

Trauma's Influence on Relationships: Clients' Perspectives at an Intimate Partner Violence  
Intervention Program

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### Abstract

**Purpose:** Although individuals who engage in intimate partner violence (IPV) report high rates of trauma exposure, it is unclear whether they perceive a link between trauma exposures and relationship problems, which traumas are seen as most influential, and whether such perceptions accurately reflect their relationship difficulties. **Method:** Ninety-four men presenting for IPV intervention services reported their exposure to 22 adverse and potentially traumatic events (APTEs), and were asked whether these events had influenced the way that they think, act, or feel in relationships. APTEs were categorized based on whether or not they appeared to represent PTSD Criterion A traumatic events. Additionally, participants completed self-report measures of IPV use, partner injuries, emotional abuse, relationship problems, emotion regulation difficulties, and PTSD symptoms. **Results:** Nearly half (43.6%) of the sample reported that one or more APTEs had influenced the way they function in relationships. Of the 92 reports of non-Criterion A APTEs, 42.4% were endorsed as relationship-influencing, whereas only 19.7% of the 310 occurrences of Criterion A APTEs were endorsed as relationship-influencing. The number of relationship-influencing APTEs reported was positively correlated with emotional abuse, relationship problems, emotion regulation difficulties, and PTSD symptoms. In contrast, the number of non-relationship-influencing APTEs reported was only correlated with emotional abuse. **Conclusions:** Findings from this exploratory study (1) demonstrate the ability of clients receiving IPV services to discern which APTEs have relevance to their relationships; (2) suggest the benefits of considering non-Criterion A APTEs; and (3) indicate the need for trauma-informed IPV intervention services.

*Keywords:* Trauma; abuse; IPV; domestic violence; intimate relationship; PTSD; emotion regulation; relationship problems.

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There is a wealth of research demonstrating a significant link between trauma exposure and the use of intimate partner violence (IPV) and emotional abuse in relationships (e.g., Delsol & Margolin, 2004; Maguire et al., 2015; Taft, Schumm, Marshall, Panuzio, & Holtworth-Munroe, 2008). Traumatic experiences may disrupt one's core cognitive schemas, increasing mistrust in other people, reducing self-esteem, and increasing the desire for control over events and people that can produce negative emotions (Taft, Murphy, & Creech, 2016). These reactions to trauma are thought to increase risk for IPV use via changes in social information processing, whereby a person is more likely to interpret a partner's intentions as hostile and threatening, and is then more likely to escalate conflict in response (Taft et al., 2016). In addition, experiencing certain types of trauma such as witnessing inter-parental abuse appears to increase risk for IPV use by lowering one's ability to generate and properly evaluate helpful, non-aggressive responses to conflict (Fite et al., 2008). A recent clinical trial with veterans supported the efficacy of a trauma-informed IPV intervention in reducing abuse perpetration (Taft, Macdonald, Creech, Monson, & Murphy, 2016). Research has indicated that civilian clinical samples of men who use IPV also report high rates of trauma (Maguire et al., 2015; Semiatin, Torres, LaMotte, Portnoy, & Murphy, 2017), and their experience of PTSD predicts greater violence recidivism after treatment (Miles-McLean et al., 2018).

These studies suggest that trauma-informed services may also be clinically indicated for civilians who engage in IPV. Trauma-informed services refer to an organizational cultural that recognizes the impact of trauma on the population being served, promotes empathic and supportive practices, seeks to avoid re-traumatizing clients, and may also include trauma-focused

treatment that directly targets the psychological effects of trauma (Elliott, Bjelajac, FalLOT, Markoff, & Glover Reed, 2005; Substance Abuse and Mental Health Services Administration, 2014).

