JOURNAL FOR SOCIAL SCIENCE STUDIES
An International Peer-Reviewed Open Access Journal

ISSN (Online): 3006-2071 | ISSN (Print): 3006-2063
Volume 4 • Issue 4 • August 2026

INTIMATE PARTNER VIOLENCE AS A PREDICTOR OF AGGRESSION IN EARLY, MIDDLE, AND LATE CHILDREN: MEDIATING ROLE OF PARENT-CHILD RELATIONSHIP

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DOI: https://doi.org/10.5281/zenodo.22654554

Keywords
intimate partner violence, aggression, parent-child interaction

Article History
Received: 28 June 2026
Accepted: 15 August 2026
Published: 31 August 2026

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Abstract

This study examined the relationship between intimate partner violence (IPV), parent-child relationships and aggression among children across early, middle, and late childhood stages. It focuses on Pakistani families and aims to offer a better understanding of the varied ways that IPV influences children's behavior. Specifically, the study aimed to look at the impact of IPV on childhood aggression, explore the mediating role of the parent-child relationship, and determine whether age moderates these relationships through different stages of childhood. A cross sectional research design was used comprise of 184 participants enrolled through purposive sampling from different regions of Pakistan. The questionnaire was filled out by either the mother or the father of children between the ages of five and thirteen. The study found a statistically significant positive relationship between intimate partner violence (IPV) and parent-child conflict and child aggression across childhood stages while Parent-child closeness reveals a negative correlation with aggression in all stages. Within the mediated moderation model, the research found no statistically significant interaction between IPV and age. This indicates that intimate partner violence influences children's aggression levels and parent-child relationships in much the same way across early, middle, and late childhood. In conclusion, these findings reveal the pervasive impact of IPV on family interactions throughout a child's growth, pointing to a clear need for interventions that support healthy child development.

Introduction

Intimate partner violence (IPV) is a growing social problem that affects many families and cultures. The primary victims of IPV are the partners involved in the relationship; however, children who witnesses, hear or feel are also affected. According to McDonald et al. (2006), children who are exposed to intimate partner violence (IPV) may witness physical or verbal abuse, try to stop it, or see its consequences, including parental injuries. These experiences result in adverse emotional, behavioral, and developmental consequences, such as anxiety, posttraumatic stress, externalizing problems, and aggression (Kitzmann et al., 2003; Wolfe et al., 2003; Evans et al., 2008).

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Children's developmental stage may influence their responses to IPV. In early childhood years' children are growing rapidly in many areas such as cognitive emotional and social and as a result are very dependent on parents as their major social models (Connell & Goodman, 2002). Children's cognitive capacities, social experiences, and perceptions of family conflict may change as they get older. As a result, there may be different relationships between IPV and aggression in early, middle, and late childhood.

IPV can be defines as sexual, psychological or physical harm, comprising controlling behaviors, by a current or earlier intimate partner (Breiding et al., 2015). IPV can happen in both ways in close relationships, albeit it disproportionately affects women and children. IPV exposure can cause conflict, instability, fear, and emotional discomfort, all of which can upset the home environment. Effective parenting and parent-child interactions may be hampered by IPV-affected parents' decreased emotional availability and coping challenges (Postmus et al., 2012; Nathanson et al., 2012).

The relationship between a parent and child is a very significant social and emotional relationship in children's lives. Children need consistent support, communication, responsiveness and parents who are emotionally available. Parents can help children to develop effective emotional and interpersonal skills. According to the attachment theory sensitive and responsive caregiving promotes secure attachment, whereas rejection, inconsistency, or emotional unavailability may result to insecure attachment (Bowlby, 1969, 1973; Ainsworth et al., 1978).

