



“That’s Just How I Am”: How Partners’ Personality Relates to Intimate Partner Violence, and the Moderating Role of Cumulative Childhood Trauma

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Abstract

Purpose Intimate partner violence (IPV) is prevalent among young adult couples. The Five-Factor Model of personality, consisting of neuroticism, agreeableness, openness, conscientiousness, and extraversion, is a relevant framework to understand individual risk factor of IPV perpetration and victimization. In particular, neuroticism and agreeableness are robust predictors of IPV. However, studies on the links between personality and IPV are relatively scarce and inconsistent for the remaining dimensions. Research is therefore needed to assess potential moderators of the associations between personality and IPV. Cumulative childhood trauma (CCT; i.e., the accumulation of abuse and/or neglect) is also linked with IPV later in life and may amplify one’s personality disposition toward violence. The present dyadic study examined (1) associations between both partners’ personality dimensions and each other’s IPV perpetration, and (2) whether partners’ CCT moderates these associations.

Method A sample of 190 young adult couples from the community (18–29 years old) completed self-report questionnaires on personality, CCT, and IPV.

Results An individual’s neuroticism, agreeableness, openness, and conscientiousness were significantly associated with their own and their partner’s IPV perpetration. Results also revealed a significant interaction between openness and CCT. At low levels of CCT, one’s openness was unrelated to both partners’ IPV perpetration. At high levels of CCT, one’s openness was significantly and negatively associated with their own and their partner’s IPV perpetration.

Conclusions Findings contribute to our knowledge on the interplay between personality and past relational experiences and underscores the need to address personality and childhood trauma history when working with couples experiencing IPV.

Keywords Traits · Aggression · Abuse · Maltreatment · Couples · Young adults

Intimate partner violence (IPV), defined as behaviors that harm an intimate partner (Kelly & Johnson, 2008), is a widespread public health concern (Piquero et al., 2021). IPV can manifest in various forms, including physical (e.g., shoving), psychological (e.g., insulting), and sexual (e.g., coercing into engaging in sexual activities). Globally, up to 35.2% of individuals report having experienced IPV (Hardesty

& Ogolsky, 2020), and young adults are at higher risk of experiencing or perpetrating IPV, especially during their twenties (Johnson et al., 2015). The most common type of IPV among young couples is situational violence (Langhinrichsen-Rohling et al., 2012; Paradis et al., 2017), whereby conflict may escalate into mutual aggressive behaviors, i.e., often perpetrated by both partners (Bartholomew et al., 2015; Kelly & Johnson, 2008). Targeting young adults’ IPV risk factors is necessary to intervene before violent patterns become internalized and affect future relationships (Fincham & Cui, 2010; Godbout et al., 2017).

From a dyadic perspective of IPV, each partner’s individual vulnerability factors (e.g., personality, early life experiences) would contribute to the violent dynamic (Bartholomew et al., 2015). Although some personality traits, such as high neuroticism and low agreeableness, are

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well-supported risk factors of IPV perpetration and victimization (Hines & Saudino, 2008; Kaighobadi et al., 2009), there is scarce or inconsistent findings for other personality traits (i.e., extraversion, openness, and conscientiousness) and a lack of dyadic studies sampling both romantic partners, leaving important knowledge gaps. Past research has also overlooked the potential influence of past relational experiences in the links between personality and IPV. Partners' history of childhood trauma (i.e., abuse and neglect) have consistently been associated with IPV (Capaldi et al., 2012; Hébert et al., 2019), suggesting that such crucial relational experiences might modulate the link between personality and IPV. Consequently, the current dyadic study aims to examine the associations between both partners' personality and IPV perpetration, and whether their childhood trauma history moderates these associations. As one partner's perpetration represents the other partner's victimization, focusing on perpetration in our dyadic design allows simultaneous examination of both IPV perpetration and victimization.

Personality and Intimate Partner Violence

Personality is defined as a set of traits that describe an individual's tendencies in their patterns of thinking, feeling, and acting (Costa & McCrae, 1992c). The General Aggression Model suggests that personality plays a role in perpetrating violent behaviors by acting as a filter to reality (e.g., subjective interpretation of a situation), which can inhibit or amplify the development of hostile beliefs or attitudes (Barlett & Anderson, 2012).

The most widely used and validated personality theory in research is the Five-Factor Model of personality (Costa & McCrae, 1992b). The model consists in five higher-order dimensions (i.e., neuroticism, agreeableness, openness, conscientiousness, extraversion), each composed of six lower-order facets (e.g., gregariousness in extraversion). It allows capturing both normal and pathological variations in personality, as a person's position on each higher-order dimension varies on a continuum from very low to very high degrees. In the context of romantic relationships, all dimensions of the Five-Factor Model have been associated with the perpetration and victimization of at least one type of IPV (i.e., psychological, physical, or sexual; Hines & Saudino, 2008), although research remains scarce and mixed regarding some dimensions.

Neuroticism refers to one's reactivity to negative emotions (Costa & McCrae, 1992b). Past research has consistently found this dimension to be positively associated with IPV perpetration (Buss, 1991; Collison & Lynam, 2023; Daspe et al., 2016; Hellmuth & McNulty, 2008; Hines & Saudino, 2008; Kaighobadi et al., 2009; Ulloa et al., 2016). Individuals with higher neuroticism tend to have poorer

control over their emotions and outbursts of anger during arguments with an intimate partner, which can result in violent acts (Anderson & Bushman, 2002). Neuroticism is also positively associated with IPV victimization (Hines & Saudino, 2008; Ulloa et al., 2016). These individuals tend to experience higher distress, react with more hostility to provocative situations, and perceive more hostility from others, which can lead their partners to react more negatively in response and even perpetrate IPV (Decuyper et al., 2011; McNulty, 2008, 2013). High neuroticism in one or both partners therefore increases the risk that negative interactions escalate into IPV during conflicts.

