

Increased risk of intimate partner violence among military personnel requires effective prevention programming

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Research has shown that members of the armed forces are at increased risk of experiencing and perpetrating intimate partner violence (IPV) and the risk is greater for those with active service experience. In this respect, it forms part of an enduring legacy of service and combat.¹ Despite a lack of previous epidemiological research conducted in the United Kingdom (UK) on intimate partner violence in the military, the Ministry of Defence has recognised that IPV affects service populations, and has taken the first steps towards addressing this with the adoption of the 'No Defence for Abuse' Domestic Abuse Strategy.² Understanding the scale and the nature of the problem is critical for an appropriate intervention, and in this Issue of The Lancet Regional Health – Europe MacManus et al.³ present the findings of a large cohort study conducted in the UK military that sought to generate data on the prevalence and risk factors for experiencing and perpetrating IPV and to understand whether IPV prevalence was greater in military personnel compared to the general population. The latter was done through comparison with data from participants in the Adult Psychiatric Morbidity Survey cohort study that were matched for age and sex with the military sample, with the samples compared using adjusted logistic regression models.

The prevalence of IPV experience and perpetration in this study was about three-fold higher than in the general population cohort, which was expected based on research in other countries.⁴ Although the two cohorts had some differences in measures of IPV and childhood adversity, the research points to particular risks in the military population, which were higher among those with combat experience and, in particular, those who had experienced trauma. These findings further confirm the vulnerability of current and former members of the armed services to mental health problems and harmful alcohol use, which are central to explaining the elevated risk of partner violence.

Research has placed a particular emphasis on IPV perpetration, which is consistently more often found among those who have seen active duty,⁵ however MacManus et al further found that men in the military report more experience of IPV than women in the military.³ The latter was also the finding of a systematic review,⁶ which suggests that it is clearly important to know more about the nature of men's intimate relationships in the military and the context in which violence occurs. Most of the violence reported in MacManus's study and the systematic review was psychological. MacManus et al.³ had data on whether IPV was reciprocal, and although just over half of those reporting IPV perpetration also reported experience, this alone did not explain the observation. Responses to IPV are typically orientated towards providing support for female survivors of violence. In order to provide appropriate responses for men and non-binary personnel, as well as women survivors, it is important to widen research to the context in which IPV occurs, the characteristics of the partnerships, and what those experiencing IPV want in terms of support. Indeed, the observation that male participants in the armed forces are much more likely to have a current partner than men from the general population cohort, may in itself suggest that there is something rather different about military and ex-military relationships from the general population, which deserves further research.

The prevalence of IPV reported by MacManus and colleagues³ is likely to be an underestimate, as there are quite large differences between the measures used and international gold standard measures based on the Conflict Tactics Scale recommended by the World Health Organisation and used in Demographic and Health Surveys.⁷ This raises the importance of focusing not only on response, but also on prevention of IPV. So far, The Ministry of Defence's strategy does not include approaches for IPV prevention that extend beyond awareness raising and communication. Given the stigma of IPV and low levels of reporting, these are obviously important first steps, but much more is needed to prevent IPV in military populations. Research on the drivers of IPV, such as this paper, has highlighted the important role of gender inequality, poor mental health, particularly depression and PTSD, as well as substance abuse, poor

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communication and mistrust in relationships, which often lead to difficulties with anger management.⁸

A key challenge for the Ministry of Defence is to identify at-risk groups within the armed services and to ensure that health and other services are easily accessible. There is a growing body of evidence on how to effectively prevent IPV and deliver interventions in the general population.^{9,10} The armed services are generally highly patriarchal institutions, with cultural emphasis on honor and toughness, and this climate filters into the home and intimate relationships, as well as into the culture around alcohol consumption. Efforts to effectively address IPV in the military will need to use gender transformative strategies if they are to have lasting effect and to include relationship strengthening elements.¹⁰ The Ministry of Defence may benefit from knowledge developed in civilian populations on IPV prevention and thus will greatly strengthen its efforts to address the major problem of domestic abuse.

Declaration of interests

There are no conflicts of interest.

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