Coping as a Mediator and Moderator in the Relationship Between Intimate Partner Violence and Mental Health Outcomes Among Women

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ABSTRACT

Experiencing IPV is a significant stressor that adversely impacts victims' mental health. Extensive research has shown that coping strategies used to manage adversity play a crucial role in the psychological adjustment process. This study explores how coping functions as both a mediator and a moderator in the relationship between intimate partner violence and women's mental health. A cross-sectional survey was conducted among a sample of 200 help seeking ever- partnered Sinhala speaking women representing diverse socio-economic backgrounds who were in the 18-49 years age group recruited from ten women help centers from five districts in Sri Lanka. The sample, selected through multi-stage sampling completed a several standard and validated instruments including a several sections of the translated and pre-tested Women's Health and Life Events questionnaire of WHO measuring psychological distress, and physical and sexual abuse, Brief COPE and the Psychological Maltreatment of Women Inventory. Results revealed high prevalence of IPV, with 96% reporting physical abuse, 100% psychological abuse, and 81% sexual abuse. The hypothesis of coping as mediator referring to a mechanism through which intimate partner violence influences distress symptoms was not supported. Sobel's test of indirect effects showed that coping did not mediate the relationship between IPV and distress ($z = 0.76$, $p > .05$, ß = .02). However, tests of moderation revealed that coping strategies significantly moderated the association between IPV and psychological distress ($b = -0.01$, $t(198) = -3.15$, $p < .01$), indicating that the impact of IPV on distress varied depending on the type of coping strategy used. These findings emphasize the importance of contextual factors and the need for targeted interventions that address coping strategies among women experiencing IPV.

Key words: Coping strategies, Intimate partner violence, psychological distress, Moderation and Mediation

INTRODUCTION

Intimate partner violence (IPV) is a major global issue that severely impacts the mental and physical health of its victims. IPV against women, which includes physical, sexual, or psychological harm perpetrated by an intimate partner, is particularly prevalent and poses significant long-term consequences. According to the Sri Lanka National Survey on Violence Against Women, 1 in 5 women have experienced physical and/or sexual violence by a partner during their lifetime (DCS, 2016). IPV is not only a traumatic event but also a continuous stressor, leading to a range of adverse health outcomes such as depression, post-traumatic symptoms, chronic pain, and gastrointestinal issues (Jackson & Mantler, 2017; Rashti & Golshokouhi, 2010). IPV is linked to self-destructive behaviors, including substance abuse and suicidal tendencies (Gibson-McCary & Upchurch, 2015). Additionally, El-Serag and Thurston (2020) state that individuals who have experienced IPV face an increased risk of various mental health issues, including anxiety disorders, eating disorders, post-traumatic stress disorder, and substance or alcohol abuse. Additionally, they are more susceptible to physical health conditions such as cardiovascular disease, chronic pain, sleep disturbances, gastrointestinal issues, and traumatic injuries. While victims facing IPV are ties to a diverse array of negative consequences, research highlights the significant role of coping responses in helping these individuals manage these adverse effects and reduce psychological distress (Lazarus & Folkman, 1984; Carver, Scheier, & Weintraub, 1989; Flanagan et al., 2014;

Nagoshi et al., 2024). Coping mechanisms are shown to be essential in the recovery process for women facing IPV, as they influence

how well victims adjust psychologically (Carlson, 1997; Flanagan et al., 2014; Gray, Sizemore & Rendina,2023; Magalhaes et al., 2022; Sullivan & Bybee, 1999). Research indicates that IPV survivors use various coping strategies, including seeking social support, problem-solving, self-blame, positive reassessment, and avoidance (Sadeghi, 2010; Bahrami et al., 2016).

Despite these findings, there is a limited amount of research on the specific coping strategies used by women experiencing IPV and their effectiveness in mitigating distress (Taft et al., 2007; Waldrop & Resick, 2004), and this is especially true in the Sri Lankan context. Understanding the complex relationship between IPV and psychological distress requires an examination of the factors that have an impact mediating and moderating these associations.

Mediating role of coping in the context of IPV suggests that, IPV affects distress symptoms not directly, but through the way individuals cope with the violence, meaning that certain coping mechanisms can amplify or mitigate the negative impact of IPV on mental health. Beyond mediation, the role of moderating factors must also be considered. Various personal, social, and contextual factors—such as social support, resilience, and access to mental health resources—may influence the strength or direction of the relationship between IPV and distress (Gray, Sizemore & Rendina,2023; Nagoshi et al., 2024). Exploring moderating factors can help identify protective elements that mitigate the harmful effects of IPV, guiding the development of more nuanced and personalized intervention strategies. The present study aims to examine the how various coping strategies employed by women experiencing IPV are associated with psychological distress and, what role coping play as a mediating and moderating role within the relationship between violence and distress among victims.

