Narrative Review Article

A Narrative Review of Conflict Responses in Children With and Without Clinically Diagnosed OCD

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ABSTRACT

This narrative review discusses the academic and social difficulties associated with attending school as a child diagnosed with Obsessive Compulsive Disorder (OCD). Drawing from existing research on school aged children and their responses to conflict, this review organizes findings based on topics that examine social, emotional, and academic environments and their effects on children with and without OCD. Four themes emerged: an overview of peer relationships, conflict triggers, behavioral responses, and school experiences. Findings indicate that social and emotional challenges can impact academic outcomes in children with OCD, and behavioral impairments can impact the school experience. Synthesizing these findings highlights the importance of understanding the patterns of OCD to provide research to better support children with OCD in school environments.

Keywords: Childhood Obsessive-Compulsive disorder; Peer relationships; Behavioral Analysis Conflict; Obsessive-Compulsive Symptoms; Child Development & Peer Conflict; Emotional Regulation

INTRODUCTION

Obsessive Compulsive Disorder (OCD) affects 1–3% of children, and it can significantly disrupt their functioning across social and academic environments (1). This review focuses on children who have received a clinical diagnosis of OCD. OCD typically emerges between the ages of 7–12 years old and has another peak in onset during late adolescence and early adulthood (2). OCD is more prevalent during adolescence than previously recognized (3). Research shows that OCD is linked to difficulties and impairments in numerous areas, such as social and interpersonal relationships (4). However, OCD has been defined in various ways through literature. For example, it is also described as a psychiatric disease consisting of unwanted, invading thoughts, also known as obsessions, and repetitive behaviors, known as compulsions (5). In school-aged children, OCD is complex and disruptive in social environments (6). Many children with OCD face multiple social impairments, such as engaging in activities with other children as well as making or keeping friends (7).

Common manifestations that are presented include fears of touching dirty objects and using compulsive rituals to control their anxiety, like excessive handwashing. In contrast, children without OCD generally find it easier to navigate friendships, considering that they are able to engage in daily routines and rituals (8). These behaviors allow children without OCD to connect with their peers in ways that children with OCD struggle with. This contrast between children with and without OCD leads to the central question for this review: *How do school-aged children with* OCD *respond to conflict with their classmates compared to children the same age without* OCD*?* This narrative

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review will discuss how conflict is defined and expressed amongst children, how OCD influences children's conflict responses, and how OCD has a negative impact on children's academic performance and peer relationships.

CONFLICT AND PEER RELATIONSHIPS IN CHILDREN WITH OCD

Conflict can affect individuals in many different ways and it tends to look different in a variety of situations. Conflict is defined as a joint disagreement amongst peers or peer groups of equal power, which often occur randomly and unplanned (9). Children with OCD face academic and social difficulties that may influence their responses to conflict in school settings. Negative aspects of peer relationships (e.g., peer victimization) are associated with negative mental health outcomes, suggesting that conflict amongst peer groups can severely affect an individual's well-being (10). This highlights the impact of peer conflict on mental health, making it important to consider how these challenges may look specifically in children with OCD because of the higher rate of peer victimization they endure (7). Children with OCD experience a wide range of challenges, such as poor social functioning, heightened fear of negative evaluation, increased peer victimization, and decreased pro-social behavior compared to children without OCD (7).

Children without OCD may face conflict but they are able to navigate situations better. They have significantly stronger social functioning, as seen in a study of 30 children without OCD (7). This statistic was reported by researchers Borda *et al*. (2013), who found that 87% of children with OCD have "fewer friends than most kids," while only 3% of children without OCD reported this same issue, implying children without OCD have higher social competence (7). In addition, researchers Negreiros *et al*. (2022), have found that amongst children with OCD, the areas that they struggle the most with are social interactions with 85% of children finding difficulties (1). This information is crucial because it shows that conflict doesn't always revolve around arguments and fights, rather it's also about social challenges and isolation that children with OCD struggle with. Such findings highlight that children without OCD face considerably fewer difficulties with social interactions since about 15% of children without OCD face such issues.