Having experience with IPV can influence the parent child relationship. According to Wolfe et al., 2003 Children who are exposed to IPV reported more conflicted parent–child interactions than children who are not. Furthermore, longitudinal evidence suggested that IPV is linked with weakening in the mother–child relationship over time (Margolin et al., 2013), while meta-analytic evidence suggested that IPV exposure is reduced with decreased parental affection and amplified parent–child conflict (Sturge-Apple et al., 2016). Taken together, these findings point to the parent-child relationship as a potentially critical pathway through which IPV exposure translates into behavioral difficulties in children.

Aggression can be defined as behaviors which cause physical, psychological or verbal hurt to another individual who does not want to be harmed (Baron & Richardson, 1994). Aggression comprises of various forms, comprises of physical aggression, verbal aggression, aggression toward objects, reactive or provoked aggression, and proactive or initiated aggression. While proactive aggression is more intentional and goal-directed, reactive aggression is typically defined by an emotionally charged reaction to perceived provocation (Dodge et al., 1997; Scarpa & Raine, 1997).

Children who are exposed to violence within the family may learn that aggression is an acceptable or effective method while responding to dispute. To explain this process Social Learning Theory provides a convenient explanation, proposing that children may learn aggressive behaviors through witnessing and imitating significant others, especially when aggressive behavior seems to be rewarded or operative. While consistent with this perspective, research has also linked IPV exposure with increased externalizing problems and aggression in children (Browne & Finkelhor, 1986; Evans et al., 2008; Vu et al., 2016).

While the existing body of literature supports link between IPV, parent–child relationship problems, and child aggression. IPV may amplify parental psychological distress and decrease parental responsiveness, resulting in increased conflict within the parent–child relationship. In result, repeated conflict and decreased parental support adding to children's difficulties in regulation of emotions and behavioral control.

Empirical research consistently links positive parent–child relationships with lower levels of aggression and behavioral problems. Furthermore,

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parental responsiveness, effective communication, quality of relationship, and nurturing parent-child engagement have been associated with more adaptive child behavior (Jackson & Foshee, 1998; Orpinas et al., 1999; Lambert & Cashwell, 2004; Wright & Fitzpatrick, 2006). On the other hand, negative parent–child interactions have been linked with challenging and aggressive behavior (Shelton et al., 2008). However, some studies have reported inconsistent findings, signifying that the relationship may be determined by developmental and contextual factors.

An adequate framework for comprehending these relationships is provided by the Cognitive-Contextual Model (Grych & Fincham, 1990). According to the paradigm, kids try to understand the causes, effects, and their own part in interparental conflicts. While recurrent experience with IPV may lead children to develop maladaptive understandings of interpersonal disputes and violence, increasing the possibility of aggressive responses. Attachment Theory further suggests that disrupted caregiver relationships may undermine children's sense of security and contribute to externalizing difficulties. Together, these perspectives suggest that the parent–child relationship may mediate the association between IPV and aggression.

Age may further influence these relationships. Children's cognitive capacities, emotional regulation, understanding of interpersonal relationships, and exposure to social environments develop substantially across early, middle, and late childhood. Consequently, the effects of IPV and parent–child conflict may not be uniform across developmental periods. Examining age as a moderator can therefore clarify whether the strength of the proposed pathways changes across childhood.

Current Study

Despite substantial international evidence regarding the consequences of IPV, comparatively limited research has examined the interconnected relationships among IPV, parent–child conflict, and different forms of aggression among children in Pakistan. The collectivistic and family-oriented context of Pakistani society makes understanding family violence particularly important. The present study therefore examines whether IPV is associated with parent–child conflict and child aggression, whether IPV predicts aggression, and whether the parent–child relationship mediates this association. The study further examines whether age moderates the mediation pathway, thereby determining whether the indirect effect of IPV on aggression through the parent–child relationship differs across early, middle, and late childhood.

Hypotheses

H1: Intimate partner violence will be significantly positively correlated with parent–child conflict and child aggression; and will negatively correlate with parent-child closeness.

H2: Parent–child conflict will be significantly positively correlated with child aggression and its dimensions, including verbal aggression, aggression against objects, provoked physical aggression, and initiated physical aggression.