In order to develop and refine trauma-informed services for civilians' IPV, it is very important to understand abusive individuals' perspectives on whether and how trauma has influenced their intimate relationships. As a preliminary step in these efforts, we asked (primarily court-ordered) men presenting for services at an IPV intervention program whether different types of adverse and potentially traumatic events (APTEs) had influenced the way that they think, act, or feel in relationships. A number of important research questions can be addressed through this approach. First, gauging the proportion of clients that recognize the connection between trauma and their relationships may be useful for better understanding the need for psychoeducation regarding trauma and relationships, barriers to implementing trauma-informed services, and the potential value of trauma-informed work to enhance client engagement and motivation to change. Although the absence of such recognition does not necessarily mean that trauma has not influenced the client, positive endorsement may be relevant to the client's buy-in for treatment sessions focused on the effects of trauma on relationships. It is also fruitful to investigate whether clients are especially likely to recognize certain types of APTEs as influencing their relationships, as the range of APTEs that civilian clients recognize as problematic for their relationships is currently unclear.

A broad range of different types of APTEs may influence social information processing to negatively affect relationships. However, much of the research on trauma reactions has been guided by the stricter definition of posttraumatic stress disorder (PTSD) Criterion A, which specifies the requirement of "exposure to actual or threatened death, serious injury, or sexual

violence” (American Psychiatric Association [APA], 2013, p. 271). Researchers have argued that the study of trauma should not be restricted to PTSD Criterion A (for a fuller discussion of this, see Weathers & Keane, 2007). For example, this definition leaves out other closely related and important experiences, such as childhood neglect (McDonald, Borntrager, & Rostad, 2014), which may influence relationships in similar ways to traumatic exposures (e.g., by increasing mistrust in others’ intentions). As a result, in this study, we assessed a range of adverse childhood experiences that do not typically fit within Criterion A, as well as a number of childhood and adulthood exposures that more closely fit the PTSD Criterion A definition. Investigating clients’ recognition of the influence of Criterion A and non-Criterion A experiences on relationships is relevant for determining the breadth of content covered by trauma-specific treatment materials. Lastly, a key question that we investigate in this study is the extent to which clients at an IPV intervention program appear accurate in their evaluation of which APTEs have influenced the way that they operate in relationships, by examining correlations with relationship abuse and other clinically important variables. This speaks to clients’ insight on this topic as well as the potential utility of asking these questions as a screen for trauma-focused treatment.

We have five aims for this exploratory study: (1) to report the percentage of participants that recognize the influence of one or more APTEs on their relationships; (2) to provide descriptive information on clients’ recognition of the relationship impact of each APTE individually, (3) to examine recognition of relationship impact for PTSD Criterion A and non-Criterion A exposures; (4) to investigate correlations between the number of relationship-influencing APTEs reported and several relationship- and trauma-relevant variables (i.e., physical IPV use, partner injuries caused, emotional abuse, relationship problems, emotion regulation difficulties, and PTSD symptoms); (5) to statistically compare these correlations to

similar correlations with the number of non-relationship-influencing APTes reported. The first five variables assessed for Aims 4 and 5 were selected because they represent common treatment targets for IPV intervention programs, and PTSD symptoms were selected due to their theoretical and empirical connections to trauma. As we are not aware of any previous research on IPV intervention clients' perspectives on trauma and relationships, Aims 1, 2, and 3 were descriptive in nature and we did not make specific hypotheses for these aims. Regarding Aim 4, we expected significant positive correlations between the number of relationship-influencing APTes reported and the clinical variables of interest. Additionally, we expected that clients would be accurate in their determination of which APTes have influenced them by hypothesizing that relationship-influencing APTes would show higher positive correlations with important clinical variables than would APTes not designated as relationship-influencing (Aim 5). That is, if there were no value in clients' determination of which APTes had, or had not, affected their relationship functioning, then one would expect to find no differences in the associations of these two categories of APTes with clinically-relevant variables.