Agreeableness refers to one's level of cooperativeness and trust in interpersonal relationships (Costa & McCrae, 1992b). Except for one study reporting no significant association (Ulloa et al., 2016), empirical evidence suggests that agreeableness is negatively linked to both IPV perpetration (Buss, 1991; Carton & Egan, 2017; Collison & Lynam, 2023; Hellmuth & McNulty, 2008; Hines & Saudino, 2008; Kaighobadi et al., 2009) and victimization (Hines & Saudino, 2008). At the lower end of the agreeableness dimension, lack of patience, cooperation, tolerance, and sensitivity towards others could trigger violent reactions, both from the individual themselves and from others, including within romantic relationships (Bettencourt et al., 2006; Hines & Saudino, 2008; Jones et al., 2020).

Openness refers to one's intellectual curiosity and behavioral flexibility (Costa & McCrae, 1992b). Inconsistent findings are observed regarding its link with IPV, with one study reporting no significant association (Collison & Lynam, 2023), one reporting a negative association (Buss, 1991) and another reporting a positive association (Ulloa et al., 2016). While openness to one's emotions might foster better emotional regulation and protect against IPV perpetration (Buss, 1991), open individuals may also seek thrilling experiences, making them more prone to engage in aggressive behaviors (Ulloa et al., 2016). Regarding victimization, one study linked openness with higher victimization, suggesting that open individuals may be more understanding and accepting of their partner's use of IPV (Hines & Saudino, 2008). Further research is needed to clarify these complex associations.

Conscientiousness refers to one's sense of organization and diligence (Costa & McCrae, 1992b). Two studies found this dimension to be negatively associated with IPV perpetration (Collison & Lynam, 2023; Kaighobadi et al., 2009), while another found a positive association (Hines & Saudino, 2008). Kaighobadi et al. (2009) suggest that conscientious individuals are at lesser risk of perpetrating IPV as they tend to be more disciplined and more deliberate in their actions, while Hines and Saudino (2008) posit that the need for control and power that may arise in conscientious people may increase the risk of IPV perpetration. A third

study found no significant link between conscientiousness and IPV perpetration (Ulloa et al., 2016). Regarding victimization, Hines and Saudino (2008) observed a positive association between conscientiousness and higher victimization, which could be explained by partners being provoked by the individual's rigid meticulousness (e.g., higher strictness and perfectionism potentially leading to more critical behaviors in conflicts).

Finally, extraversion refers to one's sociability and positive emotions (Costa & McCrae, 1992b). Although Collison and Lynam (2023) found no significant association between extraversion and IPV, a handful of past studies suggests that extraversion is positively linked with both IPV perpetration and victimization (Buss, 1991; Hines & Saudino, 2008; Ulloa et al., 2016). Individuals higher on extraversion may exhibit social dominance, which can manifest as condescension and self-absorption at more extreme degrees of the dimension (Buss, 1991), which could foster negative and violent relationship dynamics.

In sum, the research reviewed suggests that neuroticism and agreeableness show the strongest associations with IPV, while findings for extraversion, albeit scarce, are generally consistent, and findings for openness and conscientiousness remain mixed. One major limitation of past research is the lack of dyadic studies examining the contribution of both partners' personality to each other's IPV perpetration. As research shows that IPV can be mutual (i.e., perpetrated by both partners), dyadic studies examining how an individual's personality relates to both their own and their partner's perpetration (i.e., the individual's victimization) are necessary. In addition, investigation of other IPV risk factors that could modulate the links between partners' personality dimensions and IPV might help reconcile incongruent findings.

Cumulative Childhood Trauma, Personality, and Intimate Partner Violence

Childhood interpersonal trauma refers to any experience occurring in a relational context that harms a child's sense of security and can negatively impact their well-being and development (Briere, 2002). These experiences include sexual abuse, psychological abuse, physical abuse, emotional or physical neglect, witnessing inter-parental violence, and bullying (Bigras et al., 2017; Briere, 2002; Finkelhor et al., 2007). During childhood, around 40% of individuals experience at least one form of interpersonal trauma (Macdonald et al., 2016). Highlighting the co-occurrence of various forms of abuse and neglect, past research recommends examining cumulative childhood trauma (CCT) for a more comprehensive understanding of victims' experiences and long-term consequences (Dugal et al., 2020; Hughes et al., 2017).

The Intergenerational Transmission of Violence Theory (Bandura, 1973) and the Social Learning Theory (Kalmuss, 1984), suggest that children exposed to abuse may internalize violence as acceptable. This learned behavior could influence their future relationships, increasing the likelihood of replicating harmful dynamics. The Self-Trauma Model (Briere, 2002) adds that childhood interpersonal trauma can impede the development of essential capacities, hindering identity formation, emotional regulation, and relational functioning. These deficits may make survivors more susceptible to relational challenges, including IPV. These theoretical frameworks are supported by numerous empirical studies showing that childhood interpersonal trauma is an important risk factor for IPV perpetration and victimization (Capaldi et al., 2012; Fergusson et al., 2008; Hébert et al., 2019; Murphy et al., 2020). Dyadic studies also report links between an individual's childhood trauma and both their own and their partner's IPV perpetration (Dugal et al., 2020; Steel et al., 2017; Vaillancourt-Morel et al., 2024).

Beyond the documented associations between CCT and IPV perpetration and victimization, it is important to investigate its potential to exacerbate an individual's personality disposition toward violence. Indeed, when CCT converges with other risk factors, different outcomes may arise by creating complex patterns in relational contexts (Horan & Widom, 2015). Environmental and relational experiences are likely to play a crucial role in shaping how an individual's personality manifests, as childhood experiences intertwine with pre-existing individual differences (Rogosch & Cicchetti, 2004). In this sense, researchers advocate for exploring how CCT interacts with personality in predicting IPV (Haselschwerdt et al., 2019; Smith-Marek et al., 2015). Such an investigation could help clarify mixed findings regarding the links between specific personality dimensions and IPV and understand how both partners' personality and past relational history jointly shape their violent dynamic.