H3: Intimate partner violence will significantly positively predict child aggression.

H4: Parent–child conflict will significantly positively predict child aggression after controlling for intimate partner violence.

H5: Parent–child conflict will significantly mediate the relationship between intimate partner violence and child aggression, such that higher IPV will be associated with greater parent–child conflict and lower parent-child closeness, which in turn will be associated with child aggression.

H6: Age will moderate the indirect relationship between intimate partner violence and child aggression through parent–child conflict and closeness, such that the strength of the mediated relationship will differ across early, middle, and late childhood.

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Method

Sample and procedure

This study used a purposive sampling technique and data was collected from Pakistani married individuals who have at least one child from the age group of 5 to 13 years. In this study, children with aged 5 to 7 years were being categorized as early childhood, children aged 8 to 10 years as being in middle childhood, and children aged 11 to 13 years as being in late childhood. One of the parents either mother or father responded to the questionnaire. The final sample of the study comprised 184 participants, with a distribution of 52 fathers and 129 mothers with an age range of 27 to 39 years (M=31.4, SD= 4.43). Data was collected after obtaining informed consent from the respondents. Subsequently, participants were requested to fill out the questionnaires to collect relevant data about the measured variables. The participants began by providing information about their demographics and subsequently filled out a questionnaire on IPV, parent-child relationships, and children's aggression.

Measures

Composite Abuse Scale–Short Form (CAS-SF): Intimate partner violence was assessed using the Composite Abuse Scale–Short Form (CAS-SF; Ford-Gilboe et al., 2016). The 15-item measure assesses physical, sexual, and psychological abuse using a five-point Likert scale. Total scores range from 0 to 75, with higher scores indicating greater IPV exposure. The scale demonstrated high internal consistency in the present study (Cronbach's α = .94).

Child–Parent Relationship Scale (CPRS): Parent–child relationship was assessed using the Child–Parent Relationship Scale (CPRS; Pianta, 1998), a 30-item measure assessing two dimensions: conflict and closeness. Items are rated on a five-point Likert scale, with subscale scores calculated using item means. The CPRS has demonstrated good reliability and validity, with reported coefficients ranging from .80 to .84.

Children's Aggression Scale–Parent Version (CAS-P): Child aggression was assessed using the Children's Aggression Scale–Parent Version (CAS-P; Jeffrey & Kathleen, 2002), a 33-item parent-rated measure covering verbal aggression, aggression against objects and animals, provoked physical aggression, unprovoked physical aggression, and weapon use. The weapon-use subscale was excluded from the present analysis. The remaining four domains were scored without reverse-coded items, with higher scores indicating greater aggression. The scale demonstrated excellent internal consistency (Cronbach's α = .93).

Results

Preliminary analysis suggests that the data followed a normal distribution as skewness and kurtosis values were below <2 and all the scale were reliable with values above .70.

Relationship between Study Variables

Table 1

Relationship between Study Variables in children with age 5-7 years (N= 98)

Variables		1	2	3	4	5	6	7	8
1.	IPV	-	.27**	-.017	.64**	.40**	.58**	.88**	.79**
2.	PCR-Conflict		-	-.010	.46**	.48**	.38**	.21*	.33**
3.	PCR-Closeness			-	-.009	-.026	-.008	-.11	-.027
4.	Aggression				-	.93**	.86**	.48**	.86**
5.	VA					-	.76**	.27**	.66**
6.	AAO						-	.43**	.73**
7.	PPA							-	.61**

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8.	IPA							-

*p<.05, **p<.01

Note: IPV= Intimate partner violence, PCR= Parent child relationship, VA= Verbal aggression, AAO= Aggression against object, PPA= Provoked physical aggression, IPA= Initiated physical aggression

The table reveals that intimate partner violence (IPV) has a weak but significant positive correlation with parent-child conflict (r= .27**, p<.01) and a moderate positive correlation with child aggression (r=.64**, p<.01). Additionally, the table shows that IPV is significantly positively correlated with verbal aggression (r=.40, p<.01), aggression against objects (r=.58**, p<.01), provoked physical aggression (r=.88**, p<.01) and initiated physical aggression (r=.79**, p<.01). Furthermore, the findings suggest that parent-child conflict is significantly positively correlated with child aggression (r=.46**, p<.01), verbal aggression (r=.48**, p<.01), aggression against objects (r=.38**, p<.01), provoked physical aggression (r=.21*, p<.05), and initiated physical aggression (r=.33**, p<.01).

