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Perceptions of the impact of military life on Intimate Partner Violence and Abuse victimisation among civilian partners of UK military personnel



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1. Introduction

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 in the context of COVID-19 related restrictions in the UK (Campbell, 2020; Usher et al., 2020). Current figures are likely higher than the estimated 2.4 million adults who reported experiencing domestic abuse in the year ending March 2019 (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., 2020; Golding, 1999), as well as their social and occupational functioning (Hines & Douglas, 2018; Johnson et al., 2014). Families 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, 2015). 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 has been of 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 prevalent than in the general population after adjusting for sociodemographic differences (MacManus et al., under review), replicating international findings (Kwan et al., 2020). In light of 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 are the high rates of alcohol misuse among UK military personnel (Fear et al., 2007), which have been associated with increased risk of IPVA perpetration in active duty US Army personnel (Bell et al., 2004).

Military life can present unique stressors for military couples, such as frequent geographical relocations. These can result in disruption of

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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, and can deter military spouses from seeking help for IPVA (Kern, 2017). 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). Transitioning back into family 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, 2020; MacManus et al., under review). Personnel mental health problems have been shown to be risk factors for IPVA perpetration, in particular alcohol misuse, depression and PTSD (Cancio & Altal, 2021; MacManus et al., under review; Tre- villion et al., 2015).

Although 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), little is known of the IPVA experiences of civilian partners of military personnel both internationally and in the UK. An in-depth exploration, using qualitative research, of how UK military life affects relationships and experiences of IPVA is needed to enhance current understanding and efforts to improve support for civilian victim-survivors. The current study aimed to explore IPVA experiences of civilians who were, or are, in relationships with serving personnel and veterans (i.e. 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 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?

2. Methods

2.1. Study design

This research was undertaken as part of a wider mixed-methods study into IPVA in military couples (defined as couples in which one or both partners are serving or has served in the UK military). Using a qualitative phenomenological research design and a critical realist approach, we explored the experiences of civilian victim-survivors of IPVA within intimate relationships with serving personnel and veterans and their perceptions of the influence of the military on their relationships and IPVA. The phenomenological approach was adopted as it was particularly suited to the research questions which set out to improve understanding of individual perceptions and experiences.

2.2. 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, ethnicities and sexual orientations. Please note that civilian victim-survivors of IPVA 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 returned written consent by post. Verbatim consent was also provided at the beginning of the interview. Participants were offered £25 as compensation for their time.

2.3. Data collection

Following Patient and Public Involvement (PPI) consultation and project advisory meetings, a semi-structured interview schedule was developed, which allowed for in-depth exploration of participants' individual experiences in a flexible manner. The topic guide covered two main areas: (i) participant experiences of IPVA and the perceived impacts on themselves and their children; and (ii) participant perceptions of the impacts of military life on intimate relationship(s) and IPVA. 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?* 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.

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.

2.4. Patient and Public Involvement

Feedback from a PPI process and project advisory meetings were used to inform the interview protocol. A PPI event was 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. In addition, the process of reviewing findings with professionals and experts by experience has been suggested to minimise risk of researcher bias in providing alternative perspectives in the interpretation and presentation of findings, and providing a form of collaboration and investigator triangulation (Thurmond, 2001).

2.5. Ethical approvals

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

2.6. 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 and to better enable data triangulation. 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), simultaneously implementing 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. 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 frame 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. This also helped the researchers be both close to and distant from the data. The analysis process was complimented 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 and are reported where relevant. Data management was supported by QSR NVivo12 software (QSRInternational, 2018).

2.7. Reflexivity statement

It is important to reflect that all authors of this paper 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 Ministry of Defence 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.

