Domestic Violence and Abuse (DVA) in Military Families:

Improving Signposting to Specialist Support

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Authors: Emma Williamson and Andrea Matolcsi,

with Kurda Yar.

Centre for Gender and Violence Research, University of Bristol

With Women's Aid (England)

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Executive summary

The aim of this project was to establish a military families specialism[i] on the Routes to Support[ii] (RtS) online system for domestic violence and abuse (DVA) services so that military families experiencing DVA can be better signposted to appropriate services, whether military, quasi-military, or civilian services, with specialist knowledge (note RtS was formerly called UK Refuges Online until 2010). To achieve this aim, this project sought the views of key stakeholders with an interest in military families suffering DVA, in order to help first inform a definition of what a service offering a 'military family specialism' would look like, and so in turn, be able to identify such services to add to the RtS system. Stakeholders included: the Ministry of Defence (MOD); Military Welfare Agencies; DVA specialist civilian services; DVA Perpetrator Programmes; military charities; DVA policy makers; and victim/survivors of abuse from military families.

Eight telephone-based interviews and four face-to-face interviews with practitioners were conducted during the fieldwork. Five site visits took place across three case study sites which included attendance at DVA meetings between practitioners and informal discussions with practitioners. Six victim/survivors took part in a focus group. The research team delivered one training session to military personnel and observed another for the purposes of this project (both took place on military bases). In total, 34 DVA services self-identified as offering a specialist service for military families and were added to the RtS system.

There were four key findings from this project:

1. A lack of clarity about, but need for, a military DVA specialism.

This overarching finding is linked to the other findings of the project in terms of why there is a need for a military DVA specialism. Given the gaps in provision and barriers to support outlined below, having an awareness that there might be specific issues impacting on military families experiencing DVA is crucial. However, many of the organisations we spoke to were unclear both about what constitutes a 'military specialism', and whether their agency provides it.

The issue of defining a military 'specialism' as a result of this research was not straight forward. The term 'specialism' was not always used, and where it was, did not always mean the same thing across civilian DVA services. As a result of our research, we were able to define a service as having a military specialism if they had experience of supporting military family members experiencing DVA, and also some experience of working with military agencies. Those services with this experience were more likely to understand the specific barriers to help-seeking which might impact on military families; have some awareness of the military based services available to families; and understand some of the practical impacts of military life on families experiencing DVA. Thirty-four specialist DVA services in England were identified during the project as providing a specialist DVA service to military families. These service providers have now been added to the RtS[iii] system and can be identified by those organisations that have access to it (eg DVA service providers and national helpline staff), to better signpost military families to specialist support.

We hope that over time, more DVA services will begin working with their military welfare colleagues to increase the number of services offering support to military families specifically. We also recommend that joint working across military and civilian DVA services, encouraged

by Government through the Ministry of Defence (MOD), is essential to ensure the needs of this group are met.

2. Issues specific to military families.

Whilst many of the experiences of victim/survivors and perpetrators of DVA might be similar whether in a military or non-military family, concerns were identified within this research relating specifically to the military family. These concerns included practical issues such as potential loss of married quarters; difficulty accessing civilian housing (due to regular relocation of active service); children's schooling; financial dependence; the military's hierarchical and patriarchal structure; legal issues; the nature of the military in terms of it being a fighting force (with some roles more than others requiring aggression for combat) and its need for leadership/control; and problems arising from the close-knit nature of military communities. Additional issues linked to immigration status were also identified for Foreign and Commonwealth families and spouses. These barriers, which can prevent military families experiencing DVA from accessing support, are exacerbated by the lack of joint working across the DVA civilian and military service sectors.

3. Concerns about accessing military welfare services.

According to the findings of this study, many military personnel and their families perceive military-based support as problematic. Families have fears about the impact of seeking help on their partner's career; there are perceived cultural biases about help-seeking as a weakness; and there are concerns that because of the close-knit community there is a lack of confidentiality.

Working alongside civilian and quasi-military[iv] DVA service providers may help military welfare DVA services to overcome some of these negative perceptions. In addition, victim/survivors thought that more information about the process for reporting a case of domestic violence to military welfare DVA services would be helpful. Our recommendations therefore include that the Ministry of Defence Domestic Violence Working Group (MOD DV Working Group) develop guidance which can be shared with non-military partner agencies, outlining what the policy expectations from within the military context are; namely, information about the handling and reporting policies within the military for DVA. This should aid shared understanding between military welfare DVA services and civilian/quasi-military services, and in turn, assist better integration.

4. **A lack of common knowledge, communication and joint working between military and civilian services.**

This finding, relating to the empirical work described in section 5 of this report, suggests the need for better shared understanding across the civilian DVA service and military welfare service sector of the two very different contexts within which they work, and more collaborative working between these two service providers. From the limited primary research involved in this project, it became clear that this collaborative working was already happening in some areas of England, but due to the limited scope of this project, a full investigation of where such collaborative working was taking place across the whole of the UK was not possible so we cannot comment.

We recommend strategic meetings at a national level to support local level collaboration on the ground. These meetings should include representatives from the MOD DV Working Group, military welfare organisations, charities working to address the welfare needs of

military personnel and veterans, and national organisations representing those offering a military DVA specialism, such as the various national Women's Aid Federations in England, Wales, Scotland, and Northern Ireland. We also recommend a national conference to share emerging good practice and begin to facilitate local and national links between services.

Recommendations:

The recommendations below cater for the four key findings identified above. The suggestions offer solutions to overcome the lack of clarity about, and need for, a military DVA specialism (finding 1); the specific issues and concerns of military families (findings 2 & 3); and the lack of common knowledge and joint working between civilian and military DVA service sectors (finding 4). These recommendations would go some way to addressing these barriers by helping service providers in both the military and DVA sectors to better support military families dealing with DVA-related matters.

Table 1: Recommendations

RECOMMENDATIONS	KEY STAKEHOLDERS
1. Dissemination Dissemination of the findings from this project to encourage further development of services, ongoing updates to the RtS system, and action on the recommendations below.	University of Bristol – Williamson et al National Women's Aid Federations Local specialist DVA services (including charities) Forces in Mind Trust Military Welfare organisations
2. National Conference Based on the key finding of a lack of communication, joint working, and collaboration across the two sectors, we recommend a national conference bringing key stakeholders together. This would allow practitioners and commissioners to share good practice and information about services, and to identify additional specific needs of	MOD DV Working Group National Women's Aid Federations RESPECT (male victims and perpetrators) GALOP (LGBT service providers) Military welfare charities (eg TRBL; SSAFA) Single Service Family Confederations Royal British Legion

military families experiencing DVA (eg at a recent conference including the military, discussions took place about whether IRISi (a GP intervention) would be helpful to identify families experiencing DVA in a military context).	
3. Local collaboration In addition to a national meeting, we believe that local meetings to bring practitioners and front-line staff together to share good practice would be beneficial. We believe that the pilot[v] being run by the Royal British Legion is a good model for this to happen.	Royal British Legion Local Women's Aid DVA specialists
4. Training based on evidence Training for practitioners (military and civilian) is still needed to increase the knowledge of both military welfare service providers, DVA specialist providers, and the quasi-military support services. This training should be based on evidence and be provided jointly by military and civilian DVA service providers. A template training presentation is provided in appendix 6 for this purpose, and is based on the findings of this report.	MOD DV Working Group Local quasi- and military DVA support services Local civilian DVA services
5. Further research This project has identified some of the key issues affecting military families with experience of DVA. We were unable to speak directly to perpetrators and were limited in the military victim/survivors who we could contact for reasons explained in the body of the report. We therefore suggest that future research seek to fill these limitations	Research funders MOD DV Working Group King's College London (McManus et al) University of Bristol (Williamson et al)

Section 1: Introduction and context

The most recent Ministry of Defence (MOD) Domestic Violence and Abuse (DVA) Strategy was launched in 2018 and was developed by the MOD DV Working Group (MOD, 2018). This report is welcomed as it identifies a number of recommendations for practice which it is hoped are taken forward over coming years to build on the current momentum which exists around this issue. There are consistencies across that strategy and this research. These include the strategies focus on prevention through awareness raising; Intervention through specialist training and appropriate policies; and Partnerships with external organisations.

The MOD Tri-Force report on Violence Against Women and Girls [VAWG] (2011) was the crucial first step of the MOD acknowledging the issue of DVA within UK military families. Whilst somewhat generic in content (it had no baseline data relating specifically to the military context from which to set any aims or objectives), that report began a process which has resulted in a wider recognition of the work required to address VAWG within the military sphere. Whilst the majority of victim/survivors impacted by DVA are female, it is recognised, including in the new MOD strategy (2018), that some men experience DVA both from male and female partners.

Alongside the MOD's Tri-Force report on VAWG in 2011, which was in response to the government's VAWG strategy in 2011 (HM Government, 2011), research in the UK began to consider ways in which the military context might impact on experiences of abuse in military families[vi] (Williamson, 2012), and subsequent help-seeking (NAPO, 2009).

As these researcher reports started emerging, local domestic violence forums began raising questions about whether DVA was an issue for military families, particularly veterans and those personnel returning from Iraq and Afghanistan (Williamson, 2009). For the purposes of

this report, we use the term 'military personnel' to include both serving personnel and veterans[vii]. It may be relevant in the future to consider whether the needs of these two groups differ, but at the present time, getting a military focus is the priority. The terms 'military' and 'civilian' services are used to distinguish between those interventions being offered within the military context and those outside, while 'quasi-military' services are charities with vast experience of the military context working exclusively for this group but within the charitable sector.

