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Childhood Cumulative Trauma and Intimate Partner Violence Perpetrated by Men Entering Treatment: The Role of Mindfulness and Couple Satisfaction

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Intimate partner violence (IPV) is a widespread, problematic phenomenon that warrants more research to inform prevention and intervention initiatives. Childhood cumulative trauma has consistently been associated with IPV, but the mechanisms linking these two variables remain understudied. Dispositional mindfulness appears as a promising explanatory mechanism, as it was negatively associated with childhood cumulative trauma and IPV. Empirical literature also highlights associations between mindfulness and couple satisfaction, which, in turn, is a robustly documented factor in IPV. This study aimed to assess the indirect relationship between childhood cumulative trauma and IPV, examining the potential pathways through mindfulness and couple satisfaction. A sample of 511 men entering treatment

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from community centers for IPV-related difficulties completed self-report questionnaires measuring exposure to childhood cumulative trauma, dispositional mindfulness, couple satisfaction, and perpetration of four forms of IPV (i.e., physical, psychological, sexual violence, and coercive control). Path analyses showed significant indirect associations from childhood cumulative trauma to the four forms of IPV through mindfulness and couple satisfaction. The tested model explains between 4% and 13% of the variance in the different forms of IPV. Findings suggest that dispositional mindfulness and couple satisfaction might be meaningful factors to explore with men facing IPV-related issues, especially if they report childhood maltreatment experiences. Results pinpoint key factors that can be targeted in prevention and intervention strategies specifically tailored for male IPV perpetrators entering treatment.

KEYWORDS: child maltreatment; trauma; couple satisfaction; mindfulness; intimate partner violence

INTRODUCTION

Intimate partner violence (IPV) is increasingly recognized as a global mental health issue that causes deleterious consequences for victims, their relatives, and the community. Indeed, in addition to individual impacts, the estimated annual public cost in Canada—where this study was conducted—varies between 5 and 7.4 billion dollars (Varcoe et al., 2011; Zhang et al., 2009). The World Health Organization (WHO, 2022) defines IPV as a pattern of behaviors, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors, by an intimate partner or ex-partner that can cause physical or psychological harm. Research has demonstrated links between IPV and numerous mental health conditions and disorders in victims, such as psychological distress, anxiodepressive symptoms, substance-related disorders, posttraumatic stress disorder, and suicidality (Kafka et al., 2022; Wong & Mellor, 2014). Moreover, the physical health consequences of violent acts include wounds, bruises, fractures, and injuries that can sometimes lead to urgent medical consultation or be fatal (see Galovski et al., 2021). Many studies nowadays consider contextual distinctions between psychological IPV and coercive control, an enduring pattern of psychological tactics seeking domination, intimidation, and control over the partner (Johnson et al., 2014; Lohmann et al., 2024). Coercive control is considered especially alarming and emphasized as important to examine, given that it is linked with more severe mental and physical health consequences than other forms of psychological violence (Crossman et al., 2016; Kennedy et al., 2018). Although population-based surveys indicate that men and women perpetrate IPV at relatively similar rates (Langhinrichsen-Rohling et al., 2012), police reports continue to show that the

majority of identified perpetrators are men (Cotter, 2021). Additionally, the WHO (2022) recently revealed that more than a quarter of women from the community reported being victims of physical and/or sexual IPV from a male partner in their lives. Considering the prevalence and repercussions of IPV perpetrated by men, it is crucial to deepen our understanding of its determinants and correlates, such as childhood maltreatment.

Childhood Cumulative Trauma

Research from the past decades has extensively examined the long-term impacts of childhood interpersonal traumas, such as sexual, psychological, or physical abuse, neglect, exposure to interparental violence, and bullying, on later life. These experiences differ from broader adversities (e.g., parental separation or economic hardship) in that they involve harm, threat, or failure of protection within significant relationships. Such interpersonal traumas are alarmingly prevalent, with individuals from the general population reporting between one and three types of trauma (e.g., Bigras et al., 2017; Gobout et al., 2020; Thibodeau et al., 2017). Rates in clinical populations are even higher; a recent Canadian study reported that 86% of mental health service users had sustained at least one trauma and that 42% reported four or more types of traumas (Kealy et al., 2021). In that respect, the past few decades have seen an increasing number of authors studying cumulative childhood trauma (CCT; Herman, 1992), which considers the compounding impact of repeated or prolonged exposure to various forms of maltreatment on a child's development. Empirical research has documented that CCT is associated with more complex and severe outcomes than exposure to sole interpersonal trauma (Hodges et al., 2013; Putnam et al., 2013). Because of the interpersonal nature of the traumatic events, CCT may particularly impact survivors' relational experiences in adulthood. Empirical studies highlighted negative associations between CCT and multiple aspects of couple functioning, such as couple satisfaction, commitment, and support between partners, as well as sexual satisfaction and functioning (Bigras, Godbout, & Briere, 2015; Colman & Widom, 2004; Messman-Moore & Coates, 2007; Vaillancourt-Morel et al., 2019). According to a large corpus of studies, CCT is also considered a major predictor of IPV (Dugal et al., 2018; Widom et al., 2014). Researchers suggested that socialization to violence in childhood might partially shape interpersonal behaviors and attitudes in later life, a phenomenon described as the *intergenerational transmission of violence*. Numerous studies supported that premise, notably finding associations between witnessing interparental IPV during childhood and being either the author or victim of IPV in adolescence (Forke et al., 2018) and adulthood (Roberts et al., 2010). More specifically, previous meta-analyses (Godbout et al., 2019; Li et al., 2020) revealed significant associations between sustaining childhood interpersonal trauma and IPV perpetration in men. In light of their findings, the authors concluded that proximal factors

