand the abusers' actions. These evaluations determine the kinds of coping mechanisms children can use. The combined results support the idea that maladaptive coping techniques result from high perceived threat and low coping efficacy (Bogat et al., 2023), highlighting the importance of helping these children develop the feeling of self-reliance.

As temporary self-preservation strategies, physical withdrawal and deliberate disengagement from the immediate context of violence are typical to find in children (Cater & Sjögren, 2016; Deboard-

Lucas & Grych, 2011). The long-term effects of such avoidance, especially for children with avoidant-insecure attachment styles, might be harmful to their ability to process emotions and build strong coping mechanisms, even though it may seem appropriate for short-term safety (Camisasca et al., 2017). The idea of hypervigilance, in which children look at their surroundings with anticipation for aggression, reveals how uneasy they are. They must make an effort to take control in quickly changing situations. This vigilance is a survival mechanism, but it can also result in long-term tension and anxiety (Deboard-Lucas & Grych, 2011; Miranda et al, 2023). Some children also perform brave actions of direct interaction, in which they try to shield the abused parent. This further highlights their active engagement with the occurring trauma (Deboard-Lucas & Grych, 2011).

Children who have experienced intimate partner violence often have contradictory emotional coping strategies. Breaking down a secure family ideal, a sense of empathy for the victimised parent are all seen in the prevalence of sadness (Deboard-Lucas & Grych, 2011). Anger is another important element that may come from feelings of injustice or powerlessness. The reported rates of fear, especially among boys, are lower. This raises questions about societal norms around emotional expression (Deboard-Lucas & Grych, 2011).

Some adaptive emotional coping strategies have been seen in different forms, such as positive cognitive restructuring. That is where children actively reframe their experiences to emphasise the positive aspects in their life. Another adaptive coping strategy is indirect intervention, which involves requesting help from outside sources like family members or the police. These people offer the children forms of consolation and a sense of security. This interaction demonstrates the critical function that social support plays as an adaptive coping mechanism. (Camisasca et al., 2017; Deboard-Lucas & Grych, 2011). These methods demonstrate proactive, problem-focused distress management. Excessive emotional responses such as crying, however less frequent, provide a release despite the decreased safety of displaying such vulnerability in a violent home, (Deboard-Lucas & Grych, 2011).

However, dysfunctional emotional coping methods are also frequently required while an abuser remains present. Although it is a defensive strategy, emotionally separating from the abusing parent could slow the growth of positive relationships. A child's perception of healthy relationships may

become distorted, especially if the abuser is normalised to preserve psychological stability (Cater & Sjögren, 2016; Henze-Pedersen, 2021). This shows how emotional disengagement can act as a buffer against IPV. There is also the possibility of dissociation as a coping strategy, which highlights the consequences of IPV as a traumatic event. Dissociation provides a strong but brief escape from overwhelming feelings, but it has serious and harmful long-term effects on mental health and functioning (Stride et al., 2002). Its presence in this thesis illustrates the severe psychological distress that children go through and the necessity of significant intervention.

Furthermore, it is important to recognise the significant impact that attachment theory has on how children handle parental conflict. Children with a secure attachment feel comfortable, which helps them use a variety of appropriate coping strategies. Similarly, less adaptive methods can be linked to insecure attachment types, especially avoidant and anxious-ambivalent types. Where anxious-ambivalent children's inconsistent coping strategies reflect their underlying insecurities, avoidant children's utilization of distancing techniques may limit their sense of self-efficacy in addressing underlying issues and hinder their emotional development (Camisasca et al., 2017).

Another important factor, that doesn't function as an individual coping mechanism but is a noteworthy mediator of the effect of IPV on children's coping mechanisms, is the parent-child bond. A strong protective element that boosts a child's self-esteem and ability to handle conflict is a responsive and supportive relationship with the non-abusive parent (Figge et al., 2018). This highlights how a supportive connection with the non-abusive parent may reduce the negative developmental effects of IPV. But because IPV is so widespread, it frequently threatens the wellbeing of the victimized parents, making it more difficult for them to offer regular and encouraging care, which prevents a child from learning healthy coping skills (Figge et al., 2018; Greene et al., 2018).