Table 2

Relationship between Study Variables in children with age 8-10 years (N=44)

Variables	1	2	3	4	5	6	7	8
1. IPV	-	.40**	-.11	.75**	.53**	.52**	.93**	.89**
2. PCR-Conflict		-	.17	.37*	.31*	.33*	.33*	.39**
3. PCR-Closeness			-	-.18	-.14	-.23	-.16	-.12
4. Aggression				-	.90**	.79**	.64**	.88**
5. VA					-	.60**	.40**	.65**
6. AAO						-	.43**	.69**
7. PPA							-	.80**
8. IPA								-

*p<.05, **p<.01

Note: IPV= Intimate partner violence, PCR= Parent child relationship, VA= Verbal aggression, AAO= Aggression against object, PPA= Provoked physical aggression, IPA= Initiated physical aggression

The table shows that intimate partner violence is significantly positively related to child-parent conflict(r=,40**,p<.01), significantly positively related to the aggression of the child(r=.75**,p<.01), significantly moderately positively related to verbal aggression(r=.53**,p<.01), significantly positively moderately related to the aggression against objects(r=.52**,p<.01), significantly positively strongly related to provoked physical aggression(r=.93**,p<.01) and significantly positively strongly related to initiated physical aggression(r=.89**,p<.01). The result also indicates that parent child conflict is significantly positively moderately associated with the child's aggression (r=.37*, p<.05), significantly positively weakly associated with verbal aggression (r=.31*, p<.05), significantly positively moderately related to the aggression against objects (r=.33*, p<.05) and significantly strongly positively related to the initiated physical aggression (r=.89**, p<.05).

Table 3

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Relationship between Study Variables in children with age 11-13 years (N=42)

Variables		1	2	3	4	5	6	7	8
1.	IPV	-	.22	-.15	.54**	.36*	.52**	.88 **	.72 **
2.	PCR-Conflict		-	-.24	.44**	.47**	.37*	.17	.23
3.	PCR-Closeness			-	-.20	-.15	-.34*	-.05	-.08
4.	Aggression				-	.93**	.86**	.25**	.86**
5.	VA					-	.69**	.09**	.70**
6.	AAO						-	.30*	.72**
7.	PPA							-	.45**
8.	IPA								-

*p<.05, **p<.01

Note: IPV= Intimate partner violence, PCR= Parent child relationship, VA= Verbal aggression, AAO= Aggression against object, PPA= Provoked physical aggression, IPA= Initiated physical aggression

According to the table, there is a significant moderate positive relationship between intimate partner violence and child aggression (r=.54**, p<.01), as well as significant positive moderate relation to verbal aggression (r=.36*, p<.05), significantly positively moderately associated with aggression against objects (r=.52**, p<.01), positive significant strong relation with provoked physical aggression (r=.88**, p<.01), and strong positive significant initiated physical aggression (r=.72**, p<.01). It was also found that parent-child conflict is significantly moderately positively related to child aggression (r=.44**, p<.01), significantly positively moderately related to verbal aggression (r=.47**, p<.01), and significantly moderately positively related to aggression against objects (r=.37*, p<.05). Additionally, parent-child closeness is negatively moderately significantly related to provoked physical aggression (r=-.34*, p<.05).