had to be considered, hence emphasizing the need to identify explanatory mechanisms in order to fully understand the association between CCT and male-perpetrated IPV. Indeed, there remain important gaps in the current scientific knowledge, which would be especially critical to study with men given their overrepresentation as perpetrators. Moreover, sustaining physical violence during childhood is known to be more strongly associated with IPV perpetration for men and with victimization for women (Smith-Marek et al., 2015; Stith et al., 2000), supporting the idea that male-focused studies could prove particularly valuable to expand knowledge on the missing links between CCT and IPV.

The Pain Paradox

IPV is often conceptualized as a symptom of a broader dysfunction in the couple relationship. Integrative theories of couple functioning (Bradbury et al., 1998, 2000) posit that partners' vulnerabilities (e.g., CCT) may predispose them to maladaptive behaviors or negative relationship patterns, namely, because of underdeveloped adaptive processes that could otherwise mitigate their impacts. According to the pain paradox model, one adaptive process that is generally found lacking in CCT survivors is mindfulness. In his seminal work introducing mindfulness to social science, Kabat-Zinn (2003) defined mindfulness as the disposition to purposefully and nonjudgmentally pay attention to the experience that emerges in the present moment. The pain paradox model suggests that CCT survivors tend to deploy avoidance-based coping mechanisms that, while providing temporary relief, paradoxically intensify and maintain their distress over time. Such experiential avoidance is the antithesis of mindfulness and could deprive survivors of opportunities to process the trauma and develop healthier strategies to overcome their difficulties. Past research supports these postulates, indicating that individuals with higher exposure to CCT indeed report lower mindfulness (Bolduc et al., 2018; Gobout et al., 2020), poorer emotional regulation (Hébert et al., 2018), and higher levels of impulsivity (Dugal et al., 2020), experiential avoidance (Roche et al., 2019), and dissociation (van Dijke et al., 2015). Additionally, among the different aspects of mindfulness, which is increasingly conceptualized as a multidimensional construct (e.g., nonjudgment and nonreactivity), mindful attentiveness and awareness of present experiences appear to be a specifically relevant component to couple dysfunctions and violent behaviors (Karremans et al., 2017). Indeed, individuals inclined to be mindful of their own thoughts, feelings, and impulses may be better equipped to navigate the emotional challenges of intimate relationships, reducing the risk of engaging in IPV perpetration. Inversely, maladaptive coping mechanisms learned in childhood, such as aggression or avoidance, may be triggered in intimate relationships, contributing to conflict and violence. In that regard, aggression would be a manifestation of a mindfulness deficit, wherein a person is unable to offer their partner a mindful response and inadvertently

amplifies their problems through aggressive reactions to relational stress. Past research has shown that individuals with higher dispositional mindfulness deploy more prorelationship, pacific conflict-management strategies (Horst, 2013; Pepping & Halford, 2016). Lower mindfulness dispositions have also been associated with more aggressive behaviors in male violent offenders (Gillespie et al., 2018) and in men entering treatment for substance abuse (Shorey et al., 2014), supporting the postulate that mindfulness could be a key variable to understand the link between CCT and IPV.

The idea that lower mindfulness might explain IPV perpetration in trauma survivors has also received attention in recent years. A study by Bell and Higgins (2015) found that experiential avoidance, considered the opposite of mindfulness, played a mediating role between childhood psychological trauma and IPV perpetration. A study by Voith et al. (2020) examined trauma-related mechanisms among 67 low-income men of color enrolled in a batterer intervention program and found significant associations between CCT, mindfulness self-efficacy, posttraumatic symptoms, and both the frequency and severity of IPV. Another study by Hémond-Dussault et al. (2023) investigated mindfulness profiles in a sample of 731 French–Canadian individuals from the community and compared them on CCT and couple functioning. Their findings highlighted that participants with low mindfulness presented higher CCT, lower relationship satisfaction, and higher rates of sexual IPV, whereas those in the high mindfulness profile reported lower IPV rates and higher couple functioning. While these studies represent important empirical precedents, their respective designs did not allow examination of mindfulness as an explanatory mechanism between CCT and IPV.

Mindfulness, Couple Satisfaction, and IPV

An additional key aspect of couple functioning that is frequently studied along with IPV is couple satisfaction, which refers to the subjective evaluation of the quality of the relationship by a partner. Empirical evidence suggests that most partners report experiencing relationship dissatisfaction before engaging in IPV (Hammett et al., 2021; Slep et al., 2015), a pattern that, according to a meta-analysis by Stith et al. (2008), appears particularly pronounced among men. A recent study (Heyman et al., 2022) sampling from four different populations from the community reported that individuals with clinically significant couple distress were at two to six times higher risk of reporting IPV than nondistressed individuals. Hence, given the consistent relationship between lower couple satisfaction and higher IPV, couple satisfaction should be taken into account in a model examining the link between CCT, mindfulness, and IPV.