However, notable examples of resilience show how children actively try to maintain intimacy through independent symbolic bonding or pleasant memories, even in the face of hostile parents, indicating an innate desire to preserve these relationships (Pedersen-Henze, 2021). Conversely, the stress of IPV can also manifest as physical distancing or emotional suppression in the mother-child

bond, indicating the pervasive and sometimes destructive impact of violence on core attachment figures (Pedersen-Henze, 2021).

Limitations

Even though this thesis provides a comprehensive investigation and analysis of coping strategies used by school-aged children who have experienced IPV, a few limitations must also be named. Firstly, though using a strong search string in the fitting databases (PsycINFO, ERIC, and CINAHL), the literature search may not have included all relevant studies. The elimination of grey literature or unpublished studies can lead to publication bias, where studies with noteworthy or positive results are more likely to be used. A "snowball effect" strategy was used to limit this, although it is unlikely to make up for the intentional "fly-by" of unpublished studies.

Furthermore, only studies published in English or Dutch were included. Because of this linguistic limitation, the review might be biased towards studies taken in certain contexts, which could lead to overlooking studies published in other languages. Therefore, the findings may be inapplicable to all cultures due to cultural differences in coping techniques and IPV manifestation. The absence of culture as a contextual factor is another limitation on its own. Additionally, studies released more than 20 years prior to the search date were disregarded to ensure that the findings fitted modern procedures and knowledge. This may exclude basic or longitudinal research that provided crucial early insights into the long-term impacts and developmental routes of coping in children subjected to IPV. These earlier studies may offer unique perspectives on the origins of specific coping mechanisms or interesting historical backdrop, even though their interventions may no longer be as relevant.

Additionally, as data extraction and synthesis are based on the body of existing literature, the level of detail provided in the primary study determines the depth of the analysis. The Children's Coping Strategies Checklist-Revision 1 (CCSC-R1), although standardised, might not fully capture all coping mechanisms described in different research, especially those that use different evaluation tools or qualitative approaches. Even with its help, the subjective nature of classifying coping mechanisms as "adaptive" or "maladaptive" based on literature may introduce researcher interpretation. Moreover,

although the Joanna Briggs Institute (JBI) checklist was used for the quality review, some studies with methodological errors might have been used because research was not disqualified purely on the basis of quality. This approach has the disadvantage of potentially using less trustworthy data, even if it attempts a holistic view.

Lastly, the nature of the content analysis, which focusses on characterising the coping methods and involved elements, offers a descriptive synthesis. However, it does not tell the degree of association between specific coping outcomes, child characteristics and IPV attributes. Therefore, this review by itself cannot be used to give strong conclusions about the aspects that predict specific coping strategies. Future studies with sufficient data would be necessary to deduce such relationships.

Policy Implications

It is important for policymakers to acknowledge that IPV can work as a profound childhood trauma and that its consequences can last for years or even the rest of their lives. Thinking that, child-focused components should be taking into all IPV-related policies. They should look for a more universal type of screening for IPV exposure in schools and child-healthcare. It would be best to even attain funding for trauma-informed services that address the unique needs of children who have witnessed violence, instead of focusing on the adult victims. This includes access to mental health services, safe housing (if necessary) and educational support to help mitigate the impact of IPV on children's development. These policies should care for all ages but keep an extra eye on young children (ages 1 – 4), since exposure during that time may interfere with fundamental developments linked to how they perceive themselves and the world around them. Lastly, stimulate victimized parents well-being and their interest in providing supportive care for their children, since their well-being also impact their children's ability to cope.