LITERATURE REVIEW

Coping with Intimate Partner Violence and Symptoms of Distress

Coping with IPV involves a multidimensional range of strategies that can either facilitate or hinder emotional and mental well-being. Coping, broadly defined as any effort to alleviate stress arousal (Girdano, Dusek, & Everly, 2005), plays a crucial role in how individuals navigate challenging circumstances. For women who have experienced intimate partner violence (IPV), coping can serve as both a source of resilience and a means of survival (Jacobson & Gottman, 1998; Davis, 2002; Magalhaes et al., 2022). These women often demonstrate remarkable resourcefulness in their coping efforts, although their ability to do so may be constrained by the controlling behaviors of their partners, which limit access to essential resources such as financial independence and social support (Follingstad, Neckerman, & Vormbrock, 1988; Jacobson & Gottman, 1998).

Various coping strategies have been classified in the literature, including problem-focused versus emotion-focused coping, engagement versus disengagement coping, and primary versus secondary control coping (Compas et al., 2001; Skinner et al., 2003). Lazarus and Folkman's (1984) seminal model distinguishes between problem-focused coping, which seeks to address the source of stress, and emotion-focused coping, which aims to manage emotional reactions to stress (D'Zurilla & Nezu, 2001). Matheson et al. (2007) found that women in abusive dating relationships were more likely to use emotion-focused strategies compared to those in non-abusive relationships. Emotion-focused coping in IPV victims has been associated with psychological difficulties such as maladjustment (Clements & Sawhney, 2000; Mitchell & Hodson, 1983), whereas problem-focused coping is generally linked to fewer mental health symptoms (Clements & Sawhney, 2000; Kuyken & Brewin, 1999). However, research also indicates that problem-focused coping may sometimes exacerbate mental health symptoms, including depression and posttraumatic stress disorder (Kocot & Goodman, 2003). This inconsistency underscores the importance of considering survival dynamics in understanding coping mechanisms among IPV victims (Dutton, 1996; Lallau, 2008).

Parker and Lee (2007) expanded the traditional model by introducing meaning-focused coping, which enables individuals to derive meaning from adversity. Their findings suggest that sense of coherence, an element of meaning-focused coping, significantly influences coping outcomes among IPV survivors. While these studies support Lazarus and Folkman's model, they also highlight its limitations in fully capturing the diverse coping experiences of IPV victims (Mitchell et al., 2006). Furthermore, coping strategies, while beneficial for managing distress, may inadvertently lead to prolonged exposure to abuse, as some women adopt strategies that prioritize survival over escape (Follingstad, Neckerman & Vormbrock, 1988; Matheson et al., 2007).

Stress, Survival, and Coping in IPV Contexts

According to Folkman (2013), stress arises when individuals perceive that the demands of a situation exceed their coping resources. This perspective is particularly relevant in IPV situations, where survival dynamics shape coping strategies. People use diverse strategies to respond to stressful life experiences and vary in their effectiveness. Given the effectiveness of managing the resulting stress or distress, coping has also been broadly categorized as maladaptive strategies that may involve avoiding the problem (e.g., substance use, avoidant behaviors) and adaptive strategies including efforts to directly address the problem and to seek support from others (Hughto et al. 2017). As shown through a review by Magalhaes (2022), maladaptive coping strategies adopted by victims of interpersonal violence are associated with higher levels of depression (Clements et al. 2000) and post-traumatic stress disorder (Krause et al. 2008), while avoidant coping (e.g., denial and behavioral distractions) predicts greater PTSD symptoms, both cross-sectionally (Dunmore et al. 1999) and longitudinally (Krause et al. 2008), and depression in victims of violence (Hughto et al. 2017).

Additionally, confrontive coping, though an active coping strategy, has shown to increase a woman's risk of further abuse in an IPV context (Goodman et al., 2005). Many women in abusive relationships learn that active resistance intensifies the abuse, making passive coping appear to be a more viable survival strategy. Studies suggest that some IPV survivors engage in behaviors such as downplaying occurrences, apologizing, or ignoring violent behaviors to reduce conflict and prevent further violence (Skinner et al., 2003; Gonzalez, 2010). Similarly, Lempert (1996) and Saunders (1986) found that passive or seemingly cooperative behaviors serve as adaptive survival strategies that enable victims to manage immediate threats, though these behaviors may also reinforce entrapment within the abusive relationship. The underlying survival dynamics likely contribute to the findings of previous researchers that disconfirm assumptions as to which coping strategies are adaptive and maladaptive in relation to IPV. Thus, identifying factors that predict the use of adaptive versus maladaptive coping behaviors is needed to better understand health outcomes in victims of IPV.

Coping as Moderator and Mediator of the Impact of Intimate Partner Violence on Distress

Coping has been identified to mediate/moderate the outcomes of abuse as well.