In fact, a literature review by Kozlowski (2013) highlighted a host of empirical studies that found positive associations between mindfulness and couple satisfaction.

A theoretical study by Karremans et al. (2017) posited that mindfulness involves higher awareness of affects and events, which could facilitate prorelationship behaviors (e.g., listening to the partner and empathy). In turn, this is thought to foster couple satisfaction as well as the regulation of impulsive, self-centered, and aggressive behaviors. Building on the pain paradox theory, recent studies empirically established mindfulness as an explanatory mechanism of the link between CCT and couple satisfaction (e.g., Gobout et al., 2020). Morissette Harvey et al. (2024) also found that mindfulness and experiential avoidance sequentially mediated the link between CCT and couple satisfaction in a dyadic sample of parents. The authors suggested that relational and parenting stress might trigger survivors' CCT memories, which could reduce awareness of their experience and behavior as they unfold, hence increasing the risk of maladaptive behaviors such as IPV. These findings support mindfulness as a central adaptive process of posttraumatic adaptation in relational contexts, especially in relation to couple satisfaction, but whether these links can be extended to explain IPV perpetration remains to be tested.

In summary, past research indicates that mindfulness and couple satisfaction represent promising mechanisms to examine in a comprehensive model of the relationship between CCT and IPV. Yet, associations between these variables are to be validated, ideally with a clinical sample of men who report higher IPV rates. Past literature indeed suggests that male survivors tend to disengage from their feelings and to act out impulsive, aggressive behaviors more than women, which underscores the need to examine gender-specific risk factors for violence (Eisenberg et al., 2009; McMahon et al., 2018). Additionally, as highlighted by different authors (Basile & Hall, 2011; Hall et al., 2012; St-Pierre Bouchard et al., 2023), the concurrent examination of different forms of IPV perpetration is important to identify how they differentially relate to each studied variable. Some IPV forms, such as coercive control and sexual violence, have been notably underrepresented in past research despite their severe outcomes on victims and co-occurrence with more frequently examined forms like physical and psychological violence (Hall et al., 2012). For instance, considering 76% of a sample of men authors of IPV reported perpetrating high levels of coercive control (Johnson et al., 2014), it appears important to examine how it relates to CCT and proximal factors like mindfulness and couple satisfaction. In return, such examination could inform the development of more precise strategies for IPV prevention and treatment with men.

THE CURRENT STUDY

This study investigated whether CCT is indirectly associated with the perpetration of four different forms of IPV (physical, psychological, sexual, and coercive control) sequentially through mindfulness and couple satisfaction in men entering treatment for IPV-related issues. We hypothesized that CCT would be negatively

associated with mindfulness, which in turn would be positively associated with couple satisfaction, which would be linked to lower perpetration of all four forms of IPV.

METHODS

Procedure

The current study is part of a larger research project in collaboration with five nonprofit community organizations offering individual and group therapy for men entering treatment for IPV-related difficulties and anger management. As part of the organizations' assessment protocol, participants completed a series of questionnaires at admission, which were hosted on the Qualtrics online platform and took approximately 30 minutes to complete. They were free to consent to the use of their data for research purposes and had to be 18 years or older and involved in a couple relationship in the last year to be included in the sample. A consent form informed them of their rights to refuse participation or to withdraw from the study without affecting the services received. Data were collected from March 2020 to December 2021. This study's procedure was approved by the Université du Québec of Montréal Institutional Review Board.

Participants

The full sample includes 952 men entering treatment for IPV and aggression-related difficulties. A total of 441 participants were not retained, as they were not involved with a partner and therefore could not report either on their couple satisfaction or recent IPV perpetration. The final sample comprised 511 men aged between 18 and 84 years old (M = 38.42, standard deviation [SD] = 11.85). The majority were born in Canada (82%, n = 419) and spoke French as their first language (86.4%, n = 439). Participants mostly identified as heterosexual (96.9%, n = 495), and most were either married (19.6%, n = 100) or in a common-law union (75.3%, n = 385). Most participants (75.3%, n = 386) reported having at least one child, but only 59.6% (n = 307) reported currently cohabiting with children. Among participants, 55% were full-time workers (n = 281), 3.9% were students (n = 20), and 20.6% were unemployed (n = 105). Most reported having concluded their education in primary (16%, n = 82) or high school (51.8%, n = 264). The median annual income was between CAN$30,000 and CAN$35,000 and more than a quarter of the sample (28.6%, n = 146) reported an annual income below CAN$25,000, which would classify them under the Quebec Province low-income threshold (Statistique Canada, 2023). Most reported that their sources of reference to the organizations were health care professionals (25%, n = 128), the judiciary system (24.3%, n = 124), youth centers (16.8%, n = 86), and family/friends (18%, n = 92). More than half (57.5%, n = 294)

reported being currently in court proceedings for IPV or family violence or having a restraining order with a partner or ex-partner.