In addition to peer relationships, children with OCD also face conflict within their families. Families with children who struggle with OCD likely have to accommodate their child's needs by assisting in compulsive rituals, providing reassurance, and modifying their routine to prevent the distress experienced by their child with OCD. However, conflict in families arises when parents refuse to accommodate their child's needs, which leads to worse outcomes for the child (11).

These findings reveal a pattern in how children with OCD experience conflict differently from their peers. While children without OCD navigate disagreements socially, children with OCD face conflict that is due to social isolation and peer victimization. Their conflict isn't necessarily defined by arguments, but by the struggle to form peer relationships that is necessary to even engage in conflict resolution. The 87% of children with OCD who report having fewer friends than their peers may suggest that their main conflict response is avoidance of social environments and situations where conflict may arise.

CONFLICT TRIGGERS AND RESPONSES

After highlighting the effects of conflict, it is essential to discuss the differences between children with OCD and those without OCD in their responses to conflict. The nature of disruptive behavior between the two groups can differ significantly. Children without OCD tend to act more aggressively, break rules more often, and show general externalizing problems, such as acting out behaviors, impulsivity, or antisocial behaviors (11). However, unlike children without OCD, whose aggressive behavior stems from disobedience, the aggressive behaviors that occur in children with OCD are driven by their compulsions. This highlights the difference between disobedience and compulsions. Disobedience occurs in children without OCD when they break rules, start arguments, and don't follow expectations (11). Whereas, compulsions in children with OCD appear as impractical, excessive, and repetitive behaviors, like cleaning, checking, repeating phrases, or counting(1). Disobedient behavior in children without OCD is linked to their desire for independence and expressing their feelings of frustration. However, for children with OCD, aggressive behaviors stem from frustrations with their compulsions, as well as their struggle to regain control of their obsessions , such as intrusive thoughts, feelings, and urges (5).

Triggers affect children with and without OCD. There are various types of triggers that cause children with OCD to lose control of themselves and possibly cause conflict, such as wanting specific temperature

settings or not tolerating certain sensory sounds, specific objects, changes in their households, and when someone they don't recognize enters their home (11). As such, these examples cause children to feel frightened and uncomfortable because when their environment becomes unfamiliar to them, their emotions intensify (11). Furthermore, in a study conducted by researchers Lebowitz *et al*., (2011), they found that 83% of OCD parents reported that their child imposes rules on others due to their tactile sensitivities, compared to 23% of parents of youth without OCD (11). This finding suggests that children with OCD externalise their triggers by imposing rules on others in their household, which affects their social relationships with others.

By comparison, children without OCD are more often triggered by frustration, peer pressure, the need for independence, emotional breakdowns, and consequences, which generally leads to predictable responses and direct responses such as defiance. Overall, children with OCD tend to have more intense or compulsive-driven responses (11), while children without OCD show more straightforward behaviors to conflict and triggers.

Children with and without OCD respond to conflict through different mechanisms. Children without OCD respond to conflict triggers (frustration, desire for independence, peer pressure) with defiance-driven behaviors such as rule breaking and arguments. On the other hand, children with OCD endure conflict that is driven by their compulsions rather than defiance-driven. Their conflict triggers are mainly sensory and environmental, such as temperature settings, household changes. The difference is crucial. The aggressive and disruptive behavior in children with OCD begins from their need to gain control over their obsessions.

CONFLICT RESPONSE AND SCHOOL EXPERIENCES IN CHILDREN WITH OCD

A conflict response refers to how an individual reacts when facing a disagreement or challenge with others. In school life, conflict response plays an important role in shaping a child's experiences, as disagreements and misjudgments are a normal part of life for children, especially in friendships. For most students, conflict responses influence both their social relationships and their overall well-being. However, for children with OCD, conflict response and school experiences often take a different form.

Research highlights that children with OCD have decreased school functioning, restrained academic performance, school disengagement, and failure to attend school (1). Children with OCD undergo different school experiences because they are restricted from attending school (5). To illustrate, in a study carried out by De la Cruz *et al*. (2025), of 385 children with OCD, only 22% of the students weren't attending school or were partially attending school, and around 1/3 of the children needed accommodations or support in school (4).

