





Cumulative Childhood Trauma, Communication Patterns, and Intimate Partner Violence Perpetrated by Men Seeking Help

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Abstract

Intimate partner violence (IPV) is a complex and multifactorial public health problem associated with important physical and psychological repercussions. Recent studies suggest that cumulative childhood trauma (CCT) may be related to higher IPV perpetration through dysfunctional communication patterns, but to our knowledge, no study has tested this proposition in a clinical population. This study aimed to explore the direct and indirect links between CCT and perpetrated IPV through dysfunctional communication

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patterns among 577 men seeking help from community centers specializing in IPV. Prior to receiving services, participants completed a battery of questionnaires including validated brief measures of CCT (sexual, physical, and psychological abuse; physical and psychological neglect; witnessing of physical and psychological parental violence; bullying), communication patterns (demand/demand, partner demands/man withdraws, man demands/partner withdraws), and IPV (psychological, physical, coercive control). Results from a path analysis reveal that having sustained a higher number of different forms of childhood trauma is directly related to men's higher risk of perpetrating psychological IPV. CCT is also indirectly related to higher perpetrated psychological and physical IPV and coercive control through a higher report of the demand/demand communication pattern and a higher report of the man demands/partner withdraws communication pattern. The tested model explains 23% of the variance in psychological IPV, 6% of the variance in physical IPV, and 12% of the variance in coercive control. Results highlight the importance of assessing, in therapy, both distal and proximal variables associated with IPV, including the accumulation of many forms of childhood interpersonal trauma, and to tailor trauma-informed interventions that promote constructive communication strategies.

Keywords

intimate partner violence, childhood interpersonal trauma, communication, men

Intimate partner violence (IPV) is a prevalent social problem that can have many physical and psychological repercussions for both perpetrators and victims. IPV refers to the use of harmful behaviors toward a romantic partner (e.g., spouse, dating partner, girlfriend, sexual partner, ex-partner) and includes several forms (or tactics) of violence such as psychological (e.g., cursing, humiliating, sulking, insulting) and physical (e.g., pushing, hitting, pulling, slapping; Breiding et al., 2014) IPV. A growing number of authors are now including coercive control in their conceptualization of IPV (e.g., Myhill, 2015; Rodriguez et al., 2021; Verschuere et al., 2021), which refers to the use of verbal and nonverbal tactics to control and dominate the partner, such as threats, punishment, intimidation, surveillance of the partner, or financial monitoring. Although coercive control has been understood as a subtype of psychological IPV, it goes beyond the use of insults and yelling and encompasses various tactics that are specifically used to dominate or frighten the partner (Breiding et al., 2014; Johnson et al., 2014). Myhill (2015) used the 2008/2009 Crime Survey for England and Wales data and

found that almost a quarter of IPV cases would include coercive control, supporting the relevance of examining this form of IPV.

According to a recent report by the World Health Organization (WHO, 2021), approximately 25% of women aged 15 to 49 worldwide have been victims of IPV in their lifetime. In Canada—where this study was conducted—it is estimated that 20% of women victims of IPV have been injured (Cotter, 2021). In its most severe forms, IPV can lead to death (WHO, 2021) with 38% of women's homicides—or *femicide*—having been committed by an intimate partner. Among all police reports of IPV in Canada, the alleged perpetrators are men 8 times out of 10 showing that even if IPV can be a bidirectional phenomenon, severe IPV cases needing police involvement tend to be perpetrated by men (MSPQ—Ministère de la Sécurité publique du Québec, 2015). Given its high prevalence and long-lasting consequences, focusing on the dimensions that could help to understand IPV perpetration by men is an important endeavor.

Childhood interpersonal trauma (e.g., physical or psychological abuse, neglect) is an often-cited experience associated with IPV perpetration (e.g., Eriksson & Mazerolle, 2015; Fonseka et al., 2015; Maneta et al., 2012). Recent meta-analyses have shown a consistent positive association between childhood interpersonal trauma and IPV (Godbout et al., 2019; Li et al., 2020). However, these meta-analyses did not consider the fact that childhood interpersonal trauma rarely occurs alone. As such, it has been suggested that it is rather the accumulation of different forms of interpersonal trauma in childhood—or cumulative childhood trauma (CCT; Cloitre et al., 2009)—that could lead to more severe and complex interpersonal repercussions in adulthood, such as a higher occurrence of IPV (Liu et al., 2015). The current study thus examines the role played by CCT in relation to IPV. Previous studies have also found that the associations between childhood interpersonal trauma and IPV perpetration tend to remain small in magnitude, partly because childhood interpersonal trauma is a distal variable. The current study offers an examination of the role that more proximal variables (i.e., communication) could exert in IPV perpetrated by men (Dugal et al., 2019; Godbout et al., 2019), while considering their past victimization experiences. By doing so, we might identify patterns of behavior that are associated with an increased possibility that men who have experienced CCT resort to violence. Consequently, prevention and intervention targets for this specific population may be uncovered.