Measures

Demographic variables were assessed to document the sociodemographic characteristics of the participants. In that respect, the questionnaire included items assessing age, gender, sexual orientation, first language, birth country, occupation, annual income, number of children, education level, and source of reference to the organizations. Measures for the variables of interest were selected based on their psychometric qualities as well as their brevity to reduce respondent burden. The whole battery of questionnaires was available in English, Spanish, and French.

Cumulative Childhood Trauma. CCT was assessed using the Cumulative Childhood Trauma Questionnaire (Godbout et al., 2017), which measures exposure to eight types of childhood interpersonal trauma before the age of 18 years (i.e., physical, psychological, and sexual abuse, physical and psychological neglect, witnessing physical and psychological interparental violence, and bullying by peers) using 10 items. Participants reporting unwanted sexual experiences prior to the age of 18 years or any sexual experiences with a person 5 years older or in a position of authority before the age of 16 years were identified as victims of sexual abuse. The seven additional types of trauma are measured based on "a typical year before the age of 18 years." For each type of trauma, participants who indicated "never happened" were identified as "0 = nonvictim," while participants indicating at least one occurrence were identified as having endured this type of trauma with "1 = victim." A CCT score was created by summing the participants' dichotomous scores for each type of trauma, which ranged from 0 to 8, with a higher score indicating higher CCT exposure.

Mindfulness. Dispositional mindfulness was assessed using the Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003), which is the most widely used, validated, and translated questionnaire measuring this construct. The MAAS was chosen for this study because it specifically focuses on the awareness and attentional aspects of mindfulness, which were highlighted as especially relevant factors for relational outcomes (Karremans et al., 2017). The questionnaire contains five items rated on a 6-point Likert scale ranging from 1 = *almost always* to 6 = *almost never*. Participants must rate the degree to which they relate to statements regarding their daily experience, such as "doing tasks without being aware of doing it" or "running on automatic, without much awareness." All items were reversed, and total scores range from 6 to 30, with higher scores representing better mindfulness dispositions. The reliability coefficients were satisfactory (α = .87; ω = .87) in this sample.

Couple Satisfaction. Couple satisfaction was measured using the four-item version of the Dyadic Adjustment Scale (DAS; Sabourin et al., 2005). The DAS (Spanier, 1976) is the most widely used measure to assess couple satisfaction in both clinical and nonclinical populations (Graham et al., 2006; Whisman et al., 2018). Participants reported the degree to which each item described their romantic relationship during the past month on 5- or 6-point Likert scales. Scores range between 0 and 21, with higher scores indicating higher couple satisfaction and a cutoff score of 13 to distinguish clinically distressed individuals from those who are satisfied with their couple. The psychometric properties of the DAS-4 are well-established (Bigras, Godbout, Hébert, et al., 2015; Sabourin et al., 2005). In the present sample, the reliability coefficients were satisfactory ($\alpha = .75$; $\omega = .76$).

Intimate Partner Violence. The short version of the Revised Conflict Tactics Scales (CTS2-S; Straus & Douglas, 2004) was used to evaluate participants' perpetration of physical, psychological, and sexual violence with a partner or ex-partner over the last year. The physical IPV subscale (two items) measured behaviors like pushing, shoving, punching, or hitting their partner. The psychological IPV subscale (two items) assessed acts of insulting, swearing, or destroying objects belonging to their partner. The sexual IPV subscale (two items) assessed behaviors such as insisting or using physical force to have sexual intercourse with their partner. Each item asks participants to rate the frequency of their violent behaviors (e.g., "I slapped my partner") toward their partner in the past year on a 7-point scale from 0 (*never*) to 6 (*more than 20 times*). As suggested by the authors of the questionnaire, these scores were transformed into the midpoint values within their respective ranges (e.g., "three to five times in the past year" was coded as 4) and summed. Higher scores reflect a higher annual frequency of physical, psychological, and sexual IPV perpetrated by the participant. As specified by the authors, it is not appropriate to compute reliability coefficients of the subscales because each comprises only two items. Concurrent and construct validity analyses were, however, deemed sufficiently able to parallel the results from the full CTS2-S in studies with clinical samples, where brevity is preferred over higher sensitivity (Straus & Douglas, 2004).

Coercive Control. Perpetration of coercive control in the past 12 months was measured using four items from the Coercive Control Scale (CCS; Johnson et al., 2014), originally composed of nine items encompassing a broader construct that overlaps with psychological violence, originally composed of nine items encompassing a broader construct that overlaps with psychological violence. Common practice with using the CCS to assess the frequency of behaviors involves using the same rating and computing procedure as the CTS2-S (e.g., Arseneault et al., 2024; Terrazas-Carrillo et al., 2024). Hence, items were computed into midpoints indicating the annual frequency of each controlling behavior (e.g., "I insisted on knowing who my partner was with at all times") and then summed. Higher scores

indicate a greater frequency of coercive control perpetration with a partner in the last year. The Cronbach's alphas for the full version of this questionnaire usually range from .70 to .91 (Johnson et al., 2014). In the present sample, as can be expected from short scales assessing diverse behaviors, the reliability coefficients were passable (α = .68; ω = .69).

