T.R.
ISTANBUL SABAHATTIN ZAIM UNIVERSITY
GRADUATE EDUCATION INSTITUTE
DEPARTMENT OF CLINICAL PSYCHOLOGY

THE EFFECT OF INTIMATE PARTNER VIOLENCE ON CHILD BEHAVIORS: EXAMINING THE ROLES OF CHILD MALTREATMENT AND HOUSEHOLD CHAOS

MA THESIS

Nuriye Elanur KOCABAY

Istanbul
August-2023

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APPROVAL

This study has been approved in partial fulfillment of the requirements for MA Degree in Clinical Psychology.

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DECLARATION OF SCIENTIFIC ETHICS AND ORIGINALITY

This is to certify that this MA thesis titled **"The Effect of Intimate Partner Violence on Child Behaviors: Examining the Roles of Child Maltreatment and Household Chaos"** is my own work and I have acted according to scientific ethics and academic rules while producing it. I have collected and used all information and data according to scientific ethics and guidelines on thesis writing of Sabahattin Zaim University. I have fully referenced, in both the text and bibliography, all direct and indirect quotations and all sources I have used in this work.

Nuriye Elanur KOCABAY

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ABSTRACT

THE EFFECT OF INTIMATE PARTNER VIOLENCE ON CHILD BEHAVIORS: EXAMINING THE ROLES OF CHILD MALTREATMENT AND HOUSEHOLD CHAOS

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Theoretical and empirical findings have supported the relationship between intimate partner violence (IPV) and child behavioral outcomes. Current literature documented the effects of IPV exposure on not only child behavioral problems but also prosocial skills in children. Nevertheless, previous research has not examined the mediating paths such as child maltreatment and household chaos concurrently in terms of the IPV's effect on child outcomes. To explore mediating pathways, the current study used Year 9 data from the Future of Families and Child Wellbeing Study (N = 559) in order to investigate the mediator roles of child maltreatment and household chaos within the scope of IPV's effect on child outcomes during middle childhood. The study sample included 559 mothers (married: 384, 69 %) that reported IPV exposure with a mean age of 36 years. The current study relied on maternal self-reports to measure study variables. The results of the mediation analyses conducted by PROCESS macro revealed that child maltreatment and household chaos mediated the IPV's effect on child behavioral problems in middle childhood. IPV's influence on child prosocial skills is mediated by household chaos rather than child maltreatment. These results point to the importance of bringing forward and preventing child maltreatment as well as household chaos in IPV-affected homes.

Keywords*:* Intimate partner violence; child maltreatment; neglect; household chaos; child behavioral problems; internalizing and externalizing behaviors; prosocial skills; middle childhood

ÖZET

YAKIN PARTNER ŞİDDETİNİN, ÇOCUK DAVRANIŞLARI ÜZERİNDEKİ ETKİSİ: ÇOCUKLUK DÖNEMİNDE KÖTÜ MUAMELEYE MARUZ KALMANIN VE EVDEKİ KARMAŞANIN ROLLERİNİN İNCELENMESİ

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Teorik ve ampirik bulgular, Yakın Partner Şiddeti (YPŞ) ile çocuk davranışlarına ilişkin sonuçlar arasındaki ilişkiyi desteklemektedir. Güncel literatür, YPŞ'ye maruz kalmanın sadece çocuk davranış problemleri değil, aynı zamanda çocukların prososyal becerileri üzerindeki etkilerini de ortaya koymaktadır. Bununla birlikte, önceki araştırmalar YPŞ ve çocuk davranışları arasındaki ilişkide çocuklara kötü muamele ve evdeki karmaşa gibi aracı yolları eş zamanlı olarak incelememiştir. Bu çalışmada, orta çocukluk döneminde YPŞ ve çocuk sonuçları arasındaki ilişkide çocuklara kötü muamele ve evdeki karmaşanın aracı rollerini araştırmak için Ailelerin Geleceği ve Çocuk Refahı Çalışmasının 9. Yıl verileri (N = 559) kullanılmıştır. Çalışmanın örneklemini YPŞ'ye maruz kaldığını bildiren ve yaş ortalaması 36 olan 559 anne (evli: 384, %69) oluşturmuştur. Mevcut çalışma, değişkenleri ölçmek için annelerin öz bildirimlerini esas almıştır. PROCESS makro ile yapılan aracılık analizlerinin sonuçları, çocuklara kötü muamele ve evdeki karmaşanın YPŞ ile orta çocukluk dönemindeki çocuk davranış problemleri arasındaki ilişkiye aracılık ettiğini ortaya koymuştur. Ayrıca, YPŞ ile çocukların prososyal becerileri arasındaki ilişkiye çocuklara kötü muameleden ziyade evdeki karmaşa aracılık etmektedir. Bu sonuçlar, YPŞ'den etkilenen evlerde çocuğa kötü muamelenin yanı sıra evdeki karmaşanın da dikkate alınması ve önlenmesi gerektiğini vurgulamaktadır.

Anahtar Sözcükler: Yakın partner şiddeti; çocuğa yönelik kötü muamele; çocuk istismarı; ihmal; evdeki karmaşa; çocuk davranış sorunları; içselleştirme ve dışsallaştırma davranışları; prososyal beceriler; orta çocukluk

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LIST OF ABBREVIATIONS

ASBI	: Adaptive Social Behavior Inventory
CBCL	: Child Behavior Checklist
CDC	: Centers for Disease Control and Prevention
CHAOS	: Confusion, Hubbub, and Order Scale
CM	: Child Maltreatment
Cis	: Confidence Intervals
CTSPC	: Parent-Child Conflict Tactics Scale
DGSW	: Directorate General on the Status of Women
et al.	: and others
FFCWS	: Future of Families and Child Wellbeing Study
IPV	: Intimate Partner Violence
NVAW	: National Violence Against Women
PTSD	: Post-traumatic stress disorder
SPSS	: Statistical Package for the Social Sciences
WHO	: World Health Organization

CHAPTER ONE

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) as "physical or sexual violence, stalking, and psychological aggression such as coercive behavior perpetrated by a current or previous romantic partner" (Breiding et al., 2015:11). According to estimates, 1 in 4 women and 1 in 10 men have at some point in their lives been the victims of physical, sexual, psychological, or stalking victimization by a romantic or intimate relationship (Smith et al., 2018: 7). Despite the fact that women can commit intimate partner violence and men are the victimized ones, most of the incidents reveal that men are the primary perpetrators that commit intimate partner violence against women. The report of the U.S. Department of Justice indicates that nearly 80% of victims of IPV were women, between 1994-2010 (Catalano, 2012: 3). Although violence from male to female is the most occurring type of IPV (Simmons et al., 2010: 1430) women will also conduct violence against males (Walters et al., 2013: 1-2). Literature reveals that compared to men women are reporting higher rates that a romantic partner pushing, shoving, or throwing something that may injure in addition to reports of physical assault and threats (Park, 2016: 489). As the severity and seriousness of the violence increase, its impact on women also increases.

1.1. Prevalence of IPV

Although the lifetime prevalence of IPV worldwide differs, 30% of women are victimized by their romantic partners and report the incidence of distinct types (World Health Organization, 2013: 16). IPV is a chronic social problem. National Violence Against Women (NVAW) Survey Research Report surveyed 8.000 women and revealed that "7.8% of women reported being raped by an intimate partner while 22.1% of women reported physical assault exposure by a romantic partner at some point in their lives while 4.8% of women shared their experiences of stalking by an

intimate partner", defined as repeated harassment and an intense fear-invoking threat (Matthews, 2004). In a systemic review by Guvenc and colleagues (2014: 334) prevalence of IPV among women living in Türkiye ranges from 13% to 78%. A national survey conducted by the Turkish Republic Prime Ministry Directorate General on the Status of Women (DGSW) in 2009 reveals that 43.9 % of women had emotional IPV, 39.3 % of them reported physical IPV exposure, 23.4 % of women experienced IPV associated with economic abuse, and lastly, 15.3 % of participants have been exposed to sexual coercion as a part of IPV at any point throughout their life (2009: 57). Sönmez-Güngör and colleagues (2023: 52) conducted an online survey to examine IPV exposure in Türkiye during COVID-19 pandemic which shown that 29.6% of the 1.372 women reported IPV exposure. As DGSW report and recent findings after the worldwide pandemic of COVID-19 suggest that IPV has higher rates of prevalence in Türkiye which needs to be taken into consideration.

1.2. Risk factors of IPV

Existing literature identifies distinct risk factors associated with IPV exposure. The risk factors emerging from the literature are classified as demographic risk factors (i.e., age, socioeconomic situation including educational level and employment, and race/ethnicity), low levels of social support and being isolated from the community, acculturation, early age of marriage, pregnancy, and alcohol misuse of the partner (Capaldi et al., 2012: 241-249; Yakubovich et al., 2018: e6-e9).

Longitudinal studies emphasize that IPV is negatively correlated with age (Kouyoumdjian et al., 2013: 4; Kim et al., 2008: 1178-1181). A low level of educational attainment is associated with higher odds of IPV exposure in women (Mojahed et al., 2022: 399; Weitzman, 2018: 587). Yakubovich and colleagues' (2018: e6) systematic review and meta-analysis work revealed that receiving less than a high-school education in women is increasing the IPV exposure rate by 40% in adulthood. Moreover, unemployment was found to be a risk factor for IPV in women (Tertilt & Berg, 2015: 509). To explore IPV and race/ethnicity relation, Field & Caetano (2003: 1454-1455) suggested that African American and Latinos were at elevated risk for experiencing IPV compared to Whites while Clark and colleagues (2016: 538-543) found that Latina women have been subjected to experience higher rates of IPV than

their counterparts. Studies have explored the relationship between IPV exposure and race/ethnicity clearly establishing that women who identified themselves as White are subject to experience lower rates of IPV (Yakubovich et al., 2018: e5). Furthermore, low levels of social support from family members are another risk factor for women which significantly increases the frequency and prevalence of IPV (Wright, 2015: 1346). Additionally, not being a member of several groups and having limited social interactions are defined as risk factors linked with an increase in IPV victimization (Lanier & Maume, 2009: 1320-1321). Besides, acculturation may increase the risk of being an IPV victim. A meta-analysis and review study by Alvarez and colleagues (2020: 851) found a significant positive correlation between acculturation and IPV victimization among Latinxs in the United States. Also, a study done by Kim & Sung (2016: 329-331) suggested that acculturation was a risk factor for Chinese immigrants in the United States that exposed to IPV. Additionally, existing literature illustrates several studies from distinct regions of the world that highlight early marriage as a risk factor for IPV exposure (Kidman, 2017: 672; Yount et al., 2016: 1835-1839; Hong Le et al., 2014: 896). Also, numerous studies appear to support a significant association between IPV exposure and pregnancy (Sonis & Langer, 2008: 534). According to Okour & Badarneh (2011: 1855), the number of pregnancies namely six or more, significantly increases the odds of IPV exposure risk. On the other hand, unplanned pregnancy has an influence on increasing violence among partners (Oweis et al., 2010: 441). Lastly, a metanalytic review documented that alcohol misuse is one of the crucial risk factors in IPV exposure (Jennings et al., 2012: 146-147; Foran & O'Leary, 2008: 1227-1230).