Table 4
One-way ANOVA across three age groups (N=184)

	Early Childhood		Middle Childhood		Late Childhood		F (2,181)	p	η2	Post-hoc
	M	SD	M	SD	M	SD				
IPV	10.25	9.08	13.79	10.54	10.07	8.70	2.470	.124	.027	-
PCR-Closeness	38.85	6.55	37.11	8.01	35.50	6.41	.723	.248	.008	-
PCR-Conflict	35.20	6.89	35.52	7.77	36.66	6.41	.645	.680	.007	-
Aggression	19.55	14.65	24.11	15.74	24.73	18.47	2.176	.036	.023	-
VA	8.64	7.26	10.40	7.17	12.09	9.33	3.055	.003	.033	1<3
AAO	2.77	2.32	3.38	2.72	3.57	3.32	1.624	0.15	.018	-
PPA	2.10	2.47	2.90	2.68	1.88	2.37	2.155	.794	.023	-

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IPA	4.25	4.16	5.38	4.75	4.69	4.32	1.035	.279	.011	-

Note: IPV= Intimate partner violence, PCR= Parent child relationship, VA= Verbal aggression, AAO= Aggression against object, PPA= Provoked physical aggression, IPA= Initiated physical aggression

The table indicates that age has a significant effect on verbal aggression F (2,181) =.003, p<.05. Findings indicate that children aged 11-13 years (M=12.09, SD=9.33) show more verbal aggression than children aged 5-7 years (M=8.64, SD=7.26).

Moderated mediation model

Table 5

Moderated mediation analysis predicting aggression in early, middle, and late children

Predictor variables	**B**	**P**	**SE**
	Mediating variable model (Parent-child relationship, closeness)		
Intimate partner violence	-.045	.40	.054
Age	-.602	.33	.626
Interaction intimate partner violence × Age	-.048	.49	.070
	Dependent variable model (Aggression)		
Intimate partner violence	1.059	.00	.096
Closeness	-.140	.29	.133
Age	2.319	.03	1.116
IPV × Age	.035	.78	.125
Closeness × Age	-.202	.23	.171

In our current study, we hypothesized that age would have a moderating effect on the indirect link between intimate partner violence and aggression, specifically through the level of closeness in parent-child relationships. To investigate this moderated mediation hypothesis, we employed regression analysis using the PROCESS macro (Model 59) developed by Hayes in 2018. Based on our analysis findings, we can deduce that age did not act as a moderator in the proposed model. None of the interactions between the predictor variables and age demonstrated statistical significance.

Table 6

Moderated mediation analysis predicting aggression in early, middle, and late children

Predictor variables	β	P	SE
	Mediating variable model (Parent-child relationship- conflict)		
Intimate partner violence	.219	.00	.053
Age	.614	.31	.608
Interaction intimate partner violence × Age	-.008	.91	.068
	Dependent variable model		

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	(Aggression)		
Intimate partner violence	.940	.00	.095
Conflict	.596	.00	.129
Age	2.119	.04	1.060
IPV × Age	.046	.70	.122
conflict × Age	.070	.67	.164

In the current research, we hypothesized that age would play a moderating role in the indirect link between intimate partner violence and aggression, specifically through the conflict in parent-child relationships. To examine this moderated mediation hypothesis, we utilized regression analysis with the PROCESS macro (Model 59) developed by Hayes in 2018. Our analysis results lead us to the conclusion that age did not serve as a moderator within the proposed model. In other words, none of the interactions between the predictor variables and age reached statistical significance.

Discussion

The present study examined the associations between intimate partner violence (IPV), parent–child relationship, and child aggression across early, middle, and late childhood. It further examined whether age moderated the indirect association between IPV and aggression through parent–child conflict and closeness. Overall, the findings demonstrated a consistent positive association between IPV and child aggression across all three developmental groups, whereas the association between IPV and parent–child conflict varied by age. Age did not significantly moderate the proposed indirect pathways through either parent–child conflict or closeness.

