

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

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Foreword

The latest UK Armed Forces Families Strategy, anticipated later this Autumn, aims to recognise the vital role that Service families play in supporting the Service person. It also sets out to support and empower families to thrive within the Armed Forces Community. These are important aspirations for any modern Government but particularly so for the UK's, where so much store is placed on standing up for those who serve and their families, underpinned by an Armed Forces Covenant now a decade old. However, when it comes to what these pledges actually mean, what could be more important than recognising and understanding that the challenges and strains of military life can in some cases lead to violence and abuse between partners at home where their very safety is sometimes put at risk due to pressures induced or exacerbated by their work. Moreover, that our Armed Forces Community can find help from support bodies where these factors are understood.

As a grant awarding trust, Forces in Mind Trust exists to enable all ex-Service personnel and their families to transition into successful and fulfilled civilian lives and so we are keenly interested in investigating factors that can conspire to cause difficulty in their transition journey. From other aspects of our work we are well aware that many Service personnel experience mental health issues that follow them into their civilian lives and affect their families. We also know that issues of financial instability, housing concerns and the experience of leaving the relatively secure environment and employment of the Armed Forces can be traumatic and destabilising. This important report shows that the strains of Service life can contribute to violent or abusive behaviour within personal relationships and it is our experience that many of the personal and domestic difficulties experienced whilst 'in uniform' are magnified once that safety net is left behind.

This report, the first of its kind into this topic in the UK, reveals complex issues of culture, stereotypical gendered roles and behaviours, hierarchy, social isolation and separation, extra-relationship and family pressures associated with housing and finance, and complex victim-survivor dynamics. As well as shining a light on the particular factors relating to intimate partner violence and abuse (IPVA), perpetration and victimisation, the findings and recommendations of the report are welcomed for raising important questions for the military chain of command and support services in terms of training and awareness, the transparency of data sharing and the effectiveness of help-seeking pathways, especially where they cross over from military into civilian support avenues.

Overall, this report is a wake-up call that there are vulnerable partners and groups at risk within the serving and veteran community who need to know how to seek the appropriate help. For that it is strongly commended to policy staff, senior Armed Forces leaders and managers, and service providers alike and all those who hold that most critical of responsibilities, duty of care for their people.



Tom McBarnet,
Chief Executive, Forces in Mind Trust

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

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

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.

2. Glossary

GP – General Practitioner

IPVA – Intimate Partner Violence and Abuse

MOD – Ministry of Defence

NHS – National Health Service

PPI - Patient and Public Involvement

PTSD – Post-traumatic Stress Disorder

3. Background

There is growing evidence that Intimate Partner Violence and Abuse (IPVA), defined as ‘any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship’ (World Health Organisation, 2012), has increased in frequency and severity as a result of COVID-19 and related restrictions in the UK (Campbell, 2020; Usher et al., 2020).

Current figures are likely to be higher than the estimated 2.4 million adults who reported experiencing domestic abuse in the year ending March 2019 in England and Wales (Office of National Statistics, 2019). The widespread impact of IPVA has been well-documented in civilian populations, negatively affecting the mental and physical health of victim-survivors (Campbell, 2002; Chandan et al., 2019; Golding, 1999), as well as their social and occupational functioning (Hines & Douglas, 2018; Johnson et al., 2014). Families and family members can also be impacted. Children exposed to parental violence are at greater risk of developing psychological difficulties and being victimised themselves (Devaney, 2008; Jouriles & McDonald, 2014). At a societal level, the social and economic cost for victim-survivors of domestic abuse in England and Wales is estimated at £66 billion (Oliver et al., 2019).

The prevalence of IPVA perpetration in military populations is a growing concern. Recent research examining the 12-month prevalence of IPVA perpetration in UK military populations has found it to be common and significantly more likely than in the general population after adjusting for sociodemographic differences (aOR 3.41 (1.79-6.50) ; MacManus et al., under review), replicating international findings (Kwan et al., 2020). Despite this initial research, more UK-based IPVA military research on which to base policy development and crucial changes to practice is needed.

There is evidence that the nature of military training and culture may impact on the risk of IPVA. It has been suggested that during basic military training, personnel learn and internalise the legitimacy of the use of violence within a military context (Bradley, 2007; Gee, 2017). Supporting social learning theory of aggression (Bandura, 1978), the validation of violence within the military sphere may bleed into other environments, contributing to IPVA (Bradley, 2007; Trevillion et al., 2015).

Occupational violence ‘spill over’ has also been argued to result from the endorsement of hypermasculinity and domination in the military, depicted through a defined hierarchy and patriarchy, recreating a culture of subordination in the family home (Jones, 2012; Melzer, 2002). Of particular concern also are the high rates of alcohol misuse among UK military personnel (Fear et al., 2007; Rhead et al., 2020), which have been associated with increased risk of IPVA and family violence perpetration (Kwan et al., 2018; MacManus et al., under review).

Military life can present unique stressors for couples in which one or both partners are military personnel, such as frequent geographical relocations which can result in disruption of spouses’ social networks and ability to maintain employment (Blakely et al., 2014; Gribble et al., 2019), increasing dependency on their military partner and vulnerability to abuse. The demands of military service may result in periods of separation for couples, which can negatively affect relationship satisfaction, create additional stress and impact on the risk of IPVA (McLeland et al., 2008; Rentz et al., 2006). Reintegrations back into family and civilian life, both post-deployment or post-service, has also been reported as a difficult period (Ray & Heaslip, 2011; Williamson, 2012; Williamson & Matolcsi, 2019), associated with changes in relationships during the absence of personnel, issues of relational uncertainty and interference in daily routines during reintegration (Gribble & Fear, 2019; Knobloch & Theiss, 2012).

Deployment and combat exposure have both been 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). Military personnel mental health problems, such as depression and Post-Traumatic Stress Disorder (PTSD), and alcohol misuse have been shown to be risk factors for IPVA perpetration (Cancio & Altal, 2019; MacManus et al., under review; Trevillion et al., 2015).

Although increased awareness of and service provision for IPVA has been marked as both a UK government and military priority, as highlighted through the Domestic Abuse Act (Home Office, 2021) and Domestic Abuse Strategy¹ (Ministry of Defence (MOD), 2018), little is known of the IPVA experiences of civilian partners of military personnel both internationally and in the UK.

Moreover, despite these findings there remains a paucity of research exploring experiences of help-seeking for IPVA among military-connected populations, particularly those of civilian spouses or ex-spouses who are on the margins of both civilian and military communities (Gray, 2015). Experiences of help-seeking for IPVA have been well-documented in civilian populations and multiple barriers have been identified. These barriers can arise at the level of the individual, such as self-blame, stigma, and fear of repercussions (Feder et al., 2006; Rose et al., 2011), and also at service level, including lack of awareness of and trust in services (Fugate et al., 2005; Huntley et al., 2019), and perceived lack of staff training and skill in identifying and managing IPVA (Ramachandran et al., 2013; Rose et al., 2011; Sprague et al., 2012).

Given the additional stressors of military life described above, it is likely that there are particular complexities to help-seeking for those in abusive relationships with military personnel. The UK Ministry of Defence (MOD) has identified factors which may deter reporting of IPVA and its management, for instance dependence of the spouse or partner on the perpetrator for financial support or a perception that the military will protect the perpetrator and not support survivors (MOD, 2018). Limited UK research into help-seeking for IPVA by civilian spouses of military personnel has identified further barriers to include fear of the impact on the career of military personnel (Williamson, 2012; Williamson & Matolcsi, 2019), a perceived lack of confidentiality within military welfare services (Gray, 2015; Gray, 2016a; Williamson, 2012; Williamson & Matolcsi, 2019), and a perceived ineffectiveness of support available for IPVA within the context of the military (Gray, 2016a). US research has identified military protection of personnel, lack of safe spaces and financial dependency as key factors which deter help-seeking among military wives (Kern, 2017) and that foreign nationals experience additional complexities to help-seeking for IPVA compounded by their migrant circumstances and status (Erez & Bach, 2003).

Research to date exploring IPVA and help-seeking experiences among partners of military personnel has been limited by small sample sizes and low rates of self-disclosed IPVA within those samples; a narrow focus on deployed and regular personnel; or the inability to extrapolate from the US to the UK context. An in-depth exploration, using qualitative research, of how UK military life affects relationships and experiences of help-seeking for IPVA was needed to enhance current understanding and guide the development of support services for this important subgroup of victim-survivors. The current study aimed to explore IPVA and help-seeking experiences of civilians who were, or are, in relationships with serving personnel and/or veterans (ie ex-serving personnel). The below research questions guided this study:

1. What are the personal experiences and consequences of IPVA among the civilian partners of UK military personnel (serving and/or veterans)?
2. How do civilian partners perceive their partners' military career (past or current) to have affected their relationships and their experiences of IPVA?
3. Are common military experiences, such as relocations, separations and deployments, perceived by civilian partners to contribute to relationship difficulties and IPVA, and how?
4. What are civilian partners of military personnel's experiences of help-seeking for relationship difficulties and IPVA?
5. What are the facilitators and barriers to civilian partners accessing support for IPVA and related problems and are there military specific barriers?
6. What are civilian partner experiences of military compared to civilian support services for IPVA and related problems?

Why qualitative research?

Qualitative research allows for the enrichment of findings from quantitative studies by providing insight into relevant context, mechanisms, attitudes and nuances of lived experience through personal narratives. Usually a much smaller sample size is utilised and the methodology provides abundant, in-depth data about real life people and situations. As such, reporting and analysis is founded on expressed perceptions and personal observations.

¹ The MOD Domestic Abuse Strategy (2018) is a defence-wide strategy which aims to reduce the prevalence and impact of domestic abuse and increase the safety and wellbeing of all those affected. It outlines a range of interventions and activities to be delivered under the pillars Prevention, Intervention and Partnering.

Definitions

While the term 'domestic violence' is used in many countries, including in the UK, Intimate Partner Violence and Abuse (IPVA) is used throughout this report. Intimate Partner Violence is defined by the WHO (2012) as 'any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship'. In line with the UK Government's definition of domestic violence and abuse (Home Office, 2013), this is defined as psychological (emotional, verbal and coercive control), physical, and/or sexual abuse between former or current intimate partners.

Throughout this report, those who have been subjected to IPVA will be referred to as both 'victims' and 'survivors'. The term victim often refers to someone who has been subjected to a crime, such as IPVA, whereas the term survivor often refers to someone who is going/has gone through the recovery process. Individuals have different preferences to which term they identify with and therefore both terms (victim-survivor) will be used in this report to reflect this preference and respect different perceptions.

This report uses the term 'military personnel' to describe any person who is currently or has at some point served for the UK military. Serving status is specified (serving or ex-serving) where relevant. This report also references both regular and reserve personnel. Regular personnel refers to military personnel whose primary full-time employment is with the military. Reservists or reserve personnel refers to military personnel who support the military on a part-time basis, often in their spare time and alongside their primary employment.

The wider research programme

This study forms part of a wider research programme exploring IPVA in couples in which one or both partners are, or were, military personnel.

A large-scale quantitative study examined the prevalence and risk factors for IPVA among military personnel reporting IPVA victimisation, perpetration or both (MacManus et al., under review). A qualitative study of military personnel reporting IPVA victimisation, perpetration, or both, explored the perceived impact of military life on relationships and IPVA and military personnel experiences of help-seeking and accessing support (Lane et al., under review a; under review b; under review c). A second qualitative study explored the views and experiences of health and welfare workers in identifying, managing and offering support for IPVA in the military community (Sparrow et al., 2020).