Cumulative Childhood Trauma

CCT is defined as exposure to multiple forms of interpersonal trauma before the age of 18. These include sexual abuse (e.g., fondling, sexual activity with

a person in authority), physical abuse (e.g., hitting, pulling, slapping), psychological abuse (e.g., insulting, yelling, rejecting), psychological neglect (failure to provide emotional support, love, and affection), physical neglect (failure to provide food, appropriate clothing, supervision, or a safe home), exposure to parental IPV (either physical or psychological), and being bullied as a child (Bigras et al., 2017).

In a recent study by Kealy and Lee (2018), 86% of adult mental health service users reported having experienced at least one trauma and among those, 85% reported having experienced more than one trauma during childhood, highlighting the high prevalence of CCT. Given the fact that theoretically, the accumulation of different forms of trauma could lead to more severe and complex repercussions among victims (Finkelhor, 2008; Turner et al., 2006), which in turn could have a greater impact on later IPV perpetration (e.g., Barros-Gomes et al., 2019; Sommer et al., 2019), CCT seems to be a promising element that could help in understanding the occurrence of IPV in adulthood. For instance, children who are exposed to multiple forms of childhood interpersonal trauma are more likely to experience anger, anxiety, depression, or distress than those who have experienced one type of trauma (Finkelhor, 2008; Turner et al., 2006), and these consequences have been associated with IPV perpetration in adulthood (e.g., Barros-Gomes et al., 2019; Sommer et al., 2019). In addition, according to trauma theories such as the intergenerational transmission model, the accumulation of childhood interpersonal trauma might help to understand how men who have been victimized during childhood become perpetrators in adulthood. Precisely, a role switch—from victim to perpetrator—could be explained by the idea that children who go through CCT might learn that violence is an integral part of interpersonal relationships and tend to replicate this behavioral pattern in adulthood (Forke et al., 2018; Gilbar et al., 2020). The use of physical punishment during childhood may model the use of violence to express anger and normalize the use of coercion and force as effective conflict management strategies (Ehrensaft et al., 2003).

Two recent meta-analyses (Godbout et al., 2019; Li et al., 2020) found significant, but small, associations between childhood interpersonal trauma and adult male IPV perpetration (physical, sexual, psychological). This suggests that childhood interpersonal trauma is an important distal variable to consider when examining the perpetration of IPV. However, neither meta-analysis examined CCT as a correlate of IPV perpetration nor included coercive control as a form of IPV, suggesting a need to assess whether the accumulation of trauma would be a stronger predictor of multiple forms of IPV. In addition, these small effect sizes suggest that proximal variables could explain how CCT survivors are at higher risk of reproducing violence in adulthood. For instance, children who have experienced parental rejection

and abuse are more likely to present deficits in social problem solving (Dodge et al., 1990; Mumford et al., 2019) and hostile attribution biases (Zhu et al., 2020), which are known to relate with the later use of IPV (Finkelhor, 2008). Since they have been previously linked to both CCT (Dugal et al., 2019) and the perpetration of IPV (Fournier et al., 2011), the use of dysfunctional communication patterns are suggested as a potential intermediary variable of the CCT–IPV links.

The Role of Dysfunctional Communication Patterns

Communication patterns describe the ways in which romantic partners behave when conflicts occur in the relationship (Futris et al., 2010). Some communication patterns have been studied and linked to IPV, such as the demand/demand, man demands/partner withdraws (MD/PW), and partner demands/man withdraws (PD/MW) communication patterns (Dugal et al., 2019). In the demand/demand pattern, both partners demand changes, blame, or attack one another without considering each other's perspective (Christensen & Heavey, 1990). The demand/withdraw pattern is characterized by one partner who complains or attempts to initiate changes while the other partner, wishing to avoid conflict or confrontation, withdraws, tries to switch the subject, or leaves the conversation (Christensen & Heavey, 1990). This systemic pattern tends to amplify itself: the more the *demand* blames or criticizes, the more the *withdrawer* tries to escape and avoids discussions. In turn, the more the *withdrawer* withdraws, the more the *demand*, dissatisfied with the lack of answer, tends to intensify the demands (Papp et al., 2009). This kind of communication failure between partners, leading to an escalation of conflicts, is thought to be associated with more violent reactions (Papp et al., 2009). Empirical studies have supported that dysfunctional communication patterns are associated with greater perpetration of IPV (e.g., Dugal et al., 2019; Fournier et al., 2011), an important risk factor to consider when studying the perpetration of IPV.

