The Military and Intimate Partner Violence-A Call for Open Discussion

Rachel M. Powell¹, Mark R. Marquez² & Gregory E. Perkins³

Abstract

Research on Intimate Partner Violence (IPV) emphasizes the importance of recognizing the increase in domestic violence, and thusly IPV, within the military community. The authors suggest that just recognizing the problem is not enough. The authors present and discuss information and implications related to IPV within the military community. They conclude that the situation is so serious that it is American society’s ethical responsibility to military service members and their families to call on all interested parties to engage in ongoing open discussion and debate on the issue of IPV within the military community.

Keywords: domestic violence, intimate partner violence, military, deployment

Intimate partner violence is a very serious worldwide public health issue (Gerber, M. R., Iverson, K. M., Dichter, M. E., Klap, R., & Latta, R. E., 2014). Increases in domestic abuse, including IPV, can be related to pervasive and chronic stress (Marquez, 2013). Over the past decade the experience of “being military” has been one of such constantly high stress for both service members and their families that there is little surprise in research indicating the need to emphasize the importance of recognizing the increase in domestic violence within the military.

The authors believe that, not only should this increase in domestic violence be recognized, but that it is society’s ethical responsibility to engage in open discussion and debate on the matter of IPV within the military community. This paper is intended to serve as a potential beginning point for starting an informed open discussion on the matter.

¹ Department of Social Work, Fayetteville State University. E-mail: rmpowell@broncos.uncfsu.edu
² Department of Social Work, Fayetteville State University. E-mail: mmarque2@uncfsu.edu
³ Department of Social Work, Fayetteville State University. E-mail: gperkins@uncfsu.edu
It is not assumed or expected that the information and reflections shared in this paper would be “all inclusive” of that what needs to be discussed regarding IPV within the military community, but rather to serve as a basic foundation of information and knowledge to promote informed discussion of the matter.

Discussion

The reality is that individuals often do not respond the same to the same stressful experience (Neblett, Hammond, Seaton, & Townsend, 2010). This includes service members reactions to the stressors of military life. However, IPV is a significant issue within the military environment and warrants an ongoing informed and active dialogue. This dialogue should include civilians as well as military personnel. The following content is intended to inform the reader of a variety of significant variables related to IPV in the military in an effort to help them engage in a more informed discussion of this important issue.

Intimate Partner Violence

Intimate partner violence is defined as threats, attempts or completion of physical, sexual, or psychological harm that is imposed by a current or former intimate partner. IPV can occur in a heterosexual relationship or with same-sex couples. It is important to understand that sexual intimacy does not have to take place in order for IPV to transpire (Flynn, 2010). When assessing couples for IPV, key factors to consider are the frequency and the severity of the incidents. Typically, measuring an episode involves anything from one hit that may or may not impact the victim to chronic or even severe physical aggression. A growing number of individuals who batter, also use Alcohol or Other Drugs (AOD), this may increase the frequency or severity of the violence. IPV is generally considered a preventable situation that affects various people, regardless of their social, economic, educational, or cultural status. IPV perpetrators may be a spouse, an ex-spouse, a current or former boyfriend or girlfriend, or a dating partner (Klostermann, 2012).
Types Of Intimate Partner Violence

According to the Centers for Disease Control and Prevention (CDC) (Centers for Disease Control and Prevention, 2012), the four behavior patterns linked to IPV include 1) psychological and emotional violence; 2) physical violence; 3) sexual violence; and 4) threats of physical or sexual violence.

Psychological violence, also referred to as emotional violence, involves trauma to the victim caused by threats, manipulative actions, even stalking. Often times the victim is humiliated and lack the ability to self-advocate. The perpetrator is usually successful with isolating the victim from family, friends, or co-workers. It is not uncommon for the victim to have limited or no access to money or other essential assets.

Physical violence is defined as the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person.

Centers for Disease Control and Prevention divided sexual violence into three categories: 1) use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; 2) attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and 3) abusive sexual contact.

Threats of physical or sexual violence include verbal comments, physical gestures, or intimidation using weapons with the intent to communicate the desire to cause death, disability, injury, or physical harm to another person.
Effects of Intimate Partner Violence

Active duty women with children were more than two times more likely to experience physical and/or sexual abuse than women in the military with no children (Campbell, 2010). The victim of domestic violence in the military is predominantly the female, civilian spouse of active duty personnel. Victims normally have children and more than half have been married two years or less. African American women were significantly less likely to be abused while servicing on active duty than were white women, but ethnic group membership was not a risk factor for lifetime abuse (Frey, 2011). Abused women in military communities are often afraid of reporting incidents due to the lack of confidentiality and support received within the ranks of their leadership (Campbell, 2010). In the event that an active duty soldier is the victim of abuse from a civilian, the military has minimal control over the situation. In most cases, all the military can do is turn the information over the civilian authorities. If necessary, installation commanders do have the power to ban civilians from military installations, thus enabling the military to protect the service members from abusive civilian spouses.