Practice Implications

When looking at practice, this review shows the necessity of a trauma-informed approach that extends beyond addressing immediate safety concerns. For such practitioners, it is crucial to assess cognitive appraisals, to understand how children perceive the threat and account for their coping

efficacy (Fosco & Grych, 2007; Figge et al., 2018). Interventions should actively challenge maladaptive mechanisms and foster a sense of agency and hope. They should also actively teach adaptive behavioural strategies (safe disengagement, problem-solving techniques) and emotional regulation skills, such as emotional expression and positive cognitive restructuring (Camisasca et al., 2017; Deboard-Lucas & Grych, 2011).

Furthermore, practitioners need to look for signs of maladaptive coping, such as chronic vigilance, emotional separation, idealization of the abuser or dissociation. These require specialized therapeutic interventions aimed at processing trauma, developing healthy emotional boundaries, and building positive interpersonal relationship skills. They also should recognize the parent-child bond as a primary protective factor. Interventions should support the non-abusive parent in rebuilding their own well-being and enhancing their capacity for consistent, responsive, and supportive parenting. This involves addressing the parent's trauma and providing practical strategies for nurturing the child's secure attachment (Figge et al., 2018; Greene et al., 2018). Moreover, practitioners should tailor interventions based on the child's developmental stage, personality and the specific characteristics of the IPV exposure, such as frequency and severity. Younger children may require more observable cues and support for developing basic cognitive appraisal skills (Howell et al., 2014).

Research Implications

While this thesis synthesizes existing knowledge, it also highlights significant gaps for future research to fill. For example, more longitudinal research is critically needed to trace the development of coping mechanisms over time and establish stronger causal inferences between IPV exposure, specific coping strategies and long-term child outcomes. These studies should look into a variety of assessment methods, such as behavioural observations and physiological measures, to capture the complex nature of children's responses to IPV. Given the language limitation of this review, future research must also actively pursue studies on coping mechanisms in diverse cultural contexts. Since cultural norms can influence the expression of emotion and the rules of social support, understanding its influence is essential for developing culturally sensitive interventions.

Furthermore, there is a need for intervention studies that test how effective some trauma-informed programs are designed to enhance adaptive coping skills and strengthen parent-child relationships in children exposed to IPV. Also, while this review slightly covers on resilience, future research could search deeper into the specific factors that strengthen resilience in children exposed to IPV, e.g. positive peer relationships, school environments and individual proficiency in withstanding negative outcomes.

Conclusion

This thesis presents a comprehensive analysis of how school-aged children respond to exposure to intimate partner abuse by combining the Cognitive Contextual Framework with the mediating role of the parent-child relationship. It demonstrates how children actively perceive and react to IPV and how their cognitive appraisals are influenced by context and their developmental stage. The relationship between these assessments and the strength of their relationships with caretakers has a significant effect on their well-being, which in turn affects how they use adaptive coping mechanisms as opposed to maladaptive ones.

The results show how adaptable and resilient children are when dealing with frightening and unstable situations. From behavioural responses, like intervention or withdrawal, to complex emotional regulation, such as cognitive restructuring and seeking out social support, children are always trying to control their discomfort. The significance of secure attachments and the strength of parent-child relationships working as buffers against the negative effects of IPV must also be taken into the equation. While decreased well-being of caretakers because of violence can limit their ability to provide parental support, a solid base can help facilitate adaptive coping.

All in all, this framework examines the complex connections between exposure to IPV and the results for children. It also identifies several factors that influence the development of coping mechanisms related to IPV. When a child has a safe relationship with the victimised parent and other trusted social relations, adaptive coping mechanisms are more likely to be used. Stimulating resilience and long-term well-being in children requires a strong understanding of each child's preferred coping

mechanisms as well as a commitment to provide tailored care that fosters a sense of safety. Future research should focus on longitudinal studies using different methods to capture the nature of coping in these populations and to develop and evaluate culturally suitable interventions.

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