The Current Study

Using a dyadic design, this study is the first to examine the interplay of both partners' personality and CCT in association with IPV among young adult couples. Two main objectives are pursued: (1) examining the associations between a person's Five-Factor Model personality dimensions and their own as well as their partner's IPV perpetration, and (2) examining whether both partners' CCT moderates these associations (see Fig. 1). Regarding the first objective, we expect that neuroticism and extraversion will be positively associated with both partners' IPV perpetration, whereas agreeableness will be negatively associated with both partners' IPV perpetration. As past research is mixed regarding the associations between openness, conscientiousness, and IPV, we will examine these links in an exploratory manner.

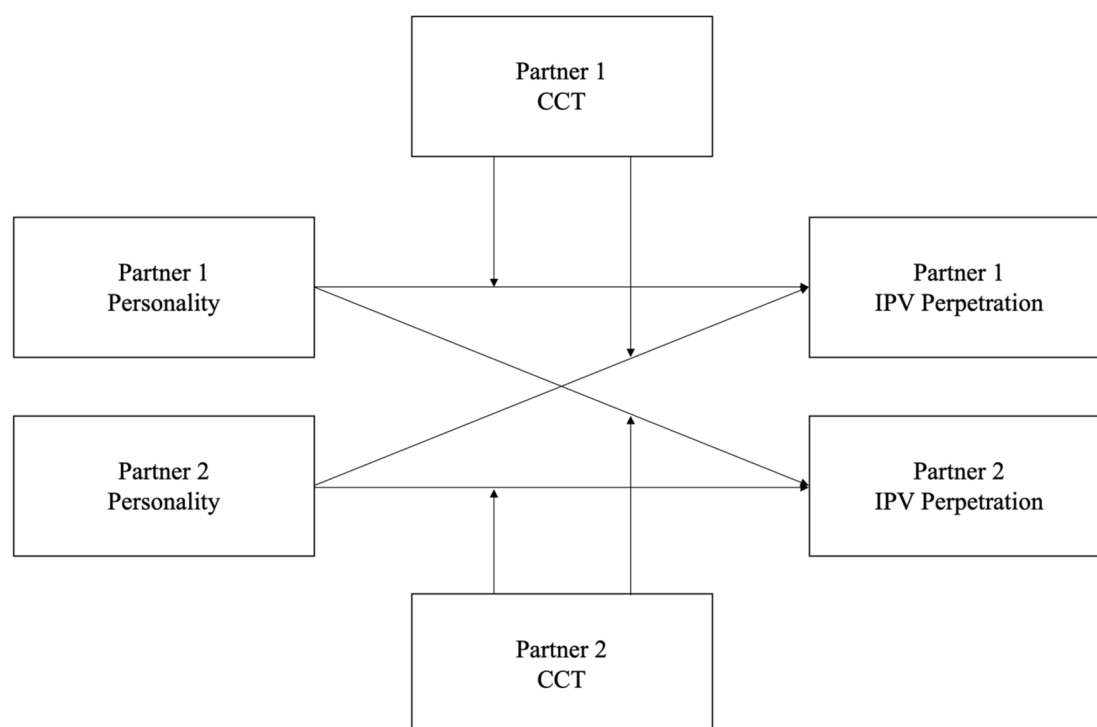


Fig. 1 Conceptual model of the objectives of the current study. Notes. CCT=Cumulative childhood trauma; IPV = Intimate partner violence

For the second objective, we expect the positive associations between neuroticism and IPV, as well as extraversion and IPV, to be stronger at higher levels of CCT than at lower levels of CCT. We also expect the negative associations between agreeableness and IPV to be weaker at higher levels of CCT compared to lower levels of CCT. For all dimensions, we expect that one's personality will interact both with their own and their partner's CCT to predict both their own and their partner's IPV perpetration. The moderating role of CCT in the associations between openness and IPV, and conscientiousness and IPV, will be examined in an exploratory manner. As age, gender identity, relationship status, and relationship length have all been theoretically and empirically linked with IPV (Brown & Bulanda, 2008; Hayes, 2016; Johnson et al., 2015; Melton & Belknap, 2003), they will be examined as potential covariates.

Method

Participants

Young adult couples were recruited from the general population through social media (e.g., Facebook). Eligibility criteria for the current study were that participants (1) be between the ages of 18 and 29 and (2) had been in a romantic relationship for at least two months. Other eligibility criteria

related to the observational portion of the larger research included having access to a confidential common area with internet connection, having access to a computer with a camera in order to connect to a *Zoom* meeting with members of the research team, having each partner have access to a smartphone, tablet, or computer to complete online questionnaires, and being comfortable with oral and written French. Couples of all sexual orientations, gender identities and exclusivity agreements (e.g., monogamous, open, monogamish, polyamory) could participate in this study. In the case of polyamorous couples, participants had to select one partner. Of the 404 couples who expressed interest to participate in the study, 190 (47.0%) declined to participate and 21 (5.2%) were ineligible after screening. Of the 193 couples who completed the questionnaires, 3 (1.6%) were removed: one completed less than 40% of the questionnaire, one had inconsistent response patterns, and the other did not fully understand French. The final sample includes 190 young adult couples ($n = 380$).