1.3. Consequences of IPV on Women

IPV is a multifaced issue that has acute and chronic harmful effects on women across multiple levels such as physical and mental health effects, and economic effects which may result in social isolation, losing a job, and homelessness.

First and foremost, women affected by IPV have mostly reported poorer physical and mental health outcomes compared to unaffected women (White et al., 2023; Stubbs & Szoeke, 2022: 1165; Hawcroft et al., 2019). IPV has several health consequences for women. Women subjected to IPV report chronic migraines and headaches, suffer from

chronic back or neck pain, present gastrointestinal symptoms such as loss of appetite, and eating disorders, diagnose with functional gastrointestinal disorders including chronic irritable bowel syndrome, and describe gynecological problems (Campbell, 2002: 1332; Karakurt et al., 2017: 82-85). Additionally, a vast of both acute and chronic physical health problems are linked with IPV exposure such as chronic pain (Loxton et al., 2017) and fibromyalgia (Al-Modallal, 2016: 263). Women who have been victims of physical and sexual assault have the risk of sexually transmitted diseases such as HIV (Stubbs & Szoeke, 2022: 1163) and unintended pregnancy. In addition, according to Gibson (2019), night sweats caused by menopause were more prevalent in women exposed to IPV than non-exposed women.

Furthermore, IPV results in numerous mental health outcomes. A systematic review and metanalysis conducted by White and colleagues (2023) pointed out a wide spectrum of IPV-related psychological consequences for women including anxiety (Brown et al., 2020: 249-255), depression (Brown et al., 2020: 249-255; Morris et al., 2020: 2090), post-traumatic stress disorder (PTSD) (Brown et al., 2020: 249-255), and suicidality (Nair et al., 2020).

Moreover, IPV survivors usually receive significantly less social support. It might be because abusers purposefully cut off the survivors' social network channels to retain their power and control. Social support from family members or friends has been found to be an important factor to improve mental health outcomes (Klein R. & Milardo, 2000: 628-632). On the contrary, social isolation as well as lack of social support are linked with diminished health outcomes for IPV survivors (Liang et al., 2005: 72). When women have an increased amount of social support, the likelihood of being exposed to IPV decreases. Abuse-related social isolation exacerbates psychological harm and survivor of IPV experience a deprivation of the social support that she needs to maintain a life separate from the abuser (Goodman L., et al., 2009: 311).

On the other hand, even if IPV is beyond all social classes; IPV and poverty have elevated rates in terms of co-occurrence (Park, 2016: 490). There is numerous research point out that poverty has a strong correlation with IPV (Goodman L., et al., 2009: 308). Also, research demonstrates that perpetrators of IPV may hinder the employment opportunities of survivors. For instance, the perpetrator prohibits the survivor from working or getting to work (MacGregor et al., 2021: 717) by threatening, physically restraining, hiding work items, refusing to use transportation, and using other types of

work disruption tactics (Logan et al., 2007: 279-285). Moreover, IPV exposure may interfere work performance of the survivor because of the distress and concentration difficulties which ultimately end up in the loss of the job (Wathen et al., 2015: e68; MacGregor et al., 2021: 720). On the other hand, IPV exposure is associated with an elevated risk of housing insecurity as well as homelessness (Pavao et al., 2007: 145).

Moreover, since IPV has multiple dimensions such as coercion, and controlling behaviors, women exposed to IPV may lack the ability to break the cycle of violence and stay in an abusive and dependent relationship. Leaving the abusive partner might bring different obstacles such as unemployment, loss of housing, residential instability, and homelessness because the violence makes the victim economically fragile. Furthermore, economically disadvantaged women are more likely to experience unemployment and have decreased self-esteem (Capaldi et al., 2012: 250) in relation to those who have high levels of income. In sum, a comprehensive body of research demonstrates harmful outcomes of women's exposure to IPV in multiple domains within the scope of short-term and long-term consequences.

1.4. Consequences of IPV on Children

Children who grow up in households where there is violence between intimate partners, witness this violence between partners (Berg et al., 2022: 1321). A predicted 15.5 million children are subjected to IPV at some point in their life with one in every four of them experiencing IPV before the age of 18 (Finkelhor et al., 2015: E7). 7 million of these children have witnessed extreme kinds of violence in their household, for instance, one partner physically assaulting the other or using a weapon or knife against the other partner (McDonald et al., 2006: 137-138). "Exposure in the context of IPV refers to children seeing, hearing, or being aware of violence directed toward one parent figure from his or her partner" (Holden, 1998: 1-20), while sometimes including engagement to the incidence such as attempting to interfere or end the incidence (Fusco & Fantuzzo, 2009: 253), or experiencing the consequences and remaining of the violent act, such as noticing bruises, observing broken domestic utensils, and talking between partners (Latzman et al., 2017: 230-232). Young children have an elevated risk of witnessing IPV (Finkelhor et al., 2015: E7) since they spend

more time at home and live closer to their caregivers (Fantuzzo & Fusco, 2007: 164-165).

Adverse adjustment in several domains such as mental health, social relationships, and academic functioning associated with childhood exposure to IPV. Children exposed to IPV are at heightened risk of experiencing negative outcomes including an increased risk of posttraumatic stress disorder (Ehrensaft et al., 2017: 5-6; Galano et al., 2021: NP10873; Levendosky et al., 2013: 193-194), sleep problems (Insana et al, 2014: 293), poorer academic functioning (Cage et al., 2022: 1347; Supol et al., 2021: 1048), and behavior problems including internalizing and externalizing problems (Kittzman et al., 2003: 344-345; Vu et al., 2016: 29-30) across distinct developmental periods (Howell et al., 2016: 51). IPV exposure was associated with deficits in general cognitive abilities in early childhood while decreased verbal and academic skills found for middle childhood (Savopoulos et al., 2023: 1898).

IPV exposure also confers long-lasting effects in terms of decreased mental health and subjective well-being in adolescence and adulthood (Galano et al., 2019: NP8464-NP8471; Mitchell et al., 2020: 27), and increased violence in peer and romantic relationships (Bogat et al., 2023: 307-308). The risk of the intergenerational transmission of violence suggests an urgent need for developing and implementing effective intervention and prevention programs to attenuate the negative outcomes of exposure and contribute to children's adjustment following IPV.

IPV exposure during childhood is also a transformative process and is associated with decreased child social-emotional competence, as well as the capacity for emotion regulation, building empathy, and developing prosocial skills (Bender et al., 2022: 1274; Graham-Bermann et al., 2009: 653-657; Howell et al., 2016: 47). Since adaptive behaviors, and children's social-emotional competence is considered critical for developing children (Bender et al., 2022: 1263-1281), components of social-emotional competence are important factors to promote resilience.

According to Masten (2014: 10), resilience is "the capacity of a dynamic system to adapt successfully to disturbances that threaten the viability, the function, or the development of that system" while Luthar and colleagues (2000: 543) described resilience as the "…dynamic process encompassing positive adaptation within the context of significant adversity". Prosocial behavior is considered a part of adaptive

functioning and is used in previous work to evaluate resilience in children exposed to adversity (Graham-Bermann et al., 2009; Galano et al., 2023). According to Eisenberg and Mussen (1989: 3), prosocial behavior refers to "actions that are intended to benefit others, such as helping, sharing, comforting, and cooperating". These behaviors are voluntary, and they are motivated by empathy, compassion, or a sense of responsibility toward others. Prosocial behavior is considered as success to meet expectations for social interactions, ability to attend social cues, and has a crucial role in human socialization as well as solving interpersonal problems with the help of cooperation and responsibleness, self-assertion and self-control, and empathy which facilitates the child's effective interactions with others (Lam, 2012: 4-5) and allows individuals to establish positive relationships with others with higher rates of acceptance (Wang M. et al., 2019: 21). However, IPV exposure has detrimental consequences on children's prosocial skills. IPV not only influences child behavioral problems but also negatively affects child prosocial skills. For instance, IPV has detrimental effects on parental capacity such as decreased sensitivity toward the child, (Chiesa et al., 2018: 294; Levendosky & Graham-Bermann, 2000: 88-89). Therefore, decreased maternal warmth and sensitivity have deleterious effects on mother-child attachment. Women's physical IPV exposure was associated with children's greater odds of being rated insecurely attached in middle childhood (Gustafsson et al., 2017: 873). Insecure attachment to caregivers is associated with failure to develop emotion regulation skills and displaying low levels of social competence in peer relationships among school-age children (Howell et al., 2016: 47). Children who are exposed to IPV display a lack of empathy and pay less attention to social cues resulting in problems in interpersonal relationships (Howell et al., 2021: NP2834-NP2835). Also, research documents that children who are exposed to IPV would be either to prone displaying bullying behavior or become victimized by their peers (Voisin & Hong, 2012: 485-486). In addition, findings of a systematic review indicate long-lasting effects that children exposed to IPV have more inclined to think that using violence in intimate relationships is appropriate, with substantial links with teen dating violence (Evans K., 2022: 1313). All in all, a vast literature draws attention that IPV exposure in childhood has short-term and long-term consequences on child behavior, physical and psychological health, and academic achievement.

1.5. Child Maltreatment

Child Maltreatment (CM) has been considered as a global and serious public health problem with immediate and lifelong consequences. There are disagreements over what constitutes maltreatment because the term is ambiguous and difficult to discern based on social, ethical, and cultural considerations (Ferrari, 2002: 794-795; Manly, 2005: 425). According to child maltreatment researchers, the definition is affected by social, political, and economic structures as well as the results of the research have been done while each definition focuses on distinct aspects of child maltreatment which results in a bias within the definition itself (Barnett et al., 1993: 7-73; Cicchetti & Toth, 1995: 543). For instance, evidence of physical and emotional harm is at the center of the legal definition while the sociological definition places emphasis on parenting behaviors (Cicchetti & Toth, 1995: 543). Therefore, there were distinct definitions of child maltreatment. While deliberations on the definition of child maltreatment continue, The World Health Organization (WHO) held a meeting and disseminated a report for a standard definition of child maltreatment. Based on this, The World Health Organization (WHO) describes child maltreatment as an act that compromises *"all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that result in actual or potential harm to the child's health, development, or dignity"*. This comprehensive definition consists of five subcategories: physical abuse, sexual abuse, psychological or emotional abuse, neglect and negligent treatment (physical or emotional), and exploitation (WHO, 2016). Briefly, child maltreatment refers to multiple forms of abuse and neglect (Austin et al., 2020: 334).

1.5.1. Multiple Facets of Child Maltreatment

While the child maltreatment definitions may differ accordingly to ethnicity or cultural values (Ferrari, 2002: 810) and there are distinctions between definitions, the current study focuses on three types of child maltreatment, namely physical abuse, psychological abuse, and neglect.

Physical abuse of a child has been operationalized as "a nonaccidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking,

hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm" (Child Welfare Information Gateway, 2019:3). Child physical abuse can be both acute and chronic abuse and some indicators are as following: bruises, burns, cuts, fractures, head or internal injuries, and other injuries (McCabe & Murphy, 2016: 9-18).