## **Method**

### **Participants**

Participants were 94 men who presented for treatment at a community-based IPV intervention program between June 2015 and January 2017. All measures were completed as part of the agency's intake process, and participants were included in the study if they provided consent to use their data for research and completed the trauma interview. Of 113 men who presented to the agency for services, four did not give consent to have their intake data used for research purposes, eight did not attend the initial intake appointment, five did not complete the trauma interview which was the primary measure of interest, and two completed their intake in

Spanish, which did not match with the standard intake, and so their data could not be used. The number of participants for each assessment ranges from 76 to 94, due in part to changes in the intake protocol near the start of the study. Specifically, the Posttraumatic Checklist for DSM-5 (Weathers et al., 2013) and the Inventory of Marital Problems (Geiss & O’Leary, 1981) were not administered initially.

Participants’ average age was 35.95 ( $SD = 10.28$ ) and they had an average of 13.37 years ( $SD = 2.92$ ) of formal education. With regard to race/ethnicity, 41.5% self-identified as Black or African-American, 34.0% as White (non-Hispanic) or European-American, 6.4% as Hispanic or Latino, 5.3% as Asian-American, 3.2% as American Indian or Alaskan Native, and 6.4% as another race/ethnicity (this information was missing for 3.2% of participants). Most participants (87.4%) reported being court-ordered to treatment, 8.0% reported a court case pending, and 4.6% reported no court-involvement related to IPV. The Institutional Review Board at the investigators’ university approved this study.

## Measures

**Exposure to Adverse and Potentially Traumatic Events.** Exposure to APTEs was evaluated using an interview that combined and adapted items from the Adverse Childhood Experiences (ACE; Felitti et al., 1998), Traumatic Events Questionnaire (TEQ; Vrana & Lauterbach, 1994), and the Trauma History Questionnaire (THQ; Hooper, Stockton, Krupnick, & Green, 2011). The measures were combined in order to obtain a more in-depth evaluation of APTE exposures without asking redundant questions (see Table 1 for which items corresponded to which measures). Slight wording changes were made to some items (e.g., “Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat?” became “Has anyone ever touched private parts of your body, or made you touch theirs, against your

will?”). In addition, several ACE items about witnessing specific acts of father-to-mother violence were condensed into a single item and reworded in gender-neutral terms (i.e., “Did you ever witness adults in your home physically attacking or harming one another?”). In total 22 exposures were assessed. As stated in the instructions read by the clinician, “the first set of questions ask about experiences or events that may have occurred while you were growing up, before age 18.” After this block of questions was completed, the clinician read, “the next set of questions ask about experiences or events that may have occurred at any time in life, in childhood or adulthood” (see Table 1 for which questions corresponded to which instructions). Clients were first asked whether they had experienced each specific APTE. If they said yes, clients were then asked whether it had “affected how you think, act, or feel in relationships.” All co-authors independently categorized each item based on whether or not it would typically be expected to meet the definition of a Criterion A traumatic event. Two items were deemed too inconclusive to categorize. There was 100% agreement on 16 items, and 80% agreement on 4 items: 7, 9, 10, and 15 (see Table 1 for item content). These 4 items were categorized based on the majority opinion.

**Abusive Behavior.** The frequency of physical assault and injury of a partner were assessed using the *Revised Conflict Tactics Scales* (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), and the frequency of emotionally abusive behavior was assessed using an abbreviated version of the *Multidimensional Measure of Emotional Abuse* (MMEA; Murphy, Hoover, & Taft, 1999). The MMEA assesses emotional abuse across four domains: Restrictive Engulfment (e.g., “Tried to stop the other person from seeing certain friends or family members”), Denigration (e.g., “Called the other person a loser, failure, or similar item”), Hostile Withdrawal (e.g., “Acted cold or distant when angry”), and Dominance/Intimidation (e.g.,

