

**Executive summary**

**Experiences of Intimate Partner  
Violence and Abuse among Civilian  
Partners of UK Military Personnel:  
Perceptions of the Impact of Military  
Life and Experiences of Help-seeking  
and Support**

Dr Filipa Alves-Costa  
Rebecca Lane  
Dr Rachael Gribble  
Professor Nicola T Fear  
Dr Deirdre MacManus



# 1. Executive summary

This report seeks to identify the unique experiences and challenges faced by civilian victim-survivors of abuse occurring within intimate relationships with military or ex-military personnel. The research was funded by Forces in Mind Trust.

The project explored the experiences of civilians who were, or are, in abusive intimate relationships with serving personnel and/or veterans (ie ex-serving personnel). Qualitative interviews were conducted with 25 civilian victim-survivors of Intimate Partner Violence and Abuse (IPVA) occurring within relationships with military personnel. These explored the ways in which they perceived the military to have affected their relationships and their experiences of abuse within those relationships, as well as their experiences of accessing and receiving help from military and civilian services. Participant narratives revealed a perception that military-related factors, such as military culture of machismo and hierarchy, the prioritization of the needs of the military over family, reintegration after separation and transitions, and mental health issues can contribute to relationship difficulties and experiences of abuse. The findings of this study additionally highlight the challenges faced by civilian victim-survivors when seeking help for IPVA and how being in an abusive relationship with someone in the military can magnify some of those challenges.

## Background

The prevalence of Intimate Partner Violence and Abuse (IPVA) is of growing concern internationally and IPVA perpetration has repeatedly been shown to be higher in military compared to civilian populations internationally and in the UK (Kwan et al., 2020; MacManus et al., under review). Increased awareness of and service provision for IPVA has been marked as both a government and military priority, as highlighted through the Domestic Abuse Act (Home Office, 2021) and Domestic Abuse Strategy (Ministry of Defence, 2018). However, there remains a lack of research exploring how military life can affect experiences of IPVA and of help-seeking for IPVA among military populations both internationally and in the UK, particularly those of civilian spouses or partners who are on the margins of both civilian and military communities.

It has been suggested that aspects of military training and culture, such as the legitimisation of violence in a military context and the male hierarchy, may bleed into the family home and increase risk of IPVA perpetration by personnel (Bradley 2007; Jones, 2012; Melzer, 2002). Military life can also present unique stressors for couples in which one or both partners are military personnel, such as frequent geographical relocations, separations and reintegrations, including when leaving service, which can negatively affect relationship satisfaction, create additional stress and impact on the risk of IPVA (McLeland et al., 2008; Ray & Heaslip, 2011; Rentz et al., 2006; Williamson, 2012; Williamson & Matolcsi, 2019). Deployment and combat exposure have both been found to be associated with higher risks of IPVA perpetration within military families, with deployment-related traumas shown to explain some of the increased risk of family and partner violence perpetration among those who have deployed (Kwan et al., 2018; Kwan et al., 2020; Lane et al., under review d). Given the additional stressors and circumstances of military life, it is likely that there are particular complexities to help-seeking for civilian partners of military personnel. Despite these findings, little is known of the experiences of IPVA and of help-seeking for IPVA among civilian victim-survivors of abusive relationships with military personnel.

The current study aimed to explore IPVA and help-seeking experiences of civilians who are, or were, in relationships with serving personnel and/or veterans (ie ex-serving personnel). These were explored in two sections:

1. Perceptions of the impact of military life on experiences of IPVA among Civilian Partners of UK Military Personnel.
2. Help-seeking for IPVA: Experiences of Civilian Partners of UK Military Personnel.

## Methods

This study forms part of a wider research programme exploring IPVA within couples in which one or both partners are serving in the military. In this study, participants who identified as civilian victim-survivors of IPVA occurring during relationships with military or ex-military personnel were eligible for inclusion. The study was advertised widely: in several national military and civilian welfare support charities, clinical services for serving personnel, veterans and their families (including military base General Practitioners (GPs) and welfare services), and specific support organisations for victim-survivors of IPVA. 25 participants were recruited to participate in semi-structured telephone interviews lasting 1 to 2 hours, conducted between January and August 2018. All participants were women reporting heterosexual relationships with a military person, although recruitment was open to individuals of all genders and sexual orientation.