Psychological or emotional abuse refers to a set of behaviors that have a hazardous impact on a child's sense of self-worth and it may encompass name-calling, criticism, shaming, threats, and rejection, as well as the withholding of love, support, and guidance (Fortson et al., 2016: 8). To put it another way, a child who has been abused by psychologically abusive behaviors or words appraisal the meaning of "he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another's needs" (Covey, 2018: 31). Although psychological abuse can harm as much as physical abuse, it would be hard to detect since the signs are embedded on the inside. Nonetheless, as psychological abuse is not easy to prove, it would be hard to intervene unless there is a clear and convincing sign of physical or psychological impairment to the child (Prevent Child Abuse America, 2016).

Neglect is defined as "the failure of a parent or other caregiver to provide for a child's basic needs." (Child Welfare Information Gateway, 2019: 3). Neglected children are deprived of appropriate care and support to meet their basic needs (Covey, 2018: 31). These neglected basic needs are comprised of physical (e.g., food, or sheltering and lack of required supervision); emotional (e.g., failure to provide emotional care); medical (e.g., essential medical, dental or mental health treatment); and educational needs of the child (e.g., compulsory education or paying attention to child's special education needs; Child Welfare Information Gateway, 2019: 3).

In sum, child maltreatment occurs primarily in the home setting and generally includes physical abuse, psychological or emotional abuse, and neglect. According to the WHO, up to 1 billion children aged 2 and 17 have been neglected or abused physically, sexually, or emotionally (Hillis et al., 2016: 10). Prevalence of maltreatment types by a meta-analysis of developed countries revealed the following rates: "22.6% for physical abuse, 36.3% for emotional abuse, 12.7% for sexual abuse, 16.3% for physical neglect, and 18.5% for emotional neglect, respectively" (Stoltenborgh et al., 2015: 44). Ustuner Top & Cam (2021: 548) revealed the prevalence of childhood maltreatment rates among Turkish undergraduate students as following: "emotional

abuse: 40.3%; physical abuse: 31.8%; sexual abuse: 30.4%; emotional neglect: 30.0%; and physical neglect: 44.7%". The results reflect a consensus with global prevalence.

It should be noted that, since most of the abuse and neglect cases are unreported, figures on the extent and prevalence of maltreatment are likely to be understated (Lippard & Nemeroff, 2020: 21).

1.5.2. Child Maltreatment and Behavioral and Health Outcomes

Childhood maltreatment is associated with a myriad of negative health and behavioral outcomes with multiple long-term consequences across the lifespan for both the child and society, involving different aspects of healthcare and social systems (Klika et al., 2020: 228-232; Fang et al., 2015: 157; Ferrara et al., 2015: 1457-1458; Gilbert et al., 2009: 68-81). Children who have been subjected to child maltreatment are at heightened risk for developing social, emotional, and behavioral problems, including externalizing and internalizing behavior problems, post-traumatic stress disorder, impaired cognitive development, and a lifelong risk for chronic physical disease outcomes, including cardiovascular disease, obesity, sleep disturbances, diabetes, lung cancer, somatic symptoms, chronic pain, headaches, and immune-related diseases, resulting in reduced longevity (Cecil et al., 2017:111-113; Thompson & Tabone, 2010: 913-914; Winter et al., 2022: 1032-1040; Wade et al., 2022; Messman-Moore, T. L., & Bhuptani, 2017; Schønning et al., 2022: 8-9; Brown et al., 2022; Danese & Tan, 2014: 545-546). Child maltreatment exposure is linked with increased loneliness (Brown et al., 2016: 24-25; Flett et al., 2016: 54). In brief, child maltreatment poses a serious public health concern because it not only increases the likelihood of maladaptation and developing psychopathology (Toth & Cicchetti, 2013: 135-136) but also extends its effect on later life stages. Furthermore, maltreated children display delayed early social behaviors (Valentino et al., 2011: 8-11), less prosocial skills and empathy (Cicchetti & Toth, 2005: 421-423), poor emotional awareness and dysregulated affective experiences (Cicchetti et al., 1991: 15-49), difficulty making or maintaining friendships, and impoverished social competence (Maguire et al., 2015: 646).

1.5.3. IPV and Child Maltreatment

Children may be subject to multiple and diverse forms of violence, such as abuse, neglect, and exposure to interparental conflict. Every year, an estimated 3 to 10 million children encounter the presence of IPV among their caregivers (Pulido, 2001; Strauss & Gelles, 1999). A body of research demonstrates that children raised in households where their parents engage in IPV are more likely to be maltreated, either as intended targets of violence or as unintentional victims (Jouriles et al., 2008: 230-231). Recent growing research demonstrates that there is an intersection and overlap between experiencing IPV and maltreating the child (Renner, 2021: 464-466; Herrenkohl et al., 2015: 23; Guedes et al., 2016). The term "poly-victimization" describes children's exposure to various forms of violence and abuse (Finkelhor et al., 2007: 9) and draws attention to the cumulative impact of many types of victimization.

1.5.4. Child Maltreatment as a Mediator

There might be several plausible explanations have been offered to explain how IPV exposure is a stage for child maltreatment. One explanation suggests that sequential perpetrators such as the abusive partner of the woman and the abusive mother are part of a chain in which one form of violence is a stage for the other one. This explanation is mostly presented as a form of the spillover hypothesis. The spillover effect points out transmission mechanisms in which emotions and negative affects formed in violent adult intimate relationships pass into the parent-child relationship (Engfer, 1988: 104-118; Erel & Burman, 1995: 109-1120; Krisknakumar & Buehler, 2000: 30) and negatively impact it (Grasso et al., 2016: 2113-2117; Pu & Rodriguez, 2021: 425-426). Mothers in IPV families were just as likely as fathers to employ severe physical aggression tactics on their children (Jouriles et al., 2008:229). Experiencing IPV may have a negative influence on a woman's parenting competence and parental self-efficacy (Gibson et al., 2015: 192; Lapierre, 2008: 456-457; Pels et al., 2015: 1060-1061). In addition, hostility in the couple's relationship is associated with decreased parenting skills to provide warm/responsive parenting and increased use of hostile and harsh child-rearing practices (Carter et al., 2022: 598). Also, women exposed to IPV usually exhibit posttraumatic stress symptoms, which may compromise their parenting functioning and increase the use of harsh disciplining strategies and maltreat the child

(Greene et al., 2018: 175-176). Consequently, IPV harms the maternal ability to provide effective caregiving. As a result, child maltreatment may take its source from the mother's diminished effective parenting skills, such as supervising and protecting the child (Levendosky et al., 2012: 398; Renner & Boel-Studt, 2013: 208), as well as reduced energy as a result of violence which leads to harsh child-rearing practices and eventually leads to child maltreatment (Chiesa et al., 2018; Turner, 2005: 260-267).

Another alternative explanation suggests a purpose that the violence and maltreatment of the mother toward the children is designed to shield them and/or the mother from a more severe attack by the intimate partner (Margolin & Gordis, 2003: 252-253). According to McKay (1994:30), in the context of IPV exposure, women may think they have more control over their anger and the children's punishment level than their partners. Women who are afraid of their partner's reaction to their children may over-discipline and use harsh parenting practices toward their children to control their behavior and protect them from violence. IPV causes mothers to intentionally aim hostility at their children in order to avoid provoking their violent husbands (Jouriles et al., 2008: 230). In fact, their dissatisfaction with their conditions and the aggravation in parenting provides the backdrop for child maltreatment.

Consequently, IPV exposure has a significant negative impact on children's functioning through the disrupted child-caregiver relationship which in turn may affect child behavior and outcomes (Gibson et al., 2015: 192-193; Harding et al., 2013: 67-69; Samuelson et al., 2012: 3540-3542; Vu et al., 2016: 31). Reduced emotional energy and time available for parenting and increased feelings of anger toward children due to IPV (Levendosky & Graham-Bermann, 2000: 86-89) put children at exposure to maltreatment. IPV in a household compromises parenting abilities, which is needed to promote emotional and physical safety for developing children. A systematic review done by Carpenter and Stacks (2009: 835) identifies that IPV has several detrimental ramifications on maternal caregiving abilities with regard to decreased maternal sensitivity and warmth, increased parenting stress, and diminished parent mental health (Levendosky & Graham-Bermann, 2000: 88-89; Taylor et al., 2009: 177-178). Mothering may be exceedingly challenging for victimized parents due to post-traumatic stress disorder (PTSD) symptoms and associated psychopathology (Austin et al., 2019: 508-514). IPV exposure may impair a parent’s ability to generate appropriate responses to the child’s needs and offer a safe and secure place. Taken to

the attachment perspective, less sensitivity and more neglectful approach from the caregiver (Gallagher et al., 2011: 291-314) have an influence on the development of behavioral problems in children following IPV exposure which is linked to compromised caregiver-child attachment (Noonan & Pilkington, 2020: 5-8; Cameranesi & Piotrowski, 2020:4).

Previous work and intervention efforts focused on targeting child maltreatment, a reflection of the impaired parent-child relationship, on reducing the adverse effects of IPV exposure (Harold & Sellers, 2018: 379). Additionally, maltreatment of a child by caregivers who fail to provide sensitive or responsive parenting and establish secure bounds raises the likelihood of the risk of emotional dysregulation (Weissman et al., 2019: 908; Shipman et al., 2007: 275-278) because the child doesn't learn how to regulate emotions and manage interpersonal relationships so that does not have such a behavior repertoire (Shields & Cicchetti, 1998: 382). Therefore, the current study proposes child maltreatment as a potential mediating path in order to explain the IPV's effect on child outcomes such as behavioral problems and prosocial skills.

1.6. Household Chaos

According to Brofenbrenner and Evans (2000: 121), household chaos refers to "systems of frenetic activity, lack of structure, unpredictability in everyday activities, and high levels of ambient stimulation". In the literature, the concept of household chaos is operationalized as a home setting with excessive crowding, high levels of background noise, clutter, confusion, lack of routines and structure, instability, and disorganization (Ackerman & Brown, 2010: 35-47; Coldwell et al., 2006: 1116; Dumas et al., 2005: 93-94; Matheny et al., 1995: 430-433; Wachs & Evans, 2010: 3-14). Disorganization and instability are two main facets of household chaos. Disorganization consists of clutter, lack of structure, ambient noise, and crowding (Matheny et al., 1995: 432; Sameroff, 2010: 255-264). Instability is described as frequent changes in housing or residents and a lack of consistency in daily life or unpredictable daily life routines (Wachs & Evans, 2010: 3-13).

Household chaos is a physical quality and a crucial indicator to assess to what extent the home environment is excellent and suitable for optimal child development. Deater-

Deckard and colleagues (2009: 1307) stated that household chaos is relatively constant across time.