“Stood or hovered over the other person during a conflict or disagreement”). This version included 16 items (4 per domain) and was constructed by eliminating items from the original 28-item scale based on limitations in potential applicability of item content (e.g., “Drove recklessly to frighten the other person” does not apply to individuals who do not drive), psychometric considerations (e.g., low item-total correlations), or redundancy in domain content. For both measures, clients responded on the following scale regarding how often they had engaged in this behavior in the past six months: *never in the past six months (0), once (1), twice (2), 3 to 5 times (4), 6 to 10 times (8), 11 to 20 times (15), and more than 20 times (25)*. The median values (indicated in parentheses above) were summed to create frequency scores for each subscale. Cronbach’s alphas were .76, .53, and .89 for physical assault, injury, and emotional abuse. Due to the low alpha for the injury scale, this scale was used dichotomously, with 1 representing one or more partner injuries, and 0 representing no partner injuries.

**Relationship Problems.** The Inventory of Marital Problems (IMP) was used to assess the extent and severity of relationship difficulties (Geiss & O’Leary, 1981). In addition to the 19 items from the original IMP (e.g., trust, amount of time spent together, money management), we added one item to assess relationship problems due to having “different cultural or ethnic backgrounds.” Clients rated the degree of concern in their relationship on a scale ranging from 1 (*not at all a problem*) to 11 (*major problem*). Responses for the 20 items were summed to create a total score. Cronbach’s alpha was .92.

**Emotion Regulation Difficulties.** The *Difficulties in Emotion Regulation Scale* (DERS; Gratz & Roemer, 2004) was used to assess emotion dysregulation. Participants endorsed how often a series of items applied to themselves on a 5-point scale from 1 (*almost never; 0-10%*) to 5 (*almost always; 91-100%*). Item responses were summed to create a total score after reverse

coding, with higher scores reflecting greater difficulties with emotion regulation. Sample items include: “When I am upset, I feel ashamed of myself for feeling that way,” “When I’m upset, I lose control over my behaviors,” and “I am confused about how I feel.” An individual’s total DERS score is correlated with intimate partner abuse in men and self-harm in men and women (Gratz & Roemer, 2004). Cronbach’s alpha for the total score in this sample was .90.

**PTSD Symptoms.** The 20-item Posttraumatic Checklist for DSM-5 (PCL-5; Weathers et al., 2013) was used to evaluate trauma symptoms. Clients were asked how often in the past month they had been bothered by symptoms (e.g., “Feeling jumpy or easily startled”) and responded on a scale ranging from 0 (*not at all*) to 4 (*extremely*). A total score was created by summing responses to each item. Cronbach’s alpha in this sample was .93.

## Results

Table 1 presents descriptive information on client reports of APTEs. With regard to Aim 1, 83 participants (88.3%) reported one or more APTEs, and 41 participants (43.6%) reported that one or more APTEs had influenced the way they think, act, or feel in relationships. For Aim 2, the APTEs with the highest likelihood that clients who reported exposure would endorse influence on their relationships reflected childhood neglect (items 4, 5, and 6), and were classified as non-Criterion A events. Among the Criterion A APTEs examined, those with the highest percentage recognizing the influence on relationships were: “Have you ever been in an intimate relationship in which you were abused either physically or otherwise?” (61.1%); and, “Did anyone in your family ever beat, spank, hit, or push you hard enough to cause injury?” (37.5%). Next, to address Aim 3, we examined the percentage of PTSD Criterion A and non-Criterion A APTEs that clients recognize as having influenced their relationships. Of the 92 total reports of non-Criterion A APTEs, clients endorsed their influence on relationships 42.4% of the

time. In contrast, of the 310 total reports of Criterion A APTEs, clients endorsed their influence on relationships only 19.7% of the time. Additionally to address Aim 3, the total number of relationship-influencing APTEs reported was regressed on the number of PTSD Criterion A and non-Criterion A APTEs endorsed in order to statistically compare the two. The model explained 40% of the variance ( $R^2 = .40$ ,  $F(2, 91) = 30.06$ ,  $p < .001$ ), with both Criterion A ( $\beta = .21$ ,  $p = .025$ ) and non-Criterion A ( $\beta = .51$ ,  $p < .001$ ) APTEs emerging as significant unique predictors. The standardized regression coefficients indicated that non-Criterion A APTEs were a stronger predictor of the number of relationship-influencing APTEs reported than were Criterion A APTEs.