This third qualitative study mirrors the first and offers a civilian victim-survivor perspective on experiences of IPVA, perceptions of the impact of military life on relationship and IPVA, and help-seeking and accessing support for IPVA.

4. Method

Study design

This research was undertaken as part of a wider mixed-methods programme examining and exploring IPVA in couples in which one or both partners are serving or has served in the UK military. Using a qualitative research design, we explored civilian victim-survivors' experiences of IPVA within intimate relationships with serving personnel and/or veterans and their perceptions of the influence of the military on their relationships and IPVA. See the following publications for further detail on the findings from the other studies in the research programme and the data used during triangulation: Lane et al., under review a; Lane et al., under review b; Lane et al., under review c; Lane et al., under review d; MacManus et al., under review; Sparrow et al., 2020.

Recruitment

Participants who identified as civilian victim-survivors of IPVA occurring during relationships with military or ex-military personnel were eligible for inclusion. Recruitment was open to individuals of all genders and sexual orientation. Please note that civilian victim-survivors will be referred to as participants and their military partners as (ex)partners hereafter.

To promote recruitment, the research was advertised in several national military and civilian welfare support charities, clinical services for serving personnel, veterans and their families (including military base GPs and welfare services), and specific support organisations for victim-survivors of IPVA. Prior to study involvement, participants received study information and provided written consent. Participants were offered £25 as compensation for their time.

Participants

A total of 25 participants were interviewed between January and August 2018. All participants were women in heterosexual relationships. Participant mean age was 42.2 years and the majority described themselves as White British (22/25), see Table 3. At the time of interview, all but one participant were no longer in an abusive relationship with a military person. As such, accounts are largely retrospective. Two participants reported multiple abusive relationships with military personnel, with the total sample reporting on 27 abusive relationships with military personnel. Military (ex)partners were more commonly reported to be in the Army, ex-serving, and of Non-Commissioned Officer rank.

All military (ex)partners had previously deployed and served as Regular personnel, though some served with the Reserves before or after their Regular service. Some participants reported the military characteristics of (ex)partners at the time of interview; for others, this reflected their (ex)partners' military characteristics during the relationship or at the point of leaving Service. In addition, some military (ex)partners served across branches. As such, the useability of this data within the analysis was limited.

Table 3. Participant demographics and military characteristics of (ex)partner

Age (years)	24-63 (M = 42.2)
Ethnicity	
Minority ethnic group	3
White British	22
Branch*	
Royal Navy/Royal Marines	6
Royal Air Force	2
Army	21
Serving status (at time of interview)	
Ex-serving (or veteran)	16
Serving	11
Rank	
Officer	3
Non-commissioned Officer	14
Other rank	8
Unknown	2
Regular vs Reservist*	
Regular	27
Reservist	4
Length of service (years)	
5 to 14	11
15 to 24	11
25+	2
Not known	3
Deployment experience**	
Deployed	27
Not deployed	0

*Groups aren't mutually exclusive. Some military partners were reported to serve in multiple Service branches and have experience of being both regular and reservist military personnel.

**Deployment experience does not include detail on whether military personnel held combat roles on deployment, although participant narratives would suggest this was common.

Data collection

Following Patient and Public Involvement (PPI) consultation, a semi-structured interview schedule was developed. The topic guide was comprised two sections: (i) participant experiences of IPVA and the perceived impacts on themselves and their children; and participant perceptions of the impacts of military life on intimate relationship(s) and IPVA; and (2) participant experiences and attitudes regarding help-seeking for IPVA, see Table 4. Example questions include: Were there specific aspects of life with someone serving in the military/who had served in the military, which made your relationship more difficult? How did you find the process of asking for/seeking help? Do you think being in a relationship with someone in the military had an impact on you seeking help? One-to-one telephone interviews were conducted, a method deemed appropriate to facilitate engagement by providing a sense of participant anonymity (Mealer & Jones, 2014) and to recruit participants over a broad geographical area. Interviews were digitally recorded, transcribed verbatim for analysis, and anonymised to protect participant identity.

Table 4. Interview topic guide

1. Participant demographic information.
2. (Ex)partner's military history.
3. Participant experiences of IPVA and the perceived impacts on themselves, their (ex)partner and children.
4. Participant perceptions of the positive and negative impacts of military life on intimate relationship(s).
5. Participant experiences of help-seeking.
6. Participant suggestions on what they found/would have found helpful.

A risk management plan was developed due to the potentially distressing nature of the interviews. A sign-posting booklet containing information on support services was given to potential participants. All participants interviewed were offered debriefing and the opportunity to speak with the study medical officer (DM). One participant received support from the medical officer.

Patient and Public Involvement

Feedback from project advisory meetings were used to inform the interview protocol. PPI events were organised, involving consultation with professionals (military research, IPVA research and services, mental health research and services, members of the Armed Forces) and civilians with personal experience of abuse by their military (ex)partners to gain feedback on the findings. Input from wider stakeholders also helped ensure that different explanations for the findings were considered and fed into the implications for further research and practice/policy development. This allowed the results to be refined, verified, validated, and meaningful. Consultation through PPI or project advisory meetings allowed for discussions about potential bias and helped the research group explore preconceived ideas.

Ethical approvals

Ethical Committee approval was granted by the King's College London Research Ethics Subcommittee (Ref HR-17/18-5356).

Analysis

Interviews were analysed using reflexive Thematic Analysis (Braun & Clarke, 2019, 2020) to provide patterns of meaning across the lived experiences, suited for our research questions related to people's experiences, views and perceptions. Reflexive Thematic Analysis was also deemed appropriate due to the number of participants recruited. As part of a wider mixed-methods study, the interviews were analysed using a latent approach to go beyond the semantic content of the data. After a process of familiarisation, a coding framework was developed based on the interview topic guide and simultaneous coding of the first six interview transcripts by two researchers (FAC and AT), implementing both an inductive and deductive approach. This initial framework was applied to the remaining transcripts and initial themes were generated where meanings in the data were identified and related to each other. This was suited to the phenomenological research design, as this allowed for the large amount of data to be organized and for experiences to be understood in great depth. The framework also allowed for the researchers to verify and make sense of the findings with other data sources (ie data triangulation). The latent approach was significant to identify or examine underlying ideas, assumptions, and conceptualisations within the semantic content of the data. The suitability of the coding framework was assessed through progressive iterations and discussions within the research team, revisited until the write up was finalised. The reflexive process and input from key stakeholders and PPI (described above and below) guided the researchers in finding and understanding patterns of meaning within the data.

The analysis process was complemented by the principal investigator (DM) and an independent moderator (RL) using iterative categorisation (Neale, 2016), in an effort to verify coding and draw out finer nuances in the data. Differences in the experiences of participants who were in relationships with personnel from different military sub-groups, such as serving vs veteran personnel, regular vs reservist personnel, or different service branches, were explored where possible and are reported where relevant. Findings are presented in two parts according to the sections of the topic guide. Data management was supported by QSR NVivo12 software (QSR International, 2018).

Reflexivity statement

It is important to reflect that all authors of this report are White European, female, have never served in any Armed Forces, and have undertaken postgraduate study. Authors have no current or previous affiliations to the MOD or military. It is possible that author characteristics and pre-conceptions of the military and/or of IPVA may have influenced participant responses, and affected the way the interviews were conducted and the analysis was approached. However, the non-military serving status of interviewers was considered likely to reduce barriers to disclosing issues with the military institution and principles of reflective practice were used in team discussions to help identify and understand author perspectives. Furthermore, consultation with senior researchers and practitioners with expertise in military families research and/or IPV throughout the course of the study enabled the team to make procedural decisions, discuss details of data generation and management, enhancing trustworthiness, and supported our reflexivity, minimising the possibility for bias.

5. Findings

Section 1:

Perceptions of the impact of military life on IPVA victimisation among civilian partners of UK military personnel.

Four primary themes were identified from the data in Section 1: Experiences of IPVA; Military culture and IPVA; Common military experiences and IPVA; and (ex)partner's psychological functioning and mental health, see Table 5.

Table 5. Primary themes and corresponding subthemes.

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

Theme 1:

Experiences of IPVA

Theme 1 describes the pattern of IPVA experienced by civilian victim-survivors and how IPVA was perceived to affect the mental and physical health of participants, their ability to parent, and their children. There were two subthemes: Patterns of IPVA; and Consequences of IPVA.

1. Patterns of IPVA

All participants described being the victim-survivor of unidirectional IPVA perpetrated by their (ex)partners, ranging from moderate to high levels of severity. Reported forms of violence included psychological (eg verbal aggression and threats) and emotional abuse (eg belittling and humiliation), controlling behaviours (eg restricting finances, contact with social supports), physical abuse (eg slapping, punching, pushing) and sexual abuse (eg coercion, forced sex). Most participants described being exposed to multiple forms of aggression (eg physical and emotional/psychological), with a minority reporting sexual violence. Most participants described a pattern of escalating abuse over the course of their relationship, increasing in severity and frequency, with participants identifying pregnancy or having a child as triggers for abuse beginning or worsening. While for some, the onset of the abuse was easily identified, for others there was a sense that it escalated slowly, making recognition of the gravity of the abuse difficult. Most participants reported that the relationship ended in a context of heightened abuse, often physical.

“ It escalated so slowly [...] that, in the end, you would barely even know, and you would get used to tiptoeing around to avoid it, because that is easier than bothering other people. (P20)

Participants described experiences of on-going and often unresolved conflict within their relationship, perpetuating abuse, with a minority reporting retaliation towards (ex)partners, largely verbal. Some participants explained how fear, as a consequence of the abuse experienced, made them acquiesce in arguments to prevent triggering or escalating the abuse.

“ I would probably just end up agreeing that, ‘OK, I had done it, and I’m really sorry that I didn’t admit to it to start with.’ If I didn’t agree to it, then it would have just escalated and escalated until I would have had to submit, either physically or something. (P12)

2. Consequences of IPVA

Many participants reported physical trauma as a result of the IPVA they experienced, ranging from bruises and sprains to more severe and enduring injuries, such as broken bones or disfigurement. Physical injuries were related to difficulties in maintaining employment. Some participants described that coercive control was used to conceal physical injuries resulting from abuse.

“ He kicked me hard, I am pretty sure I broke my collarbone, but I never went to the doctor’s. [...] I couldn’t leave the house afterwards. I would be locked in until I was better; so no one could see me and realise that we weren’t the perfect couple. (P12)

All participants described how the IPVA they experienced contributed to the development of acute and chronic mental health difficulties. These included, but were not limited to, mental disorders such as PTSD, as well as other difficulties, for instance with trust and poor self-esteem. Participants shared how they felt that psychological IPVA and coercive control affected them more in the long-term than the physical injuries they sustained.

“ I can handle someone hitting me, but, when someone’s constantly on at me, telling me that I’m worthless, that’s affected me more than anything. (P7)

Participants reported that increased levels of parenting stress impacted on the quality of parent-child relationships. Emotional neglect, overt hostility and controlling behaviours, mirroring the IPVA within their intimate relationship, were also described.

“ My mental health had a huge impact on my children because their mother was constantly depressed. [...] I look back to their childhood and I have lots of regrets where [our children] were neglected, they weren’t played with, they were shouted at, they were physically abused. (P23)

All participants with children noted how their children were witnesses to violence within the household, with some participants sharing that their (ex)partners were also violent towards their children. This included physical violence, belittling and controlling children.