According to Calvete, Corral and Estévez (2008), the terms moderator and mediator are often employed to describe the role of the victim's coping responses in the interface between violence and depression. However, they further state that as in many other fields, the use of these terms is not always precise, and it does not often come with the required analytic strategy. A moderator, in simple words is a variable that alters the direction or strength of relations between a predictor and an outcome (Baron & Kenny, 1986; Holmbeck, 1997). That is, a hypothesis of coping as a moderator implies that the way in which people deal with stress can reduce or amplify the effects of adverse life conditions on the development of mental health disorders (Skinner et al., 2003). Whereas moderators refer to *when* or *for whom* a predictor is more strongly related to an outcome, mediators establish *how* or *why* one variable predicts an outcome variable (Frazier, Tix, & Barron, 2004). That is, a hypothesis of coping as mediator refers to a mechanism through which intimate partner violence influences distress symptoms (Calvete, Corral and Estévez, 2008).

Some studies have examined the mediating role of women's coping strategies in the relationship between IPV victimization and mental health outcomes (Calvete, Corral and Estévez, 2008; Flanagan et al., 2014; Sullivan et al., 2005; Weiss et al., 2014). Sullivan and colleagues (2010) found that IPV victimization as measured by a single construct encompassing both psychological and physical IPV was indirectly related to depression, but not PTSD, through avoidance coping. Flanagan and colleagues (2014) found that avoidance coping mediated

the relationships between psychological and sexual IPV victimization and post-traumatic stress disorder symptom severity, depression severity, and drug use problems among women survivors of intimate partner violence. Weiss et al. found that women who experience intimate partner violence were at heightened risk for drug use problems, which is linked to avoidance coping.

Another study examining coping as a mediator in the context of intimate partner violence (IPV) is provided by Rayburn et al. (2005). In this study, the hypothesis that coping mediates the relationship between IPV and distress was tested. To test this hypothesis, it was necessary to show that IPV affects coping, that coping is linked to distress, and that the association between IPV and distress is significantly reduced when coping is included in the model. While the study did not focus solely on IPV, but rather on a broad definition of trauma that included various forms of victimization and other traumatic experiences, the results indicated that avoidant coping partially explained the relationship between trauma and depression.

Another study conducted by Mitchell and colleagues in 2006 also examined coping factors that mediate the relationship between intimate partner violence (IPV) and mental health outcomes in African American women. The findings revealed that the connection between IPV and depressive symptoms was mediated by various coping strategies, spiritual well-being, and social support; and the relationship between IPV and anxiety symptoms was mediated by multiple coping strategies, social support, and access to resources.

Calvete, Corral and Estévez (2008) examined the mediating and moderating effects of coping in the relationship between violence and psychological symptoms. Their findings provided evidence of mediation but not moderation. They investigated the role of coping responses as both moderators and mediators of the impact of partner violence on women's mental health. This study included 1,159 women from a regional province in Spain. Mediation tests revealed that disengagement coping mediated the impact of psychological abuse on distress. The data showed that psychological abuse led victims to use more coping strategies, similar to Valle Ferrer's (1997) findings. Specifically, psychological abuse was associated with increased use of disengagement coping (such as avoidance, negation, and distraction) and primary control coping (including problem-solving, emotional regulation, and emotional expression). However, only disengagement coping was significantly linked with distress and thus mediated the relationship between abuse and symptoms.

Adding to these findings, Flicker, Cerulli, Swogger, and Talbot (2012) found that women victimized by IPV who used disengagement, denial, and self-blame strategies of coping were more likely to experience symptoms of depression and PTSD. These avoidant coping strategies may result from victims thinking that leaving the abuser may put the victim at risk for escalating violence, but such avoidant coping may prevent the use of more action-oriented coping strategies that could result in an end to the abuse or help the woman protect herself (Nagoshi et al., 2024).

To demonstrate that coping acts as a moderator, the relationship between intimate partner violence (IPV) and distress symptoms should vary depending on how women cope with the violence. Specifically, the moderation effect would be shown by an interaction between violence and coping. Gray, Sizemore, & Rendina (2024) examined the relationship of IPV and depressive and anxiety symptoms among a sample of transgender women. They assessed the potential moderating effect of four coping skills (e.g., acceptance, emotional processing, emotional expression, and social support) on the relationships between IPV, specifically, and depressive symptoms and anxiety symptoms and found that individuals with more experiences of IPV and more depressive symptoms, coping skills did not show to buffer this relationship. These same coping skills has not shown evidence for buffering anxiety symptoms for transgender women with low or high levels of IPV as well.

Given the limited number of studies examining the mediating and moderating roles of coping in the relationship between intimate partner violence (IPV) and mental health outcomes, it is crucial to further explore these roles to gain a clearer understanding of how coping influences the psychological effects of IPV. In Sri Lanka, for example, no such studies have been published to date. Understanding the different coping strategies used by women to manage various forms of abuse is essential for identifying which strategies are most effective for managing specific types of abuse and which may be counterproductive. Moreover, the roles of coping as both a mediator and moderator in the IPV-psychological distress relationship have not been

adequately explored. Investigating these aspects in greater depth will expand knowledge in this area and help service providers better understand the coping mechanisms that women use—whether successful or unsuccessful—enabling them to offer more effective support and interventions tailored to the needs of victims.