3. Results

A total of 25 participants (all women) were interviewed between January and August 2018. See Table 1 for participants demographics and military characteristics of (ex)partner. At time of interview, one participant remained in an abusive relationship with military personnel. As such, accounts are largely retrospective but do include recent experiences and relationships. 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. The participants relationships with personnel spanned recent past (e.g. 2017–2018) to pre-2000 (e.g. Northern Ireland or Falklands eras), and some spanned multiple service eras. Some participants reported the military characteristics

Table 1 Participant demographics and military characteristics of (ex)partner.

	n
Age (years)	24-63 (M = 42.2)
Ethnicity	
Minority ethnic group ^a	3
White British	22
Branch^b	
Royal Navy/Royal Marines	6
Royal Air Force	2
Army	21
Serving status	
Veteran	16
Serving	11
Rank	
Officer	3
Non-commissioned Officer	14
Other rank	8
Unknown	2
Regular vs. Reservist^b	
Regular	27
Reservist	4
Length of service (years)	>5
Deployment experience^c	
Deployed	27
Not deployed	0

^a Participants in this group self-identified as Black African, Native American, and Black Fijian.

^b 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.

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

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.

Four primary themes were identified (Table 2).

3.1. Theme 1: experiences of IPVA

Theme 1 describes the pattern of IPVA experienced by civilian victim-survivors of IPVA 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*. For further detail of IPVA experiences in this sample, coupled with those of serving and ex-serving military personnel, see Lane et al., under review-b.

Table 2 Primary themes and corresponding subthemes.

Themes	Subthemes
1. Experiences of IPVA	i. Patterns of IPVA ii. Consequences of IPVA
2. Military culture and IPVA	i. Work-family conflict ii. Gender asymmetry and military hierarchy iii. Military training iv. Minimisation and normalisation of violence within the military community v. Culture of alcohol consumption in the military
3. Common military experiences and IPVA	i. Military-related relocation ii. Deployments iii. Transition to civilian life
4. (Ex)partner's psychological functioning and mental health	i. Psychological functioning and mental health ii. Pre-enlistment vulnerabilities

i. 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 (e.g., verbal aggression and threats) and emotional abuse (e.g., belittling and humiliation), controlling behaviours (e.g., restricting finances, contact with social supports), physical abuse (e.g., slapping, punching, pushing) and sexual abuse (e.g. coercion, forced sex). Most participants described being exposed to multiple forms of aggression (i.e. 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 some participants identifying pregnancy or having a child as triggers for abuse. 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.

In the beginning [my (ex)partner exerting control] was only every now and again, and then it would be the odd text message. But, as it got to the last year, year-and-a-half of the relationship, it was incessant; it didn't stop. (P7)

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. 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)

ii. 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 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)

I had to have time off work due to bruising and bits like that or there would be days where he wouldn't want me to go in. Ultimately, each time I had to give up my job because it was getting my point where I would be going to get sacked because I wasn't going in or I gave the job up. (P19)

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)

I had extreme anxiety, I had treatment for CPTSD – Complex PTSD myself, because of all the years of abuse. [...] I was numb. I didn't get angry, I didn't get sad, I didn't really get happy. I just dissociated myself, and I was just like this empty shell of a thing. (P12).

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 they 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)

3.2. 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 5 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.*

i. 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 could be at home one day and then the next day [my (ex)partner] would come home and say, 'I'm going to [location] for three weeks'. You have got no control over it. [...] It is hard when you are at the bottom and nobody tells you anything. (P19)

You are just the second best. You are not the priority at all [...] [My (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)

ii. 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 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 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)

He was obviously doing the physical training instructing, so he was [...] ordering them around and telling them what to do all day, and then expecting to come home and be the same with me. (P3)

Participants also perceived that military culture of 'banter' and machismo, as a 'boys club', which 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)

They would be on parade, and I have heard this from more than one person, they were told to take their wedding rings off and put them in the sergeant major's beret, and, 'What happens on tour stays on tour, lads. Off you go, have a good time,' and they were encouraged to go out drinking and fighting and womanising. (P23)

iii. 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 [their 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 infiltrated intimate relationships and contributed 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)

Obviously the way they speak to each other, they swear and they shout, he would come back and he would be swearing all the time and just very much speaking to you all as if you were his cadets. He would be screaming and shouting at you. (P7)