“ He was very verbally aggressive and he would smack [the children] [...] he would tap them on the head if they weren’t listening, and call them stupid. (P10)

The consequences for children, as reported by the participants, were primarily the development of psychological difficulties, such as low mood and anxiety or PTSD symptoms, but also included increased aggression, mirroring abusive behaviours, and school-related difficulties.

“ My younger [child] [...] did [self-harm] thinking that [they] would do away with [themselves]. My older [child] would regularly run away - this was after we had left – [they were] very violent and aggressive; [they] had a knife to [their sibling’s] throat. Actually, [they] almost took up where my husband had left off with [their sibling]. (P15)

Theme 2: Military culture and IPVA

Theme 2 describes participant perceptions of the role military culture played in their relationships and experiences of IPVA and is comprised of five subthemes: Work-family conflict; Gender asymmetry and military hierarchy; Military training; Minimisation and normalisation of violence within the military community; and Culture of alcohol consumption in the military.

1. Work-family conflict

A minority of participants described the benefits of life as a military family, such as financial security, housing, and a sense of community. Despite these advantages, most perceived there to be a conflict between the competing demands of the military and the family. For example, the unique nature of military Service could result in frequent periods of separation at short notice, with the family having little say. As a result of the dominance of the military over the family, participants described feeling like the military and their (ex)partners career were the priority.

“ You are just the second best. You are not the priority at all [...] He [(ex)partner] was never really home [...] you didn't get communications, you didn't know what was going on. (P7)

This provided context for problems in relationships and challenges in seeking help, whereby participants did not feel looked after by the military.

“ The welfare system within the army was not supportive of me whatsoever. They are always on the soldier's side. (P21)

2. Gender asymmetry and military hierarchy

Some participants described how their partners engaged in controlling behaviours to maintain traditional gender roles within the relationships and restricted their ability to seek employment. They perceived this to be facilitated and even normalised by gendered expectations of female spouses and male military (ex)partners in the military, with male personnel in charge of major household decisions and female spouses responsible for managing childcare and household chores.

“ There was an expectation that [men] didn't do the dishes. They did no housework. They didn't really look after their own children. [...] It was very macho-led environment. (P23)

A minority of participants felt pressured by the military community, as well as military circumstances, into getting married young in order to relocate or live together, which was then reported to make it more difficult to leave the relationship. Such participants often reported little experience of other relationships and observing relationship problems as the norm, impacting on their ability to recognise abuse.

“ I knew something wasn't right, but everybody else was behaving exactly the same. We lived in flats - you could hear neighbours arguing, you could hear violence taking place in other flats. Other wives were being made to behave the same way as I was being made to behave. I didn't have any previous relationships to compare it to. (P23)

Participants felt that the rank hierarchy within the military organisation further contributed to the development of asymmetric power relationships at home and contributed to coercive control and aggressive behaviours, particularly verbal abuse.

The use of aggressive styles of communication was shared to be commonly replicated in the family home, along with the expectation that participants and family members should follow orders.

“ 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)

Many participants expressed the perception that military culture of 'banter' and machismo, described as a 'boys club', negatively impacted their relationships.

“ The banter, the sick jokes and stuff, but that is just the way they are. That is how they manage with everything they are seeing every day. The affairs, because they are away and they have got to be one of the lads. My husband did have affairs, and he has since told me it was because he was one of the lads and he had to do what was expected of him. (P16)

3. Military training

Participants noted that military service is highly demanding and often requires aggression to problem solve, observing that personnel were not taught alternative conflict resolution strategies. This observation was made by partners of military personnel of all ranks. Many participants perceived military training to trigger or escalate IPVA experiences, even in participants who described experiences of abuse prior to their (ex)partner joining the military.

“ [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)

Participants expressed that behaviours and aggression developed in training could infiltrate intimate relationships and contribute to controlling or aggressive behaviour, where (ex)partners were unable to separate their working and home environments.

“ *When my ex came home, if I hadn't cleaned the kitchen in the right way, and he would go round and inspect it. [...] That wasn't needed at home, but it is what they were taught in the army, so he did it. They are taught to be aggressive.* (P19)

In some cases, participants shared that their (ex)partners used their military skills to increase the weight of the threat.

“ *The threats of body harm were there. 'You should be so happy that I don't hit you.' 'I have been taught to kill. I could kill you if I wanted to.'* (P18)

4. Minimisation and normalisation of violence within the military community

Participants with partners across the ranks described how macho banter and the regular exposure to aggression and violence within the hypermasculine environment of the military facilitated the minimisation/normalisation of violence and encouraged the humiliation of others and other aggressive behaviours, such as IPVA.

“ *He used to make a lot of comments about, 'This is how it is in the army. Men have to be the boss. You're just a woman. [...] 'So-and-so beats his wife more than what I beat you, so just put up with it,' or, 'It'll make you stronger,' things like that. So I there was very much a culture of abuse, and he just wanted to fit in.* (P19)

Many participants expressed the belief that, although domestic violence is not publicly acknowledged and managed in the military, it is prevalent and, to a certain extent, culturally accepted.

“ *Domestic abuse and any abuse of any kind is well hidden within the army. No one wants to talk about it, no one wants to do anything about it.* (P21)

“ *With things like domestic violence, that gets pushed under the carpet. People don't talk about it, but it is prevalent. [...] I think it is ingrained in the military culture, and, if you marry into the military, then the expectation is that you have to deal with it because that is what you married into.* (P18)

A minority of participants reported experiences in which other military personnel witnessed them being abused by their (ex)partners and commented on their passive response.

“ *[(Ex)partner was] smashing a glass against the wall, threatening me, screaming and shouting because he is steaming drunk, accusing me of things I hadn't done, people trying to move him away from me, sending him in a taxi home. They would be bringing me home the following day, but it would all be hushed under the carpet, so his captain wouldn't find out about it. [...] It was seen as it is just a domestic, they will be fine tomorrow.* (P7)

5. Culture of alcohol consumption in the military

Alcohol consumption was perceived by most participants to be intrinsic to military culture, easily accessible within military bases and not monitored by military leadership. Participants described that if personnel did not fully engage with the drinking culture, they would be bullied and punished as a result.

“ *This going down to the bar on a Friday afternoon at lunchtime to a 'meeting' as they called it, and, if you didn't go, well, the repercussions from your boss were huge. [...] You had to be there, and the first person to leave and go home would then be bullied. So you would stay the longest. You stayed until you passed out.* (P23)

Almost all participants described how alcohol tended to trigger and escalate abusive behaviours, contributing to more frequent and severe physical or sexual violence.

“ *He would be more aggressive, more violent, but it was more the fact that his inhibitions would be lifted [after drinking] [...] There would be no filter. So, it would become more tense, a more frightening time when he was drinking.* (P23)

Theme 3: Common military experiences and IPVA

Participants identified risky periods for experiencing IPVA victimisation which revolved around common military experiences. Three subthemes were derived from the data: Military-related relocation; Deployments; and transition to civilian life.

1. Military-related relocation

Some participants explained how they experienced frequent geographical relocations as a result of their (ex)partner's occupational requirements both within the UK and overseas. For some, military-related relocations were positive, providing them with new opportunities and exposure to people and places. Others noted that relocations frequently removed them from their social networks and led to difficulties with career development and help-seeking for IPVA. Frequent unemployment reportedly increased financial dependency on their (ex) partners and contributed to greater power imbalances within relationships that could be exploited by personnel.

“ *[Relocating] had an impact on my career. I think it isolated me. It took me away from my friends and family, and I found it really difficult to make new friends. (P15)* ”

“ *I was always leaving my job or having to try and find new employment that worked around, basically, him not being there, because you couldn't rely on them. So, that made it really hard, and, actually, he could then use that against me because I wasn't earning as much as he was. (P11)* ”

Non-UK participants and those who relocated overseas alongside their (ex)partner reported feeling particularly vulnerable to IPVA, with the additional complexities of linguistic barriers, being further from family and friends, and lack of knowledge of services.

“ *When we moved [overseas], that all changed. I obviously gave up my tenancy, I gave up my job, I gave up my friends. So I was solely dependent on him. (P23)* ”

2. Deployments

Participants shared mixed experiences of how deployment impacted on IPVA in their relationship. Some participants shared that deployment played no part in their experiences with the abuse starting prior to deployment or to their (ex)partner joining the military, whilst others described deployment as a trigger for IPVA beginning or escalating.

“ *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)* ”

Although for some, periods of separation were described as a relief, others expressed that periods leading up to deployment and the time apart itself would result in worsening IPVA, particularly of coercive control. One participant shared that digital technologies facilitated verbal and emotional abuse, as well as sexual coercion, during deployment.

“ *When he was deployed away, he didn't want me to have money so that I could do things, like go out without him or enjoy things without him. [...] I think it was his way of maintaining control when he wasn't actually here. (P8)* ”

Upon return from deployment, some participants described experiencing happiness on reunion. However, almost all participants noted that return from deployment was ultimately followed by efforts by their (ex)partners to re-establish control and assert dominance, leading to a return to prior violence. Some triggers identified by participants included (ex)partners feeling like 'a spare part' or not being recognised by children.

“ *He didn't like the fact that I had learnt to drive whilst he was away [...] he came back and [our child] didn't really know who he was. So, I think that made him feel even more separated from us [...] he didn't know how to respond to [their] needs, especially if [they] started saying, 'Mama, mama,' when [they] was crying; that would make him really, really angry. (P21)* ”

Some participants identified that their (ex)partners' alcohol use and aggression would be worse after deployment, and that this progressed with increased deployment experiences.

“ His drinking really affected the relationship because he would come back from being away, he generally would be swearing more, he would be more loud, he would be drinking more. (P11)

3. Transition to civilian life

Veteran (ex)partners were described as struggling to shift their cultural understanding and adapt their skills after their transition out of service and into civilian society, for instance to find employment. The loss of routine for veterans, paired with increased time together as a couple, were described as contributing to relationship difficulties and instances of IPVA. Participants also noted that patterns of excessive alcohol use persisted after veterans had left the military and impacted on levels of abusive behaviour in their relationships.

“ 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)

Participants explained that some challenges for (ex)partners navigating their military and civilian identities included losing a sense of purpose and recognition, as former military markers of status were no longer held. Participants shared that their (ex)partners looked down on civilians, resulting in the couples being increasingly isolated from social networks and facilitated coercive control of victim-survivors.

Everything was compared to the military, everybody was a civilian piece of shit. I wasn't allowed to make friends with the neighbours because they weren't army wives [...] So it just ended up just the two of us in our own little bubble for a few years. (P12)

Theme 4: (Ex)partner's psychological functioning and mental health

Theme 4 describes participants' perceptions of how their (ex)partners' psychological functioning and mental health, as a result of both military or pre-enlistment experiences, contributed to their abusive behaviour. These were organised into two subthemes: Psychological functioning and mental health and Pre-enlistment vulnerabilities.

1. Psychological functioning and mental health

Some participants perceived military training and experiences to have had a negative psychological impact on their (ex)partners and assigned some blame to the military for the abuse that they experienced within their relationships. This was particularly related to perceived loss of empathy, levels of emotional arousal, irritability and hypervigilance, which were perceived to permeate family and civilian environments.