Over the past 10 years, work in this area has developed significantly both in the MOD and academia. On a policy level, the MOD's subsequent Tri-Force policies have become more focused and now offer a comprehensive and detailed strategy for acknowledging and addressing the issue of domestic violence (eg Joint Service Publication (JSP) 913, Tri-Service Policy on Domestic Abuse and Sexual Violence). In academia, researchers (such as MacManus, 2012) have begun to include questions about domestic violence and abuse within their wider studies on violent behaviours in the UK military (eg by personnel returning home after combat-related deployment). These developments in academia introduce the possibility of collecting baseline information from within the military on which future targets and strategies can be based.

Despite such research, there is a notable lack of prevalence data on domestic violence and abuse within UK military families (Williamson & Price, 2009); however, such research also questions the utility of using prevalence data as a way in which to understand this issue in relation to military families. For example, the ability to accurately measure prevalence of DVA is disputed (whether in the military or more widely in fact), not least because of the heterogeneity of studies and other methodological limitations, such as non-representative

samples (Marchiondo, 2015; Aronson et al., 2014)[viii]. There is also disagreement about what is being measured (Walby, 2017), and the accuracy of that which is being measured, particularly given the confidentiality and safety issues DVA victims may feel around being entirely open and honest about their DVA experiences (eg for fear that the DVA perpetrator may discover that their partner is divulging such information with a researcher, as this may exacerbate the DVA situation)) (Williamson, 2005).

The current project builds on the existing research mentioned, which in addition to prevalence, also covers topics such as how DVA can impact military families, and whether their service support needs might be different to non-military families. Combining this existing knowledge with obtaining direct accounts from those who currently provide, use, and refer to specialist DVA services, this project seeks to determine firstly what might constitute a military family DVA specialism, in order to then be able to identify relevant services offering such a specialism that could be added to the Routes to Support (RtS)[ix] online system for DVA services (formerly called UK Refuges Online until 2010), and to share all findings with RtS.

It is important to note that, when talking about DVA provision to 'military families' through RtS, it is acknowledged that military families are not a homogenous group. There are different military family subgroups (eg non-commissioned and commissioned officers[x]; early service leaver groups[xi]; Foreign and Commonwealth groups etc.); different UK Armed Services (ie Army; Navy; RAF), and varying make-ups of families affected by DVA (ie those containing current military personnel and/or those with veterans). Given that we know so little about DVA within military families generally, it is not within the scope of this particular research to break down the topic of 'DVA in military families' to specific military family sub-groups for

individual in-depth study or for defining sub-groups of RtS 'military family' service provision. This may however be an important area for future research.

The online resource system, RtS, is used by the civilian DVA service sector and allows specialist workers to search for safe specialist support for victim/survivors and their families, including refuge accommodation. Despite local services providing for military and ex-military service users, at present, military status (whether serving personnel or veterans and their spouses/partners) is not a specialism identified within the system and therefore is not searchable. For example, specialist workers can currently search for a range of other specific support such as outreach; children's workers; alcohol and drug support; specific expertise working with specific black and minority ethnic groups; linguists; or specific physical support for disabled service users. The addition of a searchable military DVA specialism would therefore allow workers to search for specific services with experience of supporting users who have a military status.

Such searches can also be combined so, for example, workers may search for outreach or refuge space for a woman with two children and physical access needs relating to a disability, and additionally requiring a DVA military specialism. The impact of this change will be that military families can be better signposted to DVA-related services that have an understanding of the issues faced by military families, and experience of working with military agencies.

This project allows us to identify what criteria could be used to define a service as offering a specialism for military families. The services meeting these criteria can then be added to the RtS system as offering this specialism, which will allow workers to better support military families experiencing DVA.

RtS is a long established and well used resource to identify services for those experiencing DVA. It is government funded and provides information about a range of DVA-related support services across the UK. By linking into this system, this project will provide long-term support for military families[xii] as it will be integrated within the system as a permanent searchable category.

Section 2: Project aims and objectives

The aim of this project was to establish a military families specialism on the Routes to Support[xiii] (RtS) online system so that military families experiencing domestic violence and abuse (DVA) can be better signposted to appropriate services, whether military, quasi-military, or civilian services with specialist knowledge. This is not straight forward, however, as it is unclear what a military specialism in DVA provision would look like. To achieve this aim, the project therefore set the following four objectives, to:

1. Identify what constitutes a specialist DVA provision for military families.
2. Identify those services currently offering a DVA specialism for military families for inclusion in RtS.
3. Support RtS to meet the technical requirements needed to update the system to include 'military family' as a specialism on the system.
4. Disseminate this information so both military and civilian practitioners (ie DVA service providers) are informed of the RtS system changes and the findings of this report.

In order to identify first what constitutes a 'military specialism', it was necessary to conduct both secondary research (section four) and primary empirical research (described in sections three and five)[xiv]. Secondary research included a review of recent literature on DVA within military families, while primary empirical research included identifying existing civilian and quasi-military DVA service provision, speaking with stakeholder representatives and users of such services, and identifying good practice. We also conducted one DVA training session with military personnel (on a military base) and observed a DVA training session conducted on base by the MOD.

The project used a multi-method approach to primary data collection (detailed in section 3) to engage the relevant stakeholders and therefore collect relevant data. This included: one focus group with victim/survivors; four face-to-face interviews and eight telephone interviews with practitioners; an online survey for service providers; observation of DVA meetings, five site visits across three case study sites; and email correspondence to reach all the relevant stakeholders. The following section details the methods used.

Section 3: Methods

This section describes the methodological approach of the research. It is split into two distinct parts, the first deals with the methods used in the literature review, the findings from which are presented in section four, and the second part relates to the different methods used for the primary research on which this project is based.

1) Literature review

This research project did not include a systematic or comprehensive literature review as this was not required for the scope of this research project. However, in order to ensure the project took into account existing and up-to-date research on DVA and military families, we conducted a limited review guided by the following areas relevant to Objective 1 (ie to identify what constitutes a specialist DVA provision for military families), identifying and consolidating existing information on:

1) what differentiates the military context;

2) DVA services and interventions for military families; and

3) contextual issues for our interviews and discussions with service providers and users.

The limited literature review sought to understand what the literature tells us about what may be relevant for a military specialism. In doing so, research was limited to that published in years 2013-2017, as this took account of the fact that the author had captured literature prior to that period in a previous publication (Williamson, 2012). Materials that were not directly relevant to DVA and the UK military were excluded, due to the specificities of national contexts (Gray, 2015a; Williamson, 2012); for example, we excluded materials that focused

on DVA in conflict or post-conflict societies, and purposively searched for literature specific to the British military. However, we did find several items related to other countries, particularly the United States (US), which we did not exclude outright as they could have presented themes potentially worthy of exploration in this research and allow the UK context to be put within a wider global context.

Firstly, on the recommendation of the project funder of this research, we reviewed Harriet Gray's recent PhD thesis on civilian women married to British servicemen and experiencing DVA (Gray, 2015a). Gray carried out 45 interviews with victim/survivors and perpetrators, as well as support workers in both military and civilian roles. We also reviewed Gray's broader publications list[xv] for further publications and found four to be relevant. These were materials stemming from her PhD which focused on particular themes; for example, the specificities of civilian women married to military personnel and Foreign and Commonwealth spouses who have experienced DVA.

Secondly, we carried out the following searches (conducted in March 2017):

- The report authors were co-currently involved in a relevant project in year(s) 2016 to 2018 which included a comprehensive systematic review of the literature on domestic violence as part of wider searches on gender-based violence. This previous project, which looked at justice, inequality and gender-based violence[xvi], included a review of over 38,000 pieces of literature identified from searching 19 academic databases, plus additional archived publication repositories (appendix 1). A full outline of the methods used and the inclusion criteria for that review is available[xvii]. For the purpose of the current study, we searched the included articles for materials containing the

word stem "militar". Only two items from this larger systematic review were relevant to this study and both were items already included from the other searches.

- For additional British academic literature, a Google Scholar search for "British military domestic violence abuse", and for "British military intimate partner violence abuse", was conducted and limited to materials published since 2013 (inclusive)[xviii]. Earlier work was identified in the author's previous work on the topic of DVA and the military (Williamson, 2012).
- In order to identify policy documents, grey literature (eg reports from support services), press articles, other research projects, and further resources, a Google search was carried out for "British military domestic abuse violence". Only the first 150 results were reviewed due in part to time constraints but primarily due to the decrease in relevance of results beyond that number.

As a result of the above searches, and after the exclusions mentioned above, we identified:

- 22 potentially relevant academic articles
- 4 policy or government documents/websites
- 7 documents/websites linked to civilian and quasi-military support services
- 2 press articles

The academic articles form the bulk of our findings from the literature review as presented in section 4, thereby forming part of the basis for our conclusions and recommendations. They were also used to inform and contextualise the empirical research conducted for this project. For example, key themes from the literature including how military and civilian families might differ, and specificities regarding Foreign and Commonwealth personnel, were used to prompt questions during interviews.