## Interview findings

### Section 1: Perceptions of the impact of military life on experiences of IPVA among civilian partners of UK military personnel

Table 1. Primary themes and subthemes for Section 1

Themes	Subthemes
1. Experiences of IPVA	<ul style="list-style-type: none"> <li>• Patterns of IPVA</li> <li>• Consequences of IPVA</li> </ul>
2. Military culture and IPVA	<ul style="list-style-type: none"> <li>• Work-family conflict</li> <li>• Gender asymmetry and military hierarchy</li> <li>• Military training</li> <li>• Minimisation and normalisation of violence within the military community</li> <li>• Culture of alcohol consumption in the military</li> </ul>
3. Common military experiences and IPVA	<ul style="list-style-type: none"> <li>• Military-related relocation</li> <li>• Deployments</li> <li>• Transition to civilian life</li> </ul>
4. (Ex)partner's psychological functioning and mental health	<ul style="list-style-type: none"> <li>• Psychological functioning and mental health</li> <li>• Pre-enlistment vulnerabilities</li> </ul>

### Experiences of IPVA

All participants described being victim-survivors of moderate to severe unidirectional IPVA, with most exposed to multiple forms of abuse (emotional, psychological, controlling behaviours, physical or sexual). Many described physical and psychological trauma resulting from their IPVA experiences, and many suffered negative impacts on their parenting abilities and careers as a result. Some children were reported to have witnessed the parental violence or experienced abuse themselves, some of whom developed psychological difficulties.

### Military culture and IPVA

Aspects of military culture, such as military training or rank dynamics, were perceived by participants to contribute to the normalisation/minimisation of violence and infiltrate intimate relationships, triggering or escalating controlling or aggressive behaviour.

For example, the use of aggressive styles of communication was commonly reported to be replicated at home and alcohol use (a commonly reported problem) was perceived to contribute to more frequent and severe violence. Furthermore, work-family conflict and gendered expectations of female spouses in military communities were described to facilitate the development of asymmetric power relationships, which provided a context in which relationship difficulties arose ranging from situational conflicts to coercive behaviours.

“ [Military personnel] have no outlet for [problems], in terms of talking about it or working through things or problem solving, and things like that. They don't seem to be taught those sorts of skills. So, they approach every problem with just violence and aggression. So that makes the relationship difficult. (P8)

“ He became very much of a 'I'm the man, I'm in the Army and you should do as I tell you.' Obviously, the Army has the rank structure and it always seemed like he brought that home with him. So he was still a soldier and you were underneath him. (P19)

### Common military experiences and IPVA

Participants identified risky periods for experiencing relationship difficulties and abuse which revolved around common military experiences. Military-related relocations were perceived to prevent participants from developing and sustaining their own careers and support networks, resulting in greater power imbalances within relationships, and were heightened for Non-UK participants (formerly known as Foreign and Commonwealth (FCO)) and those relocated overseas. Furthermore, many participants identified how periods around deployment could increase the risk of abusive behaviours, at times amplified by their partners' psychological difficulties and alcohol use. Participants also perceived that personnel difficulties with transitions out of military service contributed to increased frustration and aggression within their relationship, as well as isolation from others, and greater alcohol use which contributed to IPVA.

“ He was aggressive pre-joining the Army but, [military life] certainly made his behaviour a lot worse. It escalated rapidly. After his first tour of duty he changed, and it continued to get worse. (P23)

“ When he first came out of the Army, he did have trouble settling, and it was probably a year or so. He had lots of jobs. [...] And, eventually, we had an argument and he pinned me up behind the door by my neck and I couldn't breathe. (P16)

### (Ex)partner's psychological functioning and mental health

Participants variously reported that their (ex)partner's personal experiences of psychological and mental health difficulties and alcohol use contributed to the IPVA experiences they faced. Some also observed that their partners had problems with anger and aggression pre-enlistment with some perceiving that their partners' experiences of early adversity contributed to their abusive behaviours. For some participants, pre-enlistment vulnerabilities were viewed to be exacerbated or magnified by military culture and experiences. Military training and deployment were perceived by participants to affect their (ex)partners' psychological functioning, contributing to their tendency to engage in abusive behaviours within their relationships. Symptoms of PTSD were often perceived to be linked to increased relationship violence. Although some participants did not directly observe a link, there remained an expectation that their (ex)partner's experiences of trauma and PTSD contributed to their abusive behaviour.