Household chaos can have disruptive effects on the development as well as the sustainability of children's experiences such as relationships, activities, and routines (Bronfenbrenner & Evans, 2000: 121; Evans et al., 2005: 563-564) because of its unpredictable and overwhelming nature. Research has consistently shown that household chaos is linked with disruption in child development and maladjustment in several domains of behavior such as cognitive, behavioral, and social outcomes. A systematic scoping review done by Marsh, Dobson, & Maddison (2020) documents evidence of significant relationships between household chaos and adverse effects on caregivers and children including cognitive and academic outcomes, socio-emotional and behavioral outcomes, communication, parenting, family, and household functioning, parent outcomes, and physical health and health behaviors. In terms of child behavioral problems, most of the studies particularly examined the effects of household chaos on children's externalizing behavior (e.g., Deater-Deckard et al., 2009), and there is little evidence to indicate a relationship between living in a chaotic home and display internalizing behavioral problems. Children who live in a chaotic home environment have a tendency to display more externalizing behaviors not only at home but also in the school setting (Cavanagh and Huston 2006: 562-572; Deater-Deckard et al. 2009; Dumas et al. 2005: 101). Moreover, household chaos has been linked to deficiencies in socioemotional development (Evans et al., 2005: 563; Fiese & Winter, 2010: 49-66) and academic achievement (Berry et al., 2016: 123; Brown & Low, 2008: 922; Garrett-Peters et al., 2016: 21-23), and increased conduct problems as well as callous-unemotional behaviors (Deater-Deckard et al., 2009: 1305-1306; Mills-Koonce et al., 2016: 764-766). A chaotic home environment predicts deterioration in executive functioning (Andrews et al., 2021: 27) in terms of impaired language and early literacy development (Johnson & Martin, 2008: 457; Vernon-Feagans et al., 2012: 346-347), difficulty in maintaining attention (Martin et al., 2012: 1256) and low levels of intelligence (Deater-Deckard et al., 2009: 1306). Also, children raised in a chaotic home setting are at risk of experiencing peer problems and displaying antisocial behaviors (Chen et al., 2014: 1257). Besides, according to Holmes and colleagues (2019: 50) experiencing household chaos in middle childhood has been linked to self-control difficulties throughout middle-to-late childhood. On the

other hand, there is a connection between living in a chaotic household and showing learned helplessness (Evans et al., 2005: 560) due to interference of the sense of mastery by unpredictability. Also, household chaos has been associated with experiencing difficulties in terms of grasping social cues (i.e., voice tone and facial expressions) (Dumas et al., 2005: 102).

1.6.1. IPV and Household Chaos

According to Wolfe and colleagues (1985: 658), the occurrence of violence between intimate partners may have an impact on the overall home environment, particularly on mothers. Because the mother frequently determines the home environment (Jaffe et al., 1990), IPV may have an impact on the mother's functioning, which in turn negatively affects the entire home environment (Huth-Bocks et al., 2001: 281-283). Mothers suffering from IPV had exhibited increased levels of maternal depression, which was associated with a less-than-ideal home environment (Corman et al., 2016: 80) both maternal depression and the home environment were related to low levels of maternal cognitive abilities (Twamley et al., 2009: 882).

IPV exposure destroys the victim's cognitive performance in several areas, including executive functioning (Humenik et al., 2020: 3-12; Daugherty et al., 2021: 9-10; Daugherty et al., 2019: 331; Seedat et al., 2005: 254; Stein et al., 2002: 1082-1083), memory (Stein et al., 2002: 1082-1083), and processing speed in terms of visual scanning, number sequencing, letter sequencing, and motor speed conditions (Twamley et al., 2009: 882). IPV exposure has been linked to poorer cognitive inhibition as well as set shifting (Seedat et al., 2005: 254) and accelerated cognitive decline (Williams et al., 2017: 1141). Additionally, chaotic homes are associated with the primary caregiver's low level of executive functioning capacity. A home environment that is unpredictable and full of distractions and noise relates to worse executive functioning and higher cortisol levels in mothers (Marsh et al., 2020: 8), laying the groundwork for chronic stress and exhaustion (Wachs & Evans, 2010: 3-13). The lack of adequate cognitive functioning and decreased physical and psychological functioning in mothers induced by IPV may bring problems in setting rules and creating a predictable home atmosphere. IPV exposure can have a significant impact on a woman's ability to raise her children properly (Sousa et al., 2022: 1635)

and manage the home environment. In brief, IPV exposure may lead to chaotic homes since the caregiver may lack crucial executive functioning abilities which hamper their ability to maintain a tranquil home environment through the application of clear and consistent rules and predictable daily routines.

1.6.2. Household Chaos as Mediator

IPV exposure might be an antecedent of household chaos, the degree to which the home environment is disorganized. Chaos imposed by IPV exposure has been in turn linked with decreased levels of control over one's living environment. When one loses the ability to cope or take control over their life or environment namely the house, one experience stress (Dunn, 2002: 671-681). Overwhelmed and stressed mothers due to the chaotic and disorganized home setting may have a hard time organizing the home environment and performing domestic responsibilities, setting examples for problem-solving abilities, and regulating emotions, which leads to disrupted household functioning (Deater-Deckard et al., 2016: 451-452; Mills-Koonce et al., 2016: 764-765). This is because levels of chaos can have obstructive effects on behavioral, and emotional socialization processes which is related to prosocial skills. Deficient household factors have an impact on an enriched environment for social learning of prosocial behavior that may serve a function in the decrease in social skills of IPV-exposed children. To sum up, IPV leads to household chaos, resulting in harmful effects on child functioning.

Besides, maternal parenting behaviors play a key role in the development of prosocial behavior and empathy development (Farrant et al., 2012: 182-183). According to Coldwell and colleagues (2006: 1118-1120), elevated arousal may evoke a home context affiliated with diminished positive parenting practices that operate children's functioning. Mothers in chaotic households are depicted as less attentive and receptive to signals from the child (Coldwell et al., 2006:1120). IPV victimization damage performing the parental role as a consequence of the heightened levels of stress (Huth-Bocks & Hughes, 2008: 248-249). Additionally, chaotic home settings and certain parenting practices, such as harsh disciplining, warmth, and responsiveness, are correlated (Marsh et al., 2020). Furthermore, there is a link between elevated home

chaos, increased parent-child conflict and reduced parent-child closeness, positive parenting, and emotional availability (Marsh et al., 2020).

In addition, IPV has an impact on mothers' cognitive functioning as well as mental health outcomes that end up with lacking parental supervision and a less predictable home environment which in turn exert an indirect effect on behavioral problems in children including conduct problems and callous-unemotional behaviors (Vernon-Feagans et al., 2016: 437-438; Mills-Koonce et al., 2016: 765-766). Parents provide rules, exert household routines, and offer guidelines to children by the predictable nature of the home. In this way, parents also induce the child's sense of individuality and show the way of self-regulation which implies acting properly in the absence of parental monitoring as well. (Grolnick & Farkas, 2002: 89). According to Bronfenbrenner & Evans (2000: 118), a child and developing environment have proximal and consistent mutual interplays that excel child development. Chaotic households may not represent regularity, and predictability, or consistently foster the unwavering and meaningful relationships indispensable for children's behavioral functioning (Bronfenbrenner & Evans, 2000: 121; Wachs & Evans, 2010: 3-13). The highly unpredictable home setting may hinder children in terms of linking up actions and outcomes, and consequently, children may have difficulty in the incorporation of rules and regulations (Grolnick & Farkas, 2002: 93). When a child has trouble following clear and consistent links of actions and consequences this situation impairs self-regulation competencies in children. Consequently, household chaos is offered as a potential mediating mechanism by which IPV effects child outcomes including behavioral problems and prosocial skills. One hypothesized reason is that parents who are stressed out and experience difficulties because of the IPV, have reduced energy and competency to involve in the household atmosphere and display positive parental practices. Children exhibit greater behavioral problems and fewer prosocial skills for the reason for that of shortage social modeling and higher tension induced by household chaos.

1.7. Research Gaps

Although the number of research on IPV and child outcomes is rising, there are still numerous gaps that exist. To my knowledge, no research to date has investigated

pathways of IPV and child outcomes in middle childhood. Most of the research aimed to examine the IPV-exposed infants' or preschoolers' behavioral outcomes (Mueller & Tronick, 2019) within the scope of early critical experiences. Yet, further research is necessary to uncover the process behind the link between IPV and child behavioral outcomes in middle childhood. Furthermore, although relatively few IPV studies focused on children's prosocial skills and social competence of children, exploring the mediating pathways that potentially depict how IPV is affiliated with children's prosocial skills is still unknown (Bender et al., 2022: 1263-1281). Existing literature has clearly shown that IPV and child maltreatment has shared factors that highlighted their co-occurrence (Guedes et al., 2016; Bidarra et al., 2016: 17; Buffarini et al., 2021) but additional research is required to clearly demonstrate mediating mechanisms. Finally, previous work implied that household chaos is associated with IPV (Coe et al., 2020: 410-411). Nevertheless, further research is essential for exploring if the salience of IPV would engender a chaotic household that eventually influences child outcomes during middle childhood.

1.8. The Current Study

The fundamental aim of the current study is to broaden the current scope of existing literature and fill the previously mentioned gaps by seeking to identify how the effect of intimate partner violence on child psychological adjustment (i.e., behavioral problems and social skills) in middle childhood is mediated through noteworthy aspects of the parenting and family atmosphere such as child maltreatment (i.e., psychological aggression, physical assault, and neglect), and household chaos. Based on the literature, the current study is formulated the following hypotheses to explore mediating pathways:

Hypothesis 1: Maternal exposure to intimate partner violence positively predicts child behavioral problems.

Hypothesis 2: Both child maltreatment and household chaos mediate the effect of maternal exposure to IPV on child behavior problems.

Hypothesis 3: Maternal exposure to intimate partner violence negatively predicts child's social skills.

Hypothesis 4: Both child maltreatment and household chaos mediate the effect of maternal exposure to IPV on child social skills.

CHAPTER TWO

METHOD

2.1. Participants and Procedures

The present study has drawn data from the longitudinal birth cohort study entitled the Future of Families and Child Wellbeing Study (FFCWS; see Reichman et al., 2001 for detailed information regarding the FFCWB study design). FFCWS follows a cohort of 4898 children born between 1998 and 2000 in one of the 20 U.S. cities where the study is conducted from birth to age. FFCWS oversamples nonmarital births and gathers data from urban cities with a population of 200.000 people or more. In view of the sampling strategy (i.e., urban births to unwed parents), most of the FFCWS participants are low-income families with low educational attainment disproportionately represented in the FFCWS compared to the general population (McLanahan et al., n.d.) Researchers leveraged data by interviewing both of the parents in the hospital within 48 hours after the birth of their child at first contact (1998- 2000; Wave 1) and parents and primary caregivers (PCG) attended follow-up interviews after 1 (1999- 2001; Wave 2), 3 (2001- 2003; Wave 3), 5 (2003- 2006; Wave 4), 9 (2007- 2010; Wave 5), and 15 years (2014- 2017; Wave 6). Medical records of the child participants were utilized from the hospital where the children were born at birth. Mothers were surveyed at the hospital immediately after they gave birth, as well as responded to questions by telephone interview when the child was at age 1, 3, 5, and 9. Telephone interviews were conducted with fathers at the same time points. When the child was 3, 5, and 9 years old, in-home assessments were conducted with a subset of primary caregivers that are usually the biological mothers. Also, children participated in interviews when they were 9 and 15 years. Additionally, when the child was 3, surveys were provided by a childcare provider and when the child was 5 and 9, teachers participated in the interview. All participants who were involved in the study provided Informed Consent. The FFCWS was approved by Columbia University and Princeton University's Institutional Review Boards and all procedures adhere to ethical standards.