Participants were aged between 18 and 29 years old ($M = 23.46$, $SD = 2.84$). Regarding gender identity, 201 participants (53.3%) identified as women, 161 (42.7%) as men, 12 (3.2%) as non-binary, queer or gender fluid, 1 (.3%) as two-spirit, 1 (.3%) as agender, and 1 (.3%) preferred not to answer. Most couples (80.7%; $n = 151$) were composed of a man and a woman, while 21 (11.2%) were women-women couples, 3 (1.6%) were men-men couples and 12 (6.4%)

couples included at least one partner who identified as gender diverse. The majority was cisgender (97.1%) while others were transgender. Regarding sexual orientation, 67.6% of the sample identified as heterosexual ($n=255$), 8.5% as gay or lesbian ($n=32$), 8.5% as bisexual ($n=32$), 6.1% as pansexual ($n=23$), 4.0% as heteroflexible ($n=15$), 2.1% as queer ($n=8$), 2.1% as “other” (e.g., gray sexual, demisexual, etc.; $n=8$), and 1.1% were questioning their sexual orientation ($n=4$). Participants could be non-cohabitating couples (46.3%; $n=176$), cohabitating couples (49.5%; $n=188$), or married couples (4.2%; $n=16$). Regarding exclusivity agreement (i.e., consensual agreement to engage or not in concurrent romantic and/or sexual relationships), most couples (88.2%; $n=298$) had an exclusivity agreement (i.e., cannot engage in concurrent romantic and/or sexual relationships), 5.9% ($n=20$) had a non-exclusivity agreement (i.e., can engage in concurrent romantic and/or sexual relationships) for only one partner, and 5.9% had a non-exclusivity agreement for both partners ($n=20$)¹. Couples had been together for a mean duration of 34.36 months ($SD=27.12$), and the majority did not have children (97.8%; $n=362$). Most participants completed a bachelor’s degree (36.6%; $n=138$), were currently students (63.7%; $n=240$), and had an annual income of less than \$15,000 (42.7%; $n=161$). Participants identified as being Caucasian (81.7%; $n=308$), East Asian (3.2%; $n=12$), Latino (2.7%; $n=10$), Arab (2.1%; $n=8$), Black (1.3%; $n=5$), South-East Asian (.8%; $n=3$), Caribbean (.5%; $n=2$), Central Asian (.5%; $n=2$) or West Asian (.3%; $n=1$). Some participants identified with more than one cultural identity (6.9%; $n=26$).

Procedure

Data was collected between July 2021 and August 2022 as part of an ongoing research project on couples’ communication among young adults. The project was approved by the research ethical board of Université de Montréal. The research took place entirely online, given the COVID-19 pandemic, and included (1) the completion of self-report questionnaires as well as (2) a virtual session with experimenters via *Zoom for Healthcare*, during which partners took part in discussions on a variety of themes and completed surveys. Data for the current study only includes self-report questionnaires; procedure for the virtual session will not be detailed here.

Eligible participants completed a consent form and a battery of self-report questionnaires via *Qualtrics Research Suite*. Partners were asked to complete the questionnaires

individually, without consulting each other. The questionnaires included three simple attention-testing questions. Data from participants who failed at least two of these questions was considered invalid (Thomas & Clifford, 2017) and treated as missing ($n=8$). Given their partner provided valid data, these couples were included in the final analyses. Total completion time was estimated at one hour and a financial compensation of \$10 CAD was offered to each partner.

Measures

Sociodemographic Information

Participants provided the following sociodemographic information to control for potential covariates: age (in years); gender identity (0 = *woman*; 1 = *man*; 2 = *Gender diversity* (i.e., non-binary; gender fluid or other such as genderqueer, indigenous, or other cultural gender identity or experience [e.g., two-spirit, agender or genderless])); relationship status (0 = *not cohabiting*, 1 = *cohabiting or married*); and relationship duration (in months).

Personality Dimensions

Personality dimensions were assessed using the 60-item NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae, 1992a). Participants indicated their answers on a five-point Likert scale ranging from 0 (*Strongly disagree*) to 4 (*Strongly agree*). The five dimensions of the NEO-FFI are each assessed using 12 items. The total score for each dimension is obtained by summing their respective items and transforming the sum into a T score based on a normalization sample (Costa & McCrae, 1992a). A higher score represents a higher degree of the dimension. In the current study, Cronbach’s alphas were of .88 for neuroticism, .76 for extraversion, .74 for openness, .72 for agreeableness, and .81 for conscientiousness.

Cumulative Childhood Trauma

Cumulative childhood trauma was measured by evaluating the experience of eight forms of interpersonal trauma: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, witnessing psychological inter-parental violence, witnessing physical inter-parental violence, and bullying. The presence of emotional, physical, and sexual abuse as well as emotional and physical neglect was assessed using the French version of the Childhood Trauma Questionnaire – Short Form (CTQ-SF; Bernstein et al., 2003; Paquette et al., 2004). The 28 items are answered using a five-point Likert scale ranging from 0 (*Never*) to 4

¹ The exclusivity agreement variable contains a higher number of missing values ($n=42$) as this sociodemographic question was added later in the recruitment process. Valid percentages are reported.

(*Very often true*). In the current study, Cronbach's alphas ranged from .64 for physical neglect to .91 for sexual abuse.

Witnessing psychological and physical inter-parental violence as well as experiencing bullying was assessed by three items from the Childhood Cumulative Trauma Questionnaire (CCTQ; Godbout et al., 2017). Participants indicated their answers on a five-point Likert scale, ranging from 0 (*Never*) to 4 (*Very often true*). The total cumulative childhood trauma score was obtained by summing the raw scores of all CTQ and CCTQ items. A higher total score represents a greater cumulative experience of childhood trauma in participants' history. Reliability indices could not be obtained for the subscales of the CCTQ as there was only one item per subscale, but Cronbach's alpha for the total score was .91 in the present study.