Data Analyses

Descriptive analyses were generated using Statistical Package for the Social Sciences version 22 to examine sample characteristics and compute childhood trauma and IPV rates. Correlational analyses were performed to assess predicted associations between the main variables and the demographic variables to identify potential covariates. Path analyses were then conducted using Mplus (Muthén & Muthén, 2012) to test the hypothesized model, with CCT as a predictor, mindfulness and couple satisfaction as sequential intermediary variables, and physical IPV, psychological IPV, sexual IPV, and coercive control as outcomes. All theoretically relevant paths and correlations among study variables, including between IPV forms, were first tested within a saturated model. Path analyses used maximum likelihood estimation with robust standard errors and χ^2 statistics that account for nonnormality and missing data. A 10,000-resampling bias-corrected bootstrap with a 95% confidence interval (CI) was used to examine the indirect associations, which were considered significant if the generated interval did not include zero (Preacher & Hayes, 2008). The fit of the estimated model to the observed data was assessed using several adjustment indices: the comparative fit index (CFI), the Tucker–Lewis index (TLI), the root-mean-square error of approximation (RMSEA), the standardized root-mean-square residual (SRMR), and the χ^2 value on degrees of freedom ratio (χ^2/df). CFI and TLI values equal to or greater than .95, a RMSEA value less than .08, and a SRMR value less than .08 are considered indicators of good fit (Hooper et al., 2008; Hu & Bentler, 1999). Instead of the χ^2 value, which is documented as conservative and sensitive to large sample sizes, the χ^2/df ratio was used in the estimation, where a value less than 3 indicates a good fit (Kline, 2005).

RESULTS

Preliminary Analyses

Descriptive analyses revealed that 86.7% (n = 443) of participants reported at least one type of childhood interpersonal trauma. Frequencies of the different interpersonal trauma types sustained by participants were as follows: 13.6% (n = 69) reported sexual abuse, 51.6% (n = 263) reported physical abuse, 42.2% (n = 215) reported psychological abuse, 11.8% (n = 60) reported physical neglect, 34.4% (n = 175) reported psychological neglect, 24.3% (n = 122) witnessed physical

interparental IPV, 54.7% (n = 276) witnessed psychological interparental IPV, and 60.4% (n = 308) reported being victims of bullying. Only 13.3% (n = 68) did not report any childhood trauma, 18% (n = 92) reported sustaining a single type of trauma, and more than a third (38.9%; n = 199) reported at least four different types of trauma.

Regarding IPV rates, 36% (n = 176) of the participants reported perpetrating physical violence, 79.7% (n = 393) perpetrated psychological violence, 14.5% (n = 71) perpetrated sexual violence, and 59.3% (n = 292) engaged in coercive control with their partner at least once in the past year. Some participants, 14% (n = 69), denied perpetrating any IPV, 22.1% (n = 109) had engaged in one form of IPV, and 7.7% (n = 38) reported perpetration of all four forms in the past year. Clinical levels of couple distress were reported by 34.4% (n = 176) of participants.

Table 1 shows Pearson correlations between variables of interest as well as the means and *SD*s. Results revealed associations consistent with the hypotheses except for the link between CCT and physical IPV as well as the link between CCT and sexual IPV. Additionally, significant correlations with potential covariates identified three relevant demographic variables for inclusion in the path analysis model: participant age, number of children, and current court proceedings (dichotomous score). Participant age was positively associated with mindfulness (r[507] = .09, p = .04) and negatively associated with couple satisfaction (r[507] = −.13, p = .004), psychological IPV (r[490] = −.09, p = .04), and coercive control (r[489] = −.10, p = .02). The number of children was positively associated with mindfulness (r[507] = .16, p < .001) and negatively associated with psychological IPV (r[489] = −.11, p = .01) and coercive control (r[488] = −.13, p = .005). Finally, current court proceedings were positively associated with mindfulness (r[511] = .17, p < .001) and couple satisfaction (r[511] = .21, p < .001) and negatively associated with psychological IPV (r[493] = −.11, p = .016).

Path Analysis Model

A path analysis model was performed to examine the indirect associations between CCT and the four forms of IPV through mindfulness and couple satisfaction. Fit indicators revealed excellent model fit, $\chi^2(8) = 7.52$, p = .49, χ^2/df = .94, CFI = 1.00, TLI = 1.00, RMSEA = .00, 95% CI [0.00, 0.05], and SRMR = .02. Significant structural paths from this model and their standardized estimates are shown in Figure 1. Direct paths from CCT to physical (β = .05, p = .25) and sexual (β = .04, p = .41) IPV were not significant, nor was the path from mindfulness to physical IPV (β = −.09, p = .093). Covariates previously identified by significant correlations with the outcomes were introduced to the model. Age of participants was significantly linked to psychological IPV (β = −.10, p < .05) and coercive control (β = −.10, p < .01). Because participants' number of children and current court

TABLE 1. Means, *SD*s, and Correlations Among Study Variables

	1.	2.	3.	4.	5.	6.	7.	*M*	*SD*
CCT	–							2.91	2.08
Mindfulness	−.18***	–						4.70	1.21
Couple satisfaction	−.11*	.25***	–					13.74	3.62
Physical IPV	.08	−.14**	−.21***	–				1.07	2.75
Psychological IPV	.09*	−.23***	−.31***	.36***	–			8.93	9.86
Sexual IPV	.03	−.16***	−.16***	.16***	.12*	–		0.57	2.20
Coercive control	.13**	−.23***	−.21***	.27***	.35***	.23***	–	4.58	8.57

CCT = childhood cumulative trauma; IPV = intimate partner violence; *SD* = standard deviation.