In addition to their school experiences, their social interactions differ from those of their peers (6). Social interactions are defined as a child talking and engaging in conversation or activities with other children, which is an example of socialising. Children with OCD typically act differently because they struggle to make friends, keep friends, and engage in other activities with other children similar to their age (7). Specifically, findings from Negreiros., *et al.* (2022), indicate that 93% of children with OCD avoid certain activities, places, objects, and or people (1). Children with OCD would rather isolate themselves and avoid any interactions at school to prevent themselves from being stressed or panicked.

In addition to social challenges, OCD interferes with classroom performance, making it difficult for children with OCD to stay focused, complete homework assignments, and attain sufficient grades in their classes (1). Additionally, OCD has been correlated with "pervasive academic underachievement," and these struggles emerge from an early stage of life, which refers to childhood (1). This suggests their OCD prevents them from devoting as much attention to school since they spend most of their time paying attention to their compulsions. As demonstrated in research by Riley Children's Health (2017), OCD causes poor performance in school, and children find it hard to focus on their assignments due to the time spent focusing on their compulsions and obsessions (12). This leads them to be more tired and behind in school than other children in their classes, which can have a significant impact on their learning as well. Due to their OCD, children are more prone to bullying in school because of their behaviors (12). These behaviors are often not socially acceptable to children and adults who do not have OCD. As a result, children with OCD often struggle with school environments that do not promote an understanding of their lived experiences, as such the behavioral impairments that often lead them to be socially and academically isolated.

The school environment shows how these conflict response patterns appear in academic settings. Children

with OCD tend to avoid certain activities, places, and people. This interferes with their academic performance and relationships because they isolate themselves to prevent themselves from feeling fear and panic. Children without OCD are constantly engaged in school environments and they tend to navigate their conflicts through direct conversations and solutions. For children with OCD, avoidance seems to be their primary conflict response, though it's important to note that the studies that were reviewed here focus on social and academic functioning broadly, rather than observing avoidance as a conflict response specifically.

CONCLUSION

This review identified three patterns in how children with OCD respond to conflict compared to their peers without OCD. Firstly, children with OCD respond through compulsion-driven behaviors rather than defiance-driven behaviors. Secondly, their conflict triggers are predominantly sensory and environmental in nature. Thirdly, their primary conflict response in both peer and academic environments is characterized by avoidance rather than direct engagement.

Taken together, these findings suggest that OCD is not only a clinical condition but also a significant social difficulty that shapes children's interactions and school experiences. However, several limitations should be acknowledged when interpreting these conclusions. As a narrative review, this paper does not provide the exhaustive scope of a systematic review and may have overlooked relevant studies. Much of the literature was accessed through Google Scholar due to accessibility constraints, which limited inclusion of some subscription-based research. Additionally, existing scholarship on pediatric OCD tends to emphasize diagnostic symptoms rather than conflict response patterns in school-aged children, making it challenging to organize findings specifically around conflict behaviors. Many of the studies reviewed also relied on small sample sizes or were limited to United States populations, raising concerns about generalizability to broader or more diverse contexts.

Future research should address these gaps by employing more comprehensive search strategies, incorporating larger and more diverse samples, and expanding investigations beyond U.S.-based populations. Importantly, further studies should examine how conflict responses directly influence peer relationships and academic outcomes, and should evaluate intervention models designed to improve social functioning. Programs such as Cognitive Behavioral Therapy-based peer conflict interventions, teacher and peer education initiatives, and classroom-based inclusion strategies may offer promising directions for supporting children with OCD in managing social conflict within school settings.

Beyond research implications, this review offers practical considerations for educators, school counsellors, and parents. Teachers may use these findings to interpret OCD-related behaviors—such as compulsions and avoidance—as symptoms rather than intentional aggression or defiance. School counsellors can apply this understanding to develop individualized support plans that address both academic and social challenges. Finally, schools may consider incorporating mental health literacy and OCD awareness into professional development training to foster more supportive and inclusive educational environments.

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