“ He was already disturbed when I met him [...] I wonder whether military roles attract a certain kind of person, and then, when they go on deployment, it exacerbates some tendencies that are already there. (P15)

“ He saw a lot when he was in Iraq and it affected him massively. [...] He was diagnosed with PTSD. [...] His moods, the way he was sleeping, his behaviour, everything about him, how it was all just completely not rational. [...] And paranoia. He was accusing me of having affairs all the time; that I had been longer than what I had been to go somewhere; that he had complete control over the money. Just very much wanting to be in control. (P7)

“ He used to drink to forget, but then, when he had a drink, that is when the flashbacks got worse. [...] [His combat-related mental ill-health] made him worse [more aggressive], and then, after he had the flashbacks, he couldn't remember the [violence the] next day. (P5)

## Section 2: Help-seeking for IPVA: experiences of civilian partners of UK military personnel

Table 2. Primary themes and subthemes for Section 2

Themes	Subthemes
1. Drivers of help-seeking	<ul style="list-style-type: none"> <li>Experiences of heightened abuse</li> <li>Protecting children</li> <li>iA support network</li> </ul>
2. Barriers to help-seeking	<ul style="list-style-type: none"> <li>Individual-level barriers</li> <li>Relationship barriers</li> <li>Service-level barriers</li> <li>Societal barriers</li> </ul>
3. Experiences of services	<ul style="list-style-type: none"> <li>Military health and welfare services</li> <li>Civilian health and welfare services (charity, housing, social and NHS services)</li> <li>Police and the Justice system</li> <li>Military/civilian divide</li> </ul>

### Drivers of help-seeking

Drivers to help-seeking described by participants included experiences of extreme or escalations in abuse and violence and a need to protect their children. Some participants described that practical and emotional support from their support network facilitated help-seeking, for instance supporting them with reporting IPVA and accessing services.

“ *He was holding a hammer up above my head and my daughter, who was four at the time, just walked in and asked if she could have a packet of crisps. [...] She wasn't shocked. She wasn't anything. That is when I thought, 'I've got to leave.' I never did it for myself. (P12)*

### Barriers to help-seeking

Participants identified many barriers to help-seeking. Individual-level barriers included a lack of IPVA awareness (especially of emotional, psychological abuse and controlling behaviours), self-blame narratives and fear of retribution and of potential repercussions. Relationship-level barriers included isolation and emotional/financial dependency on (ex)partners, a desire to maintain a family unit, and putting their (ex) partner's needs first. Service-level barriers included a lack of awareness of help available and difficulties accessing services, as well as mistrust of services and their ability to effectively help or safeguard. Societal-level barriers identified by participants were shame and stigma, perceived to be amplified by military culture and the hypermasculine environment, as well as fear of not being believed, which relates to societal misperceptions of 'typical' IPVA victim-survivors of physical abuse.

“ *No one knows what is available to them, and knowledge is power. People [...] should be able to feel that they are going to be supported outside of the Army. They don't know what benefits are available. They don't know where they are going to be housed. They don't know their own rights, and that is what stops most people from leaving. (P21)*

“ *I didn't actually say anything until I turned up at work with a black eye. Then, after that, everything seemed a little bit easier [...] because people could see, especially with it being the physical violence. [...] But I do know the mental side of it is probably worse. (P10)*

### Experiences of services

Participants reported mixed experiences of receiving help from support services (military and civilian), identifying positives and challenges both across and within services. Most reported a perception that military services wanted to protect their employees, lacked understanding of IPVA, colluded with personnel, and tried to deal with the IPVA 'in-house'. Participants described difficulties accessing military services as civilians and more so for those in relationships with reservists. Difficulties accessing civilian services included: lack of expertise in identification of IPVA; lack of routine enquiry by health and welfare practitioners; delays due to service waitlists and thresholds; regional gaps in service provision; lack of signposting and onward referrals; lack of continuity of care; and lack of support for those attempting to resolve their relationship difficulties. Participants described feeling stigmatised by civilian police and reported a perceived lack of victim protection in the justice system. Concerns were raised regarding boundaries between civilian and military justice systems and the inaccessibility of military records to the civilian police and prosecution service, which were perceived to create gaps in service provision and enable the military to 'close ranks'.