“ He was always very paranoid [...] about people. I don't know whether it was because he had been undercover for ages. [...] He used to say to me, 'If you were stood here, you'd be able to shoot that person, but you wouldn't be able to shoot this one. If someone's shooting at you, if I move two steps to the left, they wouldn't be able to hit me.' This is when we are just walking down the road, he would be telling me all this sort of stuff. (P12)

Almost all participants perceived their (ex)partners' mental health difficulties to contribute to relationship difficulties and some attributed these problems to greater violence and abuse. Many participants linked their (ex)partners' mental health difficulties to their deployment experiences, observing how their (ex)partner's immediate post-deployment mental state contributed to more frequent and severe aggression. Some observed that these issues persisted beyond post-deployment periods, and were of the opinion that aspects of military life and experiences on deployment in particular, led to on-going mental health problems for their (ex)partners, which they believed to impact on the relationship. Participants described how their (ex)partners experienced a variety of difficulties with anger, emotional withdrawal, sleep disturbance, anxiety, flashbacks, mood swings, and paranoia. A few reported that their (ex)partners had been given a diagnosis of PTSD. Some participants suggested that their (ex)partners used alcohol as a coping strategy to deal with their mental health difficulties and to suppress the trauma they had experienced.

“ 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)

However, there was variation in participants' attribution of IPVA experiences to PTSD. In some cases, although a diagnosis of PTSD had not been given, there remained a sense that trauma and PTSD were expected by participants to play a role in their partners' abusive behaviours. For example, some participants considered the possibility of a link between their IPVA experiences and their (ex)partners' diagnosis of PTSD even when this wasn't clear.

“ It is difficult to know because he was aggressive before he deployed and he was aggressive after he deployed, and that sort of violence and aggression escalated throughout our relationship. But how much of that is the PTSD, I am not sure really. (P9)

Others questioned whether their (ex)partner had experienced a trauma as it offered a potential explanation for their abusive behaviour and something for which they could seek help.

“ I think because he was being so controlling and violent, I just thought in my head maybe he has been through some kind of trauma or something when he has been away, and he is needing some help; some sort of counselling. (P3)

2. Pre-enlistment vulnerabilities

Some participants perceived their (ex)partners' pre-military experiences, such as adverse childhood experiences, had contributed to their behaviour within their relationship. These included cultural upbringing/conditioning, witnessing domestic violence and being in care, with many participants sharing that their (ex) partners enlisted at a young age to escape their home life. Some described that although they perceived that early psychological dysfunction and traits were evident prior to military service, they were of the opinion that these were magnified by military experiences, in particular deployments, which exacerbated or escalated aggressive tendencies.

“ 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)

Other participants described instances where their (ex) partner would misattribute pre-enlistment or pre-deployment difficulties and aggression to the military, suggesting that military life is viewed in some ways as excusing these behaviours.

“ Instead of blaming something else for the reason that he was in a bad mood or whatever, it was blamed on the tours and what happened in the tours. (P15)

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

Three primary themes were identified from the data in Section 2: drivers of help-seeking; barriers to help-seeking; and experiences of services, see Table 6.

Table 6. Themes and subthemes derived from thematic analysis.

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

Theme 1: Drivers of help-seeking

Theme 1 describes the drivers of help-seeking for IPVA and related problems reported by participants. Three subthemes were identified: Experiences of heightened abuse; Protecting children; and A support network.

1. Experiences of heightened abuse

Many participants described relationship breakdown and help-seeking for IPVA as being triggered by more extreme IPVA or escalations in abuse and violence.

“ I waited until he calmed down and he put the knife down, and he had gone into another room to tidy something up or something like that, and I sneaked past him on the stairs and ran out the house. [...] So I didn't tell him, 'I'm leaving you,' but, when the police arrived and they arrested him, that was me saying that's it. (P3)

“ I had to run out of the house because he told me that he was going to kill me. It was the worst attack by far. [...] I ran to the guard room, and they phoned the military police and they went into the house, broke down the front door, arrested him. (P21)

2. Protecting children

Participants with children shared that having to protect their child/ren was often a motivator for leaving or reporting the abuse.

“ 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)

“ [(Ex)partner] was so violent, my son got involved in the attack where he hurt my son as well. I called the police and they had to remove him from the property. (P7)

Reporting IPVA when children were involved often resulted in participants being put in contact with external organisations, which was reported as helping them to realise the severity of the experiences and risk faced both by themselves and their children.

“ When it was just me and him, and very much just behind closed doors, there weren't a lot of ripples, if you like, from his behaviour. But, as soon as we have the children, and there were incidents, then the police were called, and then social services notified and army welfare were notified, and sometimes the children's school was notified. (P8)

3. A support network

When participants described the contexts in which they sought help, some recalled instrumental practical and emotional support from family, friends and colleagues, for instance providing them with a safe space or supporting them with reporting IPVA and accessing services. A minority noted that external agencies helped them recognise their experiences as abuse and directed them to appropriate services.

“ The second time, when he assaulted me, I don't think I knew I was leaving right there and then. Funnily enough I called a friend. I texted her, and she came round, and then she let my family know, and she contacted the police. (P9)

“ [Service name] is a charity, but they were obviously specialised with military. [Relationship counsellor] identified [IPVA] within five or 10 minutes of us talking to her. I remember just sitting there in shock for weeks thinking, 'What does she mean this is abuse?' It took me a long time because I think I had been brainwashed. I had been brainwashed into this is normal. (P23)

Theme 2.

Barriers to help-seeking

Theme 2 outlines barriers to help-seeking as described by participants and was comprised of four subthemes: Individual-level barriers; Relationship barriers; Service-level barriers; and Societal barriers.

1. Individual-level barriers

Lack of understanding of IPVA

A lack of awareness of all forms of IPVA, especially non-physical forms of IPVA, was described throughout participant interviews and resulted in participants not recognising the abuse until more extreme physical or sexual violence occurred. This also related to (ex) partners' perceptions of IPVA and denial of abuse because it may not have presented as direct physical abuse, eg hitting/punching.

“ The insults and the put-downs, the coercive control just became part of everyday life. I didn't even realise it was abuse. (P2)

“ I was at the top of the stairs, and he got me by my throat [...] He just suspended me back and threatened to drop me. The threat again, not the hitting, because that would be wrong. (P20)

Most participants described normalising relationship difficulties and IPVA behaviours, pretending the abuse wasn't happening or blaming themselves. Participants shared that experiences of psychological abuse fed into self-blame narratives, identifying the participant as 'the problem'. This was facilitated by a perceived culture of normalisation and minimisation of violence in the military (see section 1, theme 2, subtheme 4) and resulted in participants failing or delaying to seek help for IPVA.

“ I felt like it was probably just me, and that probably I was overreacting and that everybody probably had exactly the same experience, but they just coped with it better than I did. (P8)

“ When you are in it, you can't fully see what is going on. [...] he had convinced me that everyone else was lying or I had misunderstood things or he started calling me a silly sausage or, 'You know it was like that,' [...] it is called gaslighting. (P9)

Fear

For many participants, fear of reporting the abuse and leaving the relationship was identified as a key barrier to seeking help. Participants described that fear of retribution and punishment, borne of the threats received or direct interference in their help-seeking efforts, often prevented them from leaving and seeking help for their relationships.

“ He used to threaten me with what he would do to me if I left him as well: 'I could make it look like suicide,' and things like this. (P10)

“ I dialled The Samaritans once, and he [(ex) partner] cut the telephone cord. [...] That was the last time I ever asked for help. (P4)

Most participants who had not sought help while in the relationship described fear of the impact that reporting IPVA could have on their (ex)partners' career. They voiced strong preferences for preserving their (ex) partners' careers and status, even to their own detriment. Participants also expressed fear as other members of the military told them reporting their (ex)partner could make the abuse worse.

“ They [military welfare] explained to me that, if he was to do it again, they would have to phone the police and they wouldn't really have any other choice. So that stopped me going in the next few times, because I was too worried. I didn't want to phone the police. What I wanted was some help for him. (P3)

“ His immediate superior [...] really wasn't interested. He just told me that, if I made a fuss, he would be downgraded and it would affect his career and it would make him probably more angry. [...] He just told me to keep quiet. (P20)

2. Relationship barriers

Isolation and Dependency

Although some participants described receiving support from informal sources in accessing IPVA services, many described how military-related relocations, control by their partners, or a need to hide IPVA resulted in increased social isolation, hindering opportunities for disclosure.

“ I have got brilliant work colleagues. They are the ones, and my boss is one of those, who have given me the support and got the counselling sorted. Yes, they have been really supportive. (P16)

“ Because I wasn't allowed to talk to people and wasn't allowed to see anybody, I didn't have anywhere to turn to or anyone to go to. It was hard to get out of the relationship. (P19)

“ Nobody comes to the house. If I go anywhere, he has to be with me. [...] I used to have to lie and say I was going to hospital, because I knew he wouldn't come with me because it is too difficult on the buses [due to physical disability]. (P25)

Participants also identified social, emotional and financial dependency on their (ex)partners as a barrier to seeking help. This was described to be amplified by military-related relocations, especially overseas, which could increase participant isolation from family and friends and interrupt independent career development.

“ I was in a different country and I had no money and no way of getting away. I didn't know who to talk to. (P21)

Financial dependency was associated with participants having reduced options if they left their relationship, for instance as a result of not having housing or challenges in obtaining legal support.

“ Because, for me, he had a job, he could get a lawyer, probably help from the army if he needed it, he had a house. I would literally be homeless, and they are not going to let me have my kids, when he has got a full-time job and he has got a house to keep them safe. (P11)

“ [The police] won't do anything until the non-molestation order is in place, but, because I can't afford a solicitor, that kept getting delayed because I didn't really know what I was doing with the paperwork. I have had to write my own statements without any help. (P24)

Isolation and dependency was also identified as a particular difficulty by Non-UK participants, who were particularly likely to be socially isolated from informal sources of support and additionally relied on their (ex) partners for the right to remain in the UK.

“ [In home country] when I got beaten I would just go to my parents', but, [...] when I came to Germany, I was really isolated because my friends had their husbands but they never got a [...] beating. So I just stayed there with no one to talk to. (P22)

“ The main reason I was staying with him was because of my papers to stay in the UK. (P22)

In some cases, the fact that housing provided by the military was in the (ex)partner's name created additional complications for participants' protection and increased dependency on (ex)partners. This was perceived by participants to limit the ways in which the military could intervene to support and protect them.

“ Because his name was on [the house], even though the police had said he couldn't be near us or the kids, the army couldn't do anything when he broke in, because, technically, he hadn't. (P11)

Being a 'good' military wife

Some participants explained how, in spite of the severity of the abuse they endured, they stayed in the relationship because of love for their (ex)partners, hopes their (ex)partners behaviours would change, or guilt at the thought of breaking up their family unit if they were to leave. For these participants, the discussion largely centred on self-blame for the violence they faced.

“ I lived on the hope that he would change, I guess. If I was just a better wife, it would stop. (P23)

“ There was fear of my children growing up without a father because of the whole stigma that children should have both parents. (P23)

Reflecting the culture of loyalty and spousal support in the military depicted by participants, many described attempts to obtain support for their (ex)partner's mental health, often before or while seeking help for themselves, delaying or jeopardising their access to support.

“ When I left once when my daughter was one, I went into a refuge and I was actually rehomed, but I went back to him after four weeks. But, at the time, I was trying to get him help for his PTSD and his drinking. (P12)

3. Service-related barriers

Lack of awareness of services

Some participants described being unaware of where they could seek help from and avenues to accessing support, especially Non-UK participants or those on a base away from their local area or posted overseas, which increased their vulnerability and prevented them from leaving.