Intimate Partner Violence

Intimate partner violence was assessed using the Revised Conflict Tactics Scale (CTS-2; Straus et al., 1996). This self-report questionnaire consists of 78 items measuring five subscales: physical violence, psychological violence, sexual coercion, the presence of injuries, and negotiation. Only the physical, psychological, and sexual violence subscales were used for the present study. Items related to these three forms of IPV were answered on a seven-point Likert scale ranging from 0 (*This has never happened*) to 6 (*More than 20 times in the past year*), with an option 7 (*Not in the past year, but it did happen before*). This latter option was recoded as 0 to account specifically for IPV perpetrated in the past year. Physical violence was assessed with 12 items, psychological violence was assessed with 8 items, and sexual coercion with 7 items. Each item of the CTS-2 is answered twice, once to assess perpetration and once to assess victimization. Each partner's perpetration score on the different items was obtained using the maximum score reported by both sources (i.e., the frequency of perpetration reported by an individual and the frequency of victimization reported by their partner). This method is often used in studies examining IPV (e.g., Steel et al., 2017) in hopes of minimizing under-reporting by either partner. Maximum scores for each item were then averaged to obtain a total score of violence, with a higher score representing a higher frequency of violence. In the current study, Cronbach's alpha for the total maximum score of IPV perpetration was of .77.

Statistical Analyses

Descriptive statistics and correlations were conducted using SPSS v.26. To test our main hypotheses, path analyses based on the Actor-Partner Interdependence Moderation Model (APIMoM) were conducted using Mplus v.8. APIMoM is an extension of the Actor-Partner Interdependence Model

(APIM) allowing the addition of moderating variables (Garcia et al., 2015). This model takes into account the non-independence of data from partners of the same couple (Kenny et al., 2006) and allows simultaneous examination of actor effects (i.e., the association between an individual's personality and their own IPV perpetration) and partner effects (i.e., the association between an individual's personality and their partner's IPV perpetration). As both mixed sex/gender and same sex/gender couples were included in the analyses, dyad members could not be distinguished by sex or gender. Dyad members were therefore considered indistinguishable and equality constraints were applied to all variances, residual variances, means, covariances, and regression paths across partners. Missing data was handled using the Full Information Likelihood Method (FIML). Because CCT and IPV are naturally non-normally distributed, analyses were performed using a robust estimator (MLR). Model fit was examined based on the following criteria: CFI and TLI values $> .90$, RMSEA value $< .05$, SRMR value $< .10$, and a non-statistically significant chi-square test (Kline, 2017).

We conducted separate sets of analyses for each of the five personality dimensions. In each set of analyses, a first model was conducted to test the main effects of each partner's personality on each other's IPV before the inclusion of CCT. A second model was then conducted including all possible interactions between an individual's personality and their own or their partners' CCT. All variables were standardized to ease interpretation. Significant interactions were decomposed by examining the simple slopes of the associations between personality and IPV at high and low levels of CCT (1 *SD* above and 1 *SD* below the mean).

Results

Descriptive Statistics and Correlations

Correlations between study variables as well as their descriptive statistics are presented in Table 1. In the current sample, 78.9% of participants reported having perpetrated at least one instance of any act of IPV. Regarding within-person correlations, IPV was positively associated with CCT and neuroticism, negatively associated with agreeableness and openness, and not significantly related to conscientiousness and extraversion. CCT was positively associated with neuroticism and openness, and negatively associated with agreeableness, conscientiousness, and extraversion. Regarding cross-partner correlations, a person's IPV was positively associated with their partner's neuroticism, negatively associated with their partner's agreeableness and openness, and not significantly related to their partner's conscientiousness, extraversion and CCT. None of the five personality dimensions were significantly associated with the partner's CCT.

Table 1 Correlations and descriptive statistics for the study variables

	1	2	3	4	5	6	7	8	9	10
1. Neuroticism	-.01	-.07	-.00	-.17**	-.02	-.00	.17***	-.10	-.01	-.07
2. Agreeableness	-.31***	.05	.04	.06	.07	.02	-.29***	.07	.04	.12*
3. Openness	.08	.09	.022***	-.001	-.06	.02	-.15**	-.03	-.14**	.08
4. Conscientiousness	-.28***	.12*	-.009	-.02	.07	-.04	-.06	.12*	.02	.07
5. Extraversion	-.32***	.17***	.07	.15**	.01	.01	-.04	.01	-.01	-.00
6. CCT	.40***	-.24***	.11*	-.14**	-.13**	.14**	.09	.01	.05	-.01
7. IPV	.21***	-.37***	-.14**	-.08	-.05	.17***	.85***	.15**	.13**	-.14**
8. Relationship length	-.10	.07	-.03	.12*	.01	.01	.15**	—	.45***	.36***
9. Relationship status	-.01	.04	-.14**	.02	-.01	.05	.13**	.45***	—	.30***
10. Age	-.17***	.14**	.04	.07	.06	-.00	-.13*	.36***	.30***	.69***
<i>M</i>	55.89	50.57	54.96	47.60	51.28	46.71	.28	34.63	.54	23.46
<i>SD</i>	12.44	11.57	11.46	11.86	11.33	14.63	.30	27.22	.50	2.84

CCT = Cumulative childhood trauma, *IPV* = Intimate partner violence, *M* = mean, *SD* = standard deviation. Below the diagonal are actor (within-partner) correlations; above the diagonal are partner (cross-partner) correlations; along the diagonal are cross-partner correlations for each given variable. * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

The significant cross-partner association of IPV perpetration suggests that IPV tends to be mutual in the present sample. Finally, relationship length, relationship status, and age were positively and significantly correlated with IPV perpetration; consequently, they were included in the main analyses. Results of two-way repeated measures ANOVA revealed no significant mean differences in IPV perpetration across gender identities, $F(2, 372) = 1.48, p = .230$; gender was therefore not included as a covariate in the main analyses.

Main Analyses for the Associations Between Personality, CCT and IPV

For each personality dimension, full results are reported in Table 2, with the main effects of both partners' personality on IPV perpetration in Model 1, and the moderating role of both partner's CCT in these associations in Model 2. Fit indices are reported in Table 3. Regarding covariates, the inclusion of relationship status and age revealed no significant association with IPV and had no effect on the results in all the main analyses. Therefore, they were removed from the final models for the sake of parsimony. Relationship length remained as a covariate in the main analyses.