Yet, to our knowledge, only one study has explored the potential intermediary role of communication patterns in the association between CCT and IPV perpetration. The recent study by Dugal et al. (2019) has examined the direct and indirect links between CCT and psychological IPV (which included acts of psychological IPV and coercive control) among couples from the community. They found that CCT in men was indirectly—but not directly—related to their perpetration of psychological IPV and coercive control through men's impulsivity and the presence of a demand/demand or men demand/women withdraw communication pattern. Yet, these authors did not

distinguish the perpetration of psychological IPV and coercive control. They also recruited participants from the community, which tend to report less severe forms of IPV when compared to samples comprised of men consulting for IPV- or couple-related difficulties (Hamberger, 2005). It is thus important to examine the role of these dysfunctional communication patterns in the links between CCT and three distinct forms of IPV among a clinical population. Indeed, according to the theoretical framework developed by Johnson (1995, 2008), coercive control is a form of IPV that would differentiate two important types of IPV: intimate terrorism and situational couple violence. Intimate terrorism describes a pattern of control and violence that is used to increase a person's power over the relationship and to weaken their partner's ability to resist them by using a combination of coercive control and other forms of IPV (e.g., psychological and physical; Johnson, 2008). Situational couple violence would rather take the form of psychological and physical IPV that arise from the escalation of conflicts between partners, for instance, when one or both partners have difficulty regulating their emotions or using constructive conflict resolution strategies (Johnson, 2006). Considering previous research has revealed that CCT and couple communication patterns could also be associated with a higher use of coercive control, all forms of IPV should still be considered.

Relying on Finkelhor's (2008) work, it appears relevant to link CCT to dysfunctional communication patterns given the difficulties in interpersonal relationships, assertiveness, and avoidance that many adults who experienced childhood interpersonal trauma demonstrate. Difficulties in asserting themselves calmly and a tendency to avoid confrontation could manifest as avoidance of relationship conflicts. Indeed, men who have been victims of CCT could be more likely to engage in the PD/MW communication pattern (e.g., Dugal et al., 2019). Moreover, the demand/demand pattern could manifest itself when men see no way out of conflict and start to criticize and blame in response (Dugal et al., 2019). As for the MD/PW pattern, it could result from men's desire to seek affection or reassurance from their partners by demanding changes, or using criticism and blame (Dugal et al., 2019). Considering that communication patterns can be addressed in a clinical context, it would be particularly relevant to examine the role it plays in the associations between IPV and CCT in a clinical sample of men seeking help for couple-related difficulties because their patterns of violent behaviors may be different in terms of frequency and severity than those of men from the community. Looking at more than one way of perpetrating IPV—namely psychological, physical, and coercive control—could provide an opportunity to investigate whether the role of these communications patterns vary according to the nature of IPV perpetrated by men.

Objectives and Hypotheses

This study aimed to explore the direct and indirect associations between CCT and IPV (psychological, physical, coercive control) perpetration through dysfunctional communication patterns (demand/demand, PD/MW, MD/PW) in men seeking help. Based on previous studies, two hypotheses were proposed. The first hypothesis suggested positive and direct links between CCT and all forms of IPV perpetration. The second hypothesis suggested positive and indirect links between CCT and all forms of IPV perpetration via dysfunctional communication patterns.

Method

Participants and Procedure

Participants were recruited through 11 nonprofit organizations that are part of a national association specializing in IPV services and in helping distressed men in Canada. As part of the standardized clinical protocol of each organization, men answered a battery of online questionnaires (available in English, French, and Spanish) via the secure Qualtrics platform, at the beginning of their assessment process. Men could complete the questionnaires alone or with the help of a therapist. The questionnaires were mandatory, but men were free to take part in the study or not. Acceptance or refusal to participate in the study did not affect the services received. A summary of their responses was transmitted to their therapist, as explained in the consent form. This project was approved by the research ethics board of the researchers' institution. Data were collected from April 2020 to March 2021. Participants were required to be over the age of 18 and to have been in a relationship in the last year to be included in the study. Also, 42.5% of participants were in court proceedings for IPV at the time of recruitment. Considering that some men are forced by the law to seek help to stop their violent behaviors while others voluntarily seek help (or are strongly encouraged to do so by their relatives), community services that assist men with their violent behaviors might encounter both intimate terrorism and situational couple violence.