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)

iv. Minimisation and normalisation of violence within the military community

Participants with partners across the ranks described how macho banter and the daily exposure to aggression and violence within the hypermasculine environment of the military facilitated the minimisation and/or 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)

I put a lot of it down to his friends because they would sit together, and [...] they would joke and almost rag as to the way they treated their partners. It was almost like it was funny. They would laugh about, 'You never guess what I got the Mrs to do last night?' kind of thing. Sometimes it was awful, the things they would talk about. They would all laugh along and egg each other on almost. It was like you were more of a man, more of a real man if you behaved in these ways. [...] I think that is where a lot of the behaviours were encouraged. For example, it was what he was learning from other people who were behaving in that way. (P23)

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 or learnt about their behaviour and commented on their passive response. There was a sense from some narratives that the perceived acceptance and minimisation of violence was less prominent among military personnel in positions of leadership, differentiating between responses from colleagues of the same rank or unit and superiors.

With him, because he was detained overnight and subsequently most of the next day, the police station had notified his commanding officer. So that news spread within his mess quite quickly. So, when he had gone in the next day, there was lots of humour; there were lots of jokes about drinking Stella, wife beater, lots of that. There was lots and lots of humour, which he had come home and drip-fed me over the next week or so. (P14)

[My (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)

v. 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)

He absolutely hated me when he had had a drink. I was the reason he had been blown up, I was the reason his first marriage didn't work, I was the reason he got told off in his English lesson when he was six. [...] Sexual aggression was a lot worse. Obviously physical aggression, I just agreed with anything he said when he was drunk, so I tried to not let it get to that level. (P12)

3.3. 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.*

i. Military-related relocation

Some participants explained how they experienced frequent geographical relocations as a result of their (ex)partners 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)

I think at the point when he thought that people knew what [abuse] was going on, that seemed to be the point that we would up and move somewhere. (P8)

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)

ii. 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 physically and verbally very abusive towards me [...] it started very early on [...] he hadn't done his tours then, so I don't think that you could put it down to [that]. (P15)

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.

I would say he [his aggression] got worse when he left the army, because at least I used to get a respite when he went on exercise or went away. (P10)

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. [...] He was regularly verbally aggressive, and he often would tell me that he would kill me. He would tell me a lot, 'If you leave me, I'll kill you.' [...] probably more leading up to deployment. (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 during or 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)

iii. 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 a context in which IPVA occurred. 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 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)

3.4. 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 violent behaviour. These were organised into two subthemes: *Psychological functioning and mental health* and *Pre-enlistment vulnerabilities*.

i. 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 a bully so, essentially, a bully is usually somebody who has been bullied. So, if he felt bullied by the army by doing stuff that he might not

necessarily have wanted to do, then his release for doing that was to do it to me and the children. (P15)

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 would definitely be angrier, more upset, more fragile, arguments would blow up quicker [after return from deployment]. It would take him a good couple of months to settle down. [Arguments were] both more frequent and actually more aggressive than what they had been. (P19)

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 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)

ii. 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 mistakenly attribute 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)

4. Discussion

This study is one of the first UK qualitative studies to explore experiences of IPVA among the civilian partners of military personnel, providing an in-depth understanding of how UK military life influences IPVA. Four main themes were identified, describing participants' experiences of IPVA, the perceived influence of military culture and common military experiences and (ex)partner's psychological functioning and mental health on relationships and experiences of IPVA.

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, in line with previous studies examining the mental health impact of IPVA in the general population (Campbell, 2002; Chandan et al., 2020; 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 military priorities experienced by many 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 (Izagirre & Calvete, 2015; Vu et al., 2016).

Most participants felt that the conflict between the 'greedy' institution of the military and the family (Segal, 1986) contributed to tensions in relationships, imbalanced power dynamics and made them more vulnerable to abusive behaviours. 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. They described a lack of control over their own lives due to the prioritization 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). In line with previous research (Keeling, Woodhead, & Fear, 2016; Green et al., 2010), participants identified aspects of military 'lad' culture and the expectation of certain behaviours to fit in, such as consuming alcohol or pursuing women, to contribute to their relationship difficulties and perceptions of gender asymmetry. Perceived expectations of participants as partners of military personnel, including pressure to maintain the military family unit (Enloe, 2000) and military cultural ideals of loyalty (Kern, 2017), likely reinforce psychological barriers to leaving abusive relationships and feed into cultural barriers to reporting IPVA.