The psychometric findings indicated that the study measures demonstrated generally acceptable internal consistency. Reliability coefficients were above the conventional .70 criterion for most measures and age groups. The Aggression Against Objects subscale showed comparatively lower reliability in early and middle childhood, although coefficients remained above .60. This comparatively reduced consistency might be explained by the small quantity or developmental suitability of the items used to measure younger children's aggressiveness toward objects. For the current reserch, the metrics were deemed adequately dependable overall. Kurtosis and skewness scores were similarly within acceptable bounds, suggesting that there were no significant deviations from normalcy in the data.

The first significant finding was that child aggressiveness and IPV were positively correlated. In early childhood, IPV was moderately related to general aggression and held especially strong connections to provoked and initiated physical acts. This trend persisted through middle and late childhood, with IPV remaining significantly linked to both composite aggression scores and its various dimensions. These results are consistent with preceding literature suggesting that children who are exposed to IPV are at greater risk of externalizing and aggressive behaviors (Browne & Finkelhor, 1986; Evans et al., 2008; Kitzmann et al., 2003). Living in a violent home environment may repeatedly model aggressive actions, leading children to view violence as an acceptable method for resolving interpersonal disputes. This mechanism directly reflects Social Learning Theory, which posits that children acquire behavioral patterns by observing key figures in their environment.

It is noteworthy how strongly IPV and aggression are related in all three age groups. Although the magnitude varied across developmental stages, IPV remained significantly associated with aggression in early, middle, and late childhood. This finding suggests that exposure to violence within the family may be relevant to children's behavioral adjustment throughout childhood rather than being restricted to a particular

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developmental period. However, because the present study was cross-sectional, these associations should not be interpreted as evidence that IPV directly causes aggression.

IPV was also significantly associated with parent–child conflict in early and middle childhood. This finding is consistent with Wolfe et al. (2003), who reported more negative parent–child interactions among children exposed to IPV, and with Sturge-Apple et al. (2016), whose meta-analysis linked IPV exposure with reduced parental warmth and increased parent–child conflict. Exposure to IPV may increase parental psychological distress, reduce emotional availability, and interfere with effective parenting, thereby creating conditions in which parent–child conflict becomes more frequent.

Interestingly, the association between IPV and parent–child conflict was not significant during late childhood. This difference may reflect developmental changes in children's social and emotional environments. Children's interactions expand outside their immediate family as they become older, and peers, schools, and other social settings may have a greater impact. Additionally, older children could react to and understand family conflict differently than younger kids. However, this explanation is still speculative, and further study is needed to ascertain whether the reduced relationship shown in late infancy is indeed explained by developmental changes.

Aggression was also positively correlated with parent-child conflict. Early childhood conflict was linked to verbal, object-directed, provoked, and initiated physical aggression in addition to general hostility. While the pattern differed across aggression measures, similar correlations were found in middle and late childhood. These results corroborate other studies that linked children's externalizing and aggressive behavior to poor parent-child interactions and relationship quality. From an attachment perspective, children's development of good emotional regulation and adaptive interpersonal responses may be hampered by ongoing conflict and diminished emotional security. Therefore, a key contextual factor linked to children's aggressive conduct may be the quality of the parent-child interaction.

Conversely, there were few correlations between parent-child closeness and violence and IPV. Greater closeness may be linked to less reactive aggressiveness at this developmental stage, as evidenced by a substantial negative correlation between provoked physical aggression and closeness in late childhood. However, the absence of significant associations across most age groups indicates that closeness may not operate in the same way as parent–child conflict within the present model.

The one-way ANOVA indicated a significant age-group difference only for verbal aggression. Children in late childhood reported higher levels of verbal aggression than children in early childhood. No significant age-group differences were found for IPV, parent–child conflict, parent–child closeness, aggression overall, aggression against objects, provoked physical aggression, or initiated physical aggression.

The increase in verbal aggression with age may reflect children's developing language abilities and greater capacity to use verbal strategies during interpersonal disagreements. Older children may possess more sophisticated communication skills and therefore have greater opportunities to express anger, hostility, or opposition verbally. However, because most variables did not differ significantly across age groups, developmental stage alone may not account for differences in aggression. Rather, children's responses to IPV may depend on multiple interacting individual, family, and social factors.