“ There was nothing in Germany. I wouldn't have even known where to look. (P10)

“ 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)

Perceptions of services

Previous negative experiences of services created additional barriers for participants. These revolved around a general mistrust of services and a lack of confidence in their ability to help and safeguard. Particular concerns were raised over increased risk and escalation of IPVA if services were not able to secure conviction or protect participants.

I was really scared. I wanted to leave. I had tried to leave in the past and it backfired because the welfare officer had gone to him. I didn't trust anybody. (P23)

“ *When I was in the situation [the relationship], my biggest fear was that one of these agencies was going to end up making the situation worse and actually result in me dying. (P15)*

Participants also reported instances of victim-blaming, particularly by Social services or the police, which they viewed as maintaining silence among victims and contributed to service mistrust.

“ *They [social services] threatened me with removing my children if I wasn't protecting them from an abuser. [...] they did nothing to have him charged for the abuse. (P20)*

Service access

Some participants described challenges in accessing services, particularly in instances where the severity of their abuse was not recognised or if their (ex)partners were not willing to engage.

“ *[Welfare] couldn't really help me because it wasn't him that was contacting. Unless they felt that he was in danger or he was putting others in danger; they couldn't speak to him about it. [...] His temper was just verbal. [...] because it wasn't physical and he hadn't approached them, they couldn't do anything. (P1)*

“ *They could only help me up to a certain point. You needed to have that other person buy into whatever was being offered. [...] you needed to have both; you needed to have the other person recognise that there was something wrong, and [my (ex)partner] wouldn't do that. (P18)*

3. Societal barriers

Shame and stigma

Many barriers to help-seeking for IPVA related to perceived/anticipated stigma. These included embarrassment or shame experienced by participants as a result of their abusive relationship, resulting in non-disclosure. Participants also described experiences of criticism for not having left the relationship, or saw their experiences 'normalised' or justified reflecting a misunderstanding and misperception of IPVA.

“ *You feel embarrassed and you feel like you should have known better and you should have seen the signs [...] You feel like you have done something wrong. (P3)*

“ *You tend to find that there is this assumption, like my friend's husband again –remember him saying to me, 'Oh, you're not easy to live with.' [...] I found that society still wanted to blame [the victim-survivor] because it is easier. (P20)*

Some participants attributed IPVA experiences to their (ex)partners' mental health (see section 1, theme 4), for which help-seeking was also perceived to be associated with significant stigma in the military. (Ex) partner mental health difficulties, and correspondingly IPVA, were felt to be perpetuated by a lack of military understanding of and support for mental health and family issues, as well as a culture of machismo (see section 1, theme 2) which views help-seeking as weakness. Concerns were also raised over the perceived impact help-seeking could have on military careers, similarly to reporting IPVA.

“ *If you talk about these things [mental health or suicide] in the military, they tend to look down on you because they think you are not as strong as you should be. Even though they say about a ll this help now, I still don't think you get the help that they actually need. (P5)*

“ *I convinced him to go to [the military hospital] and get looked at, and obviously that is run by the military sergeants [0:30:08] the nurses. They just told him to man up. So it took me a long, long time to get him to go and see anybody ever again. (P6)*

Credibility

Participants identified that a fear of not being believed was a significant barrier to seeking help. Facilitators of help-seeking in some cases included having physical injuries, which participants felt added to their credibility. This was related to a general lack of awareness of the prevalence and impact of psychological abuse, which participants expressed was harder to prove and impacted them longer-term.

“ 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)

“ When it is coercive abuse, [...] that can be far more damaging than physical [...] 'Oh yes, she's in hospital, she's got a fractured jaw. She's definitely been abused.' But, with my abuse, it was a lot harder to prove it, but it is far more devastating because it just affects your everyday, your mental health and your wellbeing. Everything. (P9)

Theme 3: Experiences of services

Theme 3 describes participant experiences and perceptions of the pathways to formal sources of support. Services utilised by participants included military health and welfare and police services, the civilian judicial system, civilian health services (NHS and private) and civilian IPVA-related charities, such as Aurora New Dawn, IDAS, Leeway, Women's Aid, and RELATE. Three main subthemes were derived: Military health and welfare services; Civilian health and welfare services; Police and the Justice system; and Military/civilian divide.

1. Military health and welfare services

Participants reported seeking support via military-welfare charities, military health or welfare services, Chain of Command² and other members of the military community, such as Chaplains³. Most participants who sought support from military services felt that relationship difficulties among military personnel and their families were not acknowledged. Participants repeatedly described a lack of protection for civilian victims, with perceptions that military services are tailored to and 'protected' for personnel only. This perception was heightened for partners of reservist personnel.

“ There was nothing. When I rang up for [indecipherable] offer us support [...] the words were, 'You have to go to somebody within the civilians because you are a reservist wife, and we don't do anything for reservists.' (P7)

Many participants shared experiences of being discouraged from reporting IPVA or encouraged to stay in the relationship by military welfare staff, drawing on participant fears about potential consequences to their (ex)partner's career. Participants also recalled instances where welfare staff were dismissive, minimising the abuse they were disclosing and finding excuses relating to military training or military trauma for their (ex) partners' abusive behaviour.

“ [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)

“ I have had a families' officer say to me, 'I don't know what you expect me to do. You're living with a trained killer.' [...] 'Well, he's got PTSD, so that's why it's happened.' (P8)

2 Chain of Command refers to the line of authority and responsibility along which orders are passed within a military unit and between different units. It is used to issue orders (downward) and to ask for clarification and resolve problems (upward).

3 Chaplains are professionals specially trained to serve any spiritual need, regardless of religious affiliation. Military chaplains offer pastoral care to members of the military community and support their religious rights and needs.

Participants described experiences of seeking help from military services in which they felt exposed, and potentially at greater risk, by the interviewer's insensitive and unskilled questioning. They also described perceptions of collusion between the military agencies and personnel. In some cases, participants shared that although they had supportive interactions with welfare officers and the military police, there was no confidentiality and their (ex)partners were informed, resulting in them being more afraid to seek help in the future or leave and at greater risk of further abuse. These experiences, which reflected a lack of understanding and awareness of IPVA, resulted in a lack of appropriate support, which facilitated controlling behaviour and contributed to participant mistrust of services.

“ I managed to get him to go to marriage guidance. [...] Through military, which maybe was a mistake. [...] It was very formal. And my husband was sitting on my left-hand side, and this chap looked at me and said, ‘[...] you’re sounding like an abused wife. Has your husband ever hit you?’ He was sitting there. What am I going to say? (P4)

“ I would go to my families’ officer and disclose about the violence, and, before I have got home, I have already had an answerphone message from my husband telling me, ‘The welfare officer has contacted my sergeant. I know what you’re saying’ [...] So it hugely puts people at risk because there is no confidentiality. (P8)

Participants perceived that the military endeavoured to deal with personnel issues ‘in-house’ in order to protect personnel, with only a minority reporting that their (ex) partners faced professional consequences for the IPVA perpetrated. Mostly participants reported minimal repercussions which might have encouraged behavioural change and described a context which instead facilitated abuse. Among the minority of participants describing sanctions against their (ex)partner, these were perceived as being unfairly lenient, allowing for perpetuation of IPVA behaviours within relationships.

“ I think that it got to the extreme because he was never reprimanded through the military. [...] because he was in the military, he was given the excuses that he needed and the support that he needed in order to carry on. (P8)

“ There was no real punishment for him. [...] it just gives people in the military even more excuse to behave in the way that they do and not change their ways because they know that there is not going to be any impact to their career whatsoever. (P21)

2. Civilian health and welfare services (charity, housing, social and NHS services)

Most participants described engaging with civilian charities and/or health professionals (NHS primary care system). Most felt satisfied with some of the help received, both for psychological difficulties and for practical issues, such as safe housing and financial and legal advice.

“ I got help with the normal everyday stuff: housing, finance, that sort of thing. But, more importantly, just help to rebuild who I am from inside again. [...] The local council do what they call the [name] course, which they just go through all the things about how to spot, in potential partners, abusive behaviour. (P12)

Nevertheless, some participants explained how they felt that many civilian health and welfare services were not fully equipped to support IPVA victim-survivors and highlighted gaps in services and expertise. Some described accessing support during periods of crisis but that this was short-term and there was no follow-up, which speaks to a lack of continuity of care.

“ I have been round in circles for two or three years. [...] Your GP just wants to give you pills. Most organisations have told me that my problems are too specific for them. (P11)

“ I think there is definitely a lack of ongoing support. I think, maybe when things are happening, whether it is the disclosure or just a marriage breakdown, I suppose you can get the support straightaway, but it doesn’t stay. It is not there long enough. (P11)

Participants described how they had felt dismissed by services or that the staff were ill-equipped to manage or understand their relationship difficulties or mental health problems related to their experiences of IPVA, and identified a lack of signposting to specialist IPVA services. This was also described in relation to gaps in safeguarding procedures and a lack of onward referrals.

“ I think it was during the pregnancy, I spoke to the midwife and I spoke to the GP. I think maybe only once, though, because I was quite worried. [...] I think that is when everything started to change, really. I did feel quite controlled and trapped. [...] I think I got some time off work. I think that was it. [...] they signed me off for pregnancy-related illness (P24)

“ We did go to [relationship counselling service], but, as soon as they found out about his behaviour, they refused to see us anymore. [...] Instead of saying, ‘This is domestic abuse, we’re contacting the police on your behalf,’ or, ‘We’re contacting social services because we have concerns about your children’s safety,’ they just put their hands up and said, ‘Sorry, we don’t deal with domestic abusers. We won’t see you anymore.’ (P20)

Some who accessed mental health support reported it to be beneficial once in the system but described significant delays in accessing appropriate support. Others shared that long waiting lists for mental health support through the NHS resulted in a need to seek help privately, and was thus only possible for the short term due to financial constraints.

“ After about four months is when [the mental health authority] finally contacted me. Then I was put on a waiting list for almost a year, and then they called me in to do the initial assessment. (P18)

“ I paid for private counselling [...] Only three because I couldn’t afford it, to be honest, and through the GP was such a long wait. (P2)

Participants described how a lack of continuity in care in the NHS was not conducive to building the trusting relationships with clinicians required to encourage disclosure of relationship abuse. Only a minority of participants described disclosing the abuse when seeking medical attention, with most claiming other causes for their injuries.

“ The NHS is hopeless in that way because you don’t ever get to see the same person more than once, so you don’t get to build a relationship with them. So, no, not really. (P17)

“ I have actually been to hospital as a result of the abuse, but I have lied about what happened. (P4)

Some participants reported that support for their children for psychological and behavioural difficulties (eg mood or sleep disturbances) resulting from witnessing or experiencing abuse at home was easier to access than support for themselves. They felt that services to support children are better structured and they felt that the pathway to care was well established.

“ I have managed to get the support for my children because that is a little bit easier to access, but not so much for me, no. (P11)

Participants described experiences of overcoming multiple barriers to accessing support, including limited service capacity and navigating clinical thresholds. The minority of participants who described wanting to save their relationship additionally highlighted limited opportunities for interventions beyond encouraging participants to leave.

“ [A Domestic Abuse charity] had wanted me to leave him long before that, and, because I wouldn’t leave, they wouldn’t help. [...] It has been really hard because [...] once I wasn’t a high-risk person, after I had left him, [...] they kind of withdrew all help. I have had to phone and email them repeatedly, and I still haven’t had the help I needed. (P24)

“ It was very much a case of, if you choose to stay, then you are on your own, really. (P8)

3. Police and the Justice system

For the majority of participants, the police were called as a result of the IPVA. Some participants described positive experiences of being cared for by police.