The sample consisted of 577 men seeking help for IPV-related issues or distress, aged between 18 and 88 years ($M=37.35$, $SD=11.19$). Most of them were born in Canada (83.7%) and were French speaking (91.0%, 7.5% English, 0.9% Spanish, 0.7% other). Regarding their occupation, 59.5% had a full-time or part-time job, 11.8% did not have a paid occupation, 9.4% were on temporary leave, 5.3% were studying, 3.3% were retired, and 10.6% did not specify their occupation. The majority (52.2%) reported an annual income between CAN\$20,000 and 59,999, 25.0% of less than CAN\$20,000, 16.5%

of CAN\$60,000 or more, and 6.1% did not specify their income. In terms of education, 17.4% completed elementary school, 52.3% completed high school, 16.7% had a preuniversity degree, 13.4% had a university degree, and 0.2% did not answer. At the time of completion, 21.7% were married, 51.6% were cohabitating but not married, 19.2% had a partner but were not cohabitating, 3.5% were recently dating, 1.7% were recently separated or in a break-up situation, 1.2% were currently single, and 1.0% did not specify their marital status. In terms of sexual orientation, 94.6% reported being heterosexual, 1.9% bisexual, 0.5% homosexual, whereas 0.6% reported being either pansexual, bi-spiritual, or questioning, and 2.5% did not specify their sexual orientation. Most men (74.8%) reported having at least one child ($M = 1.78, SD = 1.62$) and at least one child living with them (60.9%, $M = 1.37, SD = 1.45$).

Measures

The measures used in this study were presented to participants in their validated versions and were selected based on their psychometric properties and brevity. A demographic questionnaire assessing age, gender, sexual orientation, relationship status, occupation, education, and income was administered to participants.

Cumulative Childhood Trauma

A 10-item version of the Cumulative Childhood Trauma Questionnaire (CCTQ; Godbout et al., 2017) assessed eight types of childhood interpersonal trauma: physical abuse, psychological abuse, sexual abuse, physical and psychological neglect, witnessing physical or psychological parental violence, and bullying. Sexual abuse was assessed with a yes/no item, and the remaining items used a 7-point scale (0 = *never*, 6 = *Almost every day*) with each point corresponding to the annual frequency of the experienced trauma in each typical year before the age of 18. Since this study's focus is the cumulative aspect of trauma, each trauma score was dichotomized (0 = absence, 1 = presence) then summed to indicate the number of different forms of trauma experienced during childhood. Total score range 0 to 8 different types of trauma. Previous studies showed satisfactory internal consistency ($\alpha = .86$ in Dugal et al., 2019). The omega reliability coefficient in the current sample is .85.

Communication Patterns

A 6-item version of the Communication Pattern Questionnaire—Short Form (CPQ-S; Christensen & Heavey, 1990) assessed three communication

patterns (demand/demand, PD/MW, MD/PW) used by participants in their relationship during conflicts. Items were answered on a 9-point scale ranging from 1 (*very unlikely*) to 9 (*very likely*). The mean scores of relevant item measuring each communication pattern were calculated; a higher score indicating greater use of the communication pattern. In the original CPQ-S version, alpha coefficients were .68 for demand/demand, .71 for PD/MW, and .72 for MD/PW (Christensen & Heavey, 1990), but in the current study, distinct coefficients could not be computed as each scale had only 1 (demand/demand) or 2 items (PD/MW, MD/PW).

Intimate Partner Violence

Four items from the Revised Conflict Tactics Scale Short-Form (CTS2S; Straus & Douglas, 2004) measured physical (two items) and psychological (two items) IPV perpetrated by the respondent in the past year. Participants responded on the original 8-point scale, with each point corresponding to the frequency of violent behavior that they used against their partner (from 0 = *This has never happened* to 6 = *more than 20 times in the past year*; with 7 = *Not in the past year, but it did happen before*). As suggested by Straus et al. (1996), each score is calculated by using the midpoint of the scale (e.g., 3–5 is coded 4, more than 20 times is coded 25), which corresponds to the number of times the violent behavior has occurred in the past year. The Cronbach's alpha coefficients for this abridged questionnaire range from .77 to .89 (Straus & Douglas, 2004), but cannot be computed for each subscale due to the low number of items (2-item scales).