*$p < .05$. **$p < .01$. ***$p < .001$.

proceedings were not significantly linked to any IPV forms, these variables were not retained in the model. Hypothesized indirect effects from CCT to IPV were confirmed by the results of the bootstrap procedure. A total of eight significant indirect effects were found using a 95% CI (see Table 2 for details). As expected, CCT was indirectly associated with higher physical, psychological, and sexual IPV, as well as coercive control through the sequence of low mindfulness and then low couple satisfaction. In addition, CCT was indirectly associated with psychological and sexual IPV, coercive control, and couple satisfaction through low mindfulness. In terms of shared explained variance, this model accounted for 5% of the physical IPV, 13% of the psychological IPV, 4% of the sexual IPV, and 9% of the coercive control variance. Regarding intermediary variables, explained variance was 4% for mindfulness and 9% for couple satisfaction.

DISCUSSION

The goal of the present study was to examine the indirect associations between CCT and perpetration of four forms of IPV behaviors through mindfulness and couple satisfaction in a sample of men entering treatment. In line with our hypothesis, our findings supported the intermediary roles of mindfulness and couple satisfaction in the links between CCT and perpetration of IPV. Precisely, all indirect links from CCT to IPV involved mindfulness as an explanatory mechanism. Couple satisfaction only played that role if preceded by mindfulness but shared stronger links with IPV, hence supporting its postulated role as a bridging mechanism between mindfulness and IPV. Moreover, mindfulness was revealed as an explanatory mechanism of the link shared by CCT and couple satisfaction. These findings

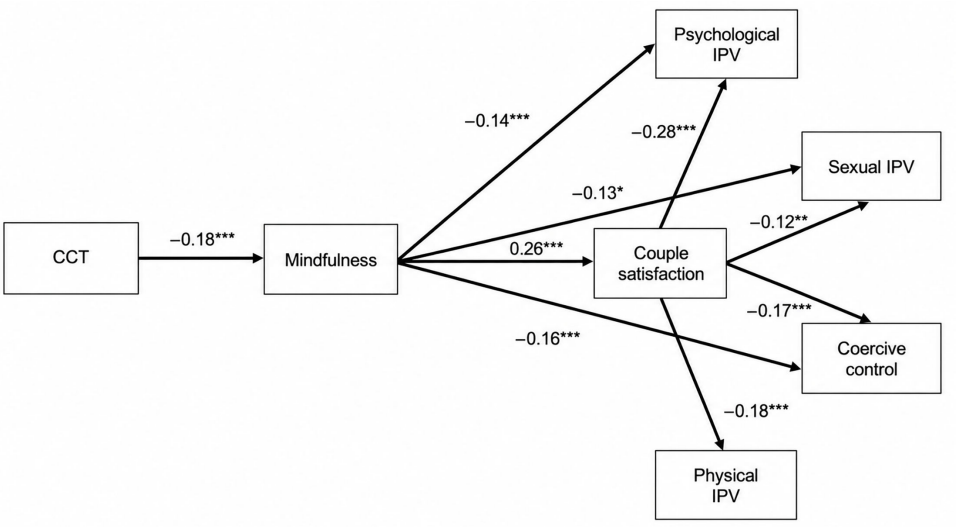

Figure 1. Integrative model for the intermediary role of mindfulness and couple satisfaction in the relationship between CCT and IPV.

Note. Standardized estimates are shown. Covariates and nonsignificant paths are not shown in the model. CCT = childhood cumulative trauma; IPV = intimate partner violence. *$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 2. Significant Indirect Effects From the Path Analysis Model

IV	Intermediary variables	DV	β	95% CI	*p*
CCT	Mindfulness and couple satisfaction	Physical IPV	.008	[.003, .016]	.011
CCT	Mindfulness	Psychological IPV	.025	[.006, .048]	.021
CCT	Mindfulness and couple satisfaction	Psychological IPV	.013	[.005, .023]	.005
CCT	Mindfulness	Sexual IPV	.022	[.004, .047]	.047
CCT	Mindfulness and couple satisfaction	Sexual IPV	.010	[.002, .012]	.033
CCT	Mindfulness	Coercive control	.030	[.007, .057]	.025
CCT	Mindfulness and couple satisfaction	Coercive control	.010	[.003, .015]	.016
CCT	Mindfulness	Couple satisfaction	−.045	[−.075, −.021]	<.001

CCT = childhood cumulative trauma; CI = confidence interval; DV = dependent variable; IPV = intimate partner violence; IV = independent variable.

strengthen the idea that mindfulness is a key factor of relational functioning and, if underdeveloped, might lead to the couple's difficulties. Mindfulness might be an adaptive process that is crucial to men's couple functioning, as it appears to foster the positive aspects of relational experiences (i.e., couple satisfaction) and limit its potential negative aspects (i.e., IPV).