The policy and government documents/websites, documents/websites linked to support services, and two press articles, served to provide contextual background to the researchers and helped in identifying organisations to contact for interviews.

2) Primary data collection with service providers and service users

The literature review (section 4) suggests that there are many issues facing military families experiencing DVA when trying to access appropriate services. As such, we sought to collect information on what a military specialism for families experiencing DVA would look like, to help address these issues and to overcome barriers in seeking support.

We used a range of methodological approaches to capture the perspectives of different stakeholders (ie service providers and service users), in order to meet the primary objectives. The first objective, as outlined on page 12, was to define what a military DVA specialism looks like from the perspectives of different stakeholders. The approaches used for each element of the primary data collection are explained below, covering:

- Participant (service provider) recruitment
- Participant (service user) recruitment
- Telephone, formal and informal interviews
- Focus groups
- Case study visits (three sites identified)
- Training and observation

Ethics, Data Protection and Safety

The project received Research Ethics Committee Approval from the School for Policy Studies Research Ethics Committee at the University of Bristol. This includes a peer-reviewed evaluation of the project outline and project materials (appendices 1-3) prior to approval being given.

Assurances of anonymity and confidentiality (within appropriate limitations[xix], Williamson et al, 2005) were given. Voluntary informed consent was collected by the researchers from each participant, either verbally prior to 1-to-1 telephone interviews, or in person on the consent forms.

All participants were either given a written participant information sheet, or during site visits, the purpose of the research and information about how the collected data would be used was verbally given and consent collected.

Finally, the safety of service user participants was assured by limiting the recruitment of service users only through service providers. This ensured that service users were not put in danger through unsolicited contact[xx], and that support was in place should such participants have required additional de-briefing.

Recruitment

The recruitment of service provider participants to the study came from a range of sources: through existing contacts, responses to network posts, and through word of mouth. In order to identify specialist DVA services who might be working with military families, and military welfare agencies offering DVA support, an online form was created for organisations to register their details[xxi].

An email was drafted and sent to the range of sources listed above, directing them to the online form which was held on the University of Bristol google cloud server. This was sent, along with a follow-up email/telephone call to each of the Women's Aid Federations within the UK's Devolved Nations with a request they forward the original request on to individual service providers. The email was also sent to a network of interested organisations and individuals (ie a list collated and updated by the report authors since 2009) asking them to respond and/or forward to relevant colleagues. The wording of this email outlined with whom it would be useful to speak and is included in appendix 2. As the primary objective of the research was to identify what a military DVA specialism might look like, we did not seek to define what a DVA military specialism was within our communications; rather we asked if each type of service offered support concerning both DVA and military families.

The online form collected contact information and asked a series of questions relevant to whether the organisation was a military welfare organisation or not, such as: what proportion (%) of service clients were from military families and were experiencing DVA; whether their services were UK wide or not; whether they worked with any particular service (Navy, Army, RAF); and what issues they thought to be most important when addressing the needs of military families experiencing DVA. Military welfare organisations were also asked for the proportion of their clients who were at that time experiencing DVA.

By identifying existing services, we intended to recruit individuals with experience of working in this area, as well as to identify current provision so that we could identify the case study sites.

A total of 15 organisations responded to and completed the online form, of which three were military welfare organisations, the remainder being civilian DVA specialists. Additionally,

three civilian services emailed the team and we liaised with them directly. We considered this figure to be low and conversations with practitioners identified that this was primarily due to a lack of time to undertake anything outside their normal direct support work with service users.

From the group of 15 who completed the online form, we conducted telephone interviews with those who agreed (eight participants from eight organisations). The interviews elicited information on what they as service providers considered to be unique to military families, what they felt barriers might be for both victim/survivors and perpetrators to accessing services, how their service operated in terms of offering DVA support to military families, and how they worked with other agencies and organisations. These questions for service providers were informed by what was found in the literature review and can be found at appendix 5.

As noted earlier, in addition to collecting the above data, these interviews also served the purpose of identifying case study sites. To be eligible as a case study site we were looking for geographical areas where both the military and DVA civilian services were active in local multi-agency forums concerned with DVA. Although four such sites were originally desired, only three were identified due to a lack of eligible sites. Each site had joint working between agencies taking place. The three case study sites were visited, four 'client' meetings were observed, four formal interviews were undertaken with service providers, together with several informal impromptu discussions (note that the latter were impromptu and as such the number was not formally recorded).

As the objective of the study was to ascertain what a military DVA specialism might look like, it was important to ensure that all relevant stakeholders, from military, quasi-military and

civilian services, were included. As such, the recruitment process was purposive (Palinkas et al, 2015). This means that we actively screened potential service provider participants to ensure that we spoke to a wide range of people from different organisations in each case study site.

Although efforts were made to recruit service users from all three case study sites, and from different services, we were only able to recruit service users from one such service. The service users (n=6) were all victim/survivors of male partners who were still actively serving. We attempted to also recruit perpetrators but were unable to do so. As stated previously in the Ethics and Safety section, we only interviewed people who were in receipt of support services.

We asked these victim/survivors whether they had used military welfare services; if they were aware of military or civilian support services; how they found their current service; whether they thought experiencing abuse in the military context was different; and what advice they would give to others in their situation about getting help.

Part of the reason for trying to identify existing services was to assist in 0bjective 2 (ie, identifying who is currently providing services to military families experiencing DVA), as well as to be able to identify appropriate case study sites. Whilst, from previous research work in this field conducted in 2008 (Williamson, 2009), we expected some geographical areas of the country to have on-going collaborative experiences (ie services where links between specialist DVA services and the military already existed), we found such links to have been only recently established. As such, we were limited as to the areas in which we could conduct the case study fieldwork.

There were three criteria for identifying the case study sites; which required there be:

1. Some links in practice between military and civilian DVA services.
2. Experience of working on the issue of DVA in military families.
3. Recognition of the issue of DVA amongst military families as a specific issue.

These criteria were chosen as we wanted to identify good practice within the case study sites. On the basis of these criteria, we identified three sites (all within England) and all were included. There were some links between these sites where individuals from different organisations sat in on each other's meetings in order to share good practice.

From these identified case studies, we made five site visits where we attended four planning meetings, interviewed four staff from both specialist DVA and military service providers, and at one case study site, managed to speak to service users. We were also invited to offer a training session on the issue of DVA and military families to military personnel (on base) in one of the case study sites. This gave us an opportunity to get feedback from military personnel directly regarding the issues they thought to be most relevant when trying to address this issue within military families.

As well as conducting a training session, we also observed a DVA and military families training session provided by military personnel which allowed us to observe the key issues which they, as military trainers, had identified as being an issue for their personnel (eg coercive control and other non-physical types of DVA).

Interviews

Across the three case study sites we conducted eight telephone interviews and four face-to-face meetings with practitioners from different organisations. This style of recruitment was

purposive, in that we tried to ensure that all relevant stakeholders willing to take part were interviewed. The stakeholders were usefully varied and included: Military Police [1], Independent Domestic Violence Advocates [IDVAs] [2], military welfare practitioners [1], Perpetrator Programme workers [2], a lawyer working in this area [1], and Refuge Workers [1]. We were flexible in how we conducted the interviews in order to make it possible for busy practitioners to take part should they wish to do so. All practitioner interviews were recorded and detailed notes taken with relevant sections transcribed verbatim. These were then analysed (discussed below) according to the themes which emerged.

We asked all support services from the three case study sites if we could speak with their service users and provided information which could be given to potential participants (appendix 3). From these requests it was only one service, a quasi-military service, that consented to give access to their service users and agreed to participate. Other support services might have declined such access to their services users due to their role as gate-keepers to vulnerable and often traumatised service users.

To obtain feedback from the service users of these support services, we arranged to attend the end of one of their scheduled group meetings. This functioned as a focus group where we were able to discuss with the user group their pathway to the service and what other services they knew about or would consider accessing. We also enquired as to what they thought was different about being in a military family and how this impacted on accessing DVA services. Prior to us attending the group for the final 30 minutes of their group session, the service provider asked the service-users the week prior to the session if the researcher could attend and asked them again on the day of the session, prior to the researcher joining the group. Once the researcher had joined the group, participants were asked to complete

consent forms, and the aims of the project were outlined. The group conducted with victim/survivors was not audio recorded as permission was not granted by all those attending; as such, notes were taken by hand and themes identified during the meeting. The group consisted of female survivors (N=6) who were attending a support service. Questions that were put to the group included how they had come to attend the group, what services they might have used, and what they thought was important we consider when looking at services for them and their families.

Identifying specialist DVA services

What became clear from the research (discussed below) is that there is confusion across the specialist DVA sector about what a 'specialism' is. Some services felt that they supported all families and therefore offered this service to military families by default but not specifically as a distinct service, whereas others consider their service to have specific skills and/or experience of working with military families, for example having experience working with a local military base to support victim/survivors in the past. This suggests that there is certainly a need for a commonly adopted definition of what a military DVA specialism is. This confusion meant there was a possibility we would under or over represent the number of organisations providing services to military families as only four DVA service organisations felt they were offering a military DVA specialism. As such, we focused on identifying those who were aware that they had previously worked with military families, and/or had professional links with local military organisations. We then contacted all support services identified on the Routes to Support (RtS) within England via telephone and email to establish if they met the criteria and could be defined on the RtS system as offering a military specialism.