Participants observed that their (ex)partners were regularly exposed to both psychological and physical aggression at work (e.g., through training and combat) and that violence was minimised and normalised within military communities, for example through macho 'banter' and the hypermasculine environment. This was perceived to bleed 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 (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 narratives of participants, prolonging abuse, 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 participants from developing their own careers and sustaining social networks, as highlighted in previous 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).

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 adjust 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, 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; 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 and 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 excessively attributed to PTSD (Gray, 2016).

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 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 (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 reintegration, 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.

4.1. 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. However, despite considerable efforts to recruit a more diverse sample in terms of gender, sexual orientation and ethnicity, the participants in this study represent a homogenous sample of predominantly White women in heterosexual relationships with male military personnel. All participants reported experiencing unidirectional moderate to severe abuse and most were separated by the time of study. In drawing interpretations and making recommendations, we must therefore acknowledge the restricted range of narratives on which our findings are based. Further research is needed to investigate the experiences of male victim-survivors of IPVA, LGBT + couples, IPVA victim-survivors from minority ethnic groups, as well as the experiences of military personnel victim-survivors of IPVA.

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 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 of 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 personnel or veteran 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 military couples.

4.2. Implications

Our findings provide insight into the pressures that military culture and life can place on relationships and on those who live with and support personnel. 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 (Ministry of Defence, 2018). The new Domestic Abuse strategy provides an opportunity for the military to examine the impact of military specific factors on relationships and the risk of IPVA. This study has identified a number of imperative recommendations. The military need to examine how best to mitigate the potentially negative consequences of key elements of military life, such as frequent geographic relocations for personnel and their partners and/or families. The military community must be more alert to time periods when IPVA is reported to be worse or more likely to occur, such as separations and reintegration(s) (in particular post-deployment), and consider targeted effort to improve identification and support and to reduce barriers to help-seeking for those at risk or who have experienced IPVA during these periods. Our findings also call for action to address problems stemming from the more 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 shift in terms of attitudes to gender, concepts of masculinity, and boundaries between military and personal lives. Awareness is needed of occupational violence spill over and the challenges that exist for personnel to shift their mind-set to civilian and family settings, an area currently overlooked by the military Domestic Abuse strategy (Ministry of Defence, 2018). Greater awareness of these issues may be achieved through extensive advertisement throughout military bases and online forums. Training at different levels within the military would significantly complement this effort, for instance implementing mandatory Ministry of Defence-wide training, with additional depth provided for management and health and welfare professional groups given their considerable role in military couples' help-seeking journey (Alves-Costa et al., under review; Lane et al. under review-a).

Our findings not only call for greater awareness of IPVA and re-iterate the repeated calls for better mental health support for serving personnel and veterans (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 within their remit. Our findings also raise important questions about the tendency of both personnel and their partners to attribute blame for IPVA to the military either directly or indirectly through attribution to deployment related mental health problems. This may be reasonable in many cases, but in some 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.

5. Conclusion

This study describes and interprets the individual and shared

experiences of civilian victim-survivors of IPV perpetrated by military partners and their perception of how military-related factors, such as military culture of machismo and hierarchy, the prioritization of the needs of the military over family, reintegration and transition, and mental health issues can contribute to relationship difficulties and IPV. It is hoped that their experiences will help the UK Armed Forces improve their response to IPV within its community.

Ethical statement

Ethical Committee approval was granted by the King's College London Research Ethics Subcommittee (Ref HR-17/18-5356). Prior to study involvement, participants received study information and provided written consent. Interviews were digitally recorded transcribed verbatim for analysis, and anonymised to protect participant identity. A risk management plan was developed due to the potentially distressing nature of the interviews.

Declaration of competing interest

There are no conflicts of interest to declare.

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