Children exposed to IPV and children who have been abused, experience similar mental and emotional problems. Depending on how well a child is able to cope with the negative aspects of their environment, it is not uncommon for them to experience trauma related anxiety, depression and low self-esteem. Some children express their emotional feelings by participating in fights, bullying others, and displaying oppositional defiant behaviors (Women’s Health, 2011). When compared to their peers, children exposed to IPV have a more difficult time developing relationships and may not perform with at school or in sports. The U.S. Department of Health and Human Services (2013) states that “abusive and violent behaviors can be learned through, childhood observations of domestic violence” (para. 5). This suggests that a child living in a home with IPV is likely to learn aggressive behaviors and to imitate these actions in the community.

Children affiliated with the military have to deal with absent parents because of multiple deployments, being transient every three to five years, and developing and maintaining healthy friendships. By experiencing these common problems associated with a military lifestyle, in conjunction with exposure to IPV, dependent children are at a greater risk for adopting the negative behaviors of a perpetrator or developing the inability to advocate for them and become a victim (Army One Source, 2013).
The Military Experience

Being aware of the military gestalt (Marquez, 2012) includes being aware that the war zone is a “terrible place filled with blood and tears” (Grossman & Christensen, 2007, p.xii). One related significant chronic stressor indicative of the recent conflicts in Iraq and Afghanistan has been that many service members have had numerous deployments into this bloody and tear filled environment. Chapin (2009) relates that the deployment/redeployment cycle is filled with turmoil for both the service member and their loved ones. The returning service members have behaviors that once helped them survive but now cause problems in their homes (Armstrong, Best, & Domenici, 2005; Leiner, 2009). It is noted that given that the guns are a normal part of the military experience, the Violence Policy Center (2011) comment that “guns can easily turn domestic violence into domestic homicide” (p. 1) indicates a heightened risk of homicide within in the military community as a result of IPV.

As more studies identify the relationship between deployment and Post Traumatic Stress Disorder (PTSD), there is also a growing correlation between service members returning from deployment and IPV. After returning from the war zone and while attempting to reintegrate with their family, many service members have a difficult time readjusting to their “non-battlefield” daily routine. With some service members having difficulty in expressing thoughts and emotions in an effective and healthy manner, this deficit in “non-battlefield” coping skills may manifest in frustration which may intensify existing aggressive behaviors.

Daniel (2012) indicates that “the Defense Department and each of the services are drawing attention to the plight of domestic violence” (para. 1). Montgomery (2011) reports that “the number of reports of family violence within the military, which had been in decline over several years, has been rising over the last two years, and reports of abused children and spouses increased significantly last year” (para. 4). In regards to individuals affiliated with the military, the length of deployment has been correlated with the severity of IPV. Long deployments often reflect more severe incidents of violence. Violence against women continues to be a pervasive problem within the military, just as it is in among civilians.
However, women in the military are particularly vulnerable to abuse due to geographical isolation from family and friends, and the potential for social isolation under the military culture. Victims and survivors of IPV associated with the military are primarily females, usually a civilian spouse of an active duty service member. It is not uncommon for children to reside in households with domestic violence; most couples have been married for less than two years.

Often responsibilities connected with the military can increase stress and anxiety, which may trigger unwelcomed behaviors in individuals already at risk for aggression. This type of aggression can manifest during routine military activities, however it becomes prevalent prior to deployment or after returning from a combat zone. Another area of concern is recurring deployments; this also places soldiers at an increased risk for mental health problems, with an unusually high number experiencing PTSD (Frey, 2011).

**Implications**

Intimate Partner Violence no longer recognizes females as being the only survivors. It is imperative for all individuals working in the area to be culturally sensitive to individuals affected by IPV, including individuals of the same sex, those with disabilities, as well as male survivors. Depending on the situation, the victim may not feel empowered to report the incident. By staying abreast of information about available services, developing an understanding of how IPV impacts the community, and awareness of costs associated with implementing interventions for IPV, society will be better able to respond to the needsof this population.

Intimate partner violence within the military community has serious implications not only for service member and their intimate partner but also for their other family members as well as both the military and civilian communities in which the service member and their families reside. Communities and society cannot ignore the fact that this problematic issue is in their community if it is in the military community. Military service members interact and interface with the civilian community. Family members are often civilians who live, go to school, and work within the civilian community. What happens to them with regards to their connection to the civilian community can impact their experiences within the military community.
Conclusion

Intimate partner violence is a real issue within the military community at this time and it is society’s ethical responsibility to service members and their families to actively engage in open discussion and debate on this serious issue. Additionally, the existence of numerous contributing factors to this problematic situation makes it imperative to continue researching the issue of IPV among the military population. It is especially important when mental health related problems have been identified. Understanding the warning signs of IPV as well as having access to relevant IPV information and treatment are important areas that will require specialized attention. While these measures can help ensure service members, veterans and their families who are at risk or experience IPV are able to receive appropriate treatment, it is equally important to just keep discussing the matter. We can no longer ignore the reality of negative impact this significant problem is having on not only the “fitness for duty” of our service members but also the quality of life of themselves and their intimate partners.

References