As services in Scotland, Wales, and Northern Ireland are supported through their relevant Women's Aid Federation, all of whom are partners in RtS, the Federations were contact for information. Larger organisations in the Devolved Nations were also contacted directly but these services were too busy to answer questions.

The defined list of support services on the RtS system that met the criteria for offering specialist military DVA services was passed to the Women's Aid [England] RtS team to update the system. Going forward, RtS has the functionality to allow individual services to update the system themselves as they either develop DVA specialist services or stop providing them.

Analysis

The variety of data sources mentioned above (ie literature review; interview and group transcripts; user group meeting notes; training session observation/delivery; and fieldwork notes from the case study site visits) were analysed using a thematic approach (Guest et al, 2012; Guest, 2012). A thematic approach recognises that the structured questions will lead to themes emerging in the data which can be collated and analysed. In this study, questions concerned what might be specific about providing DVA support to military families.

The data was independently and manually coded by two members of the team, and key themes were identified and compared. These themes (discussed in the next section) were then grouped according to the issues they raised and/or recommendations they elicited.

Care was taken within the analysis to ensure that representation of the findings was clear when the data came directly from service users, when it was an interpretation of a service users experience by a service provider, or when it was an interpretation of both of these from the researchers' perspective (Noblit and Hare, 1988).

Section 4: Findings I - Literature Review

This literature review was limited to focussing on the following three areas in order to help answer Objective 1 (ie to identify what constitutes a specialist DVA provision for military families):

1) consolidating existing information on what differentiates the military context;

2) consolidating information on DVA services and interventions for military families; and

3) identifying contextual issues for our discussions with service providers and users.

The findings of this review raise a number of themes and sub themes that are discussed in the next section in terms of what they tell us about matters to be taken into consideration when considering a specialist military DVA provision.

What Differentiates the Military Context?

We start with asking the question, why not simply use DVA support services that already exist for civilian families? Gray (2015a) and Williamson (2012) in the UK, and Love, et al. (2015) in the US, have argued against simply transplanting civilian DVA interventions to military DVA interventions without adequate interagency collaboration (eg Gierisch, et al., 2013 in the US).

In the US, Love, et al. (2014) found that a majority (61.5%) of surveyed Veterans Affairs service providers felt that existing DVA programmes (including those within Veterans Affairs as well as outside it in the community) ‘meet the unique needs of Veteran clients *fairly* or *extremely* poorly’ (Love, et al., 2014, p.2354, emphasis in original). Meanwhile, all of the providers they surveyed believed there to be a need for a DVA programme specific to military populations.

The following sub-section therefore discuss some of the key areas that the literature suggests should be taken into consideration when developing and delivering DVA interventions among military populations. These include:

1) Issues potentially influencing DVA perpetration in military families
2) Barriers to seeking treatment or help
3) Concerns about accessing military support services

Issues potentially influencing DVA[xxii] perpetration in military families

Much of the literature on DVA and the military discusses military-specific (direct or indirect) mediating factors that might influence whether military personnel perpetrate violence, including DVA. While some researchers have made direct causal links between certain factors and violence perpetration[xxiii], it has also been noted that any suggested causality between such factors and the perpetration of violence is spurious, and that more research is needed in order to establish causal relationships with any certainty. Marchiondo (2015), for example, argues that: 'There is no simple etiological pathway leading to [DVA] in veterans and those still serving. Instead, a number of factors seem to coalesce, increasing risk with each addition' (p.273).

It is beyond the scope of this overview to validate the causality of specific factors, not least due to the paucity, limitations and heterogeneity of existing studies (MacManus et al., 2015; Aronson et al., 2014). Instead, this section highlights these issues as having been identified in the literature as potentially influencing DVA perpetration within military families, and therefore, factors that should be taken into consideration when developing and delivering DVA interventions for this population. As other researchers have argued (MacManus, et al.,

2015; Marchiondo, 2015; Aronson, et al., 2014; Elbogen, et al., 2014; Taft, et al., 2013), it will likely be insufficient for military-specific DVA interventions to address the matter of DVA in isolation; rather it is necessary to also take into account (and to seek to identify and address) ancillary issues that perpetrators and their families who have been in (or remain in) the military context can experience.

With this in mind, we noted factors potentially influencing DVA perpetration in military families from the literature. These included: suffering post-traumatic stress disorder (PTSD), having had combat exposure; issues around military 'culture'; and stress on personnel and their families due to deployment and reintegration. These factors are discussed further in the following sections.

PTSD, combat exposure, military 'culture'

The links between PTSD and DVA perpetration by military personnel have been made in previous research (see overviews by Gray, 2015a; Williamson, 2012; Taft, et al., 2013). However, the causal effect of PTSD on DVA perpetration should not be taken for granted, as research suggests it may be mediated by other factors such as the use of alcohol (Elbogen, et al., 2014), gender, and military service itself (Gray, 2015a). Linked to military service, factors potentially influencing DVA perpetration also include exposure to combat (MacManus, et al., 2015; and Elbogen, et al., 2014) and what has been described as the military's 'culture of aggression', including the use of violence as a legitimate method of conflict resolution, and potential positive associations with violence (Murray, 2014; see also Taft, et al., 2013).

Deployment and reintegration

Another issue specific to military families is the strain that deployment and reintegration can have on them. Such strain can be found in periods before, during and after deployment, and include both combat and non combat duties away from home. Williamson (2012), in exploring the nature and extent of DVA in military families in England, carried out focus/discussion groups with military personnel, their partners, and key stakeholders (including Probation Officers, DVA specialists, and the Police); attended a DVA inter-agency forum meeting of stakeholders, and carried out an online survey among military personnel and their partners. Among the 179 participants who stated they were partners of military personnel, eight disclosed their partner as being physically violent; 43 disclosed their partner as being verbally abusive; and 23 described their partners' behaviour as bullying (Williamson, 2012). Although the majority of the respondents did not explicitly disclose abuse, most discussed areas of tension and conflict in their relationships with military personnel, but it is these very areas which can potentially be a source of DVA (Williamson, 2009).

For example, upon returning home to their family after deployment, the military partner may expect all the cooking and cleaning to be done for them by their partner, mirroring the roles the military takes on including meal provision and all related catering and cleaning activity while service personnel work and live on a base. They may also feel they do not have a role in the family upon returning, as their civilian partner will have been taking care of everything relating to the household and children in their absence. Particularly if the serving person was in charge of others whilst on duty, the military partner may attempt to exercise higher levels of control over their civilian partner, the latter of whom will have been used to more

autonomy whilst their military partner was away on deployment. The returning military partner, as a result of not having spent much time with their children, may not feel confident around them, causing their parental behaviour to be overly controlling. Military partners also have to adjust from being under (at times) considerable stress whilst on duty, where they work in a structured military environment, and possibly where they are responsible for the lives and activity of their team, to finding themselves at home in a relaxed, less structured, perhaps even chaotic household environment, where they have to consider with sensitivity the needs of their partner and children. Finally, they may be dealing with the impact of trauma/PTSD.

Civilian partners, on their part, may feel unsupported and left behind, as though they were 'lone parents[xxiv]', with responsibility for everything in relation to household and children, and that their work during their partner's deployment is not recognised or appreciated. They may have to adjust routines they had developed in their partner's absence, making them feel they are losing some of their independence on their partner's return. They may also experience anxiety and concern around their partner leaving again, as may their children. As a result of these issues, Williamson (2012) recommends broader approaches to DVA interventions that also address areas of control and decision making within families, sharing household duties, and communication in healthy relationships in order to identify potential risk of, and to address any existing DVA behaviour.

The findings above from previous research suggest that there are several military-specific contextual issues that can potentially influence DVA perpetration among military personnel, and therefore are issues that DVA interventions for this population may need to target, in addition to directly addressing the violent/abusive behaviour(s) itself, if the intervention(s) is

to be effective. For example, US service members and veterans participating in a DVA-specific perpetrator programme found it to be a main positive of the programme that it focused on relationships with partners/spouses, rather than solely behavioural issues like anger management (Love et al., 2014).

With these issues in mind, the following section focuses on what recent literature says about military-specific barriers to treatment and/or help-seeking, both in relation to perpetrators as well as to victim/survivors.

Barriers to seeking treatment or help

Military personnel who are perpetrating DVA may perceive several barriers to seeking treatment for their behaviour and to engaging with services, while victim/survivors experiencing DVA within military families also perceive barriers to seeking help. These barriers include stigma; logistical issues; fear of impact on career; matters around confidentiality; fear of loss of housing, and connected with that, the loss of the military sense of community; and barriers specific to Foreign and Commonwealth partners/spouses.

Stigma

One barrier noted by UK research is a stigma within the military around seeking support in general, for any issues, and particularly for mental health (Gray, 2015b; Murray, 2014, Williamson, 2012)[xxv]. Stigma around mental health in the military is something the British armed forces have been working to counteract. For example, the British military's TRiM [Trauma Risk Management] (Jones et al, 2017) programme seeks to destigmatise mental illness in the military (Gray, 2015b). Military welfare and TRiM practitioner participants in

Gray's (2015b) research, felt there was still work to do in de-stigmatising mental health, and stated that 'stigma remains a significant barrier to help-seeking (…), but were generally positive about the de-stigmatising impacts of TRiM' (pp.115-116). The author adds that the participants indicated that to help de-stigmatise mental illness in the military, there would need to be a change in military culture:

> 'They [practitioners] pointed to a change in militarised constructions of masculinity, towards a greater emphasis on the ability to overcome adversity' (pp.115-6).