For neuroticism, main effects showed positive and significant associations between one's neuroticism and both their own ($b = .23, SE = .05, p < .001$) and their partner's IPV perpetration ($b = .19, SE = .05, p < .001$). No significant interaction was found between neuroticism and CCT, and CCT was unrelated to IPV perpetration. For agreeableness, main effects showed negative and significant associations between one's agreeableness and both their own ($b = -.37, SE = .05, p < .001$) and their partner's IPV perpetration ($b = -.29, SE = .05, p < .001$). No significant interaction

was found between agreeableness and CCT, and CCT was unrelated to IPV perpetration. For openness, main effects showed negative and significant associations between one's openness and both their own ($b = -.11, SE = .05, p = .030$) and their partner's IPV perpetration ($b = -.13, SE = .05, p = .010$). The moderation model also revealed a positive and significant association between one's CCT and both their own ($b = .18, SE = .05, p = .003$) and their partner's IPV perpetration ($b = .12, SE = .04, p = .009$). Moreover, a significant interaction was observed between one's openness and one's CCT to predict both their own ($b = -.10, SE = .05, p = .035$) and their partners' IPV perpetration ($b = -.11, SE = .04, p = .012$). Simple slopes test (see Fig. 2) indicated that one's openness was significantly and negatively associated with their IPV perpetration at higher levels of their own CCT ($b = -.23, SE = .07, p = .001$). However, one's openness was not significantly related to their IPV perpetration at lower levels of their own CCT (see Fig. 2; panel a). In addition (see Fig. 2; panel b), one's openness was significantly and negatively associated with their partner's IPV perpetration at higher levels of their own CCT ($b = -.25, SE = .07, p < .001$). However, one's openness was not significantly related to their partner's IPV perpetration at lower levels of their own CCT. For conscientiousness, main effects showed negative and significant associations between one's conscientiousness and both their own ($b = -.10, SE = .05, p = .021$) and their partner's IPV perpetration ($b = -.09, SE = .05, p = .045$). A positive association between one's CCT and one's own IPV perpetration was also observed ($b = .14, SE = .05, p = .003$). No interaction was found between conscientiousness and CCT. For extraversion, main effects showed no significant association between one's own extraversion and their own or their partner's IPV

Table 2 Actor-partner interdependence moderation models predicting intimate partner violence perpetration

Predictors	Model 1 Main effect of personality				Model 2 Moderating effect of CCT			
	<i>b</i>	<i>SE</i>	<i>p</i>	<i>R</i> ²	<i>b</i>	<i>SE</i>	<i>p</i>	<i>R</i> ²
Neuroticism				.11				.12
A neuroticism	.23	.05	.000		.20	.05	.000	
P neuroticism	.19	.05	.000		.18	.05	.000	
A CCT					.06	.05	.233	
P CCT					.01	.05	.798	
A neuroticism * A CCT					.07	.04	.127	
A neuroticism * P CCT					−.07	.05	.143	
P neuroticism * A CCT					−.04	.05	.484	
P neuroticism * P CCT					.06	.04	.192	
Relationship length	.19	.07	.005		.17	.07	.012	
Agreeable- ness				.25				.26
A agreeableness	−.37	.05	.000		−.34	.05	.000	
P agreeableness	−.29	.05	.000		−.28	.05	.000	
A CCT					.07	.05	.111	
P CCT					.02	.04	.527	
A agreeableness * A CCT					−.07	.05	.142	
A agreeableness * P CCT					.03	.05	.492	
P agreeableness * A CCT					.03	.05	.472	
P agreeableness * P CCT					−.08	.05	.067	
Relationship length	.19	.06	.002		.19	.06	.001	
Openness				.06				.14
A openness	−.11	.05	.030		−.14	.05	.007	
P openness	−.13	.05	.010		−.15	.05	.003	
A CCT					.18	.05	.000	
P CCT					.12	.04	.009	
A openness * A CCT					−.10	.05	.035	
A openness * P CCT					−.01	.04	.772	
P openness * A CCT					−.01	.04	.833	
P openness * P CCT					−.11	.04	.012	
Relationship length	.14	.07	.048		.15	.07	.042	
Conscientiousness				.04				.07
A conscientiousness	−.10	.05	.021		−.08	.04	.080	
P conscientiousness	−.09	.05	.045		−.07	.05	.107	
A CCT					.14	.05	.003	
P CCT					.08	.05	.086	
A conscientiousness * A CCT					−.01	.05	.850	
A conscientiousness * P CCT					−.04	.04	.333	
P conscientiousness * A CCT					−.02	.04	.501	
P conscientiousness * P CCT					−.01	.05	.875	

Table 2 (continued)

Predictors	Model 1 Main effect of personality				Model 2 Moderating effect of CCT			
	<i>b</i>	<i>SE</i>	<i>p</i>	<i>R</i> ²	<i>b</i>	<i>SE</i>	<i>p</i>	<i>R</i> ²
Relationship length	.17	.07	.014		.17	.07	.017	
Extraversion				.03				.08
A extraversion	−.05	.06	.411		−.03	.06	.572	
P extraversion	−.04	.06	.503		−.03	.05	.537	
A CCT					.15	.05	.003	
P CCT					.09	.05	.071	
A extraversion * A CCT					−.04	.05	.423	
A extraversion * P CCT					−.09	.05	.077	
P extraversion * A CCT					−.07	.05	.172	
P extraversion * P CCT					−.04	.05	.449	
Relationship length	.15	.07	.029		.16	.07	.021	

A = Actor, P = Partner, CCT = Cumulative childhood trauma, Results in bold are significant at $p < .05$