Objectives

The objectives of the present study were of two-fold. One objective was to explore the association between various coping strategies and psychological distress in the context of IPV to assess which coping responses are more adaptive for women dealing with intimate partner violence induces psychological distress. The second objective was to test both the moderator and mediator roles for coping responses in the relationship between intimate partner violence and psychological distress. Regarding the role of coping as a mediator, it is proposed that IPV would be associated with distress through greater use of disengagement coping. These coping skills were chosen based on prior research on coping. Two hypotheses formed based on prior research were also tested.

- Hypothesis 1: Disengagement coping responses would have mediate the relationship between IPV and psychological distress.

- Hypothesis II: Coping responses moderate the association between IPV and psychological distress

Significance of the Study

This study holds significant implications in understanding the moderating and mediating role of coping in the relationship between IPV and mental health outcomes. By examining the coping mechanisms employed by women in abusive situations, the study contributes essential knowledge that can inform interventions, policies, and support systems aimed at improving the psychological well-being of abused women.

Understanding the coping mechanisms used by abused women is crucial for developing effective intervention strategies. Knowledge of which coping strategies are beneficial versus those that may inadvertently maintain or escalate violence can aid counselors, therapists, and service providers in guiding women toward more adaptive responses. Such insights could help in tailoring interventions that build on women’s strengths, capabilities, and coping styles while addressing the contextual factors that shape their coping behaviors.

Furthermore, the study underscores the vital role coping plays in moderating and mediating the impact of IPV on mental health outcomes, particularly psychological distress. The empirical evidence supporting this relationship contributes to the broader theoretical discourse on how coping functions as a protective or risk factor. By refining theoretical models within the ecological framework, the study enhances our understanding of the buffering effects of coping and informs future prevention and intervention efforts.

METHOD

Study Design

This study utilized a cross-sectional survey design to explore coping strategies among women experiencing intimate partner violence (IPV) and their relationship to psychological distress.

Participants

The sample consisted of 200 ever-married women, aged 20-50 years, who were randomly selected from ten women's help centers across five districts in Sri Lanka. "Ever-married" was defined as having been currently or previously married or cohabiting with a partner. The average age of the respondents was 34.22 years (SD = 7.50), with participants' ages ranging from 20 to 50 years. At the time of the study, 78% were married, 1.5% were cohabiting, 19% were separated, and 1.5% were divorced.

Measures

Coping strategies were assessed using the Brief COPE (Carver, 1997), a 28-item self-report inventory that measures a wide range of coping responses to stress. Participants rated how often they used each coping response in dealing with abuse on a 4-point Likert scale (1 = Not at all; 4 = Very often). This tool has been validated in various settings, including Sri Lanka, where it was adapted by Godammunne (2005). In this study, the internal consistency of the Brief COPE was 0.81, and the split-half reliability was 0.72. The instrument captures both adaptive (e.g., active coping, positive reframing) and maladaptive (e.g., denial, self-blame) coping strategies, providing a comprehensive overview of participants' responses to intimate partner violence.

To measure psychological distress, we employed the WHO's 20-item self-report Questionnaire on General Health (SRQ-20), which is used to screen for psychological distress symptoms. The SRQ-20 asks participants about emotional and psychological symptoms experienced over the past four weeks, such as sadness, tiredness, and thoughts of self-harm. The instrument has been validated in multiple settings and demonstrated excellent reliability in this study, with an alpha coefficient of 0.90 for the total scale and 0.91 for the psychological distress subscale.

To assess the presence of physical and sexual abuse, we used a 9-item adapted version of the Women's Health and Life Events Questionnaire (Garcia-Moreno et al., 2001). This instrument includes six items related to physical abuse and three items for sexual abuse. The scale has been widely used and validated across different populations, with Cronbach's Alpha of 0.91 for the physical abuse subscale and 0.90 for the sexual abuse subscale in the present study.

To assess psychological abuse, we used the Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989), a widely used 58-item self-report measure that evaluates psychological abuse within intimate partner relationships. Participants rated each item on a 5-point frequency scale, which assesses behaviors like verbal aggression, emotional manipulation, and threats. This tool was adapted and validated for the Sri Lankan context, and it has shown strong internal consistency in previous studies, with reliability estimates of 0.94 in the current study for male-perpetrated psychological IPV.

Finally, socio-demographic information and risk factors for IPV were gathered using a questionnaire developed in line with the WHO Violence Against Women Instrument, which includes questions on both the women's and their partners' characteristics, as well as factors related to IPV risk and protection. This comprehensive tool provides critical contextual information relevant to understanding the dynamics of intimate partner violence within this population.