Logistical issues

Love, et al. (2014), looking at a US perpetrator programme for military personnel, note that logistical problems, such as scheduling treatment attendance for military personnel to avoid it conflicting with military duties, can also be potential barriers to the successful implementation of and engagement with the programme.

Logistical and practical issues may also discourage partners from reporting abuse or seeking help; such as concerns about their children's education or their own employment should they have to relocate, together with a possible loss of or lack of social support again linked with relocation.

Impact on career

Aronson, et al. (2014), also looking at the US, note that perpetrators' fear of a negative impact on their service career can be a barrier to their seeking help.

From the perspective of the victim/survivors, UK research similarly finds fear of impact on the perpetrator's career to be a main barrier to their seeking help for DVA (Gray, 2015a; Williamson, 2012; Williamson and Price, 2009). Victim/survivors who are civilian and married to military personnel may feel internal and/or external pressure in their role as a 'military wife' to be stoic, strong, and to consistently support their partner's military career (Gray, 2015a). In Williamson and Price's study (2009, see also Williamson, 2012), the most significant barrier to victim/survivors accessing support in cases of DVA was fear of how this would impact on their military partner's career, with nearly 60% of their 179 survey respondents giving this as one of or as the single reason why they did not seek help. One participant in Gray's (2015a) study stated:

> 'I didn't wanna involve [military support agencies] because I didn't, I suppose I didn't wanna get him into trouble [...] 'cause it ruins them, doesn't it, their promotion and everything, and I should have done, I should have done.' (p.131).

Confidentiality

Related to this is a lack of trust in the confidentiality of services, particularly in military welfare services as detailed below (Gray, 2015a, 2016a; Williamson, 2012). This can come from a concern about negatively impacting the military partners' career, but also that the abuser will be informed of their attempt to seek help – the latter of which happened to some of Gray's (2015a) victim/survivor participants who sought help from military services. For example, one of her participants noted:

> '[If] I reported the incident he would get called in. By the time he's finished work for the day I know what to expect from him at home. Either the silent

treatment [or] he'll be gone for the whole day [...] or last and truly the worst, he'd do something to me. So there was always that, be careful what you're going to do, next time, because if you phone he's gonna get called in.' (p. 164).

Housing

Another main barrier for victim/survivors to seeking support is housing. If victim/survivors are civilians in relationships with military personnel and live in accommodation provided by the military (known as Service Family Accommodation), they may be concerned about where they (and their children) will live should they separate from the perpetrator. This is a justifiable concern, as civilian victim/survivors who live in Service Family Accommodation lose their entitlement to that housing if their relationship breaks down[xxvi]. In Gray's study (2016a; 2015a), she reports this issue concerning several of her participants: 'their lack of rights over their housing was a factor which actively discouraged them from seeking help or from leaving the relationship' (p.3). Whilst most victim/survivors benefitting from Service Family Accommodation have a right to Local Authority support to find housing if they leave the perpetrator, several participants in Gray's study (2016a) were not adequately informed about this and feared homelessness.

Sense of Community

Civilian victim/survivors may also be deeply integrated in and identify closely with the military community. The prospect of having to potentially leave this known community and re-establish themselves in a new, unknown civilian community as a result of seeking help (and leaving their partner as a consequence) may be too daunting. Services should therefore not

only assist with housing, but also with leaving existing communities and integrating into new ones (Gray, 2016a).

Immigration-related barriers faced by Foreign and Commonwealth spouses

Foreign and Commonwealth (F&C) spouses of military personnel who experience domestic abuse face particular barriers resulting from their immigration status. They may not want to seek help due to fear of losing their right to remain in the UK (Gray, 2016c). Currently, the Destitution Domestic Violence Concession (Home Office, 2018) allows victim/survivors of DVA, whose husbands have served in UK Armed Forces for at least four continuous years, to apply for 'Indefinite Leave to Remain' providing they have acceptable forms of proof of domestic abuse. It does not, however, help those victim/survivors whose husbands have not served continuously for at least four years (Gray, 2016c). The fact there is no recourse to public funds whilst F&C spouses are on a dependent's visa, is another factor; they therefore cannot access mainstream sources of support such as refuges and local authority emergency housing. Such victim/survivors are, however, able to get assistance with accommodation from the Stepping Stones Homes programme run by SSAFA, an armed forces charity[xxvii]. The Stepping Stones Homes programme assists civilian partners with temporary housing when their relationship to a service member breaks down[xxviii]. However, victim/survivors are not able to self-refer to this and must instead obtain a referral from a welfare agency such as the Army Welfare Service, Unit Welfare Officers, the Police, or other branches of SSAFA – a requirement which may, in some cases, introduce additional difficulties in accessing this form of support (Gray, 2016b; 2016c). In addition, several victim/survivors in Gray's (2015a) study

reported that they had not been aware of this programme at a time when such knowledge might have benefited them.

Concerning cultural 'norms', Gray (2016c) sees this as a further factor, and encourages services to be mindful not to attribute DVA to the 'culture' of F&C nationals (as some staff in her research had in fact done), as this obscures the very real issues and obstacles they are facing and may also discourage F&C partners from seeking help in the first place.

Concerns about accessing military support services

In addition to the barriers above facing military perpetrators around treatment-seeking, and their victim/survivors in help-seeking, UK research has also found barriers to accessing treatment or help from military support services specifically. The majority of victim/survivors in Gray's study felt they could not access effective support for DVA within the context of the 'military bubble' (Gray, 2016b). Several of the participants felt that military, and even quasi-military, services prioritised the needs of the military, and therefore of the abusive service person, above their safety and well-being (Gray, 2015a). Gray argues that "cases of domestic abuse should not be dealt with by military welfare agencies but should instead be signposted as quickly as possible to external, specialist domestic abuse services" (p.5). However, she highlights that the nature of being a civilian married to a member of the military "creates an unusual set of circumstances in which civilian women who experience domestic abuse are likely to turn for support to the institution which also provides their housing and acts as their husband's employer" (p.2).

Options for accessing DVA services

Military personnel and their civilian partners who are experiencing or perpetrating DVA, potentially have several options for seeking assistance. This includes military welfare services such as the Army Welfare Service, Royal Navy Royal Marines Welfare, or Royal Air Force Association. There are also quasi-military services, which are not officially part of the military, but are closely linked to it and/or solely serve the military population, for example:

- the Army Families Federation, a military charity which describes itself as independent of the Army and provides various types of assistance to Army families[xxix]
- Go Commando, a military charity that supports serving and former Marines and their families, and which works closely with the Royal Marines[xxx]

There are also civilian services, which are not part of or closely linked to the military, that specialise in DVA and serve the wider population; for example, Women's Aid, Safe Lives or Rape Crisis. There are also informal sources of support, which may be in the form of family and friends (Gregory, 2014). It is worth nothing the various types of services mentioned all vary in who can access them (eg a requirement their users be serving regular personnel, reservists, or veteran members of the armed forces and/or their families).

Whilst military support agencies, including both military and quasi military services, are diverse, with some remaining part of the military environment and others outside of it, Gray (2016a) found that in some cases, the 'joined up' nature of military life enabled military-linked services to carry out multi-agency work, allowing them to address the multiple needs of such DVA cases. For example, the need to move accommodation (where the latter was provided by the military), or managing the perpetrator (where serving personnel) by scheduling duties in a way that allowed them to attend civilian perpetrator services (thereby overcoming one of the logistical barriers noted above).

Summary

This literature review was conducted with a focus on the following three areas in order to help answer Objective 1 (ie to identify what constitutes a specialist DVA provision for military families):

1) consolidating existing information on what differentiates the military context;

2) consolidating information on DVA services and interventions for military families; and

3) identifying contextual issues for our discussions with service providers and users.

Focussing on these three areas helped us begin to identify what should be taken into consideration when developing and delivering a military DVA specialism, and provided context and direction for our own data collection with service providers and service users in the context of this study.

The review began by highlighting the lack of DVA interventions specific to military populations in the UK and demonstrated a desire by both service providers and military personnel and their families for DVA services to be available that were specific to the military context.

We went on to discuss what the reviewed literature indicated may be relevant when developing and delivering DVA interventions to military populations. Studies suggested it is worthwhile to take into consideration issues that potentially influence perpetration of DVA amongst active and veteran military personnel, in particular:

- The effects of PTSD, combat exposure and military ‘culture’;
- The impact on military families of deployment and reintegration.

Previous studies also highlight barriers to treatment-seeking for perpetrators, and to help-seeking by victim/survivors, and the various DVA support options available. Table 2 below summarises the main themes found in the literature review.

Table 2: Summary of key themes from the literature of issues specific to military families

KEY THEMES	SUB-THEMES
1) Issues potentially influencing DVA[xxxi] perpetration in military families	• PTSD, combat exposure, military 'culture' • Deployment and reintegration
2) Barriers to seeking treatment or help	• Stigma • Logistical issues (schooling, employment, loss of social support) • Impact on career (both that of the perpetrator and victim/survivor) • Lack of trust around confidentiality • Housing (access to married quarters and civilian housing) • Sense of community • Immigration-related barriers faced by Foreign and Commonwealth spouses
3) Concerns about accessing military support services	• Defining military and non-military services • Concerns around military priorities (eg immediate priority to the 'perpetrator' service person versus victim 'non-serving partner)

Section 5: Findings II – Views of service providers and service users

The findings presented in this section are based on all the primary data collected through interviews and discussions with both service providers and service users, as well as the observations and training feedback. Service users' names and locations, and practitioner participants and their organisations, are not provided for reasons of anonymity. As outlined in section two previously, the terms military and civilian services are used here to distinguish between those interventions being offered within the military context and those outside, while quasi-military services are charities with vast experience of the military context working exclusively for this group but within the charitable sector.