Of the 88 men that completed the CTS-2, 64.8% endorsed lifetime physical assault, 43.2% endorsed past 6-month physical assault, 33.0% reported lifetime partner injury, and 22.7% reported past 6-month partner injury. Correlations between the primary variables of interest are presented in Table 2. Regarding Aim 4, the total number of relationship-influencing APTEs reported was significantly and positively correlated with emotional abuse, relationship problems, emotion regulation difficulties, and PTSD symptoms. In contrast, the total number of non-relationship-influencing APTEs reported was only significantly correlated with emotional abuse. Next, to address Aim 5, Steiger's (1980) test of the significance of the difference between two dependent correlations was used to determine whether the variables show significantly different associations with relationship-influencing and non-relationship-influencing APTEs. As shown in Table 2, correlations were not significantly different for physical and emotional abuse or partner injury. However, relationship-influencing APTEs had significantly higher positive correlations with relationship problems, emotion regulation difficulties, and PTSD symptoms than did non-relationship-influencing APTEs.

### Discussion

The findings have several important implications for the development of trauma-informed IPV intervention services for civilians. First, it is notable that nearly half of participants reported that one or more APTEs had influenced the way they think, act, or feel in relationships. In conjunction with a host of studies demonstrating the link between trauma and abusive behavior (Delsol & Margolin, 2004; Maguire et al., 2015; Semiatin et al., 2017), this suggests that treatment content addressing the influence of trauma and related adverse childhood experiences may be clinically indicated for a large portion of men presenting for IPV intervention services. In addition, participants reported a broad range of APTEs that had influenced their relationships, with at least one participant indicating that the exposure influenced their relationships for 18 of the 22 APTEs investigated. This finding highlights an important challenge in adapting trauma-focused group treatment for civilian men who use IPV, specifically that the treatment must be flexible in addressing the effects of a diverse range of APTEs. IPV interventions with primarily court-mandated clients are also unlike other group treatments targeted at individuals who share specific trauma-types (e.g., combat exposure; motor vehicle accident survivors). At the same time, our findings suggest that certain APTEs are endorsed as influencing relationship functioning by a substantial proportion of clients. These events may warrant particular consideration in the development of treatment materials. For example, about one fourth of the sample reported that being abused in an intimate relationship had influenced the way that they operate in relationships. Many clients may hold the belief that, because they were abused in their current or past relationship, their own use of abusive tactics is justified. Such beliefs that seek to justify abuse would then be an important treatment target to address in order to help prevent their abusive behavior.

Another key finding was that when an event was reported, clients endorsed the influence of non-Criterion A APTEs on relationships about 40% of the time, whereas clients only endorsed the influence of Criterion A APTEs on relationships about 20% of the time. Similarly, non-Criterion A APTEs were a stronger predictor of the number of relationship-influencing APTEs reported than were Criterion A APTEs when entered simultaneously into a regression model. Although many adverse childhood experiences may not meet PTSD Criterion A, they may have potent effects on how one operates in relationships. For example, a study by Taft and colleagues (2008) found that, when considered in a model alongside childhood physical abuse victimization and exposure to interparental violence, only childhood parental rejection significantly predicted greater abuse perpetration in adulthood, and this was mediated by PTSD symptoms and social information processing deficits. Additionally, some trauma treatments, such as Cognitive Processing Therapy (Resick, Monson, & Chard, 2014) consider the role of these types of experiences in contributing to maladaptive cognitive schemas that may be exacerbated by trauma. For example, childhood parental neglect may cause one to believe that others cannot be trusted, and later experiences may appear to confirm or strengthen this belief. Our findings suggest that trauma-focused treatment with this population may benefit from addressing the influence of these experiences.