2.2. Sample

For the current study publicly available data from year 9 from FFCWS was used. The analytic sample of the present study was restricted to a total of 583 families selected from the FFCSW based on three key criteria. Maternal relationship status was the first aspect of consideration. The analytical sample specifically included families in which the mother reported at least living together (i.e., married or cohabitating) during the phone interview year 9. Second, the analysis relies on the mother's responses to questions on the romantic partner's intimate partner's violent behaviors targeted directly at her. Third, the analysis was based on mother reports from the year 9 interviews. When children were aged 9, during the telephone and in-home interviews, mothers were asked to provide information on a series of questions in terms of intimate partner violence, child maltreatment, household chaos, and the child's behavioral outcomes including behavioral problems and prosocial skills. Of the 583 participants, 24 participants were excluded since they were detected as outliers. The final sample of the study consists of 559 mothers of children.

Table 2.1 presents detailed information on the characteristics of the analytical sample. The sample was compromised of 291 boys (52.1 %) and 268 girls (47.9 %), and children were relatively split by their sex. In terms of race and ethnicity, 199 mothers (35.6%) were non-Hispanic Black while 165 mothers (29.5%) identified themselves as Hispanic, and 164 mothers (29.3%) reported their race/ethnicity as non-Hispanic White. The maternal ages ranged from 23 to 54 (M= 36.7, SD=6.6) when the focal child was aged 9. 37.2% of the mothers were educated at college or technical school level while 23.8% of them had college or more. Nearly 20% of the mothers were not completed high school, while 18% earned a high school degree. Regarding marital status, 384 mothers were married when the focal child's age was 9 while the remaining 175 were in a cohabiting relationship. About 36% of households had 2 children in the household while 72% of households reported that there were two adults including a mother in the household.

Table 2.1: Demographic Information (N=559)

Variable	N (%)
Child Gender	
Boy	291 (52.1%)
Girl	268 (47.9%)
Child Age (M, SD)	112.2 (4.4)
Mother Age (M, SD)	36.7 (6.6)
Father Age (M, SD)	34.4 (16)
Household Income (M, SD)	64336$ (71923)
Mother Race/Ethnicity	
White	164 (29.3%)
Black	199 (35.6%)
Hispanic	165 (29.5%)
Other	30 (5.4%)
Missing	1 (0.2%)
Father Race/Ethnicity	
White	143 (25.6%)
Black	228 (40.8%)
Hispanic	162 (29.0%)
Other	25 (4.5%)
Missing	1 (0.2%)
Mother Education	
Less than high school	114 (20.4%)
High school or equivalent	104 (18.6%)
Some college, tech	208 (37.2%)
College or Graduate	133 (23.8%)
Missing	0 (0.0%)

Father Education	
Less than high school	102 (18.2%)
High school or equivalent	115 (20.6%)
Some college, tech	181 (32.4%)
College or Graduate	111 (19.9%)
Missing	50 (8.9%)
Parent Relationship Status	
Married	384 (68.7%)
Cohabitation	175 (31.4%)
Number of children in the home	
0-1	67 (12.0%)
2	202 (36.1%)
3	156 (27.9%)
+4	131 (23.4%)
Missing	3 (0.5%)
Number of adults in the home	
1	30 (5.4%)
2	407 (72.8%)
3	82 (14.7%)
+4	37 (6.5%)
Missing	3 (0.5%)

2.3. Measures

The current study utilized data collected through the maternal reports for Intimate Partner Violence's presence, items from Parent-Child Conflict Tactics Scale (CTSPC; Straus et al.,1998) for child maltreatment assessment, items from the Confusion, Hubbub, and Order Scale (CHAOS; Matheny et al., 1995) for household chaos, Child Behavior Checklist (CBCL; Achenbach, 1991) for child behavioral problems and

items from Adaptive Social Behavior Inventory (ASBI; Hogan et al., 1992) for prosocial skills. In the appendices, the scales are included.

2.3.1. Intimate Partner Violence (IPV)

Intimate Partner Violence (IPV) was assessed with items based on the Conflict Tactics Scale 2 - Revised Version (Straus et al., 1998) by the maternal reports of violence from a partner in physical violence, sexual violence, or behavioral control. Mothers who attended the FFCWS were asked about their IPV experiences related to their current partner whether the father of the focal child or not. While responding to IPV questions, participants were asked to evaluate how their partners treated them. In order to assess IPV exposure mother reported how often their romantic partner abused her physically, sexually, and/or controlled her behavior by responding as "never", "sometimes", or "often". Participants made evaluations based on the eleven items and some example items are as followed: "How often does your partner insult or criticize you or your ideas?"; "How often does your partner try to keep you from seeing your friends/family?"; "How often does he withhold money, make you ask for money, or take your money?"; "How often does your partner slap or kick you?"; "How often does your partner force you to have sex/do sexual things you don't want to do?"; and "How often does your partner insults/criticizes you for not taking good enough care of the child/home?". Each IPV item was recoded as the values of two for replies of often, one for replies of sometimes, and zero for responses of never. Remained responses of "don't know" and "refuse" were coded as missing. After recoding the values, the total IPV exposure score of participants was calculated by summing the eleven items to find an IPV frequency value. Mothers reported IPV exposure included in the analysis.

2.3.2. Child Maltreatment (CM)

In order to assess the potential risk for child maltreatment of mothers who attended FFCWS the Parent-Child Conflict Tactics Scale (CTSPC; Straus et al.,1998) was used. Fifteen items of CTSPC in three domains such as physical assault (five items), psychological aggression (five items), and neglect (five items) surveyed mothers' behaviors in terms of the frequency of behavior regarding the past 12 months. During the interview, mothers were asked to report how many times in the previous year they

engaged in behaviors considered to be child abuse and neglect. Physical assault items included shooking, hitting, spanking, slapping, and pinching the child. Psychological aggression items include shouting, yelling, screaming, swearing or cursing, threatening, or name-calling. Neglect was indicated as failures of taking care of the children's needs as well as showing love and affection. For each item, mothers were asked to report frequency such as a) once, b) twice, c) 3-5 times, d) 6-10 times, e) 11-20 times, f) more than 20 times, g) not in the past year, but it happened before, or h) this has never happened. In order to measure the prevalence, child maltreatment behaviors by mothers were examined regarding whether it has happened one or more times or not happened. To get a total child maltreatment score fifteen items were summed based on prevalence and higher scores implied more child maltreatment behaviors. In the current analytic sample, the scale displayed acceptable internal consistency (Cronbach's $\alpha = 0.72$).

2.3.3. Household Chaos

Confusion, Hubbub, and Order Scale (CHAOS; Matheny et al., 1995) measures the degree of household confusion and chaos. During the wave 5 assessments, mothers were asked to respond to questions of a short version of the CHAOS scale consisting of 5 items on a 5-point scale (0 = definitely untrue, 1 = somewhat untrue, 2 = not really true or untrue, 3 = somewhat true, 4 = definitely true). Mothers provided answers for the following items: "You can't hear yourself think in your home."; and "It's a real zoo in your home." Three items were reverse coded, such as "Children have a regular bedtime routine."; "Usually able to stay on top of things."; and "Atmosphere in your house is calm.". A total household chaos score was created by averaging the 5 items, with higher values indicating the presence of greater confusion and chaos in the home (Cronbach's $\alpha = .65$).

2.3.4. Child Behavioral Problems

Child Behavioral Problems were measured by the Child Behavior Checklist (CBCL; Achenbach, 1991) that one of the most widely used measures of psychopathology symptoms in children, consisting of 111 items on internalizing and externalizing behavior problems of children aged 6-18. CBCL has eight constructs such as

aggressive behavior, withdrawn/depressed, anxious/depressed, attention problems, social problems, rule-breaking behavior, somatic complaints, and thought problems. The externalizing behavior scale is used to evaluate children's aggressive and rule-breaking behavior while the internalizing behavior is scale focused on measuring anxious, withdrawn, and somatic behaviors. Mothers were asked to report whether the focal child engaged in the given behavior on a 3-point Likert scale (0=not true, 1=true, 2=very true). Scores for the child's behavioral problems were averaged to have the total child behavioral problems score. Higher scores indicate more behavioral problems. The current sample's Cronbach's α was 0.93.

2.3.5. Child Prosocial Skills

In order to measure child prosocial skills, mothers were asked to generate responses on 13 items questionnaire derived from the Adaptive Social Behavior Inventory (ASBI; Hogan et al., 1992). Example items are as follows: "Child understands others' feelings, when happy, sad, mad" and "Child is self-confident in social situations". Mothers were asked to evaluate the social competence of the child on a 3-point scale (0 = not true, 1 = somewhat or sometimes true, 2 = very true or often true). A total child prosocial skills score was generated by averaging 13 items and higher scores were indicating a high degree of child prosocial skills (Cronbach's α = 0.88). The current study relied on maternal reports for child outcomes to ensure persistence regarding the relationship between the focal child and the primary respondent, which is also typical in previous research (Altschul, Lee & Gershoff, 2016: 698).

2.3.6. Covariate

Maternal education level was included as a control in the models in order to prevent potential biases due to uncontrolled variation among demographics.

2.4. Data Analysis

Goal of the current study is to examine the mediator roles of child maltreatment and household chaos in the relationship between IPV and child outcomes. In order to examine these mediating mechanisms, statistical analyses of the current study were

carried out through the statistical software package, SPSS 23.0 (SPSS Inc. Chicago, IL). Before conducting statistical analysis, missing values were handled. Since no participants that did miss 20% of any of the scales, the missing value imputation technique was employed to replace a missing value with a series mean of the indicator (Hair et al., 2019: 59-68; Eekhout et al., 2014: 341). After missing value imputation, as a second step, the data controlled for outliers. Univariate outliers were examined by the z-scores of IPV, child maltreatment, household chaos, child behavioral problems, and child prosocial skills scores. For univariate outliers, Tabachnick & Fidell (2007: 77) suggested that a z-value greater than 3.29 or lower than -3.29 should be deleted. The z-scores of the key variables that fall below -3.29 or above 3.29 were regarded as outliers. In relation to this suggestion, 24 cases were omitted. After the data cleaning, 559 participants were utilized to conduct further statistical analysis.

Before the preliminary analyses normality test was conducted for all the variables. In order to examine distributions of IPV, child maltreatment, household chaos, child behavioral problems, and child prosocial skills Kolmogorov-Smirnov test was conducted. According to the Kolmogorov-Smirnov test's result, all variables except household chaos showed non-normal distribution ($p < .05$). Generally, violation of normality is considered a problem. However, since the number of study participants ($n = 559$) proves an enough large sample size ($n > 30$), the normality assumption should not be expected to cause major problems (Altman & Bland, 1995: 298; A. Elliott & Woodward, 2007: 27; Ghasemi & Zahediasl, 2012: 486). Therefore, parametric tests are used to conduct the following statistical analyses.

First, for preliminary analyses, the descriptive statistics, and bivariate correlations among key variables (i.e., intimate partner violence, child maltreatment, household chaos, child behavioral problems, and child social skills) were examined through Pearson's Correlations. Second, PROCESS Macro ver. 3.5 (Hayes, 2018) extension used and performed Model 4 Parallel Mediation Analysis to find the total, direct, and indirect effects of IPV on child outcomes (i.e., child behavioral problems, and child prosocial skills) via proposed parallel mediators that are child maltreatment, and household chaos. The bootstrap method uses the resampling method for data based on 5,000 random samples to create conditional indirect effects of bias-corrected 95% confidence intervals (CIs). The effect was recognized as statistically significant when the CIs did not have zero.