Four items from the Coercive Control Scale (Johnson et al., 2014) were used to assess perpetrated coercive control in the past year, using the same 8-point scale and the same midpoint calculation procedure as the CTS2S. The Cronbach's alpha coefficients for this questionnaire range from .70 to .91 (Johnson et al., 2014). In the current sample, the omega reliability coefficient for this abridged scale is .66.

Data Analysis Strategy

Descriptive analyses and preliminary correlations were conducted with SPSS 26. Using MPlus version 8, a path analysis was conducted to verify the hypotheses. Missing values were handled using the Full Information Maximum Likelihood estimation (less than 5% of data set, missing at random) and parameters were estimated with robust standard errors. This approach is relevant when dealing with nonparametric models or variables that depart from a normal distribution, as it is often the case with IPV (Ryan, 2013). The proposed model included all variables: CCT, the three communication

patterns (with error terms allowed to correlate), the three subscales of IPV (with error terms allowed to correlate), and relevant covariates. Four fit indices assessed whether the model fit the data well (Kline, 2016): a non-significant chi-square, the Comparative Fit Index (CFI; the value must be over 0.95), the Root Mean Square Error of Approximation (RMSEA; the value must be less than 0.06), and the Standardized Root Mean Square Residual (SRMR; the value must be less than 0.08). To examine the indirect associations between CCT and IPV perpetration through dysfunctional communication patterns, the significance of indirect estimates was calculated using 95% confidence intervals on 10,000 bootstrapping samples (Preacher & Hayes, 2008).

Results

Preliminary Analyses

Table 1 shows descriptive statistics and nonparametric Spearman correlations among the main variables. Since IPV scores did not have normal distributions, Spearman correlations were used. All correlations were significant and positive, except for the correlation between CCT and physical IPV. Effect sizes were small for CCT–IPV and for CCT–communication associations, but they were small to moderate between communication and IPV.

To screen for potential covariates, preliminary correlations and comparison tests were computed between demographics (age, number of children, sexual orientation, annual income, occupation) and IPV variables. Age was significantly related to the three subscales of IPV, psychological ($r = -.16$, $p < .001$), physical ($r = -.11$, $p = .007$), and coercive control ($r = -.13$, $p = .002$). The number of children was significantly related to the three subscales of IPV, psychological ($r = -.14$, $p = .001$), physical ($r = -.14$, $p = .001$), and coercive control ($r = -.28$, $p < .001$). Age and number of children were thus retained as covariates to be included in the main model.

Main Analyses

A path analysis was conducted to test all direct and indirect associations among CCT and perpetrated acts of IPV through the three communication patterns, with age and the number of children as covariates. Fit indices supported the adjustment of the model to the data: $\chi^2(12) = 28.33$, $p = .005$, CFI = 0.984, SRMR = 0.038, RMSEA = 0.049, 90% CI [0.025, 0.072]. As shown in Figure 1, only one positive direct link (H1) was found between

Table 1. Descriptive Statistics and Spearman Correlations for Cumulative Childhood Trauma, Communication Patterns, and Intimate Partner Violence.

	1	2	3	4	5	6	7
1. CCT	—	.101*	.083*	.216***	.181***	.036	.198***
2. DD		—	.628***	.599***	.448***	.283***	.341***
3. PD/MW			—	.550***	.405***	.259***	.290***
4. MD/PW				—	.463***	.274***	.418***
5. Psychological IPV					—	.446***	.435***
6. Physical IPV						—	.325***
7. Coercive control							—
Min	0.00	1.00	1.00	1.00	0.00	0.00	0.00
Max	8.00	9.00	9.00	9.00	50.00	50.00	75.00
<i>M</i>	2.94	4.38	4.45	4.10	9.48	1.13	5.37
<i>SD</i>	2.13	2.73	2.56	2.35	10.33	3.37	10.70
Skewness	0.410	0.253	0.162	0.232	1.007	8.061	3.186
Kurtosis	-0.736	-1.209	-1.153	-1.015	0.09	92.205	11.663

Note. CCT=cumulative childhood trauma; DD=demand/demand communication pattern; PD/MW=partner demands/man withdraws communication pattern; MD/PW=man demands/partner withdraws communication pattern; IPV=intimate partner violence.

p* < .05. **p* < .001.