Finally, we found that the number of relationship-influencing APTEs reported was significantly correlated with the frequency of emotionally abusive behavior, relationship problems, PTSD symptoms, and emotion regulation difficulties. Furthermore, relationship problems, PTSD symptoms, and emotion regulation difficulties showed significantly different associations with relationship-influencing and non-relationship-influencing APTEs. Together, these findings add to the growing literature showing a link between trauma and harmful

relationship behaviors, and suggest that men presenting for IPV intervention services are relatively accurate in discerning which APTes are most relevant to their relationship functioning. As a result, asking clients whether different APTes have influenced the way they think, act, and feel in relationships appears to have utility as a screening tool in trauma-informed IPV services. A caveat is that the number of non-relationship-influencing APTes that clients reported were still associated with using more emotional abuse, suggesting that trauma may also have effects outside of conscious awareness.

Several limitations of this study should be considered. First, we asked clients whether certain experiences had influenced the way they operate in relationships, but did not specify whether this influence was negative or positive. As a result, some clients may have endorsed events that had a positive impact. Alternatively, specifying a negative impact may have led to underreporting if clients had positive perceptions of potentially harmful beliefs derived from the events (e.g., “it taught me to watch my partner’s every move to make sure that she is not cheating on me”). It may be useful in future studies to gather qualitative data to provide more detailed descriptions and identify themes in participants’ perceptions of how specific traumatic and adverse experiences have impacted their intimate relationships. In addition, all measures assessed the clients’ point of view, and response biases that affect these measures in similar ways may inflate the associations between the variables. For example, the opportunity to endorse negative effects of APTes on one’s relationships may make it easier to endorse negative aspects of one’s relationships. Items were rated based on whether or not they fit PTSD Criterion A, but this categorization was not perfect. Furthermore, all non-Criterion A APTes assessed in this study occurred during childhood, whereas Criterion A APTes occurred during either childhood

or adulthood, making it difficult to disentangle the potential effects childhood-status versus Criterion A-status.

It is also notable that relationship-influencing APTs were not associated with the use of physical IPV in this sample. Frequencies of past 6-month physical IPV in this sample appear relatively low, which may be because: (1) some men's referring incident occurred more than six months before the assessment, and some were no longer in a relationship; (2) some men's referring incident involved severe psychological rather than physical aggression (e.g., a loud argument that frightened neighbors enough to call the police); and (3), some men likely failed to report their physical IPV due to minimization or shame. These factors add variance in the assessment of physical IPV that may have made it more difficult to detect effects. Another important and related point concerns participants' potential use of trauma experiences to minimize their responsibility for their abuse. We unfortunately did not measure tendencies to minimize abuse in this study and recommend that any clinical conversations around the impact of trauma make clear that it should not be used to avoid responsibility, but rather should be used as important information to help the individual prevent any future abuse.

Despite these limitations, the findings contribute novel information about the perspectives of male clients presenting for IPV intervention services and provide important insights to help guide the development of trauma-informed services. Many interesting questions remain that could be explicated by future research. For example, factors that predict clients' recognition of the impact of trauma on relationships, such as past history in therapy, could be examined. Additionally, research could examine whether relationship-relevant aspects of the traumatic event itself may influence its impact on clients' relationships (e.g., being abandoned or neglected by others may affect someone differently than a natural disaster in which there are no

feelings of abandonment). More in-depth, qualitative analysis would help shed light on these and other questions. Continuing this line of research offers the potential to better understand and address the clinical problems among men presenting to IPV intervention services, with the ultimate goal of more effectively preventing abuse.