The hypothesized associations were significant across all forms of IPV, despite the mutually exclusive behaviors they represent, with the exception of the non-significant direct paths between mindfulness and physical IPV and between CCT and both sexual and physical IPV. Some researchers (Brassard et al., 2022; Li et al., 2020) proposed that, while CCT might be an important distal factor, the proximal factors (mindfulness and couple satisfaction) appear to be more decisive in IPV perpetration and thus weigh more heavily in predictive models, potentially explaining our results. While the studied proximal factors proved to be directly and indirectly relevant to IPV, their associations appeared to vary slightly across IPV forms, suggesting that distinct relational dynamics or emotional processes may be more prominent depending on the type of violent behavior. For instance, it is plausible that other facets of mindfulness that were not part of this study design, such as nonjudgment, would have been particularly relevant in predicting physical IPV, but not psychological IPV. In sum, findings not only support the hypothesized importance of CCT, mindfulness, and couple satisfaction in better understanding male perpetration of IPV but also suggest that additional ramifications involving these factors remain to be examined.

This study corroborates and extends the findings of Morissette Harvey et al. (2024) by using the pain paradox model and the concept of mindfulness to explain how male CCT survivors might be more dissatisfied in couple relationships and, in turn, become authors of IPV. Past literature suggests experiential avoidance and mindless, automatic behaviors as important factors in the intergenerational transmission of violence (Hicks & Dayton, 2019). Hence, becoming more mindful of internal and external stimuli could help male survivors break the cycle of violence in which they have been ensnared since childhood. As such, the findings are coherent with prior literature and theory suggesting that mindfulness might reduce the odds of IPV perpetration by strengthening reflective skills and preventing impulsive, mindless acting out (Hofmann et al., 2009). More broadly, this study also adds to the empirical research by demonstrating that individuals with lower exposure to CCT and a higher disposition to mindfulness tend to present better relational health in adulthood. As expected, higher couple satisfaction was associated with lower IPV perpetration. Findings are coherent with prior studies indicating that individuals satisfied with their relationship experience less resentment, more empathy, and fewer conflicts and, when they occur, can more easily stay grounded in their empathetic attitude toward their partner (Harvey Knowles et al., 2015; Shorey et al., 2014). They also tend to be more motivated to make compromises and behave to maintain a good functioning relationship in

the long term (see Kozlowski, 2013). Notably, authors have suggested that being in a secure and healthy couple relationship as a CCT survivor can be a healing experience that modifies posttraumatic schemes acquired in childhood with former attachment figures (López-Zerón & Blow, 2017). Mindfulness could be a promising avenue to investigate in this regard, given its increasingly established positive association with couple satisfaction.

Findings revealed rates of trauma fairly similar to what was documented in other research with clinical samples of men with aggression-related issues (St-Pierre Bouchard et al., 2023; Voith et al., 2020) or men from the community with similar socioeconomically disadvantaged profiles (e.g., Levenson et al., 2016). However, rates of physical abuse were unexpectedly overrepresented. This type of childhood trauma is indeed very rarely found to be more prevalent than psychological violence and neglect, but available data on the prevalence of different types of trauma with male batterers are too scarce to allow comparisons with our sample. Nonetheless, a notable discrepancy is found in rates of physical abuse between the general male population and men consulting for IPV-related problems, with the latter reporting up to three times more direct victimization (Delsol & Margolin, 2004). Moreover, profiles of men perpetrating more severe forms of IPV tend to include more severe exposure to CCT (Brassard et al., 2023), which suggests that men from our sample might come from family environments where physical abuse is especially prevalent. Hence, examining the childhood interpersonal trauma profiles in samples from similar clinical populations of men could prove highly relevant to verify this hypothesis.

The concurrent examination of four forms of IPV in the same integrative model represents an important empirical contribution, namely, in enabling more complex and nuanced findings regarding the strength of their respective relationships with the studied factors. As expected from a sample of men entering treatment for couple and family violence, all four forms of IPV were relatively prevalent among the sample, including forms that are not as common in the community and that are considered more severe (e.g., sexual violence; Basile & Hall, 2011; Johnson et al., 2014). Rates were comparable with those found in other samples of male batterers but somewhat lower than samples composed of violent offenders or incarcerated populations, which also tend to present a sociodemographic profile with more intersectionality and marginalization (Hall et al., 2012). Findings also support the idea that physical violence, sexual violence, psychological abuse, and coercive control are distinct but correlated constructs that most often than not will co-occur. Given the high rates of court proceedings and coercive control violence found in our sample and considering available data from previous studies with men consulting or being court-ordered to enter treatment for IPV issues (Graham-Kevan & Archer, 2003), it is reasonable to suppose that a sizeable portion of participants perpetrated *intimate terrorism* against their partner. As proposed by Johnson et al. (2014), this type of IPV dynamic is described as a pattern of coercive control and violence that is used to increase one's power over their partner. Most authors contrast this type