Procedure

Participants were individually approached, and the study's purpose, as well as confidentiality and ethical considerations, were explained. They were informed about voluntary participation, the right to skip questions, and the availability of support if needed. After providing written informed consent, participants completed the questionnaires. They were reminded that they could ask for clarification, assistance, or report any discomfort during the process. The study adhered to ethical guidelines outlined by the WHO for research involving violence against women (WHO, 1999), and ethical approval was granted by the University of Colombo, Sri Lanka.

RESULTS

General Statistics and Correlations Between Variables

Participants

A total of 200 women participated in a cross-sectional survey examining intimate partner violence (IPV) against women. The mean age of the participants was 34.22 years (SD = 7.50), with ages ranging from 20 to 49. Most respondents (78%) were married, 1.5% were cohabiting with their partner, and 1.5% were divorced at

the time of the study. A significant proportion (19%) were separated from their partner. In terms of employment, the majority of respondents were unemployed (62.5%), while 32.5% were employed.

IPV

The total psychological abuse scores for the sample, derived from the PMWI, ranged from 88 to 281 (with a possible score range of 58–290), with a mean score of 205.87 (SD = 35.32). None of the participants were in the "no abuse" category, 2% experienced mild abuse, and 15.5% experienced moderate abuse. The majority of the

sample (59.5%) fell into the "severe abuse" category, while 23% were classified under "very severe abuse."

On average, 96% of the women reported experiencing at least one incident of physical abuse within the six months prior to the survey (M = 16.89, SD = 6.14). Additionally, approximately 81% of respondents reported experiencing some degree of sexual abuse by their husbands or partners, with a mean score of 8.22 (SD = 3.92). In most cases (79%), psychological abuse occurred alongside physical and sexual abuse, suggesting that these different types of abuse often co-occur.

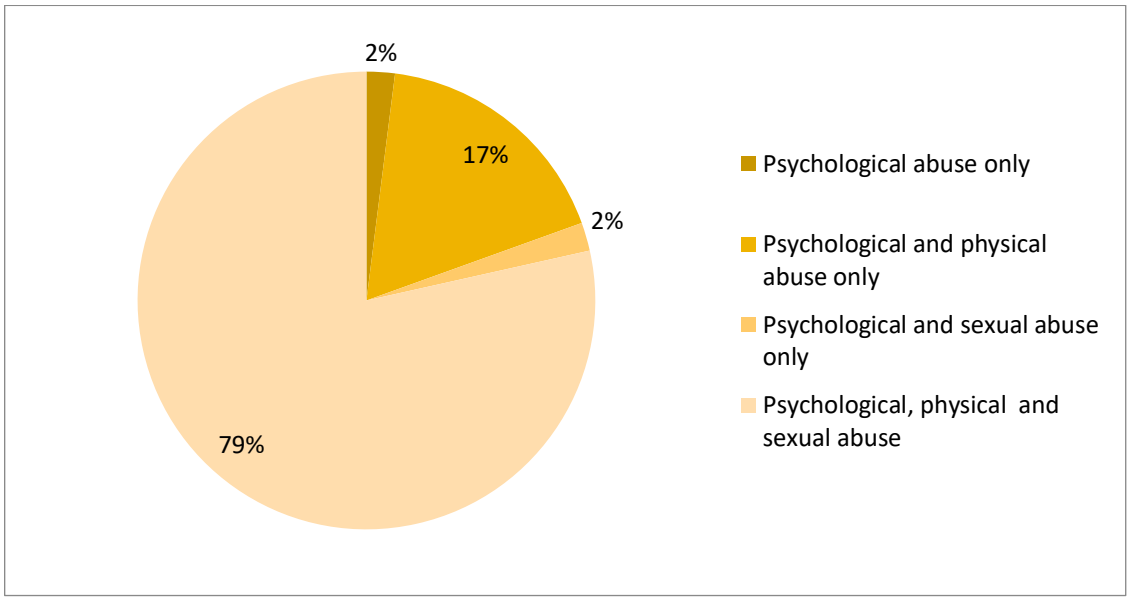

Figure 01. Pie chart illustrating overlaps between experiences of psychological, physical and sexual abuse reported by ever married/cohabited women

Correlation with psychological, physical and sexual abuse

The association between psychological abuse and other two forms of IPV was found to be highly correlated indicating a very strong positive relationship between psychological and physical abuse (r (198) = .30, p < .01), and psychological and sexual abuse (r(198) = .47, p < .01). It was to be expected to see this relationship given the high amount of overlap of these three forms of abuse, as seen in descriptive analysis of data. When physical and sexual abuse is present, there is the ever-present possibility of psychological abuse also to be present.

Psychological Distress

Psychological distress was assessed using a 20-item self-report questionnaire developed by the WHO, measuring symptoms of distress experienced in the four weeks prior to the survey. The total score, ranging from 0 to 20, reflects the number of symptoms reported. In the absence of country-specific cut-off points, mean scores for women experiencing intimate partner violence (IPV) were compared with those of non-abused women. For this study, the mean score for non-abused women was 5.4, while the mean score for abused women was 12.47 (SD = 5.57), with the difference being statistically significant.