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Table 1

*Descriptive Statistics for Adverse and Potentially Traumatic Events and their Influence on Relationships*

| Item                                                                                                                                                                                              | <i>n</i> (%)<br>Endorsed<br>Occurrence | <i>n</i> (%)<br>Endorsed<br>Influence on<br>Relationships |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| Categorized as Non-PTSD Criterion A APTE                                                                                                                                                          |                                        |                                                           |
| 1. Was anyone in your household depressed or mentally ill, or did anyone attempt suicide? <sup>a, c</sup>                                                                                         | 16 (17.0%)                             | 7 (43.8%)                                                 |
| 2. Was anyone in your household sent to prison? <sup>a, c</sup>                                                                                                                                   | 9 (9.6%)                               | 1 (11.1%)                                                 |
| 3. Was anyone in your household a problem drinker, alcoholic, or user of street drugs? <sup>a, c</sup>                                                                                            | 27 (28.7%)                             | 6 (22.2%)                                                 |
| 4. Were your parents ever too drunk or high to take of you? <sup>a, c</sup>                                                                                                                       | 4 (4.3%)                               | 3 (75.0%)                                                 |
| 5. Do you feel that no one in your family loved you or thought you were important or special? <sup>a, c</sup>                                                                                     | 12 (12.8%)                             | 9 (75.0%)                                                 |
| 6. Did you feel that your family didn't look out for each other, feel close to each other, or support each other? <sup>a, c</sup>                                                                 | 16 (17.0%)                             | 11 (68.8%)                                                |
| 7. Were there times when you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you? <sup>a, c</sup>                                                                  | 8 (8.5%)                               | 2 (25.0%)                                                 |
| Categorized as PTSD Criterion A APTE                                                                                                                                                              |                                        |                                                           |
| 8. Did anyone in your family ever beat, spank, hit, or push you hard enough to cause injury? <sup>a, d</sup>                                                                                      | 16 (17.0%)                             | 6 (37.5%)                                                 |
| 9. Did you ever witness adults in your home physically attacking or harming one another? <sup>a, c</sup>                                                                                          | 21 (22.3%)                             | 7 (33.3%)                                                 |
| 10. Before the age of 18, did you have sexual contact with someone who was 5 or more years older than yourself? <sup>a, c</sup>                                                                   | 18 (19.1%)                             | 2 (11.1%)                                                 |
| 11. Before the age of 18, did you experience any unwanted sexual contact? <sup>a, d</sup>                                                                                                         | 4 (4.3%)                               | 0 (0.0%)                                                  |
| 12. Has anyone ever made you have intercourse or oral or anal sex against your will? <sup>b, d</sup>                                                                                              | 4 (4.3%)                               | 0 (0.0%)                                                  |
| 13. Has anyone ever touched private parts of your body, or made you touch theirs, against your will? <sup>b, d</sup>                                                                              | 7 (7.4%)                               | 0 (0.0%)                                                  |
| 14. Have you been a victim of a violent crime such as robbery or assault? <sup>b, e</sup>                                                                                                         | 38 (40.4%)                             | 7 (18.4%)                                                 |
| 15. Have you ever been in an intimate relationship in which you were abused either physically or otherwise? <sup>b, e</sup>                                                                       | 36 (38.3%)                             | 22 (61.1%)                                                |
| 16. Have you been in or witnessed a serious industrial, farm, or car accident, or a large fire explosion where you felt you or your loved ones were in danger of death or injury? <sup>b, e</sup> | 25 (26.6%)                             | 0 (0.0%)                                                  |