CHAPTER THREE

RESULTS

3.1. Descriptive Statistics

Descriptive statistics including IPV, child maltreatment, household chaos, child behavioral problems, and child prosocial skills are measured with means, standard deviations, and minimum and maximum values.

Table 3.1: Descriptive Statistics of the Study Variables

Variable	N	Mean	SD	Min	Max
Intimate Partner Violence	559	1.66	1.06	1	6
Child Maltreatment	559	4.05	2.33	0	12
Household Chaos	559	1.95	0.76	1	4.4
Child Behavioral Problems	559	0.19	0.13	0	0.7
Child Prosocial Skills	559	1.49	0.36	0.2	2

3.2. Correlation Results Among Key Variables

The relationship among IPV, child maltreatment, household chaos, child behavioral problems, and child prosocial skills was tested by Pearson's Correlations. Bivariate correlations among variables are illustrated in Table 3.2.

As presented in the table all variables were found to have significant correlations with each other's. Bivariate correlations among study variables indicate that there is a significant correlation between IPV and child maltreatment (r = 0.15, p < .01), household chaos (r = 0.12, p < .01), and child behavioral problems *(*r = 0.09, p < .05)

while there is a significant negative correlation between IPV and child prosocial behaviors (r = -0.15, p < .01). Data revealed significant negative correlations between child maltreatment and household chaos (r = 0.16, p < .01), and child behavioral problems (r = 0.40, p < .0). Moreover, child maltreatment and child prosocial skills have a negative significant association (r = -0.11, p < .05). Also, household chaos is positively correlated with child behavioral problems in a statistically significant way (r = 0.22, p < .05) while child prosocial skills have a statistically negative correlation with it (r = -0.14, p < .01). Lastly, child behavioral problems were found to be negatively correlated with child prosocial skills in a statistical way (r = -0.23, p < .01).

Table 3.2: Bivariate Correlations Among Study Variables

	Variable	1	2	3	4	5
1	Intimate Partner Violence	-				
2	Child Maltreatment	.157**	-			
3	Household Chaos	.124**	.168**	-		
4	Child Behavioral Problems	.098*	.401**	.227**	-	
5	Child Prosocial Skills	-.155**	-.113*	-.149**	-.233**	-

Note. * indicates p <.05. ** indicates p <.01

3.3. Testing the Hypotheses

3.3.1. Child Behavioral Problems

Parallel mediation analysis was conducted in order to investigate the mediating roles of child maltreatment and household chaos in terms of IPV's effect on child behavioral problems. Table 3.2.1 displays the parallel mediation analysis results for child behavioral problems. Results indicated that the total effect ($\beta total$=.01, SE=.0056, p =.0552), and direct effect ($\beta direct$=.00, SE=.0052, p =.8141) of IPV on child behavioral problems were insignificant based on 5,000 bootstrapped samples. As shown in Figure 1, IPV has a direct significant effect on child maltreatment (β= .14, SE=.0930, p=.0006) which indicates that IPV directly increased child maltreatment behaviors. Also, there was a significant direct effect of child maltreatment on child behavioral problems (β = .02, SE=.0025, p=.0000) implying that child maltreatment directly increased child behavioral problems when children were at 9. The indirect effect of IPV on child behavioral problems via child maltreatment were identified. Higher levels of IPV exposure were associated with a high level of child maltreatment engagement (β=0.14, p <.0006), which in turn, directly increased child behavioral problems (β = 0.02, p =.0000). As a result, a significant indirect effect of IPV on child behavioral problems via child maltreatment (β =.02, SE=.0025, 95% CI [.0172, .0267]) was found.

Furthermore, the current study found an indirect pathway from IPV to child behavioral problems via household chaos (β =.02, SE =.0076, 95% CI [.0148, .0448]). High levels of IPV increased household chaos (β =.11, SE =.0307, p=.0000), and household chaos increased child behavioral problems at age 9 (β =.16, SE =.0071 p=.000).

In brief, results showed that there is evidence of full mediation, where child maltreatment and household chaos mediate the IPV's effect on child behavioral problems. However, the IPV's effect on child behavioral problems in the presence of the two mediators at age 9 was found to be insignificant (β =.01, SE =.0056, p=.0552). The model explained 19 % of the variance in child behavioral problems (adjusted R^2= .19, F (4, 554) = 33.10, p < .001).

Table 3.3: Mediation Results of the IPV's Effect on Child Behavioral Problems

Total Effect (IPV -> CBCL)	Direct Effect (IPV -> CBCL)	Relationship	Indirect Effect	%CI		Conclusion
				Lower	Upper	
0.0816	0.0012	IPV -> Child Maltreatment -> CBCL	0.0219	0.0172	0.0267	Full Mediation
		IPV -> Household Chaos -> CBCL	0.0292	0.0148	0.0448	Full Mediation

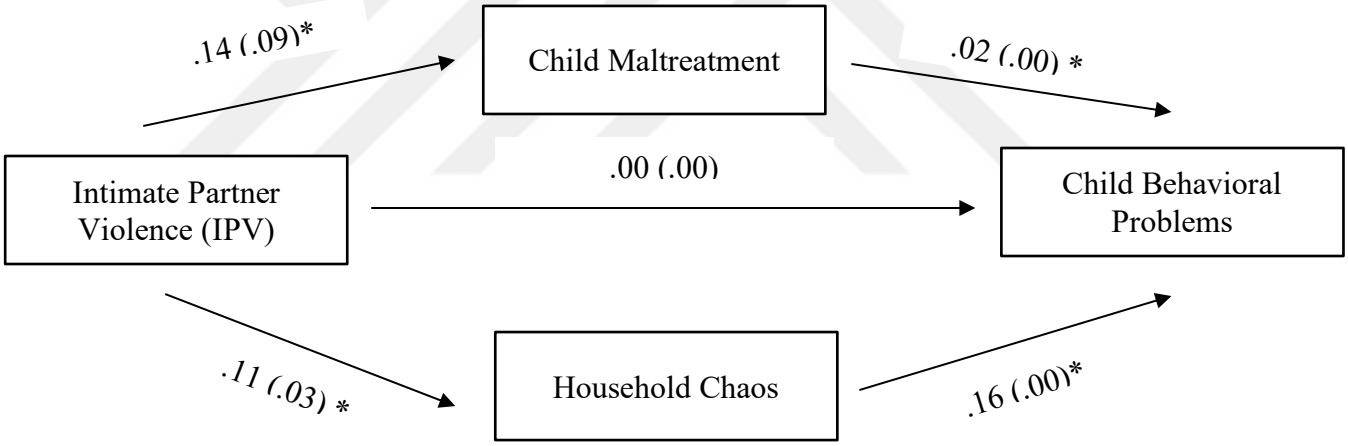

Figure 3.1: Observed Parallel Mediation Model of the Effect of IPV on Child Behavioral Problems

The mediating effects of child maltreatment and household chaos in the IPV's effect on child behavioral problems

Note. Values and significance levels are presented next to the arrows (*$p < .05$, **$p < .01$, *** $p < .001$). IPV: Intimate Partner Violence.

3.3.2. Child Prosocial Skills

In the second mediation model, the mediating roles of child maltreatment and household chaos on the effect of IPV on child prosocial skills were tested. Study the results indicated that the total effect of IPV on child prosocial skills ($\beta total$=-.04, SE =.0139, p<.05), and the direct effect of IPV on child social skills were significant ($\beta direct$=-.03, SE=.0140, p <.05).

Furthermore, the direct effect of IPV on child maltreatment was found significant [β = .14, SE =.0930, p<.05] which implies that IPV directly increases child maltreatment. Also, there was an insignificant direct effect of child maltreatment on child prosocial skills [β =-.05, SE =.0064, p=.18] which indicates that child maltreatment has no effect on child prosocial skills. The analysis results stated that IPV's effect on child social skills through child maltreatment (β =-.00, SE =.0061, 95% CI [-.0206, .0035]) was found to be insignificant.

Moreover, the current study found a significant direct effect of intimate partner violence on household chaos [β =.11, SE =.0307, p<.05]. Also, a significant direct effect of household chaos on child social skills [β =-.11, SE =.0192, p<.05] was found. A significant indirect effect of IPV on child social skills via household chaos (β =-.05, SE =.0188, 95% CI [-.0887, -.0156]) was found which implies that high levels of IPV exposure increased household chaos which in turn decreased child social skills. The model explained 11% of the variance of child prosocial skills (adjusted R^2= .11, F (2, 556) = 34.73, p < .001).

Table 3.4: Mediation Results of the IPV's Effect on Child Prosocial Skills

Total Effect (IPV -> Prosocial Skills)	Direct Effect (IPV -> Prosocial Skills)	Relationship	Indirect Effect	%CI		Conclusion
				Lower	Upper	
-0.0407	-0.0335	IPV -> Child Maltreatment -> Prosocial Skills	-0.0084	-.0206	.0035	No Mediation
		IPV -> Household Chaos -> Prosocial Skills	-0.0532	-.0887	-.0156	Partial Mediation

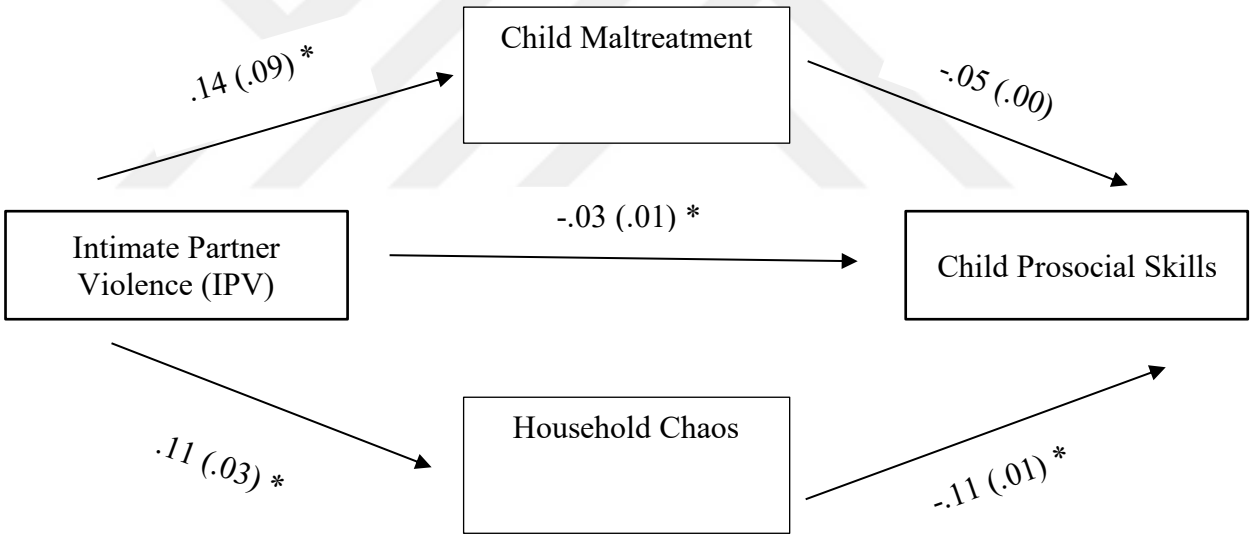

Figure 3.2: Observed Parallel Mediation Model of The Effect of IPV on Child Prosocial Skills

The mediating effects of child maltreatment and household chaos in the IPV's effect on child prosocial skills.