CCT and perpetrated psychological violence once communication patterns were taken into account. Results also reveal positive links between CCT and two communication patterns—demand/demand and MD/PW—as well as positive links between communication patterns and IPV. More precisely, all three communication patterns were related to higher perpetrated psychological violence, only the MD/PW communication pattern was related to higher perpetrated physical violence, and both demand/demand and MD/PW communication patterns were related to coercive control. Although the two covariates were initially related to all IPV variables, only the number of children remained significantly related to lower perpetration of psychological violence and coercive control in the final model.

Results pertaining to indirect effects (H2) revealed that CCT was indirectly related to higher perpetrated psychological violence through higher reports of the demand/demand (*B* = 0.015, *SE* = 0.009, 95% CI [0.002, 0.037]) and MD/PW (*B* = 0.048, *SE* = 0.014, 95% CI [0.025, 0.082]) communication patterns. Similarly, CCT was indirectly related to higher coercive control through higher reports of the demand/demand (*B* = 0.011, *SE* = 0.007, 95% CI [0.001, 0.030]) and MD/PW (*B* = 0.035, *SE* = 0.011, 95% CI [0.016, 0.059]) communication patterns. Finally, CCT was indirectly related to higher perpetrated physical violence through a higher report of the MD/PW communication pattern (*B* = 0.043, *SE* = 0.014, 95% CI [0.020, 0.077]).

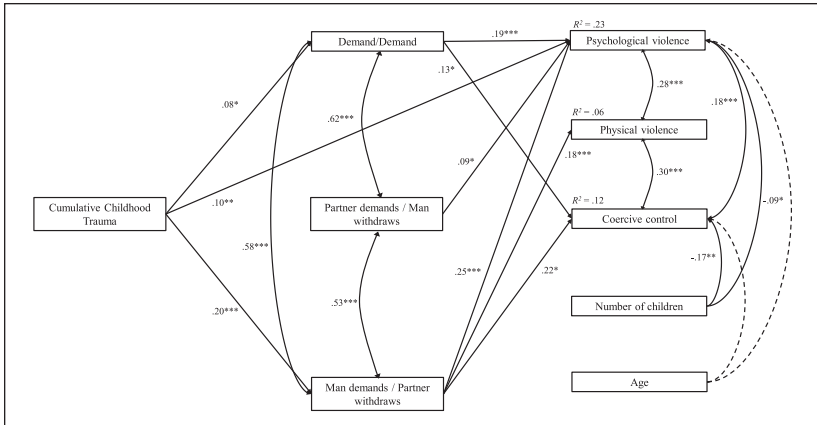


Figure 1. Direct and indirect links between cumulative childhood trauma and intimate partner violence via communication patterns.

Note. Coefficients are standardized estimates. Only significant paths are shown for simplicity. * $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

This study allowed us to examine the links between CCT and three forms of IPV perpetration in adulthood, and to explore the intermediary role played by dysfunctional communication patterns in these links. Unlike previous studies that have focused on the general population or a single form of IPV (or childhood interpersonal trauma; e.g., Dugal et al., 2019; Maneta et al., 2012), this study involved a large sample of men seeking help, who often report more severe forms of violence (Johnson, 2008). Also, the concurrent examination of three forms of IPV perpetration (psychological, physical, and coercive control) permitted to identify their respective distal and proximal correlates. Overall, the results revealed that the number of CCT experienced by men is directly and indirectly related to higher perpetrated psychological IPV toward their partners through the MD/PW and the demand/demand communication pattern. CCT is indirectly related to coercive control through the same two communication patterns, though it is only indirectly related to perpetrated physical IPV through the MD/PW communication pattern. Because of the significant associations found with all three forms of IPV, and since the present study targeted a clinical population of men seeking help for IPV- or couple-related difficulties, it is possible that both types of IPV (i.e., intimate terrorism and situational couple violence as suggested by Johnson, 1995) are present in the sample. However, since the measures used

only assessed behaviors and not the context in which they took place, it is impossible to ascertain on the types of IPV perpetrated by men in our sample. Yet, because we examined the role of communication behaviors in relation to IPV, results could suggest that for some participants, three forms of IPV can occur in a situational context as a result of a failure of conflict resolution strategies.