Distress levels varied by age, with the youngest (20-25 years, M = 14.12, SD = 6.78) and oldest (46-49 years, M = 13.62, SD = 5.48) age groups reporting the highest levels of distress. In terms of education, those with secondary education experienced the highest distress (M = 12.61, SD = 5.60), followed by those with primary education (M = 12.42, SD = 6.41), while those with tertiary education reported the lowest distress (M = 10.50, SD = 3.96).

Employment status also influenced distress levels, with the unemployed group reporting higher distress (M = 13.22, SD = 5.61) compared to the employed group (M = 11.53, SD = 5.33). Civil status further affected distress, with those living together with their partner reporting the highest distress (M = 16.00, SD = 4.58), followed by the separated (M = 13.76, SD = 6.40) and married groups (M = 12.21, SD = 5.32). The divorced group reported significantly less distress (M = 6.00, SD = 0.00).

IPV and Psychological Distress

Psychological distress was significantly associated with increased levels of partner abuse ($r(200) = .26$, $p < .01$), indicating that when the level of IPV increased, level of psychological distress also increased.

Coping with IPV

Increases in IPV severity were significantly associated with greater coping efforts ($r(200) = .16$, $p < .05$), indicating that women tend to put more effort into coping as IPV increases.

Examination of specific coping strategies and their relationship with psychological distress revealed several associations

Coping strategies such as denial ("I've been saying to myself, 'this isn't real'") ($r(200) = .20$, $p < .05$), self-blame ("I've been criticizing myself") ($r(200) = .18$, $p < .01$), and blaming oneself ("I've been blaming myself for things that happened") ($r(200) = .15$, $p < .05$), which are typically used to escape reality, were significantly associated with increased psychological distress. Constructive strategies like planning ("I've been thinking hard about what steps to take") ($r(200) = .19$, $p < .01$) and positive reframing ("I've been looking for something good in what is happening") ($r(200) = .16$, $p < .05$) were also linked to increased distress.

Conversely, active coping ("I've been taking action to try to make the situation better") ($r(200) = -.14$, $p < .01$) and self-distraction (disengagement) ("I've been doing something to think about it less, such as going to movies, watching TV, reading, sleeping, or shopping") ($r(200) = -.24$, $p < .01$) were negatively related to psychological distress, suggesting that their increased use was associated with significant decreases in distress. However, the total coping score was not significantly correlated with psychological distress ($r(200) = .09$, $p > .05$), indicating that it is not the overall coping effort but rather specific coping strategies that influence distress levels.

Coping as a Mediator of the Relationship Between Intimate Partner Violence and Psychological Symptoms

- Testing the hypothesis ‘Disengagement coping strategies will mediate the relation between IPV and psychological distress’.

The hypothesis of coping as mediator refers to a mechanism through which IPV influences distress symptoms. To test this hypothesis, it was necessary to demonstrate that IPV affects coping, that coping is associated with distress, and that the strength of the association between IPV and distress is significantly reduced when coping is added to the model. Correlational analyses, using Pearson product-moment correlations, were conducted to determine if the mediators and outcomes were associated, as all of these variables were continuous. To ascertain the association between level of IPV (predictor variable) and the outcome variables, a series of ANOVAs were conducted with IPV as the independent variable and the outcomes as the dependent variables. As these associations were found and the prerequisite criteria for mediation were met, next a *z* test of indirect paths based on Sobel’s work (Sobel, 1982) was used to ascertain if the association between the predictor (IPV)

and the outcome (psychological distress) was significantly reduced by controlling for the mediator variable (disengagement coping). Sobel's test of indirect effects indicated that coping variables did not significantly mediate the association between IPV and psychological distress ($z = 0.77$, $p > .05$, ß= .02).

Coping as a Moderator of the Relationship Between Intimate Partner Violence and Psychological Symptoms

- Testing the hypothesis 'Coping responses moderate the association between IPV and psychological distress'

Further, to determine whether the relation between IPV and psychological distress outcomes is moderated by coping variables, moderation was tested. A moderator is a variable that alters the direction or strength of relations between a predictor and an outcome (Baron & Kenny, 1986; Holmbeck, 1997). That is, the hypothesis of coping as a moderator implies that the way in which people deal with stress can reduce or amplify the effects of adverse life conditions on the development of mental health disorders (Skinner et al., 2003). To demonstrate that coping acts as a moderator, the relationship between IPV and distress symptoms should be different depending on the way in which women deal with the violence. Specifically, the moderation effect should be represented by an interaction between IPV and coping. The interaction terms were significant, indicating that coping responses moderated the association between IPV and psychological distress (b = -0.01, t(198) = -3.15, p <.01).