Note. Values and significance levels are presented next to the arrows (*$p < .05$, **$p < .01$, *** $p < .001$). IPV: Intimate Partner Violence.

CHAPTER FOUR

DISCUSSION

IPV is an enduring and global public health problem that has negative effects on perpetrators, victims, and witnesses, within the scope of physical, psychological, economic, and public health domains which could put a strain on healthcare systems (Sardinha et al., 2022: 807-810). There is a growing body of research documenting adverse effects of IPV exposure both for women (White et al., 2023) and children (Berg et al., 2022: 1321-1335; Cage et al., 2022: 1337-1352; Bogat et al., 2023: 303-329). However, most of the previous studies focused on behavioral problems associated with children exposed to IPV while a few of them aimed to investigate the effect of IPV exposure on prosocial skills in children. Additionally, existing literature focused on IPV exposure during pregnancy and early childhood period. It is needed to explore IPV's effect in middle childhood. Therefore, the present study aimed to explore the link between IPV exposure and child behavioral problems and prosocial skills in middle childhood among at-risk U.S. families, with a particular interest in potential mediation by child maltreatment and household chaos. Considering previous studies, it was hypothesized that child maltreatment and household chaos contribute to the effect of IPV on child behavioral problems as mediators. Also, it was hypothesized that child maltreatment and household chaos mediate the path between IPV exposure and prosocial skills in children. In the following sections, the results of the hypotheses testing will be discussed in light of the relevant literature. Then, the strengths and limitations of the study will be presented. Lastly, the implications of the present study will be discussed.

4.1. Major Findings of the Study

4.1.1. Child Behavioral Problems

The first hypothesis of the study aimed to examine whether maternal exposure to intimate partner violence positively predicts child behavioral problems. The second hypothesis of the study aimed to examine mediational pathways between IPV and child behavioral problems. Child maltreatment and household chaos were expected to mediate the effect of IPV on child behavioral problems. Study results indicate that IPV has no significant direct effect on child behavioral problems. On the other hand, IPV's effect on child behavioral problems is fully mediated by child maltreatment and household chaos. Results suggest that the negative effect of IPV on child behavioral problems is completely explained via the indirect effects of mediator variables namely, child maltreatment and household chaos. The results of the study provide evidence that the impact of IPV on child behavioral problems may be explained by a more complex set of relationships than compared to the two variables that the study assumed to mediate the pathway. Different factors not examined within the scope of the current study may contribute to the nature of the complexity of the IPV's effect on child behavioral problems. For instance, the current study did not investigate the mother and child's individual characteristics, such as coping styles and strategies, cognitive appraisals related to IPV exposure, resilience, and social support networks, which may influence the IPV's effect on child behavioral outcomes. In addition, in terms of IPV exposure, the duration, severity, and frequency of IPV incidences may have a crucial effect on child behavioral problems. The current study was not explored the mentioned factors however further research is needed to have a more comprehensive understanding of the complex nature of IPV's effect on child behavioral problems. All in all, the study findings reveal that the IPV's effect on child behavioral problems has many faces and comes through in various ways.

4.1.2. Child Prosocial Skills

The second aim of the current study was to investigate the mediator role of both child maltreatment and household chaos within the scope of IPV exposure's effects on child prosocial behaviors. The study results present that the total effect of IPV on child

prosocial skills was significant, which indicates that children who experience IPV are at risk for lower levels of prosocial behavior which is consistent with existing works (Bender et al., 2022). Moreover, while IPV would lead to child maltreatment, child maltreatment alone may not have a significant effect on child prosocial skills in middle childhood. In addition, household chaos did play a crucial role in mediating the relationship between IPV and child social skills in middle childhood. Household chaos affects child social skills and is a significant factor in the relationship between IPV and children's social skills. Furthermore, the indirect effects of IPV on child prosocial skills through child maltreatment and household chaos were found insignificant, indicating that these variables do not mediate the relationship between IPV and child prosocial skills. In brief, the results suggest that child maltreatment and household chaos did not parallelly mediate the relationship between IPV and child prosocial skills.

4.2. Mediator Role of Child Maltreatment

Maternal exposure to IPV was found to directly increase child maltreatment behaviors. This highlights the detrimental impact of IPV on parenting behaviors and the increased likelihood of engaging in maltreatment behaviors toward children. Current findings are consistent with prior research that has established the co-occurrence of IPV and child maltreatment (Herrenkohl et al., 2015: 23), and highlight the importance of considering child maltreatment as a mediating factor in the relationship between IPV and child behavioral problems. This finding regarding child maltreatment as the mediating process between IPV and child behavioral problems is consistent with prior studies, examining associations between that IPV and child behavioral problems in infancy and early middle childhood (Levendosky et al., 2006: 549; Grasso et al., 2016: 2113-2117) and provide further support in terms of examining neglect as a part of child maltreatment and extends findings on the middle childhood. The family spillover hypothesis (Erel & Burman 1995: 109-110), states that hostility and aggression in the intimate partner relationship change the dynamics of the parent-child relationship due to increased conflict, and result in less warmth and responsiveness, and more harsh and inconsistent parenting practices, which can ultimately lead to child maltreatment and behavioral problems. The presence of IPV is found to be a significant risk factor for child maltreatment (Ahmadabadi et al., 2018: 26), and IPV is defined as an adverse childhood experience (Fellitti et al., 1998: 248) which can create a stressful and unsafe

environment in the home and may increase the likelihood of child abuse and neglect. When parents engage in IPV, they may be more likely to abuse their children physically or emotionally as well, leading to child maltreatment. This can manifest as harsh discipline, verbal aggression, or even physical violence directed toward the child. Taylor and colleagues (2009: 175) proposed that IPV exposure increases child maltreatment perpetration risk among mothers due to maternal stress, maternal depression, and unwanted or unintended pregnancy. Hence, the current findings were consistent with the literature in that IPV led to child maltreatment, and deleterious consequences in the long term such as behavioral problems in this study. Psychological manifestations of IPV in mothers including depression, anxiety, and substance abuse have also been pointed out as predictors of child maltreatment (Juby et al., 2014: 239). Therefore, current findings are consistent with the literature since it presents that hazardous outcomes of IPV on mothers eventually give rise to child maltreatment. Children who witness IPV may also experience emotional distress, which gives rise to anger regulation problems and behavioral problems (Holmes et al., 2022: 1212). Childhood maltreatment correlated with both externalizing and internalizing symptoms (Maguire et al., 2015: 646; Yoon et al., 2017: 76-77). As a result, children who are exposed to maltreatment are more likely to exhibit a range of behavioral problems, including aggression, conduct problems, emotional difficulties, and social difficulties. The maltreatment experience disrupts the child's sense of safety, security, and trust, leading to emotional and behavioral dysregulation. Therefore, in the context of IPV, exposure to maltreatment serves as a mechanism through which the negative effects of IPV on child behavioral outcomes are transmitted. It acts as an intermediary step that links the initial exposure to IPV with subsequent child behavioral problems.

On the other hand, in the current study, child maltreatment was found to have no significant direct effect on child prosocial skills, indicating that the experience of maltreatment has no effect on children's prosocial behaviors. In other words, study results did not find a significant indirect effect of IPV on child prosocial skills through child maltreatment, suggesting that child maltreatment did not fully mediate the IPV exposure’s effect on child prosocial skills. This may seem counterintuitive at first, as one might expect that exposure to maltreatment would have a negative impact on a child's prosocial skills, such as sharing or empathy. However, a combination of resiliency and co-occurring protective factors (Martinez-Torteya et al., 2009: 569-

572), such as social support, or coping strategies, may moderate the impact of maltreatment on child prosocial skills. Children exposed to IPV at 9 years may not have had further experiences of IPV exposure either because they attain school or because the relatives and neighborhood factors protected the children from exposure to violence, effectively buffering the effects of IPV. In brief, child maltreatment alone after IPV exposure has an influence on child behavioral problems while may not significantly affect child prosocial skills.

4.3. Mediator Role of Household Chaos

The study findings present that household chaos mediated the effects of IPV on child outcomes namely, child behavioral problems, and prosocial skills. Within the scope of IPV, the presence of violence generates a tumultuous climate that disturbs daily routines and household functioning. The chaos that is embedded in the home atmosphere may hinder children's opportunity to learn, practice, and internalize prosocial behaviors. A chaotic household is characterized by a lack of stability and predictability including having daily routines and predictable interactions that can limit prosocial behaviors including empathy and emotion socialization. Also, the increased levels of stress and tension caused by the household chaos may result in emotional dysregulation, which would be a challenge for children when they have to engage in cooperative and supportive activities. With the help of their consistent and structured nature, routines facilitate children's sense of stability and predictability. In this way, children can better detect and figure out the needs as well as feelings of other people surrounding their environment. Children may have trouble learning and capitalizing on these important prosocial skills in a chaotic household setting when routines are disturbed or non-existent. Their capacity to comprehend and respond to the feelings and viewpoints of others may be jeopardized if they do not have continuous opportunities to engage in cooperative and empathy-driven relationships. To sum up, living in a chaotic household would have hazardous effects on a child's sense of security and stability, causing behavioral problems, as well as negatively influencing the child's social and emotional development eventually.

It is also possible that household chaos may increase stress levels in the child, which could lead to emotional dysregulation and further impair social functioning, and may

be detrimental to a child's development (Marsh et al., 2020). This is most likely due to that IPV victims especially mothers face harsh economic conditions (Christy et al., 2020) and the subject to housing instability such as frequent moves (Klein L. et al., 2019: 257). IPV is driven by complex interpersonal and psychological factors, such as power and control dynamics, and often ends up with poor well-being, depression, substance abuse, or PTSD (Lacey et al., 2013: 368-377), which can bring barriers to engaging in basic daily activities such as self-care and dressing, organizing home environment, having a job, and paying bills (Lopaschuk & Brown, 2012: 31; Maddoux et al., 2014) which is linked with experiencing housing instability, material hardship as well as living in a chaotic household. There is a negative association between maternal depression and the structured home environment that supports child development (Cilino et al., 2018: 407) has been established. IPV undermines parental functioning. The experience of violence can have profound emotional and psychological effects on the victimized parent, making it challenging for them to maintain consistent and effective parenting practices. The trauma and stress associated with IPV can impair their ability to provide stable and nurturing care for their children. This can lead to inconsistent discipline, decreased supervision, and compromised emotional support, contributing to a more chaotic family environment. Additionally, perceived home chaos by mothers might result in poor functioning and caregiving because of alterations in executive function, behavioral regulation, and child-related cognitions (Wang Z. et al., 2013: 246-248). IPV victimization may cause being emotionally unavailable and distracted in terms of childcare among mothers and having a negative cognition regarding the child for instance attribution of a hostile intention to the child's behavior makes the mother angry easily, which results in adopting coercive parenting tactics or abusing the child (Slep & O'Leary, 2001: 87-103). The mother's lack of ability to organize the home environment originated from IPV exposure, elevates stress, and influences both behavioral problems and prosocial skills. Taken together, study findings may be explained by the fact that a home environment characterized by frequent arguments, disorganization, and unpredictability can make it difficult for children to form stable and consistent relationships with caregivers, which can lead to high levels of problem behaviors. Therefore, intimate partner violence is a process that brings a sequence of violence (Bidarra et al., 2016: 16) in which the consequences of IPV transcend the marital conflict and influence all family members (Namy et al., 2017: 46). In summary, the

finding that IPV significantly increases household chaos underscores the disruptive and detrimental effects of violence on family dynamics. The disrupted routines compromised parental functioning, and increased stress levels within the chaotic home environment contribute to negative outcomes for children.