The results showed an indirect link between CCT and higher perpetration of IPV (psychological, physical, and coercive control) through a higher report of the MD/PW communication pattern. These findings corroborate those of Dugal et al. (2019) who revealed the same association between CCT and psychological IPV through “I demand/my partner withdraws” pattern among couples from the community. Our study extends these findings by providing a relevant understanding of some key relational dimensions that can help explain the links between CCT and the perpetration of three forms of IPV by men. These indirect links can be explained by the fact that men who have experienced CCT are at an elevated risk of deficient coping and problem-solving strategies (Finkelhor, 2008). They would also be more likely to express more demands for affection and attention from their partner, possibly stemming from a negative view of themselves (Godbout et al., 2017). Past literature suggests that men who try to elicit certain responses or regain proximity with their partner may resort to psychological violence when the latter withdraws or refuses to meet their demands (Fournier et al., 2011; Winstok, 2008). When men make their requests and their partners avoid them, change the subject, or leave the room, men may intensify their requests and become more critical and insistent, thereby increasing the risk of using IPV behaviors (Fournier et al., 2011; Winstok, 2008). Indeed, people who lack self-control and have difficulties dealing with negative emotions, which has been reported by male survivors of CCT (Poole et al., 2018; Schweinle et al., 2010), may have more difficulties refraining from insulting or threatening (psychological violence), hitting, or pushing (physical violence), and adopting controlling behaviors (coercive control).

Second, our results highlight indirect links between CCT and higher perpetration of both psychological IPV and coercive control through a higher report of the demand/demand communication pattern, which corroborates and extends Dugal et al.’s (2019) findings. Men with a history of CCT may hold hostile attribution biases that might drive them to perceive others as being hostile and/or not trustworthy, given their negative interpersonal experiences, which in turn put them at a greater risk of adopting defensive behaviors toward others (Finkelhor, 2008). This bias could lead men to misinterpret their partner’s requests for changes and react defensively, by

criticizing or blaming their partners (e.g., mocking the request, turning the blame toward the partner). This could prompt conflict escalation and eventually lead to the use of psychological IPV or controlling behaviors. Indeed, because each partner demands changes or criticizes the other, both are increasingly frustrated as neither adequately listens to and meets the other's demands. A systemic pattern can be established where both partners intensify their own demands, act defensively, turn to blame, or intensify their criticism, thereby increasing the risk of resorting to violent acts as a way to force their partner to meet their expectations (Winstok, 2008). This can take many forms of violence including insulting, yelling, denigrating (psychological violence), or making demands to control or attempt to "change" the partner (coercive control).

In contrast with past research by Dugal et al. (2019), the PD/MW communication pattern was directly related to psychological IPV but did not explain the links between CCT and IPV perpetration, beyond the role of the other two communication patterns, in our sample of men seeking help. Our results suggest that CCT might not be associated with the PD/MW pattern as much as with the other dysfunctional patterns, which are all intercorrelated. Thus, men who experienced CCT may try to avoid conflicts to protect their relationship or keep their partners at distance (Finkelhor, 2008), or try to avoid feeling the discomfort that arises when their romantic partner requests changes, blames, or attacks them (Fruzzetti, 2006). However, they seem more likely to get caught in the role of the demander or in mutual blame pattern and use violent behavior (Dugal et al., 2019). Yet, when men do engage in withdrawal when faced with conflicts with a romantic partner, such as refusing to discuss a problem or leaving the room, it could lead to accumulation of dissatisfaction and escalate until unresolved issues eventually end up in their own use of psychological IPV (Papp et al., 2009). Violence may also arise when avoidance is no longer possible for men. Hence, when faced with their partners' increasingly intense demands, men could ultimately adopt violent behaviors to keep their partners at a distance or end the discussion.

Our findings revealed that even with the inclusion of communication patterns, a positive direct link between CCT and men's psychological violence remained significant, which suggests that additional variables may play an explanatory role in this association. For instance, personality disorders, alcohol use, or emotion regulation difficulties (e.g., Cloitre et al., 2009; Poole et al., 2018) are often reported by individuals who have experienced CCT and are known variables associated with IPV (Collison et al., 2021; Dugal et al., 2019; Grom et al., 2021). During arguments with their partner, emotional regulation difficulties could prevent men from recognizing when they are angry and when they need to take a step back from an intensifying conflict.

As such, Cohn et al. (2010) found that men who engage in aggressive behavior tend to fear their own emotions, causing them to use dysfunctional communication tactics such as yelling, shouting, and pushing since they are thought to be the only forms of emotional display that are “acceptable” for them. Indeed, these men are more likely to engage in maladaptive behaviors displayed in response to negative emotions and lack of self-control that are associated with the perpetration of aggressive acts such as psychological IPV (Megias et al., 2018; Schweinle et al., 2010). Another explanation for this direct link between CCT and psychological violence is that men who have experienced childhood interpersonal trauma might have learned as a child, through modeling, that violence was an acceptable conflict management strategy leading them to be more prone to use it themselves as adults when conflicts occur (Ehrensaft et al., 2003; Forke et al., 2018; Gilbar et al., 2020).