Three key findings emerged from the primary research conducted for this study, across the different sets of data analysed, and in part echo previous research findings identified during the literature review presented in section 4. These were: 1) a lack of clarity about, but need for, a military DVA specialism; 2) Issues specific to military families; and 3) common knowledge, communication and joint working between military and civilian services. This section outlines each of these themes below and provides direct extracts from the interviews and links to previous research.

1) Lack of clarity about, but need for, a military DVA specialism

As previously stated, the aim of this project was to establish a military specialism on the RtS online system so that military families experiencing DVA can be better signposted to appropriate services, whether military, quasi-military, or civilian services, with specialist knowledge.

None of the respondents, whether from the civilian DVA or military DVA welfare sector, were able to define what this specialism would look like in terms of the content of any specific interventions but were able to identify the need for *processes of better collaboration between the two sectors*. As one provider, with extensive experience of supporting victim/survivors of DVA who were from military families, said of their own service:

> [despite having experience] "I don't think its specialist, because as I said, we don't have enough understanding of what the military provide, and what's available to families, I think when you have that then you can build a specialist service, but without that knowledge it's kind of like trying to fit a jigsaw picture without understanding what the pieces are" [Civilian Practitioner. 05].

This confusion about how to define a specialist service is not limited to this issue of supporting military families; civilian DVA services also differ in their level of ability to self-define whether they offer a specialist service to specialist groups, such as disabled, lesbian, or black and minority ethnic service users. Some define their specialist service as 'supporting' anyone, whilst others are more reluctant to see themselves as specialist providers.

However, as previous studies presented in the literature review also found, our participants discussed why it is important to have a military specialism. Those working with perpetrators, and veterans in particular, were clear that in order to engage with service users there needed to be an understanding of the military context:

> "[referring to non-military DVA services] I think it's difficult because you're sending these veterans to a service that is fairly generic, and again they might not want to engage because it's not, likeminded people there. This is the problem I have with sending them to substance misuse programmes that are NHS because they're mixing

> with your Joe Public that are drug users as well. They don't want to engage in that, they want *their* kind of service where people understand the sort of military culture. I would say it is probably the same if you were to ask for a domestic violence service for the perpetrators. I think it would be good to have something specific for veterans because if they know that people understand maybe why they're displaying this behaviour then you're more likely to engage them in that" [Practitioner. 02].

Both service providers and victim/survivor service users we spoke to discussed numerous issues facing the military family context which is discussed further below.

2) Issues specific to military families

Echoing the findings of our literature review (see table 2, page 35), practitioners and victim/survivor service users identified a wide range of factors that might need to be considered when addressing the specific needs of military families experiencing DVA.

> "there are some things which make them unique as a whole ….. they move around a lot, they don't settle, have roots, they're not necessarily near their family ….. If you've got the military and you are thinking of providing support you've really got to consider things like how the rank structure works, confidentiality when people work together and live together" [Quasi-Military Practitioner. 03].

The practical considerations mentioned in the quote above; namely, location transience, hierarchy, and the close-knit military community, demonstrate the conditions which support and enable the military to function as a military organisation. They also, however, can make it difficult for victim/survivors to seek help if abuse is taking place. Equally, a lack of

understanding about how this military culture operates may make it difficult for civilian services to meet the needs of this group effectively.

Many practitioners noted the ways in which being part of the military can separate individuals (perpetrators in particular), from wider society – a society which they perceive does not understand, and can even actively undermine, their military contribution, which in turn can affect their sense of identity:

> “I think the biggest thing that civilians don’t understand is what it’s like to actually fear for our lives on a daily basis when you are on a tour for 6 months, none of us know what that’s like, and to get those feelings everyday, maybe when they come home still, that nobody really understands what they’ve been through, families don’t certainly” [Quasi-Military Practitioner. 2].

If a lack of understanding of the military context prevents perpetrators from accessing generic services, then removing that obstacle can only be a positive step forward; part of this can be achieved by practitioners being more sensitive with the words they use. For example, one civilian practitioner stated:

> “it’s the use of language to me [in Australian context] is much more engaging, if I’m calling somebody a perpetrator, certainly if you call one of the military guys a perpetrator, they’re likely to bite your head off, y’know “I’m a defender of this country, I’m a defender”, that’s their belief system, to call them a perpetrator, you may as well call them a paedophile, they’re quite sensitive to language” [Civilian Practitioner. 1].

This quote illustrates a very real defensiveness around the contradiction of being seen as 'protector of the UK' on the one hand, and 'perpetrator of violence at home' on the other. Linked with this, some service providers discussed how, in their view, service members require a unique approach, as aggression is an inherent part of military training: "In fairness to the guys, they're trained to kill when they signed up, but when they come home they can't just flick a switch and that's changed. So it becomes a vicious circle really" [Military Practitioner. 06].

Practitioners also acknowledged the potential impact of trauma, transience and deployment, and how that interacts with DVA within active military service:

> "it can be that there has been physical violence in relation to PTSD, it can be the whole transient nature, y'know their partner being away and then coming back and also being in a new place, that can be a stress factor, so it's about not excusing the abuse but understanding there are different nuances there" [Civilian Practitioner. 04]

Victim/survivors also recognised the issues of violence related to military service, with some stating they had felt threatened by their partner because of their military training:

> "I was scared that when he made, y'know, threats and that, that he could do it …… they're trained soldiers" [Victim/survivor].

Whilst some military personnel might have access to such weapons and surveillance training, one senior army trainer, who we met on one of the site visits, stated that some junior soldiers might claim to have such skills and access to such weapons when in fact they did not. This is important for civilian DVA services, and other related services such as the police or children's

services, as they would need to be aware of this kind of information when conducting risk assessments in order to ensure the safety of spouses/partners.

Further echoing the existing research, a main barrier raised by victim/survivors was a concern that their military partners would lose their job or that their military career would otherwise suffer:

> "Several times I have had phone in my hand to call the police but never did … He would say he would lose his job, then I'd lose everything for the kids" [Victim/survivor].

A final concern raised by the victim/survivors who took part in this research was in relation to their position in the military as spouses/partners of military personnel, which they found confusing. Whilst at times they were perceived as part of the military family, at other times they felt neglected, especially when abuse was taking place. Some believed that the MOD was more concerned with their own image than protecting and helping victim/survivors. Participants described themselves as "secondary" in relation to the MOD and that the MOD, as an organisation, did not care about them. This was sometimes ameliorated by better relationships with their partner's unit, but the participants in this study thought that the military did not do enough to support them as military spouses:

> "We're last [agreement in the group] … they get nights out, we never get to meet up, coz of the kids, we have to ask for them to look after them. Maybe their unit could make them look after the kids so we could go out" [Victim/survivor].

As a possible solution, the victim/survivors wanted more practical help and information through which they could access civilian services when they felt unable to access military

support services. There was some discussion of information 'packs' which spouses used to receive but the group were unsure whether such packs were still available. Some had received information packs when stationed overseas but not when stationed in the UK. All agreed that packs containing information about local services would be helpful when moving to a new area. The victim/survivors also wanted more information, as also suggested by the specialist DVA services above, about what would happen in terms of process if they reported their partner to the military.

Foreign and Commonwealth spouses of military personnel were perceived to need no specific treatment other than support related to their immigration status as non-British nationals. As one practitioner reflected:

> "The only thing that makes them different in the military is their immigration status …. [F&C] spouses are different because they are under specific immigration rules" [Practitioner. 03].

3) Concerns about accessing military welfare services

The literature, discussed in section 4, has already highlighted concerns about whether military personnel and their families perceive military welfare services to be approachable and/or confidential. It is important to stress that this is something that these welfare organisations have themselves tried to address[xxxii]. However, we found that practitioners were still reporting a perception amongst service users that barriers still exist to their approaching military welfare services for support. Those working with active military personnel and victim/survivors, while expressing that an understanding of the military context was

important, also recognised that some service users might want to seek support outside of the military environment:

> "people don't always want to speak to the army welfare service. The army welfare is a brilliant service and it's there for exactly this type of situation … but a lot of spouses don't want to go to the army welfare service because it's got the word army in it and they think that it's going to affect the husband's career and all that" [Practitioner. 03].

In addition, some participants thought that the military culture could make families see accessing military welfare services as a weakness:

> "Even if the man won't go, the wife, it's been drummed into her, not always, but it's been drummed into her, you must not go to welfare because that's a sign of weakness. 'We're fine'" [Military Practitioner. 06].

> "[We] need the independence because it is still the case that you are a welfare case if you go to welfare and that's frowned upon" [Civilian Practitioner. 04].