Table 3 Fit indices for all models

	CFI	TLI	RMSEA		SRMR	χ^2	p
			Value	90% CI		$\chi^2(df)$	
Model 1: Main effect of personality							
Neuroticism	1.00	1.00	.00	.00, .03	.02	3.14(8)	.926
Agreeableness	1.00	1.00	.00	.00, .00	.01	1.29(8)	.996
Openness	1.00	1.00	.00	.00, .00	.02	2.37(8)	.967
Conscientiousness	1.00	1.00	.00	.00, .00	.01	1.76(8)	.988
Extraversion	1.00	1.00	.00	.00, .00	.02	1.84(8)	.986
Model 2: Moderating effect of CCT							
Neuroticism	.98	.99	.03	.00, .06	.08	54.36(48)	.245
Agreeableness	1.00	1.00	.00	.00, .04	.08	49.62(49)	.570
Openness	.99	1.00	.02	.00, .05	.08	52.89(49)	.327
Conscientiousness	1.00	1.00	.00	.00, .00	.07	31.90(49)	.972
Extraversion	1.00	1.00	.00	.00, .00	.07	29.93(49)	.986

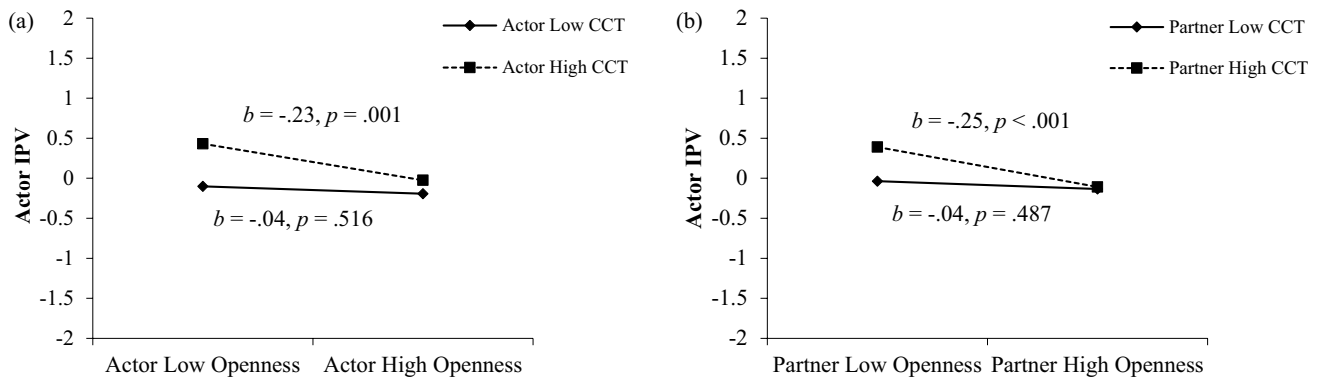


Fig. 2 Moderating effect of CCT in the association between openness and IPV perpetration. Notes. IPV=Intimate partner violence; CCT=Cumulative childhood trauma; Panel (a) shows the moderating effect of actor CCT in the association between actor openness and

actor IPV perpetration; Panel (b) shows the moderating effect of partner CCT in the association between partner openness and actor IPV perpetration

perpetration. A positive and significant association was also found between one's CCT and one's own IPV perpetration ($b = .15$, $SE = .05$, $p = .003$). No interaction between extraversion and CCT was observed.

Discussion

Past research highlights personality as a significant correlate of violence within romantic relationships (e.g., Hines & Saudino, 2008; Kaighobadi et al., 2009). Using a dyadic perspective, the goal of the current study was to extend on these past studies by clarifying how each partner's personality relates to each other's IPV perpetration and by examining the moderating role of CCT in these associations. Our findings suggest that for all personality dimensions except for extraversion, one's personality is related to both their own and their partners' IPV perpetration. In addition, one's CCT acted as a moderator of the associations between one's openness and both partners' IPV perpetration.

Associations Between Personality Dimensions and Intimate Partner Violence

A first objective of the current study was to examine the associations between each partner's scores on the dimensions of the Five-Factor Model and their own as well as their partner's IPV perpetration. Results partially supported our hypotheses. As expected, findings showed that one's neuroticism was positively associated with their own and their partners' IPV perpetration. Individuals high in neuroticism tend to experience higher levels of negative affect and to act more negatively toward one's partner during conflict (McNulty, 2008). As it has been shown that partners of individuals with high neuroticism also tend to behave more negatively in response (Decuyper et al., 2011; McNulty, 2008, 2013), this cycle is likely to lead to hostile escalations and to increase both partners' risk for IPV perpetration and victimization. Also in line with our hypotheses, one's agreeableness was negatively associated with both partners' IPV perpetration. Individuals low in agreeableness may find themselves in a couple dynamic marked by negative reciprocity as they tend to interact in a non-cooperative and destructive way (McNulty, 2013), increasing the risk of both IPV perpetration and victimization. Our findings are in line with previous research suggesting that high neuroticism and low agreeableness are risk factors of IPV perpetration and victimization (Buss, 1991; Carton & Egan, 2017; Collison & Lynam, 2023; Hellmuth & McNulty, 2008; Hines & Saudino, 2008; Kaighobadi et al., 2009; Ulloa et al., 2016).

In contrast with our hypotheses, one's extraversion was not significantly associated with either partner's IPV perpetration. These results differ from past studies showing

positive associations between the constructs (Buss, 1991; Hines & Saudino, 2008; Ulloa et al., 2016), but aligns with the results of Collison and Lynam (2023). One possible explanation for the non-significative associations is that the lower-order facets composing extraversion (i.e., warmth, gregariousness, assertiveness, activity, excitement seeking and positive emotions) may each relate differently to violence, resulting in no main effect of the higher-order dimension (Vize et al., 2019). Another possible explanation is that some contextual factors, such as stress or relationship quality, might impact how extraversion manifests (e.g., constructive assertiveness vs. exaggerated dominance), and modify the risk of IPV. Further research is needed to clarify these assumptions.