Limitations

Despite this study’s large sample of men seeking help from several organizations, some limitations need to be addressed, including the sole use of very short self-reported measures, which may have introduced biases such as memory recall, lack of introspection, or social desirability, especially since men tend to underreport violence (Emery, 2010). Also, the use of short scales to evaluate the occurrence of IPV limited the capacity to assess patterns of violence and the context in which the violence occurs, making it difficult to differentiate across types of IPV (intimate terrorism vs. situational violence). Future research should consider both partners’ reports, and use daily diaries or observations to limit these biases. Given the cross-sectional design of the study, we cannot ascertain the sequence of associations, hence the importance for future research to adopt a longitudinal design. In addition, this study only assessed the number of different forms of childhood interpersonal trauma but did neither consider their severity nor the frequency of their occurrence. Although the sample is diversified in terms of age (18–88 years), the generalization of our results is limited in terms of gender, sexual, and cultural diversity since the sample is composed of men from a clinical population that is composed mostly of middle-class, heterosexual Caucasian French Canadian cisgender men. This clinical sample is neither representative of the general population nor of the population of male victims of CCT. It would be relevant to recruit adults from different sexual orientations, gender, and cultural backgrounds to be able to generalize the results to a more diverse population. Indeed, those who identify with the LGBTQ+ population are more likely to have experienced CCT (Rojas et al., 2019) as well as IPV (Swiatlo et al., 2020), which suggests that their experience of interpersonal violence, and its

determinants, might differ from cisgender heterosexual men. Recent research also emphasized that women who perpetrate IPV tend to report more trauma-related symptomatology compared to men perpetrators of IPV (Miles-McLean et al., 2021), which could suggest that the mechanisms that explain the link between CCT and IPV may differ for men and women.

Implications

From a clinical perspective, our findings emphasize the importance of assessing multiple forms of childhood interpersonal trauma, communication patterns, and perpetrated acts of IPV when men enter treatment to help practitioners tailor their interventions. Current modalities of treatment for IPV perpetrators generally include psychoeducation based on feminist approaches to IPV and intervention techniques based on cognitive-behavioral approaches (for a review, see Butters et al., 2021). One of the intervention techniques often included in perpetrator programs is communication skills training. Our results emphasize the relevance of such interventions and also highlight the systemic influence of the romantic partner as having an active part in couple communication patterns. Interventions aimed at working on communication skills with both partners of a couple could be a significant intervention effort to reduce the occurrence of IPV. Although couples therapy for IPV is not recommended for couples with severe or unilateral violence (i.e., intimate terrorism), it has been suggested to be effective for couples with dysfunctional relational patterns that escalate in low to moderately severe IPV (i.e., situational couple IPV; for a review, see Karakurt et al., 2016). Our results also emphasize the need to consider the experience of childhood interpersonal trauma in perpetrators of IPV. Current intervention efforts to reduce IPV have shown small effect sizes with regards to effectiveness in reducing violent behaviors (Butters et al., 2021). One reason that has been put forward is the lack of consideration in treatments for perpetrators' past victimization experiences. Armenti and Babcock (2016) suggest that the use of cognitive-behavioral interventions for communication and conflict resolution skills training that account for the long-term repercussions of childhood interpersonal trauma may be particularly effective to reduce IPV. Indeed, when working with childhood trauma survivors in a couple context, MacIntosh (2019) suggests using the Developmental Couple Therapy for Complex Trauma, as they may present with more severe emotion regulation and communication skills deficits. This four-stage therapy focuses on containing conflicts and then on developing/consolidating basic self-capacities such as attachment security, emotion regulation, perspective taking, or mentalizing capacities (MacIntosh, 2019). In conclusion, as it was recently put forward by Butters et al. (2021), the last few years have shown a shift from

blanket group intervention approaches that have historically characterized IPV perpetrator intervention programs to treatments tailored to individual characteristics, backgrounds, and co-occurring needs. Our results support the need to use more individualized approaches, and sometimes dyadic approaches, to treat the difficulties of men seeking help including identifying contexts that put them at greater risk of violence to reduce its occurrence.

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