This view that some families still have a negative perception of military welfare, also came from quasi-military organisations who were actively developing joint services with civilian and military services, albeit in mental health and not DVA services, to address this concern:

> "There is still a stigma, despite the military trying to change it, for the wife or girlfriend to go to welfare and say 'I need help', they think it's a black mark on their career, and in fact it's not these days. It really is not, but that perception is still there" [Military Practitioner. 06].

> "generally if the relationship has already broken down, the soldier has moved out, they are probably unwilling to go to the army welfare service, it's got a mixed…some people are happy, they will go to the army welfare service, or the unit welfare officer to start with, but others prefer to go to civilian domestic violence organisations" [Quasi-Military Practitioner. 03].

For participants across civilian and military DVA service sectors, it was this concern that individuals might not access military assistance when DVA was a problem which led them to identify the need for collaborative working, discussed in the following theme below. Whilst there may be potential cultural differences between the civilian DVA and military sectors, as expressed and also sustained through a lack of knowledge about each other's processes and a lack of communication between them, the risk of those requiring support for DVA falling through the gaps between the two sectors makes this collaborative working essential.

Related to a finding in the section above on issues specific to military families, the victim/survivors we met claimed they "didn't feel valued" by the military and as a result they did not trust military welfare services. There was a perception amongst the group that in the eyes of the military they, as spouses, would be considered "secondary" to their partner. This view was strongly held by the victim/survivors we talked to too. They spoke of the MoD as being "more important" than they were. This is something that Gray's (2016c) participants, civilian victim/survivor women with military partners, also expressed.

4) Lack of shared knowledge, communication and joint working between military and civilian services

The literature review identified a lack of shared knowledge, communication and joint working between military and civilian services dealing with DVA within military families, but was a concern specifically noted within this primary data collection section.

For some civilian practitioners, there was a contradiction of working more closely with a military system that they felt was possibly a contributory cause of the control and aggression which causes abuse:

> "[we are providing training] and a little bit about coercive control as well because, that's been quite interesting for us in terms of not really recognising it in the same way that we might in non-civilian population out in the community, because, y'know, the whole hierarchical, patriarchal, system is about control in the day to day jobs …. So we're going to do some stuff around coercive control because we feel it's a point to focus on" [Civilian Practitioner. 04]

These more fundamental differences between the two sectors was also recognised by military providers. When discussing working across the civilian and military sectors, service provider participants recognised that there was a lot of work to be done. This related to building trust between the two sectors, recognising the different structures within which both operated, and understanding the cultures within both:

> "it's such a different culture. So partnership working with the forces is going to take twice as long as it does, or has, for civvy police, and the progress that [DVA sector] has made with working with their local forces over the last 10-20 years. So it's about being sensitive to their culture and we can't just go in and say, this is what you need, even

> when we know they do, it's about responding to their needs as well" [Civilian Practitioner. 04]

Similarly, civilian DVA services recognised that their knowledge of the military DVA context, and whether the military were part of wider processes, was limited or lacking. In response to a question about what a military DVA specialism within a civilian DVA service might look like, this practitioner stated:

> "It would be having an IDVA (Independent Domestic Violence Advocate) service, it would be having close links to local civilian domestic abuse agencies, it would be local domestic abuse services having an understanding of the process for military families and how that all works. …. Because I don't really know the process, all I know is that a victim may be referred, and we'll obviously work with that victim, but I don't necessarily know what their [military] process is, or what's available to them, the women or victim, so it's a two-way street. Communication can't go one way only, it has to be shared [Civilian Practitioner. 05].

This suggests that information about the systems used within the military context would be valuable to civilian and quasi-military DVA services who work with non-military services. There was also an acknowledgement by a military welfare service that the expertise of the civilian DVA sector would be useful to ensure that the victim/survivors needs were being met:

> "Having links with them [civilian DVA services] is really important. That's one of the things I'm trying to do with what I'm doing is trying to get good links with them all over the country …. It's getting in with them and saying to them, this is what I do, this is

> what I'm here for to make sure if they get a spouse in they know who to refer to for that little bit of it" [Quasi-Military Practitioner 03].

We identified a range of support services available for those military families experiencing abuse, as demonstrated in the extract below, but there was a lack of easily accessible information about how these services operate and what knowledge base their approach is based on. Most practitioners talked about their knowledge being gained from experience on the job, with little coordination of information, and no-one was aware of specific guidance relating to military families and DVA. That said, there were examples of many agencies working together in individual cases, illustrating that at a local and individual case level some joint working and knowledge exchange is taking place, but again not coordinated.

> "It was the health visitor who initially raised it with me … the social worker was involved because the child was involved. The social workers did an amazing job … they drove her to some of the appointments she had to have to have her fingerprints done …. She needed help coming out of her quarter … I sent her information for the housing register …. But even doing that …. Can be a nightmare for someone who is not computer literate, it's all done online, you have to have a computer, you have to register …. Then you get sent houses and you have to bid for them and if you don't know what you're doing, and English is your second language, you're kind of stuffed so you really do need a lot of help. She's now moved into a new property … but she needed help with the removals because that help wasn't available anymore from the Unit because the soldier had discharged so again SSAFA got on board to help her move, the Royal British Legion helped her get white goods and stuff sorted, so there

> are lots of agencies out there but it's about getting everybody together" [Quasi-Military Practitioner. 03].

Service provider participants also suggested initiatives for more collaboration across the two sectors, and discussed three specific projects: one being run currently by the Royal British Legion, where a local British Legion office is linked to their local refuge to help improve collaborative working; a co-location initiative currently being operationalised by Aurora New Dawn, where one of their workers is based within the military welfare offices for part of their working week; and a training initiative illustrated by the following quote:

> "We have tried in the past to do joint training with military welfare around domestic abuse, alcohol abuse, debt crisis, but their remit's changed slightly so they only tend to deal with, [.....] my background's more preventative really, if we can get in there sooner, [but] they [military welfare] tend to react, they react to a problem, so it's not that easy" [Military Practitioner. 06].

These examples show that more work needs to be done to facilitate joint work between the civilian and military DVA service sectors where the barriers to working together, such as role and function, can be addressed so that better working relationships, at both a local and national level, can be established. There is also room for the two sectors to develop shared knowledge on how to work with military families experiencing DVA. All this would ultimately benefit those military families experiencing DVA.

Summary

Our primary data collection with service providers and service users through interviews, focus groups, observation and training feedback, showed that participants felt there was a lack of

clarity about what a military DVA specialism is, but that, as previous studies as discussed in section 4 have also argued, there is a need for one. Participants felt a military DVA specialism should cater for the various contextual issues particular to military families (see table 3 below) and had particular concerns around using military welfare services in cases of DVA. Finally, we found that there is a lack of shared knowledge, communication and joint working between military and civilian services when it comes to DVA within military families, an issue that also needs to be addressed to share where such collaborative models work well to benefit service users.

Table 3: Summary of the key findings from the fieldwork

KEY THEMES	SUB-THEMES
1) A lack of clarity about, but need for, a military DVA specialism	• Linked to a lack of common knowledge across the two sectors about how each operates • Military personnel, it was suggested respond differently to civilian service users and prefer their own services which get their needs
2) Issues specific to military families	• Rank structure/hierarchy • Issues around confidentiality (see below) • Close knit military community • Sensitivity around language (defender of the nation versus perpetrator of DVA) • Deployment transience/trauma • Use of combat training threat toward spouse • Career concerns • Perception of MOD priority (MOD image priority one) • Information of local civilian services missing • F&C specific support around immigration

3) Concerns about accessing military welfare services	• Seen as a weakness • Impact on career • Preference for non military help linked with trust/confidentiality
4) A lack of common knowledge, communication and joint working between military and civilian services.	• Need to develop trust and understanding between service sectors • Joint working/placements • Coordinated inter-sector learning and experience • Specific guidance of military/civilian inter-agency collaboration systems

Section 6: Findings III - Identifying a military specialism

What is a military specialism?

Following the review of the literature in section four, and the presentation of the findings from our interactions with service providers and victim/survivors in section five, this section focuses on the main objective of this project, to define what a DVA military specialism is.

As discussed, it was clear from the both the literature and the findings that all stakeholders in the study believed that a specialism was required as the implementation of generic civilian DVA services would not necessarily meet the needs of military families. Similarly, the lack of expertise on DVA issues within military welfare services suggests that both civilian DVA and the military sectors need to work together to share their knowledge and communicate more effectively and on the civilian versus military context within which they both operate, and on individual cases. Furthermore, service providers from all types of agencies struggled to define what a military specialism looks like.

As such, we defined ‘specialism’ within this project as organisations who had supported this group of service users, and who had worked with their military counterparts. Those services with this experience were more likely to understand the specific barriers to help-seeking which might impact on military families; have some awareness of the military based services available to families; and understand some of the practical impacts of military life on families experiencing DVA. In terms of what it would mean to deliver such a specialism effectively, the literature review and data gathered from practitioners and service users showed that such organisations should fully consider the range of factors listed at the end of Section five as it is this range of factors that is specific to the military context so helps define the nature of a military specialist DVA intervention.

Identifying specialist services

In order to identify those DVA services offering specialist support to military families, after the completion of the fieldwork, we contacted all services in England directly, and those in Wales, Scotland, and Northern Ireland indirectly through their respective Women's Aid Federation.

We asked these services to self-define whether they provided a specialism to military families, on the basis of whether they had worked with these families and worked with military services.