“ 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)

Others described a lack of police follow-up and expressed that they felt stigmatised in their encounters with police or that their experiences were dismissed when they were actively encouraged to return to the relationship.

“ The police were terrible. I actually had a policeman say, ‘Look, we’re here with your husband and your daughter, your husband just says come home.’ (P12)

“ *When the policeman said to me, ‘Gosh, you’re not the normal type of domestic violence. You’re both professional working people,’ I felt that there was stigma attached to DV; it only happens to people on council estates, and that is so not true. (P2)*

Once in the legal system, participants described a perceived lack of IPVA awareness and victim support within the justice system. A minority of participants discussed being cross-examined by their (ex)partners in court, which contributed to a perceived lack of victim protection. Others reported how the presence of the military support in court may have mitigated against more severe punishment for offences related to IPVA within the civilian system due to perceptions of personnel as heroes or victims.

“ *Your perpetrator can drag you back to the court numerous times on some charge, and you have to go, and you have to stand there with him, so he carries on abusing you. So there was no protection for me, and it hasn’t been to other victims either. (P9)*

“ *Military men don’t go to prison for domestic violence, because the military will address the court and say he is a changed man, he is a very good soldier, he has got lots to contribute, he has deployed to all these places, he is basically Queen and country and all the rest of it. And judges are very influenced by that [...] He is still serving. (P8)*

4. Military/civilian divide

A few participants noted that encounters with police highlighted confusion within civilian responders about the boundaries between civilian and military law, which created gaps between services. Participants also shared that public perceptions of the impact of personnel experiences in combat operations elicited expressions of sympathy towards their (ex)partners.

“ *[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)*

Participants described attempts by the military to shield personnel, using their authority to dissuade civilian police from prosecuting or ‘closing ranks’. The military was perceived by participants as wanting to protect their employees, avoid negative publicity and maintain a positive public image rather than address IPVA and its consequences.

“ *They [the military] supported him. They obviously went to court with him. He kept his job. [...] he did actually go abroad when the police were looking for him [...] They actually had to get Interpol involved to get him back because the military tried to keep him out of the country so the police couldn’t talk to him. (P2)*

“ *I think the military looks after its own, is the bottom line, and the military very much, especially in recent years, wants to portray to the British public that they are this amazing organisation, and so they just want to brush anything negative under the carpet. (P8)*

A symptom of the military/civilian divide and a barrier to prosecution described by participants was both the closed nature of military records of offences or domestic incidents committed by military personnel and the separate military and civilian court systems. This was perceived to contribute to (ex)partners not experiencing the same repercussions as they might do without military protection.

“ *I think they [Military] have got to stop brushing it under the carpet. [...] There is no record anywhere of [...] the Royal Military Police coming round and dragging him off. This isn’t on record anywhere, not for anybody to get access. It can’t be used. It is hidden away. (P12)*

6. Summary of findings

Section 1:

Perceptions of the impact of military life on IPVA victimisation among civilian partners of UK military personnel

Table 7. Section 1 themes, subthemes and key findings.

Themes	Subthemes	Key findings
1. Experiences of IPVA	Patterns 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). Violence was usually reported to escalate gradually in intensity and severity over time. Relational conflict was on-going and often unresolved.
	Consequences of IPVA	Many described physical and psychological trauma resulting from their IPVA experiences, and many suffered negative impacts on their employment and careers as a result of controlling behaviours or injuries incurred. Some children were reported to have witnessed the parental violence, and some also experienced abuse themselves. Most participants reported a perceived reduction in their parenting abilities and noted that their children developed psychological difficulties due to witnessing IPVA or experiencing abuse.
2. Military culture and IPVA	Work-family conflict	Participants reported that the work-family conflict imposed by the nature of military work impacted negatively on their relationship. They felt 'second best' to the military and perceived that their (ex)partner's military career and responsibilities were prioritised by the military over family wellbeing.
	Gender asymmetry and military hierarchy	Participants perceived that the gendered expectations of female spouses and male military (ex)partners in the military and the hierarchical structure of the military contributed to the development of asymmetric power relationships, which provided a context in which relationship difficulties arose ranging from situational conflicts to and coercive behaviours. The use of aggressive styles of communication was shared to be commonly replicated in the family home, along with the expectation that participants and family members should follow orders.
	Military training	Many participants perceived military training to trigger or escalate IPVA experiences, sharing a perception that behaviours and aggression developed in training infiltrated intimate relationships and contributed to controlling or aggressive behaviour.
	Minimisation and normalisation of violence within the military community	Participants perceived that military culture, including macho banter and regular exposure to aggression and violence within a hypermasculine environment, facilitated the minimisation/ normalisation of violence and encouraged aggressive behaviours, such as IPVA.
	Culture of alcohol consumption in the military	Participants also perceived that a culture of drinking among military personnel facilitated their (ex)partner's misuse of alcohol, which could lead to more frequent and severe violence towards them.

Themes	Subthemes	Key findings
3. Common military experiences and IPVA	Military-related relocation	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. Non-UK participants and those who relocated overseas alongside their (ex)partner reported feeling particularly vulnerable to IPVA, with the additional complexities of linguistic barriers, being further from family and friends and lack of knowledge of services.
	Deployments	Many participants identified how periods of deployment could increase the risk of relationship difficulties and abuse, including the period leading up to deployment, during or after. Return from deployment was described to be followed by efforts by (ex)partners to re-establish control and assert dominance in a changed household environment. Most participants noted that their (ex)partner's post-deployment mental health difficulties and alcohol misuse exacerbated the violence experienced and led to more severe and frequent abuse.
	Transition to civilian life	Veteran (ex)partners were described as struggling to shift their cultural understanding and adapt their skills after their transition out of service and into civilian society. Participants perceived that this led to increased frustration and aggression within their relationship, as well as isolation from others, and greater alcohol use which contributed to IPVA.
4. (Ex)partner's psychological functioning and mental health	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. Military training and deployment were identified by participants as affecting their (ex)partner's 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.
	Pre-enlistment vulnerabilities	Some participants observed that their (ex)partners had problems with anger and aggression pre-enlistment, with some perceiving that their partners' experiences of early adversity contributed to their abusive behaviours. In some cases, reports of early psychological dysfunction and traits were perceived to be magnified by military experiences, in particular deployments, which exacerbated or escalated aggressive tendencies.

Section 2:

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

Table 8. Section 2 themes, subthemes and key findings.

Themes	Subthemes	Key findings
1. Drivers of help-seeking	Experiences of heightened abuse	Most participants sought support when extreme or escalations in abuse and violence occurred.
	Protecting children	Participants with children shared that having to protect their child/ren was often a motivator for leaving or reporting the abuse
	A support network	Some participants described instrumental practical and emotional support from their support network, for instance supporting them with reporting IPVA and accessing services.
2. Barriers to help-seeking	Individual-level barriers	A lack of understanding of IPVA, especially non-physical forms, was described by participants to contribute to difficulties recognising the abuse and fed into self-blame narratives. For many, fear of reporting the abuse and the anticipated potential repercussions of leaving were identified as a key barrier to seeking help. This included fear of retribution and fear that their (ex) partner's career would be impacted.
	Relationship barriers	Isolation and emotional/financial dependency on (ex)partners were described as significant barriers to help-seeking. These were reported to be increased due to military-related relocations and heightened when overseas or for Non-UK participants. Furthermore, in keeping with being a 'good' military wife, participants reported that love for their (ex)partners and a desire to maintain a family unit contributed to them remaining in the relationship and not seeking help. Participants also described seeking help for their (ex)partners ahead of themselves and expressed wanting to remain hopeful that their (ex)partners would change.
	Service-level barriers	Participants shared that a lack of awareness of the services available to them and difficulties accessing services were significant barriers to help seeking. This was accompanied by mistrust in services, particularly around their ability to safeguard participants and previous experiences of victim-blaming.
	Societal barriers	Military culture and the hypermasculine environment were described as magnifying wider stigma around help-seeking for both IPVA and mental health difficulties. Shame and fears of reduced credibility, relating to societal misperceptions of 'typical' IPVA victim-survivors, were significant barriers to seeking help for IPVA, particularly for participants describing experiences of psychological or emotional abuse.

Themes	Subthemes	Key findings
3. Experiences of services	Military health and welfare services	Most participants who sought support from military services felt the military culture was a barrier to help-seeking. Most felt that the military wanted to protect their employees, perceived psychological abuse to not be considered as serious as physical and sexual violence, 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. Challenges of accessing support from military services included: a lack of understanding of IPVA; lack of confidentiality; staff excusing IPVA; being encouraged not to report; and a perceived collusion between military welfare services and personnel.
	Civilian health and welfare services (charity, housing, social and NHS services)	Most participants described engaging with civilian IPVA-related charities and health professionals for support with their mental health and practical matters such as housing, financial help and legal advice. Although most participants felt satisfied with the help received, many described challenges in accessing services. These 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; staff turnover; lack of continuity of care; and lack of support for those attempting to resolve their relationship difficulties whilst seeking help for abuse.
	Police and the Justice system	Participants described mixed experiences of receiving support from the police: some participants expressed feeling cared for, whilst others felt stigmatised and described delays and a lack of follow up. Once in the legal system, participants described a perceived lack of IPVA awareness and victim protection.
	Military / civilian divide	Participants expressed concern and frustration due to the ambiguous boundaries between civilian and military law, perceiving this to create gaps in service provision and enabling the military to 'close ranks' and protect their personnel. This was perceived to be enabled by the inaccessibility of military records to the civilian police and prosecution service. Public regard for the military was perceived to contribute to the consideration of military service in mitigation for offences of violence and abuse and to result in (ex)partners receiving comparatively light punishments.

7. Discussion

Research to date on couples in which one or both partners are serving in the military has largely been conducted in the US and Canada. This study is one of the few UK qualitative studies which explore experiences of IPVA and help-seeking for IPVA among the civilian partners of military personnel. The findings were divided into two sections: (1) Perceptions of the impact of military life on Intimate Partner Violence and Abuse victimisation among civilian partners of UK military personnel; and (2) Help-seeking for IPVA: experiences of civilian partners of UK military personnel.

Perceptions of the impact of military life on IPVA victimisation among civilian partners of UK military personnel

All participants reported experiencing multiple forms of unidirectional IPVA perpetrated by their military (ex)partners, including emotional and psychological abuse, coercive control, and physical abuse. A minority also reported sexual abuse. Levels of violence ranged from moderate to severe, reportedly escalating over the duration of the relationship. The experiences of our participants provide insight into the nature and extent of IPVA among civilian partners of serving personnel or veterans and the wide-reaching consequences for both spouses and families. In addition to physical injuries, all described experiencing depressive, anxiety, and/or trauma-related symptoms, which they linked to their experiences of IPVA, in line with previous studies examining the mental health impact of IPVA in the general population (Campbell, 2002; Chandan et al., 2019; Golding, 1999). Participants reported a negative impact on their ability to maintain employment through increased absence as a result of physical injuries or the controlling behaviour of their (ex)partners (Campbell, 2002; Hines & Douglas, 2018). These difficulties were reported in addition to the challenge of maintaining employment due to the military priorities described by many partners/spouses (Gribble et al., 2019). Some participants who had children described how the abuse had a negative impact on their parenting, supporting previous research on IPVA and parenting in non-military populations (Christie et al., 2019). Furthermore, many participants reported that children who were exposed to or victims of the abuse developed psychological or behavioural difficulties themselves (Izaguirre & Calvete, 2015; Vu et al., 2016).