“ *The lady at the police station was brilliant. I don't know if she was a PC or a sergeant, but I know she was brilliant, and believed me, which was amazing. (P10)*

“ *[When I tried to report it to military police] they sat there and made all the right noises. They kind of questioned me as well as to was I exaggerating, [...] did I really want to press charges, did I really want to risk his career: [...] They twisted things back that I was telling them: 'No, but that just means he cares.' So I did go back home confused, and, as I said, a couple of days later; he was told. (P23)*

“ *[The police] recommendations were just, 'Speak to the Army. The Army will sort it out.' That was basically their recommendation. Their stock answer to everything was, 'Well, he's been to Afghanistan. I can see why he's angry all the time.' (P19)*

## Key recommendations

1. Culture change is needed in the military community to engender attitudes which are more conducive to and supportive of healthy relationships among personnel, eg more progressive attitudes to gender, masculinity, and the balance between military priorities and relationship/family needs.
2. Support is needed for personnel to adapt their emotional and behavioural responses from military to civilian and family settings in order to tackle the problem of interpersonal aggression within the home.
3. Consideration is needed of how to mitigate the negative impact of frequent geographical relocations on civilian partners.
4. Greater awareness is needed of periods of increased risk of IPVA by military personnel, such as reintegrations post separation, the peri-deployment period and the transition to civilian life, with targeted efforts made to improve identification and support and reduce barriers to help-seeking for those at risk or who have experienced IPVA during these periods.
5. Further research is needed to investigate the experiences of male victim-survivors, LGBT+ couples, victim-survivors from minority ethnic groups, as well as those of military personnel victim-survivors of IPVA.
6. Education on IPVA should be available to personnel and military families as part of training/well-being packages, for instance on HIVEs in military bases, especially in anticipation of key risk periods such as the peri-deployment period and transition out of service.
7. Training of health and welfare staff in the identification and management of both physical and non-physical IPVA and the wider impact of IPVA on the mental health of victim-survivors and children.
8. First line health and welfare staff, both military and civilian, need to have the skills to screen for and identify IPVA and signpost to specialist services where necessary.
9. More accessible, independent support is needed, confidential of chain of command, for partners and families, regardless of relationship and civilian status. Consideration should be given to the use and evaluation of Domestic Abuse Advocates, independent of the military, who have specialist skills in the assessment and management of IPVA.
10. Need for better inquiry about risk of IPVA by mental health professionals who are well placed to identify patient risks, but may not always consider IPVA within their remit, or have confidence and skills to enquire about it in their routine clinical interactions.
11. Greater awareness of support services for IPVA and parity of access for military families, including those of reserve personnel, is needed with clearly delineated pathways to support.
12. Special attention should be given to the support needed by Non-UK civilian partners.
13. Wide reaching impacts of the bureaucratic divide between the military and civilian justice systems need to be examined.

## Conclusion

This study describes the narratives of civilian victim-survivors of IPVA perpetrated by military partners and their perception of how military-related factors, such as military culture of machismo and hierarchy, the prioritisation of the needs of the military over family, reintegration and transitions, and mental health issues can contribute to relationship difficulties and IPVA. These results additionally highlight the challenges faced by civilian victim-survivors when seeking help for IPVA and how being in an abusive relationship with someone in the military can magnify some of those challenges and give rise to different experiences of help-seeking.

Participants' experiences suggest that a shift in attitude to and understanding of IPVA is needed from the top down in the military and action taken to reduce barriers to help-seeking by civilian partners, improve access to and experience of support services and ensure that due legal process is facilitated. The MOD Domestic Abuse Strategy (2018) is evidence of the motivation to make such changes and to provide support for military families including for victim-survivors, perpetrators and children. The recommendations which arise from this study should inform further review of that strategy.