Furthermore, the lack of parallel mediation of child maltreatment and household chaos related to the effects of IPV exposure on child prosocial skills may have possible plausible explanations. First, in terms of IPV exposure's effect on child prosocial skills, children may have displayed resilient functioning despite the IPV exposure (Graham-Bermann et al., 2009: 653-657). Also, resilience (i.e., prosocial behaviors) and psychopathology (i.e., behavioral problems) may occur concurrently (Miller-Graff et al., 2020). That is why, research should examine not only risk factors such as child maltreatment and household chaos, and but also distinct protective factors to reveal mechanisms of IPV's effect on child prosocial outcomes. IPV may have an effect on decreased prosocial skills by reducing positive interactions or factors. Second, the presence of adaptive functioning in the context of IPV exposure rather than the absence of psychopathology is defined as resilience (Masten, 2014: 10; Galano et al., 2023: 851). Prosocial behaviors are used to assess resilience in terms of successful adaption of adversity (Howell et al., 2010: 154), and research support that prosocial skills increase in time even a child faces adversity (Galano et al., 2023: 856-857). A comprehensive systematic review done by Yule and colleagues (2019: 411-419) proposes individual, school, peer, and neighborhood factors that may buffer adaptive functioning. Third, to reveal the mechanism of how IPV is affecting decreased prosocial skills among children, research may focus on children's ecological contexts at the individual level such as self-perceptions, cognitive appraisals, temperament, and perceived social support. Lastly, prosocial skills may be more influenced by factors outside the home environment. Children may develop prosocial skills through interactions with peers and in school settings, which are not directly impacted by household chaos or child maltreatment. Children at age 9 may involve in extracurricular activities in both the community and school. Furthermore, a child who has experienced maltreatment may struggle with aggression, anxiety, and emotional regulation, which may hinder their ability to interact with others and display prosocial behavior. A child who has been maltreated, on the other hand, may still retain intact prosocial abilities, such as the ability to sympathize with others or to demonstrate love

and compassion. This would be an explanation for why the study results did not suggest a significant mediational role for suggested variables on child prosocial skills.

Taking everything into account, study findings suggest that interventions to prevent and attenuate the detrimental effects of IPV on child behavioral outcomes should account for the hazardous influences of mediatory variables such as child maltreatment and household chaos. Study results also underscore the necessity for interventions for the IPV experiencing families that target both child maltreatment and household chaos to minimize behavioral problems. In addition, there may be other variables than the investigated factors that have a role in predicting child prosocial skills within the scope of IPV, and addressing them would be beneficial.

4.4. Strengths and Limitations

The current study adds a novel value to intimate partner violence literature by investigating the mechanisms through which IPV predicts child outcomes in middle childhood. Middle childhood is an important age span for examining the impact of IPV since this period involves rapid accelerations in the domains of children's cognitive, emotional, and social development. Moreover, the study takes into consideration a number of crucial factors associated with parenting and family context, such as child maltreatment and household chaos, knowing to influence child outcomes. This examination offers a clear insight into the essence of IPV exposure's effects on child outcomes and can inform more targeted interventions. Finally, the study's findings have important implications for policy and practice, suggesting that prevention and early intervention efforts should focus on reducing child maltreatment in the context of IPV for diminished behavioral problems instead of household chaos.

Despite its strengths, the current study has several limitations that need to be taken into consideration. First, the findings of the study rely upon secondary data utilized from urban cities in the United States. To what extent these findings would generalize to suburban and rural contexts is a question. Future work should focus on the generalizability of the results while recruiting families or leveraging data.

Second, reliance on maternal reports on key variables such as child maltreatment, household chaos, and child behaviors, raises problems in the potential for social desirability bias while responding to the questions. When mothers were asked to assess

the quality of their home environment it is possible that they would also rate their children's temperament which is in turn hard to eliminate subjectivity relying on parent responses (Kagan & Fox, 2006: 167-225). In addition, IPV and child maltreatment are sensitive variables to measure. Also, child maltreatment was assessed by examining the prevalence of maltreatment. Future research may benefit from complementing maternal reports with in-home observations and child reports. It will be critical for future studies to examine the chronicity of child maltreatment and the roles of distinct types of child maltreatment.

4.5. Implications and Directions for Future Studies

Despite the previously mentioned limitations of the study, the findings and contributions should be discussed. The current study's findings highlight crucial implications for policymakers and practitioners related to prevention and early intervention efforts. It is important to emphasize that, efforts should focus on decreasing engagement in child maltreatment behavior in homes with IPV in order to improve child outcomes. Moreover, instead of addressing child maltreatment and household chaos to positively impact child social skills, focusing on distinct factors may be efficient. By implementing targeted prevention and early intervention strategies, policymakers and practitioners can help to reduce the negative impact of IPV on children and promote healthy development. Promoting family routines and structure may be an effective approach to reducing adverse family living conditions and mitigating dysfunctional parenting behaviors. Behavioral activation strategies for mothers may be a helpful intervention to support mothers in developing positive parenting practices (Goodman & Garber, 2017: 72), and enhancing child behavioral adjustment. Also, focusing on preventive interventions that target self-perceptions and perspective-taking may be useful for facilitating prosocial skills among children who are exposed to IPV. Benefiting from evidence-based trauma treatments (Dorsey et al., 2017: 309-323) may also facilitate prosocial skills in terms of increased levels of emotion regulation abilities in children.

In addition, the current study focused on family factors such as child maltreatment and household chaos. However, literature found a link between children's cognitive appraisal and IPV exposure while explaining child behavioral problems (Figge et al.,

2021). Future research could also test various interactions of social ecology as well as the acceptance and cognitive processes of children that influence the IPV's effects on child outcomes to advance the scope of the examination.

In conclusion, the purpose of this study was to investigate the IPV's influence on child outcomes in middle childhood via the proposed mediating pathways namely child maltreatment and household chaos. The findings indicated a significant positive link in terms of IPV effects on child behavioral problems that was fully mediated via child maltreatment and household chaos. Furthermore, according to the results, household chaos rather than child maltreatment had a mediating role in explaining the IPV's effect on child prosocial skills. In general, study findings refer to the crucial implications for policymakers and practitioners for prevention and early intervention efforts. The results utilize that efforts should pay attention to reducing child maltreatment and household chaos in households experiencing IPV to enhance child outcomes. Indeed, to address child maltreatment and household chaos, efforts should take into consideration different elements of social ecology that may also have the potential to benefit children's social skills, which can contribute to the child's entire well-being. It is imperative to ensure child safety and enhance child welfare evaluate household chaos and child maltreatment in households where IPV exists. By this means, policymakers, as well as practitioners including psychologists, and social workers can help minimize the IPV's hazardous impacts in middle childhood and nourish healthy development.

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APPENDIX

Table A.1. List and Descriptions of Measures

Variable	Item	Response
IPV		
m5c6c	He insults or criticizes you or your ideas	0 =Never; 1 = Sometimes; 2 = Often
m5c6e	He tries to keep you from seeing or talking to your friends or family	0 =Never; 1 = Sometimes; 2 = Often
m5c6f	He tries to prevent you from going to work or school	0 =Never; 1 = Sometimes; 2 = Often
m5c6g	He withholds money, makes you ask for money, or takes your money	0 =Never; 1 = Sometimes; 2 = Often
m5c6h	He slaps or kicks you	0 =Never; 1 = Sometimes; 2 = Often
m5c6i	He hits you with a fist or an object that could hurt you	0 =Never; 1 = Sometimes; 2 = Often
m5c6j	He tries to make you have sex or do sexual things you don't want to do	0 =Never; 1 = Sometimes; 2 = Often
m5c6k	He withholds sex to try to control your behavior	0 =Never; 1 = Sometimes; 2 = Often
m5c6l	He insults/criticizes you for not taking good enough care of child/home	0 =Never; 1 = Sometimes; 2 = Often
m5c6m	He throws something at you	0 =Never; 1 = Sometimes; 2 = Often
m5c6n	He pushes, grabs, or shoves you	0 =Never; 1 = Sometimes; 2 = Often

Child Maltreatment		
p5q1c	Parent shook child	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1d	Parent has hit child on bottom with something like brush or other hard obje	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1f	Parent has shouted, yelled or screamed at child	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1g	Parent has spanked child on bottom with bare hand	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1h	Parent has swore or cursed at child	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1i	Parent has said would send child away or kick child out of the house	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1j	Parent has threatened to spank or hit child but did not actually do it	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1k	Parent has slapped child on hand, arm, or leg	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1m	Parent has pinched child	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q1n	Parent has called child dumb/lazy/some other name like that	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q2a	Parent had to leave child home alone even when adult was needed	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5

		times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q2b	Parent so caught up in own problems, not able to express love to child	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q2c	Parent not able to make sure child got food needed	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q2d	Parent was not able to make sure child got to doctor or hospital when needed	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
p5q2e	Parent was so drunk or high that had problem taking care of child	0 = never happened; 1 = yes, but not in past year; 2 = once; 3 = twice; 4 = 3-5 times; 5 = 6-10 times; 7 = 11-20 times; 8 = more than 20 times
Household Chaos		
p5i22a	You can't hear yourself think in home	1 = definitely untrue; 2 = somewhat untrue; 3 = not really true or untrue; 4 = somewhat true; 5 = definitely true
p5i22b	Home is a real zoo	1 = definitely untrue; 2 = somewhat untrue; 3 = not really true or untrue; 4 = somewhat true; 5 = definitely true
p5i22c	Children have a regular bedtime routine	1 = definitely untrue; 2 = somewhat untrue; 3 = not really true or untrue; 4 = somewhat true; 5 = definitely true
p5i22d	You are usually able to stay on top of things	1 = definitely untrue; 2 = somewhat untrue; 3 = not really true or untrue; 4 = somewhat true; 5 = definitely true

p5i22e	The atmosphere in your house is calm	1 = definitely untrue; 2 = somewhat untrue; 3 = not really true or untrue; 4 = somewhat true; 5 = definitely true
Child Prosocial Behaviors		
p5q3dc	Child understands others' feelings, when happy, sad, mad	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dd	Child is sympathetic toward other children's distress	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3de	Child is open and direct about what he or she wants	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3df	Child joins group activities without being told to	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dg	Child makes friends easily	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dh	Child is self-confident in social situations	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3di	Child easily changes from one activity to another	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dj	Child shows interest in a variety of things	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dk	Child starts conversations rather than waiting for others to talk first	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dl	Child is liked by others	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3dm	Child accepts friends' ideas for playing	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true

p5q3dn	Child invites others to your home	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true
p5q3do	Child reports accidents to appropriate persons	0 = Not true; 1 = Somewhat or sometimes true; 2 = Very true or often true

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