Most participant narratives described conflict between the institution of the military and the family, echoing the concept of the 'greedy institution' (Segal, 1986), which contributed to tensions in relationships, imbalanced power dynamics and made them more vulnerable to abusive behaviours. Of note, no pronounced differences in experiences were observed for participants with (ex)partners in different branches across the Armed Forces, though those with a spouse in the RAF were significantly underrepresented. The omnipresent need for military operational effectiveness and readiness was described to compete with family/relationship demands, resulting in participants feeling 'second best' to the military. We recognise that participant accounts are by nature subjective and retrospective, and may not reflect ongoing efforts by the military to improve and validate the experiences of spouses and families in recent years. They described a lack of control over their own lives due to the prioritisation of military requirements such as relocations, training or deployments, encouraged instead to be 'stay at home wives'. This supports literature describing expectations that traditional gender roles are adopted in military relationships and communities (Enloe, 2000) and is consistent with views that the military prioritises the needs of personnel or the military above those of IPVA victim-survivors, reinforcing a perceived 'subordinate status' of spouses in the military community and risking further abuse (Gray, 2015).

Participants observed that their (ex)partners were regularly exposed to both psychological and physical aggression at work (eg through training and combat) and that violence was minimised and normalised within military communities, for example through macho 'banter' and a hypermasculine environment.

This was perceived to spill over into the family home, supporting 'spill over' theories of aggression and male domination (Bradley, 2007; Jones, 2012; Melzer, 2002). Participants shared that their (ex)partners expected them to follow orders and used their military training and skills to increase the weight of their threats, echoing findings from previous research into IPVA in military communities internationally (Erez & Bach, 2003; Williamson & Matolcsi, 2019). Consistent with the 'silent pact' observed in the Canadian military (Harrison, 2006), participants described instances where the military community maintained silence despite witnessing IPVA perpetration by personnel. Such experiences reinforced self-blame and the normalisation of violence in the narratives of participants, prolonging abuse in some cases, and illustrate a need for increased IPVA awareness throughout the military community, as well as improved and encouraged whistleblowing policies.

Military-related relocations were identified by participants to increase vulnerability to IPVA, supporting findings from the US and Canada (Harrison & Laliberté, 2002; Stamm, 2009). Relocations prevented some participants from developing their own careers and sustaining social networks, as has been highlighted in other research (Blakely et al., 2014; Gribble et al., 2019), and increased their emotional and financial dependency on their (ex)partners. Non-UK participants reported additional difficulties, such as fear of being deported to their home countries, longer periods of unemployment and lack of information regarding their rights and sources of support available, corroborating research marking this group as especially vulnerable to IPVA (Evans & Feder, 2016; Gray, 2015). These findings support the recent implementation of policy and resources by the MOD, such as Flexible Working and You (MOD, 2021) and Forces Families Jobs platform, which provide additional flexibility for personnel and their families and support spouses in finding employment.

Most participants described how reintegration following deployment or leaving service contributed to relationship difficulties, identifying these as times of increased risk of IPVA victimisation. Much research has focused on estimating the strength of the association between deployment and risk of IPVA following deployment (Allen et al., 2010, Knobloch, & Theiss, 2012; Kwan et al., 2018), a period identified as an important time for personnel to readjust to the family environment and cope with deployment-related mental health difficulties (Williamson, 2012).

Of note, for some participants, an escalation in IPVA was experienced both leading up to deployment and during periods of separation and was facilitated through digital technologies. Many participants related their experiences of abuse following their (ex)partners' return from deployment to their (ex)partners' mental health difficulties, reporting problems with anger, low mood, anxiety, and symptoms related to traumas experienced during deployment, as well as alcohol misuse. According to most of the participants' narratives, the abuse experienced was more severe and frequent when their (ex)partners were experiencing mental health difficulties or misusing alcohol, in keeping with international research (Trevillion et al., 2015). Deployment-related mental health difficulties have been identified as contributing to low marital satisfaction and the perpetration of family violence (Allen et al., 2010; MacManus et al., 2012; Kwan et al., 2018; McLeland et al., 2008). Our findings help to deepen understanding by illustrating the range of contexts and situations post-deployment in which mental health difficulties are perceived to impact on abusive behaviour within relationships. A noteworthy finding in this study is the variation in participants' attribution of IPVA experiences to PTSD post-deployment. In some cases, although an association between deployment-related mental health and IPVA was not directly observed, some participants described an expectation that trauma and PTSD played a part. Whilst there is considerable quantitative evidence that there is an association between PTSD and post-deployment violence, including IPVA, the aforementioned narratives provide some support for the argument that IPVA perpetration by military personnel may be overly attributed to PTSD (Gray, 2016b).

Beyond the post-deployment period, participants perceived (ex)partner mental health difficulties and pre-enlistment vulnerabilities to be associated with their IPVA experiences, replicating findings associating mental health difficulties with IPVA in non-military couples (Spencer et al., 2019). Some felt that military training and culture contributed to or exacerbated these psychological difficulties and both participants and their (ex)partners appeared to assign blame for their experiences to the military. There must be some recognition of this by the military and self-examination as to the impact that military life can have on relationships directly and indirectly by creating context and culture within which abuse may be more likely to occur.

However, there must also be recognition of the potential for perpetrators to exploit their military service, especially deployment or related traumas, as an excuse for the abuse in the absence of taking responsibility. Similarly, we must be aware of the potential for partners to misattribute personnel's behaviour to their military experiences which can delay help-seeking.

Reintegration into civilian life after leaving service was also perceived as a challenging period for military personnel and families, exacerbated by a perceived lack of ongoing support from the military. Participants noted that their (ex)partners had to cope with loss of identity, status and community, and struggled to adjust to a civilian lifestyle. Corroborating research describes similar stressors veterans face upon leaving service (McCormick et al., 2019), in addition to unemployment, financial instability and forced relocations (Binks & Cambridge, 2018; Ray & Heaslip, 2011). Offending behaviour, including intra-familial violent offending, has been found to be prevalent among veterans and linked to some of the aforementioned stressors in the UK (Kwan et al., 2018; MacManus et al., 2019). Some participants revealed their (ex)partners engaged in both increased alcohol use and violence, including physical and sexual, after leaving service. Participants particularly described how social isolation following transition out of service, as a result of their (ex)partners' preferred withdrawal from civilians, was a key facilitator of their (ex)partner's controlling behaviour. This is a potential risk factor for IPVA in the post-service period which has not been described much in extant research literature and warrants further exploration.

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

Many of the motivations to help-seeking in our sample echoed findings from research with civilian victim-survivors who were not in relationships with military personnel and included an escalation in the nature and frequency of the abuse and recognition of the impact of abuse on children (Evans & Feder, 2016; Fugate et al., 2005). As in civilian research, some described friends and family to be instrumental in supporting participants to initiate contact with services (Liang et al., 2005; Ansara, & Hindin, 2010). Many of the barriers to help-seeking for IPVA were similarly shared with civilian IPVA help-seeking research, including: lack of understanding of IPVA, particularly of psychological abuse and gaslighting (Sweet, 2019; Waalen et al., 2000); hope that the abuse would end and guilt over breaking up the family unit (Dare et al., 2013; Eckstein, 2011); shame and fear of not being believed (Feder et al., 2006; Rose et al., 2011); and lack of confidence in services and mistrust related to experiences of victim-blaming (Fugate et al., 2005; Huntley et al., 2019; Meyer, 2016).

Beyond the barriers to help-seeking which appeared to be common to victim-survivors in military and non-military relationships, the participants' narratives revealed the impact of military specific factors on their experiences of help-seeking. As described above, the participants reflected on the influence that the wider military community had on their expectations of them as partners of military personnel, which are likely to have reinforced some of the psychological barriers to leaving abusive relationships. For example, prioritising the needs of their military partners over their own and protecting the military family unit (Enloe, 2000) and cultural ideals of loyalty (Kern, 2017) may keep spouses in abusive military relationships. The normalisation and minimisation of violence and aggression in the military community, as described by participants, was also reported to extend to the abuse within relationships and is likely to have amplified the barriers described, such as lack of understanding and recognition of non-physical abuse within relationships, delayed help-seeking, and contributed to the participants' tolerance of objectively moderate to severe IPVA experiences before seeking help. Some barriers, such as fears that their own credibility would be questioned, were compounded by the perception that the public sympathise with military personnel and that military services prioritise personnel over families and partners. Furthermore, in addition to the significant impact of IPVA on psychological functioning and poor mental health and its role in the occurrence and exacerbation of IPVA described, participants highlighted that barriers and delays to help-seeking for mental ill-health contributed to perpetuate their experiences of abuse and delay help-seeking for IPVA. Findings suggested that societal stigma associated with help-seeking for both IPVA and mental health difficulties is magnified in hypermasculine military environments, as has been described in other stereotypically masculine occupational settings (eg law enforcement: White et al., 2016; first responders: Haugen et al., 2017).

Other barriers to help-seeking experienced by participants seemed more specific to their (ex)partner's military service. As described in research by Williamson (2012), most participants in this study noted that they feared the impact on their (ex)partners' careers in addition to fear of their (ex)partner, and hence did not seek support. Participants identified that dependency on their (ex)partner impaired their ability to seek help and perpetuated the cycle of IPVA. Emotional and financial dependency may be a particular barrier for the civilian partners of military personnel, as frequent military-related relocations have been found to disrupt spouses' social networks and ability to maintain employment (Blakely et al., 2014; Gribble et al., 2019) as described above, and the military may provide housing and other welfare support (Sparrow et al., 2020), which they would lose if the relationship ends.

Adding further weight to previous study findings, these barriers were especially heightened for Non-UK participants, whose circumstances, such as a reliance on their (ex)partner both financially and for the right to remain in the country, as well as their isolation from their communities, impaired their ability to seek help (Gray, 2016a; Sparrow et al., 2020).

Many participants reported accessing NHS services and third sector civilian and military charities for support, with a minority also seeking help from military welfare services. Experiences of accessing support were mixed and participant narratives echoed those of victim-survivors outside the military community, reemphasising the wider difficulties in identifying and managing IPVA. For instance, participants observed that their consultations with services were not conducive to self-disclosure of abuse, a lack of signposting and onwards referrals when disclosure did take place, and gaps in service provision and delays, resulting from long waitlists or not meeting clinical thresholds, which impaired their access to support (Trevillion et al., 2012; Williams et al., 2016). Some participants described perceptions of victim stigmatisation and a lack of victim protection, not being taken seriously or believed, being blamed for having stayed in the abusive relationship, or perceiving that the violence was normalised, minimised or excused. Participants also identified a lack of support for those attempting to resolve their relationship difficulties and remain with their partners, marking this group as particularly vulnerable to not receiving appropriate interventions. These problems were related to a wider lack of awareness and understanding of IPVA within services, as has been extensively reported in civilian populations (Keeling & Fisher, 2015; Ramachandran et al., 2013; Rose et al., 2011; Sparrow et al., 2020; Sprague et al., 2012).

Almost half of the participants' (ex)partners were still serving at the time of their relationships or of interview and most participants who sought support from military services described feeling let down and that attitudes to IPVA within the military community were a barrier to help-seeking, calling for culture change in organisational-level attitudes towards civilian spouses and partners. Participants described difficulties accessing military services as civilians and this was particularly noted by those in relationships with reservists, a problem of 'falling between the cracks', which has been documented in wider reservist family research (Cunningham Burley et al., 2018). Furthermore, perceived lack of confidentiality and collusion between military services and participants' military partners was reported, supporting previous research which also observed that 'safe places' are not always perceived as 'safe' (Gray, 2015; Gray, 2016a; Kern, 2017; Williamson, 2012; Williamson & Matolcsi, 2019).