|                                                                                                                                                                                                          |            |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 17. Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? <sup>b, d</sup> | 20 (21.3%) | 1 (5.0%)   |
| 18. Have you witnessed someone who was mutilated, seriously injured, or violently killed? <sup>b, e</sup>                                                                                                | 32 (34.0%) | 2 (6.3%)   |
| 19. Have you been in serious danger of losing your life or of being seriously injured? <sup>b, e</sup>                                                                                                   | 34 (36.2%) | 4 (11.8%)  |
| 20. Have you received the news of mutilation, serious injury, or violent or unexpected death of someone close to you? <sup>b, e</sup>                                                                    | 55 (58.5%) | 10 (18.2%) |
| Could Not Be Categorized                                                                                                                                                                                 |            |            |
| 21. Have you experienced any other severely stressful or frightening situation or event that is not covered above? <sup>b, d</sup>                                                                       | 16 (12.1%) | 7 (43.8%)  |
| 22. Have you had any experiences like these that you feel you can't tell about? (note: you don't have to describe the event) <sup>b, e</sup>                                                             | 2 (2.1%)   | 1 (50.0%)  |

*Note.* The percentage of those who endorsed the APTE's influence on relationships was only calculated among participants who had endorsed the occurrence of that type of APTE.

<sup>a</sup> The interviewer asked whether this event had occurred while growing up, before the age of 18.

<sup>b</sup> The interviewer asked whether this event had occurred at any time in life, in childhood or adulthood.

<sup>c</sup> Item comes from ACE (Felitti et al., 1998).

<sup>d</sup> Item comes from THQ (Hooper, Stockton, Krupnick, & Green, 2011).

<sup>e</sup> Item comes from TEQ (Vrana & Lauterbach, 1994).

Table 2

*Bivariate Correlations Between Primary Variables of Interest and Statistical Comparison of Correlations*

| Variable                                              | Number of relationship-influencing APTEs <sup>a</sup> | Number of non-relationship-influencing APTEs | Steiger's <i>z</i>     | <i>p</i>         | <i>n</i> | M ( <i>SD</i> ) |
|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|------------------------|------------------|----------|-----------------|
| Number of relationship-influencing APTEs <sup>a</sup> | --                                                    | --                                           | --                     | --               | 94       | 1.15 (1.89)     |
| Number of non-relationship-influencing APTEs          | .07                                                   | --                                           | --                     | --               | 94       | 3.32 (2.74)     |
| CTS2 Physical Assault <sup>a</sup>                    | .14                                                   | .14                                          | <i>z</i> = 0.01        | .989             | 88       | 1.40 (2.53)     |
| CTS2 Partner Injury <sup>b</sup>                      | .17                                                   | .06                                          | <i>z</i> = 0.70        | .487             | 88       | 0.38 (1.00)     |
| MMEA Total <sup>a</sup>                               | .31**                                                 | .27*                                         | <i>z</i> = 0.30        | .767             | 89       | 26.08 (42.69)   |
| IMP Total                                             | .57***                                                | .03                                          | <i>z</i> = <b>3.77</b> | <b>&lt; .001</b> | 76       | 60.13 (37.27)   |
| DERS Total                                            | .35**                                                 | -.06                                         | <i>z</i> = <b>2.69</b> | <b>.007</b>      | 87       | 60.80 (15.89)   |
| PCL-C Total <sup>a</sup>                              | .57***                                                | .19                                          | <i>z</i> = <b>2.78</b> | <b>.005</b>      | 80       | 13.44 (14.67)   |

*Note.* Steiger's *z* tests compared corresponding correlations between each variable and the number of relationship-influencing and non-relationship-influencing APTEs. Abbreviations: APTE, Adverse and Potentially Traumatic Event; CTS2, Revised Conflict Tactics Scales; MMEA, Multidimensional Measure of Emotional Abuse; IMP, Inventory of Marital Problems; DERS, Difficulties in Emotion Regulation Scale; PCL-C Posttraumatic Checklist, Civilian Version.

<sup>a</sup> Log transformed due to substantial deviation from normality, defined as skew greater than 2.0 and/or kurtosis greater than 7.0 (West, Finch & Curran, 1995). Means and standard deviations are provided for the untransformed variables to facilitate interpretation.

<sup>b</sup> Dichotomous variable, with 0 = no injuries, and 1 = one or more injuries.

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.