The study further examined whether age moderated the indirect association between IPV and aggression through parent–child closeness and parent–child conflict using PROCESS Model 59 (Hayes, 2018). Contrary to the proposed moderated mediation hypothesis, none of the interaction terms involving IPV, age, or the mediators reached statistical significance. For the model involving parent–child closeness, IPV did

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not significantly predict closeness, and neither the IPV × age nor closeness × age interaction was significant. Similarly, although IPV significantly predicted parent–child conflict and parent–child conflict significantly predicted aggression, the IPV × age and conflict × age interactions were not significant. These findings indicate that the strength of the relevant pathways did not differ significantly as a function of age in the present sample. The absence of moderation should not necessarily be interpreted as evidence that developmental stage is irrelevant. Rather, it suggests that in this sample, relationship might appear same for all three age groups.

Implications

The findings have important implications for clinical, family, and preventive interventions. The consistent association between IPV and child aggression suggests that children should be considered an important population affected by family violence, even when they are not the direct targets of violence. Assessment of children exposed to IPV should therefore include screening for aggressive and externalizing behaviors as well as difficulties within the parent–child relationship.

Interventions should address the family system rather than focusing exclusively on the child's behavior. Support for IPV survivors, parenting interventions, parent–child communication training, and strategies for strengthening safe and supportive parent–child interactions may help reduce the behavioral consequences associated with exposure to family violence. Particular attention may be warranted during early and middle childhood, where IPV demonstrated significant associations with parent–child conflict. The findings also highlight the importance of culturally appropriate family interventions in Pakistan. Intervention programs should consider family structure, parental roles, cultural expectations, and available social support when addressing IPV and child behavioral difficulties. Schools and mental health professionals may also play an important role in early identification and referral of children exposed to domestic violence.

Limitations and Suggestions

Several limitations should be considered when interpreting the findings. First, the cross-sectional design prevents conclusions regarding temporal or causal relationships among IPV, parent–child relationship, and aggression. Longitudinal studies are needed to determine whether IPV precedes changes in parent–child relationships and subsequent aggression across childhood. Second, the study used parent-reported measures, which may be influenced by recall difficulties, social desirability, and differences in parents' perceptions of children's behavior. Future studies should use multiple informants, including children, parents, teachers, and, where appropriate, observational assessments. Third, the sample size was relatively small, particularly within the middle- and late-childhood groups. The unequal distribution across age and gender groups may have limited statistical power, particularly for detecting interaction and moderated mediation effects. Future research should recruit larger and more balanced samples across developmental stages and gender. Fourth, the study was conducted within a specific cultural context, which may limit the generalizability of the findings to other populations. Future research should examine IPV, parenting, and aggression across diverse Pakistani regions and socioeconomic groups and, where possible, use cross-cultural designs.

Lastly, further factors that could clarify or mitigate the link between IPV and child aggression should be included in future studies. Parental mental health, social support, attachment security, emotion control, resilience, peer relationships, and school connectivity are all possible protective factors. Children who are particularly susceptible to the impacts of intimate partner violence (IPV) and those who exhibit resilience despite being exposed to familial violence may be identified

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through longitudinal study that looks at these characteristics.

Conclusion

Significant correlations between IPV and child aggression in early, middle, and late childhood are demonstrated by the current study. While parent-child conflict was consistently linked to various forms of aggression, IPV was also linked to parent-child conflict in early and middle childhood. However, neither parent-child conflict nor parent-child proximity significantly moderated the indirect connection between IPV and aggression. Therefore, the results imply that IPV and the quality of parent-child interactions are significant predictors of children's violent conduct, and that variations in these associations may not be well explained by developmental age alone. Overall, the results highlight the necessity of early detection, family-centered intervention, and ongoing long-term research into the mechanisms connecting children's behavioral development with IPV exposure.

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