Table 1. Moderating Effect of Coping on IPV

Model		B	*SE*	*t*	Sig.
	IPV	.226	.060	3.737	.000
	Coping	.623	.192	3.247	.001
	IPV x coping	-.003	.001	-3.148	.002

Note: a. Dependent Variable: Distress total score. Values given are unstandardized coefficients, with standard errors.

*p □□.05. **p □□.001

DISCUSSION

Coping as a Mediator in the Relationship Between IPV and Psychological Distress

This study examined the role of coping responses as both moderators and mediators of the impact of intimate partner violence on women's mental health. Even though many other studies have found that disengagement and avoidance coping mediated the impact of partner violence on psychological distress, depression and anxiety (Calvete, Corral, & Estevez, 2008; Flanagan , 2014) in the present study, tests of mediation consistently indicated that disengagement coping responses did not mediate the impact of IPV on symptoms of psychological distress. Thus, contrary to the expectation, the hypothesis stating ´disengagement coping strategies will mediate the relation between IPV and psychological distress´ was not accepted. The hypothesis of coping as mediator referred to a mechanism through which IPV influenced distress symptoms. In testing this hypothesis, it was not possible to demonstrate statistically that IPV affects coping, that coping is associated with distress, and that the strength of the association between IPV and distress is significantly reduced when disengagement coping is added to the model. Although some findings, consistent with Walker's model, suggest that intimate partner violence leads to more disengagement and less active behaviour among victims (Calvete, Corral, & Estevez t al., 2008; Finn, 1985; Mitchell & Hodson, 1983; Magalhaes, 2022), other studies indicate that women in abusive relationships become more active and that their attempts to deal with the situation increase (Gondolf & Fisher, 1988; Valle Ferrer, 1997; Nagoshi, 2024). Present study´s findings also confirm these previous research findings which indicate that women in abusive relationships become more active and that their attempts to deal with the life threat increases. However, increases in IPV seem to lead to more

disengagement and less active behaviour among victims. This could be the reason for non-emergence of a meditational role of coping. As various authors have proposed that coping could be influenced by violence itself, confirming Walker's (1984) theory of learned helplessness for battered women, repeated victimization seem to undermine the victim's perceived control of the situation and harm her ability to cope with violence. This is further explained in the study conducted by Magalhaes et al. (2022) who found that their mediation model revealed different coping strategies had different associations with psychopathology and well-being. They have found that maladaptive coping has played an intervening role in the association between victimization and depression and anxiety, but adaptive coping has mediated only the relationship between victimization and satisfaction with life. Explaining the underlining causes for these findings, they report that it could be because women subjected to IPV had been more likely to use distancing as a coping strategy, examples of distancing being acting as if an abuse incident did not occur, not permitting oneself to think about the abuse, refusing to think about the abuse as a serious problem, and trying to find something positive about the situation. According to these authours, women who use distancing can tell themselves that they are not being abused and they may be in denial about the severity of the abuse. And also, a woman who uses distancing may also focus on the good times in the relationship. Although distancing may not increase the abuse the same way as confrontive coping, it does little to empower the woman to gain more control in the relationship or secure her safety. Thus, this may make her feel more helpless and have lower self-esteem, which in turn may render her more vulnerable to symptoms of anxiety and depression. Further, they have explored psychopathology and well-being in the same model and found that the same victimization experience was associated with psychopathology and well-being through different paths (e.g., adaptive or maladaptive coping) given the context of abuse. Taking all these findings, the ways in which IPV can influence coping appear to be a controversial issue. Thus, a particular coping strategy should be examined in the context of the broader constellation of coping responses that women use to deal with an abusive relationship (Mitchell & Hodson, 1986) as suggested in previous studies.

Coping as a Moderator in the Relationship Between IPV and Psychological Distress

Unlike its role as a mediator, tests of moderation revealed that coping strategies played a significant role in moderating the relationship between intimate partner violence (IPV) and psychological distress. This suggests that the way women cope with IPV can either reduce or amplify the adverse effects of the abuse on their mental health outcomes. The concept of coping as a moderator implies that coping strategies do not simply reflect the stress response but instead actively shape how stress is experienced and its impact on mental health.