Given that past research has yielded mixed results for openness and conscientiousness in association with IPV perpetration and victimization, we examined these links in an exploratory manner. Results revealed that one's openness was negatively associated with both partner's IPV perpetration. This is in line with Buss (1991), who suggests that open individuals generally show better awareness of feelings, openness to new ideas, flexibility, and good use of conflict resolution techniques (Costa & McCrae, 1992b). Similarly, the negative link between one's openness and their partner's IPV perpetration observed in the current study could be understood by the idea that a flexible and adaptive partner may trigger fewer hostile behaviors and reduce the risk of conflict escalation and violence. Our results also revealed that one's conscientiousness was negatively associated with both partner's IPV perpetration. These findings align with those of Kaighobadi et al. (2009) and Collison and Lynam (2023). The results may be explained by the fact that individuals with higher conscientiousness tend to plan more and have greater self-control, qualities that contribute to healthier conflict resolutions (McNulty, 2013), thereby reducing the risk of IPV in both partners.

The Role of CCT

A second objective of the current study was to examine the moderating role of CCT in the dyadic associations between personality dimensions and IPV. Results partially supported our hypotheses as a significant interaction was found between one's openness and one's CCT in association with both partners' IPV perpetration. Specifically, our findings suggest that one's openness was significantly and negatively linked to their own and their partners' IPV perpetration, but only for individuals who showed higher levels of CCT. For individuals with lower levels of CCT, one's openness was not significantly associated with their own or their partner's IPV perpetration. Individuals higher in openness may naturally use resources creatively, thus finding alternatives to violent behaviors, particularly if they are survivors of CCT.

Indeed, past experiences of CCT exposes victims to violent interactions, from which they learn the consequences (Bandura, 1973; Kalmuss, 1984). Open individuals exposed to CCT might avoid repeating violent patterns in their relationships and be more willing to explore and learn constructive ways to navigate interpersonal challenges. In turn, this could be related to lower risk of IPV perpetration for both themselves and their partner.

No other personality dimension interacted with CCT, suggesting that a history of interpersonal trauma does not always magnify the link between an individual's personality and their tendency to perpetrate IPV. Regarding neuroticism and agreeableness, these personality dimensions are robustly linked with IPV, and our findings suggest that this remains true regardless of past interpersonal experiences. The low tolerance for negative emotions and tendency for hostile reactions characteristic of neuroticism, as well as the lack of patience, cooperation, tolerance, and sensitivity characteristic of low agreeableness, are likely to closely color couple interactions and lead to IPV, even in partners who do not present other vulnerability stemming from a CCT history. Regarding conscientiousness and extraversion, it could also be that CCT does not contribute to explain IPV over and above these personality dimensions, or that CCT interacts differently with each underlying facet.

In line with past research (Capaldi et al., 2012; Dugal et al., 2020; Hébert et al., 2019; Steel et al., 2017), associations between CCT and IPV were observed, although inconsistently. When CCT was examined with openness, we found a positive link with both partner's IPV perpetration. When examined with conscientiousness and extraversion, CCT was positively related to one's own IPV perpetration. These results support findings indicating that CCT is a risk factor for IPV perpetration and victimization. However, when taking into consideration neuroticism and agreeableness, CCT was no longer significantly associated with IPV. This suggests that even though CCT is an important risk factor, some personality dimensions remain stronger correlates of IPV perpetration, over and above partners' early traumatic experiences.

Strengths, Limitations, and Future Directions

The present study extends past research on personality and IPV by adopting a dyadic design among an inclusive sample of young adult couples. In addition, CCT was examined as a potential moderator in the association between personality and IPV, in an attempt to clarify some of the inconsistent findings observed in past studies. Even though the proposed hypotheses were not all supported, it encourages the simultaneous examination of, and interplay between, personality dimensions and other important risk factors to better understand their complex associations with IPV. Some

limitations of the current study are nevertheless worth mentioning. First, the cross-sectional design prevents any causal interpretation. Second, the use of self-report questionnaires may introduce recall and social desirability biases. Third, the recruitment method through social media is susceptible to snowball sampling effect or convenience sampling bias, which could lead to the results not being fully representative of the general population. Fourth, the sample size was fairly small for the conducted analyses, thus limiting statistical power. Fifth, as the sample consisted only of young adult couples, results may not be fully generalizable to established adults or couples who have been in a relationship for a longer period. It is also worth mentioning that IPV was assessed in the past year, which overlapped with the COVID-19 pandemic. This may have heightened the rate of IPV perpetration (Piquero et al., 2021). Regardless, the mean score of IPV perpetration was relatively low in our sample, which may have influenced our findings. Finally, regarding IPV, we combined each type of violence into one global score to get an overall perspective of IPV perpetration, as well as for statistical power consideration. Future studies should examine whether the associations between personality, CCT, and IPV vary according to specific forms of violence (i.e., psychological, physical, or sexual). Future studies should also examine associations between the underlying facets of the personality dimensions and IPV as results may vary, particularly for extraversion and conscientiousness. Finally, it seems relevant to examine the interaction between both partners' personality dimensions in association with IPV, as the link between one's personality and IPV might depend on their partners' personality.

Conclusion

The findings of the present study underscore the importance of examining personality and CCT as risk factors of IPV in young adult couples. It highlights how CCT history modulates the link between openness and IPV, both perpetration and victimization. Regarding practical implications, our findings suggest that systematic assessment of both partners' dominant personality dimensions and childhood trauma history is necessary when working with couples experiencing IPV-related difficulties and that these vulnerabilities should be targeted to counteract violent dynamics.

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Data Availability Data is available from the corresponding authors upon request.

Declarations

Ethical Approval The project was approved by the Ethical Review Board of Université de Montréal.

Conflict Interest We have no known conflict of interest to disclose.

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