There was a perception that military welfare services prioritised personnel and the maintenance of the family unit, in some cases excusing IPVA and discouraging participants from reporting their (ex)partners despite the risks this brings to victim-survivors, also described by Gray (2015) in the UK and Kern (2017) in the US, perpetuating the cycle of self-blame and resistance to help seeking. This also extended to support and representation from the military in criminal justice settings, which was regarded by participants to contribute to (ex)partners receiving relatively light punishments. These difficulties were perceived to be amplified by the gaps between civilian and military law, with many participants describing difficulties with help-seeking pertaining to a perceived military/civilian divide, conceptualised in Gray's (2016a) and Rahbek-Clemmensen et al.'s (2012) research. For example, participants described being redirected between civilian and military police with no apparent communication of information between the two services, issues with documentation and records, as well as being unable to access closed military records, which impacted on the timescale and success of prosecution. This disconnect between civilian and military services was perceived by participants to enable the military to 'close ranks' and protect personnel, favouring preserving a positive public image and managing IPVA 'in house', as described previously by military health and welfare staff (Sparrow et al., 2020).

Strengths and limitations

This study represents one of the first UK qualitative research studies exploring civilian experiences of IPVA perpetrated by a military (ex)partner. The research provides further understanding of participant perceptions of the influence of the military context on their experiences of IPVA and of help-seeking. PPI involvement supported the development of the interview guide and the validation of the findings, enabling investigator triangulation and minimising risk of researcher bias. However, despite considerable efforts to recruit a more diverse sample in terms of gender, sexual orientation and ethnicity, limitations of the research include the homogenous sample of predominantly White women in heterosexual relationships with male regular serving personnel or veterans, all reporting unidirectional moderate to severe abuse. We recognise that using a self-selected sample may result in selection and non-participation bias and the nature of the interviews may risk social desirability bias. In drawing interpretations and making recommendations, we must therefore acknowledge the restricted range of narratives on which our findings are based. For example, research has identified differences in help-seeking approaches for IPVA and service use according to ethnicity (Flicker et al., 2011).

Further research on military relationships and IPVA is needed to investigate the experiences of male victim-survivors, LGBT+ couples, victim-survivors from minority ethnic groups, partners of reserve personnel, as well as those of military personnel victim-survivors of IPVA. In addition, this research focused on the perceived impact of the military on relationships and IPVA, and explored help-seeking experiences of civilian partners. As such, other relevant non-military factors may not have been captured and warrant further exploration.

No differences in IPVA experiences were observed according to military branch or rank in this study, although more in depth exploration of branch or role characteristics using a more varied sample, in particular with better representation from all branches and service types, may illicit different findings. Furthermore, some military (ex)partners were reported to serve across branches and all who reported to serve as Reservist personnel also served as Regular personnel before or after joining the reserves, limiting subgroup analysis. Significantly, all participants' (ex)partners had deployed, which is not representative of the military community as a whole. Whilst this allowed exploration of experiences of IPVA around the time of deployment, it risks the re-enforcement of current conceptualisations of military perpetrated IPVA as being driven mostly by deployment and combat experiences. Many military personnel do not deploy and even more do not experience combat. The risk of IPVA within those relationships and the contexts in which it arises must be explored more fully to ensure a comprehensive understanding of IPVA within couples in which one or both partners are military personnel.

Implications and recommendations

The UK Domestic Abuse Act (Home Office, 2021) seeks to address many of the challenges in providing support to victim-survivors of IPVA. Our findings provide insight into the pressures that military culture and life can place on relationships and on those who live with and support military personnel, reinforcing the need for a military specific strategy to tackle IPVA. The military has in recent years recognised their responsibility to provide better support to military families, acknowledging the imperative to tackle IPVA within its community (MOD, 2018). The new Domestic Abuse Strategy provides an opportunity for the military to examine how military specific factors affect intimate relationships and the risk of IPVA and to consider how to reduce barriers to help-seeking and improve experiences of support services for civilian partners of military personnel.

The key implications and recommendations emerging from our findings are discussed below:

1. Our findings call for action to address problems stemming from deep-seated aspects of military culture, which will be difficult to target with isolated policy change, but will require top down and bottom up culture shifts such as: attitudes to gender; concepts of masculinity; and boundaries between military and personal lives. Removing any stigma, real and perceived barriers to reporting domestic abuse is currently a long-term plan highlighted in the military Domestic Abuse Strategy (2018) and is being driven through policy updates and awareness campaigns. Mandatory IPVA training for all staff, with additional training for line managers and health and welfare professionals, would support these efforts.
2. Problems with aggressive interpersonal communication styles and tendency for reactive aggression were reported to impact negatively on relationships and play a role in abuse arising in relationships. Greater awareness is needed of the challenges that exist for personnel to shift their mind-set to civilian and family settings, the potentially serious consequences for those who don't, and the support needed to begin to tackle this problem. Of note, spill over of aggression and anger management is not an area highlighted in the military's Domestic Abuse Strategy and is not a specific focus in any recent policy developments.
3. In line with the MOD's Domestic Abuse Strategy and recent military policy developments, including the UK Armed Forces Family Strategy (MOD, 2016), our findings indicate that particular consideration is needed as how best to mitigate potentially negative consequences for personnel and their partners and/or families of key elements of military life. These include frequent geographic relocations, which can result in greater isolation from social support networks and dependency of civilian partners on military personnel. Greater awareness is needed of time periods when IPVA is reported to be worse or more likely to occur, such as around separations and reintegration(s) (in particular post-deployment), and 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.

4. Our findings stress that increased awareness and understanding of IPVA is needed within civilian and military services providing health and welfare support, as well as within military communities themselves, supporting priority areas of the military Domestic Abuse Strategy (MOD, 2018). Education should be available to personnel and military families as part of training/well-being packages, especially in anticipation of key risk periods such as the peri-deployment period and transition out of service. For military personnel, this action should be driven forward by the updated military Domestic Violence and Abuse policy and the intention to develop a whole force training requirement for IPVA awareness and identification. However, consideration must be given to education of families and the broader military community. We endorse the recent uplift in training in IPVA within some military health and welfare services and recommend that parity of provision exist for personnel (serving and ex-serving) living across the UK. Particular attention should be paid to training for reserves and regulars in the identification and management of non-physical IPVA and the wider impact of IPVA on the mental health of victim-survivors and children. Increased understanding can help to reduce victim-blaming and the risk of re-traumatisation by services.
5. Further research on military relationships and IPVA is needed to investigate the experiences of male victim-survivors, LGBT+ couples, victim-survivors from minority ethnic groups, partners of reserve personnel, as well as those of military personnel victim-survivors of IPVA.
6. The MOD need to examine and amend housing policies which disadvantage civilian partners and can inadvertently lead to them staying in abusive relationships for fear of losing housing, especially if children also live there. Ensuring adequate victim protection includes addressing key issues, such as housing and finance.
7. 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. Training would be beneficial, as well as cross-agency working (military, civilian and third sector health, welfare and DVA support agencies). As highlighted by the MOD Domestic Abuse Strategy (2018), collaboration with civilian services is recommended to improve understanding within these services of the unique aspects of military life and provide tailored, person-centred support.
8. Confidential support independent from the military for partners and families, regardless of relationship and civilian status, may help to reduce barriers to accessing both relationship and mental health support arising from stigma and fear of potential impact on their partners' military careers. More accessible support, which is confidential from the chain of command, is required. This does not appear as part of the MOD Domestic Abuse Strategy (2018) and we would urge services to consider such provision to facilitate disclosure and help-seeking.
9. The use of Domestic Abuse Advocates, independent of the military, who have specialist skills in the assessment and management of IPVA is a strategy not yet implemented by the UK military as in civilian settings (Feder et al., 2011; Malpass et al., 2014), but was recommended by UK military health and welfare workers in previous research by this group (Sparrow et al., 2020). We recommend this strategy be piloted and evaluated with a view to implementation if positive outcomes are achieved.
10. Our findings not only re-iterate the repeated calls for better mental health support for serving personnel and veterans (eg Forces in Mind Trust, 2017), but they also highlight the 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 to be within their remit. Given the perceived role of mental-health problems in the occurrence, exacerbation or perpetuation of IPVA, it is crucial that mental health professionals (military and civilian) are alert to IPVA in their patients' histories or current presentations and have the confidence and skills to enquire about it in their routine clinical interactions (Hegarty et al., 2020). Personnel mental health difficulties and IPVA span multiple policies and strategies, such as the UK Armed Forces Family Strategy (MOD, 2016), MOD Domestic Abuse Strategy (MOD, 2018) and Defence People Mental Health and Wellbeing Strategy (MOD, 2017); potential overlap and need for collaboration across agencies must be acknowledged.

11. We observed in both this study and our wider work (Lane et al., under review a) the tendency of personnel and civilian partners to attribute blame for IPVA to the military either directly or indirectly through attribution to deployment related mental health problems. This may be a reasonable attribution in some cases, but in others it risks overlooking potentially important factors external to the military which may play a more prominent role in the IPVA and may even result in a reduction in the responsibility taken by the perpetrator or be considered in mitigation if criminal charges are pursued. The nuanced role of mental health in the perpetration of IPVA must be acknowledged and more focused research undertaken to improve understanding.
12. Parity of access to IPVA services for military families, including those of reserve personnel, is needed with clearly delineated pathways to support. Both military and civilian services must be more openly and widely advertised. A national IPVA awareness campaign within the military could provide a helpful impetus for improved awareness and would complement efforts made to date on military Family Federation websites.
13. Previous research has highlighted some of the additional challenges faced by Non-UK families in regards to immigration and support (Pearson & Caddick, 2018), with concerning suggestions that take-up of welfare support is low for this group (Walker, Selous, & Misca, 2020). Special attention should be given by the MOD to the support needed by non-UK civilian partners and families, who may be more vulnerable to IPVA and lacking in resources as a result of increased financial dependency on military personnel and social isolation.
14. Our findings highlight a lack of service provision to victim-survivors of IPVA wanting to remain with their partners. We know from civilian research this is an ongoing problem (Sparrow et al., 2020) and needs to be addressed as a priority by both MOD and civilian services given emerging evidence in support of working with some couples to improve relationship functioning (Taft et al., 2016).
15. Criticisms of both the military and the civilian justice systems also need to be addressed. There are concerns that IPVA by military personnel is not always appropriately investigated or sanctioned within the military judicial system, also identified in the recent review of the Service Justice System (MOD, 2020); the MOD Domestic Abuse Strategy (2018) aims to improve consistency in approach across Service police and better support the criminal justice process where Service police have jurisdiction.
16. There are also concerns that within the civilian justice system, military service may be used inappropriately in mitigation. Such problems highlight the need for an independent investigation of the handling of IPVA cases across both jurisdictions to ensure transparency, fairness and consistency. A better understanding of the influence (or not) of military service in each individual case of IPVA is essential to inform just sentencing. The wide-reaching impacts of the bureaucratic divide between the military and civilian justice systems need to be examined.

8. Key recommendations

1. Culture change 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 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.

9. 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 and bottom up in the military and action taken to reduce barriers to help-seeking for 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.

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