of IPV dynamic with situational couple violence, which stems from the escalation of conflicts between partners and does not present as much coercive control. However, because crucial methodological elements that would enable examination of IPV typology were absent from our design (i.e., data from the partner, context of violent behaviors, and full version of the measure; Johnson et al., 2014), findings do not allow distinguishing participants who perpetrated situational couple violence or intimate terrorism. However, findings shed light on the prominence of controlling behaviors with men entering treatment for IPV and support future scientific endeavors aiming to examine types of IPV with analogous samples.

Limitations and Future Research

Beyond its strengths and contributions, the present study has limitations that require consideration. The study used self-reported, retrospective questionnaires and may therefore suffer from common method biases, including spurious correlations, response styles, or priming effects. While the psychometric qualities of all selected measures were satisfactory, shortened scales like the MAAS and the CTS2-S do not have the same sensitivity and granularity as their fuller versions, which in the case of the latter can lead to false negatives. Future studies would benefit from emphasizing the use of full-length, validated versions of measures to assess these variables. However, we understand that feasibility can be challenging when collaborating with organizations with limited resources. An important nuance is that we specifically examined mindful attentiveness and awareness of present experiences, which encompass internal (e.g., emotions and physical sensations) and external stimuli (e.g., individuals in the immediate environment) as well as one's behaviors in the present moment. Past studies indeed highlight this mindfulness dimension as the most salient active ingredient of mindfulness in relational issues (see Karremans et al., 2017), but literature on this construct remains burgeoning, and its other components should also be tested in similar models. The studied population was also highly specific; hence, findings should not be generalized outside men who are consulting community centers for IPV-related issues. Given that over half of participants reported court proceedings or restraining orders, results are best interpreted as reflecting men in mixed voluntary and mandated treatment settings, rather than men seeking help entirely voluntarily. Future research should replicate these findings with women and more inclusive samples (e.g., the general population and individuals from different cultural or LGBTQ+ communities). The design of the study also brings forth some limitations, namely, its cross-sectional nature, which cannot be considered proof of causality. Some authors also suggested that, as with most relational variables, IPV is best studied with a dyadic design, which would include data from both partners. The absence of the participants' partner casts reasonable doubts on the validity of the data, as standard survey methods were found, in past studies, to generate underestimates

of IPV rates and severity with both men and women (Chan, 2011; Cullen, 2023). Social desirability, or fear of being reported to justice by research or clinical staff, might also bring about underreporting of condemnable acts such as severe forms of physical or sexual IPV. In this respect, not controlling for social desirability is another limitation of the findings, as it can represent an important bias in participants' reports of their own IPV perpetration that the existing measures can help circumvent (Brassard et al., 2022; Hamby, 2005). Finally, it is important to acknowledge that the relatively modest variance explained (4%–13%) across different forms of IPV likely reflects the complexity of risk factors and relational dynamics within this population. As noted by several authors (Brunton & Dryer, 2024; Katerndahl et al., 2010), IPV is influenced by a multitude of intertwined factors, and the variance captured in this study underscores the intricate nature of these relationships, which are not easily accounted for by a limited number of variables. Finally, although only the predictive role of couple satisfaction on IPV was tested, prior studies suggest that the reverse process may also occur (Lavner et al., 2017; O'Leary et al., 1989), highlighting a potential reciprocity between couple dissatisfaction and conflict that warrants further investigation. This possibility illustrates the multifactorial and dynamic nature of IPV, in which relational distress interacts with individual vulnerabilities to sustain maladaptive patterns within couples.

CONCLUSION

This study demonstrates that men entering therapy for perpetrating IPV tend to present a history of repeated victimization themselves. These traumatic experiences, as well as their associated relational schemes or core beliefs on violence, should be systematically investigated, as they might represent maintaining factors of the presenting problems. Our results emphasize the importance of incorporating a developmental and trauma-sensitive framework in male batterer intervention programs (Karakurt et al., 2016), allowing for the acknowledgment of their own victimization without minimizing or excusing their responsibility and agency. Our results also highlight the relevance of implementing mindfulness-based or mindfulness-adjacent strategies such as grounding exercises, meditations, self-compassion diaries, body scans, or acceptance and commitment therapy- and dialectical behavior therapy-inspired elements in clinical settings when working with men emitting IPV. Potential benefits of targeting awareness of present experiences and behaviors with these interventions are twofold: it might limit the perpetration of violent behaviors, and it can help cultivate a more satisfying outlook on their relationship. In conclusion, the results of the present study, along with those of other researchers, support the creation of a concerted effort of both research and clinical sectors to encourage

disclosure and destigmatization of trauma among men and highlight mindfulness as a promising tool to consider in these initiatives.

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Consent to Participate. Informed consent was obtained from all individual participants included in the study.

Data Availability. The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Ethical Approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the University of Sherbrooke

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