This moderation effect is consistent with the framework proposed by Skinner et al. (2003), which highlights that coping strategies can either buffer the effects of stress or exacerbate the negative consequences of stressful events. When coping acts as a moderator, the nature of the relationship between IPV and psychological distress can vary depending on the specific coping strategies employed by individuals. In other words, the extent to which IPV leads to psychological distress is not the same for all women; it is influenced by how they cope with the abuse. This finding is consistent with the research findings showing that the interaction between IPV and coping strategies creates distinct patterns of distress among women, with some coping strategies potentially mitigating the psychological effects of IPV, while others may worsen them (Calvete, Corral, & Estevez t al., 2008; Clements & Sawhney, 2000; Kuyken & Brewin, 1999; Nagoshi et al., 2024). For instance, women who engage in more adaptive coping strategies, such as active coping or positive reframing, may experience less psychological distress despite the severity of IPV (Coffey et al., 1996; Rayburn et al., 2005). Conversely, those who rely on maladaptive coping strategies like denial or self-blame may experience heightened distress as a result of their inability to effectively manage the emotional toll of the abuse (Carver et al., 1993; Flicker, Cerulli, Swogger, and Talbot 2012; Gray, Sizemore, & Rendina; 2023; Nagoshi et al., 2024; Terry & Hynes, 1998). However, there is contrary evidence also available showing that coping skills would not always buffer the relationship of IPV and depressive symptoms and IPV and anxiety symptoms (Gray, Sizemore & Rendina; 2023). Further research is warranted to understand the pathways linking particular types of victimization experiences, specific coping strategies, and mental health outcomes.

In conclusion, coping strategies serve as a lens through which the impact of IPV on psychological distress is filtered. This moderating role underscores the importance of targeting specific coping mechanisms in interventions aimed at reducing the mental health consequences of IPV. Interventions that encourage adaptive

coping strategies and reduce reliance on maladaptive ones may help to buffer the harmful effects of IPV, offering a more personalized approach to addressing the psychological needs of women experiencing abuse.

Limitations and implications

Although this study has a number of methodological strengths like having a sample of women representing a diverse geographical area representing various ages, marital, and socio-economic statuses and also a sample of women experiencing multiple forms of IPV, it also has limitations. First, the cross-sectional nature of this study does not allow conclusions about causality. Examining the relationships explored in this study and their evolution over time may provide important information about the circumstances under which women use different coping strategies and the longitudinal effects it may have. The survey itself depended on self-reporting, which may have created a social desirability bias. Next, the sample was obtained only from women help seeking centers and no none help seeking women living in the community were included which limits the generalizability of the findings to more general populations. This recruitment procedure implies some limitations. As the sample was from centers for victims, they might have reported higher levels of violence, disengagement coping, and distress. As this group is usually characterized by lack of social support, and low financial resources, it is not possible to rule out that findings concerning mediation via disengagement would be at least partially confounded by these variables. Finally, another issue is the general nature of the coping measure used in the present study. one can argue observe some of the inherent problems of simplistically classifying these behaviors as active/adaptive vs. avoidant/maladaptive coping strategies. Future studies should focus on strategies specific to coping which includes more diverse strategies in the placating and formal categories as well.

Suggestions for Psychological Interventions for Victims of Intimate Partner Violence (IPV)

Findings of the present study have important implications for the development of psychological interventions for women experiencing IPV. First, it is crucial to focus on fostering adaptive coping strategies to support victims' psychological adjustment. Helping women develop healthier coping mechanisms can not only enhance their mental well-being but also encourage them to seek solutions to their abusive relationships. Since unhealthy ways of coping can affect mental health, professionals should work on preventing social isolation, helping victims learn how to seek support, and changing harmful coping practices. Support services should create interventions that focus on each victim’s unique needs, considering their different experiences and levels of risk and protection.

Treatment models that address these maladaptive coping strategies should include cognitive techniques that challenge distorted thinking, behavioral techniques that strive to reduce avoidance of traumatic material, and interpersonal approaches that promote social engagement. However, further research on the use of these interventions with abused women is necessary to ascertain the effectiveness as well as the safety of these techniques.

It is possible that disengagement, and denial, while associated with negative mental health outcomes, may in some way help to keep abused women physically safe. That is, despite its negative impact on distress symptoms, disengagement coping can reflect the victims’ attempt to survive and to protect their children. Thus, professionals should empathize with the dilemma that some women experience when the desire to end the abusive relationship meets with threats from the partner. Similarly, even though effective, it would not be appropriate to encourage active problem solving in all women regardless of their ecological context since it would only lead to a sense of despair when women do not have control over their environment. Therapist should not attempt to change these coping styles without thorough consideration of the client’s safety as for example promotion of a confrontive coping might lead to hazardous results. Hence, psychological interventions should address the complexity of abusive relationships.

Environmental and personal constraints, type of abuse and extreme threat should be taken into account before deciding on an intervention method since all these factors have influenced the choice and usefulness of coping strategies in the abused women. Thus, it is imperative that mental health professionals not only focus on the nature of the women’s abuse experience but also address their attempts at coping.

It is essential that professionals approach these coping strategies with empathy, understanding that some women may feel trapped due to threats from their partner, making it difficult to leave the relationship. Recognizing this complexity can help build trust between victims and mental health professionals, enabling more effective support. Once again it should be noted that the effectiveness of a particular coping strategy should be examined in the context of the broader constellation of coping responses that women use to deal with an abusive relationship. Finally, in order to assure that victims of IPV benefit from qualified services, it is important to provide training opportunities to health professionals, assuring that they are able to develop the necessary skills to work with victims of partner violence.

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