We telephoned, and subsequently emailed, all specialist services in England, using contact details available through Women's Aid England. None of the services in Wales, Scotland or Northern Ireland reported offering a specialism to military families despite attempts being made for this information via the respective nation's Women's Aid Federations. This does not necessarily mean that these services are not supporting these families but it could be that responding to this project was not a priority. Again, this information can be added at a later date to the on-line signposting system (RtS) and we would anticipate this happening following dissemination of the current report.

In total, we attempted to contact 363 services directly; 271 of those services were either unable to confirm whether they offered specific support to military families, did not respond, or were unreachable (table 4). This demonstrates the difficulty in being able to get responses from the appropriate workers in specific services. Whilst the number of services who did not reply, were unreachable, or where there was no contact information available, was more than

we have hoped, these services will be able to add themselves to the online RtS system as a service offering the specialism of supporting military families in the future.

Table 4: Call results for DV Services in England offering a military families specialism

Region	**N. Of services contacted**	**Yes**	**No**	**Unsure**	**No reply/unreachable/no public contact**
East Midlands	34	4	5	2	23
London	84	6	14	0	64
East England	27	1	4	0	22
North East England	30	3	2	0	25
North West England	42	0	6	0	36
South East England	51	6	2	0	43
South West England	25	4	2	0	19
West Midlands	35	1	5	0	29
Yorkshire & Humberside	35	8	9	0	10
Total	**363**	**34**	**49**	**2**	**271**

In total, ***34 services from England*** positively responded that they do provide support for service users who are from military families and identified as offering a military specialism.

This information has been delivered to the Routes to Support team at Women's Aid, England, who are in the process of updating the system. This updating process will continue on a on-going basis as more services, hopefully, address the needs of military families in their training and provision.

Section 7: Conclusion

Returning to the primary aim of this project, we were able to ascertain that in defining a military DVA specialism the critical factors were collaboration between DVA civilian and military service providers, together with experience of working with these families. These experiences were indicative of these services having an awareness of a number of military specific contextual factors affecting DVA that should be taken into account in offering such a specialism. Participants, and practitioners identified a lack of knowledge and communication across the two sectors as hampering efforts to support victim/survivors and perpetrators.

As identified in the methods section, we initiated our own training to both military and civilian DVA services, and these practitioners too reported a lack of understanding of the expertise and knowledge of one another. This resonates with the evidence from other research identified within this report (eg Gray, 2015a).

As a result, we believe that local meetings between relevant military and civilian DVA services is crucial. We also see the value in national level communication between those organisations who are already engaging in this work[xxxiii] (eg at a national level) and whose joint working could facilitate greater and more appropriate provision for military families at a local level.

We also believe that a national conference to assist in sharing good practice and contextual understanding at both a policy and practice level would facilitate future collaborative working across these sectors.

Facilitating this collaborative work would also ameliorate the third finding from the research in terms of concerns about accessing military support services (table 3), also reflected in the findings from the literature (table 2). Irrespective of whether negative perceptions of military

support are accurate or not, the finding that victim/survivors (and in the view of victim/survivors, perpetrators too), are still reluctant to access support through this route increases the need for civilian DVA services to work alongside military DVA services and vice versa.

We identified some specific issues which participants thought made DVA different for military families. These included: the transient nature of military life impacting on housing, support, and the availability of services; PTSD and other forms of trauma stemming from active duty; the focus of some aspects of military training that contain a need for aggression, command and control; for Foreign and Commonwealth spouses the specific impact of issues around immigration; and the nature of the military as a close knit community where people live and work in close proximity and have strong relationship ties, often in isolation from those outside the community. For this military community, the common responses or courses of action available to support workers may not be appropriate or may be inadequate; for example, a survivor support group may not be a useful group setting for spouses suffering DVA who have military partners of differing ranks; and as Foreign and Commonwealth spouses will not have access to public funds, civilian DVA services may not know to access specialist military immigration support. There could be other factors specific to military families which did not arise in this research; these, we hope, will in future be identified and incorporated into any service provision through the collaborative working we have recommended above.

Finally, this research was able to identify 34 specialist DVA services who self-identified as providing a military specialism. This means that, by our definition of 'military specialism', they have experience working with members of military families, and have some connections to military services. For military families, this means that these civilian DVA services can provide

support with an understanding that being a military family might bring to their experience of abuse and help-seeking.

The information about these 34 services has now been included within the online Routes to Support (RtS) system which means that any victim/survivor or perpetrator calling any of the National Domestic Violence Helplines, or any specialist DVA service across the UK, can be signposted to a service which can meet their needs. This searchable specialism will remain as a permanent feature of the system and as such, services can update their entries at any time to indicate that they do, or do not, offer this military family DVA specialism. This advancement and enhancement to the RtS system will leave a lasting legacy that can be built upon by those working in this field in the future, ultimately improving the access to the most appropriate support available to military families experiencing domestic violence and abuse.

Section 8: Recommendations

The findings from this project, presented in this report, lend themselves to actions which would improve the ways in which specialist DVA and military service providers work to support military families experiencing DVA. As such, the following recommendations, which emerge from the findings in this report, are made to encourage policy makers and service providers to improve the ways they work to support this group of service users.

Table 1: Recommendations

RECOMMENDATIONS	KEY STAKEHOLDERS
1. Dissemination Dissemination of the findings from this project to encourage further development of services, ongoing updates to the RtS system, and action on the recommendations below.	University of Bristol – Williamson et al National Women's Aid Federations Local specialist DVA services (including charities) Forces in Mind Trust Military Welfare organisations
2. National Conference Based on the key finding of a lack of communication, joint working, and collaboration across the two sectors, we recommend a national conference bringing key stakeholders together. This would allow practitioners and commissioners to share good practice and information about services, and to identify additional specific needs of military families experiencing DVA (eg at a recent conference including the military, discussions took place about whether IRISi (a GP intervention) would be helpful to identify families experiencing DVA in a military context).	MOD DV Working Group National Women's Aid Federations RESPECT (male victims and perpetrators) GALOP (LGBT service providers) Military welfare charities (eg TRBL; SSAFA) Single Service Family Confederations Royal British Legion

3. Local collaboration In addition to a national meeting, we believe that local meetings to bring practitioners and front-line staff together to share good practice would be beneficial. We believe that the pilot[xxxiv] being run by the Royal British Legion is a good model for this to happen.	Royal British Legion Local Women's Aid DVA specialists
4. Training based on evidence Training for practitioners (military and civilian) is still needed to increase the knowledge of both military welfare service providers, DVA specialist providers, and the quasi-military support services. This training should be based on evidence and be provided jointly by military and civilian DVA service providers. A template training presentation is provided in appendix 6 for this purpose, and is based on the findings of this report.	MOD DV Working Group Local quasi- and military DVA support services Local civilian DVA services
5. Further research This project has identified some of the key issues affecting military families with experience of DVA. We were unable to speak directly to perpetrators and were limited in the military victim/survivors who we could contact for reasons explained in the body of the report. We therefore suggest that future research seek to fill these limitations	Research funders MOD DV Working Group King's College London (McManus et al) University of Bristol (Williamson et al)

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Appendix 1: Search Strategy from Mulvihill (2018)

Electronic searches

The following electronic databases, available via UOB, will be searched:

1. International Bibliography of the Social Sciences (IBSS) (1951 to present)
2. Sociological Abstracts (1963 to present)
3. Social Services Abstracts (1980 to present)
4. Social Care Online (
5. Web of Science
   The databases available within the Web of Science - Core Collection are:
   - Science Citation Index (1900-, with 1900-1945 limited to c.250 core journals)
   - Social Sciences Citation Index (1956-)
   - Arts and Humanities Citation Index (1975-)
   - Conference Proceedings Citation Index - Science (1990-)
   - Conference Proceedings Citation Index - Social Science & Humanities (1990-)
6. PsycINFO (1806 to present)
7. Child Welfare Information Gateway
8. Studies on Women and Gender Abstracts (1995 to present)
9. MEDLINE (1966 to present);
10. Scopus
11. Zetoc
12. EThos (Electronic Theses online)
13. ProQuest Dissertations & Thesis: UK Ireland (1986 to present);
14. UK Data Service
15. Statewatch
16. JSTOR
17. Public Information Online
18. Lexis Library
19. WestLaw

We will also search several other electronic sources. We will search the website of the World Health Organisation (http://www.who.int/ topics/violence/en/) and the Violence Against Women Online Resources (http://www.vaw.edu/) website. Other women's health and domestic violence websites will also be accessed, e.g. (www.womensaid.com, www.womansaid.org.uk, and www.vachss.com/help_text/domestic_violence_intl.html). The National Center for Injury Prevention and Control (www.cdc.gov/ncipc/dvp/dvp.htm)) will also be contacted.

Women and Justice Collection, Cornell Law School

(http://www.lawschool.cornell.edu/womenandjustice/Legal-and-Other-Resources/)

European Commission (http://ec.europa.eu/justice/index_en.htm)

UN Women Watch

(http://www.un.org/womenwatch/directory/statistics_and_indicators_60.htm)

PACMAS (http://www.pacmas.org/)

Centre for Policing Equity (http://cpe.psych.ucla.edu/justice-database)

Women living under Muslim Rule (http://www.wluml.org/)

Centre for Gender Studies in Europe (http://www.hrionline.ac.uk/gender/index.html)

AVA http://www.avaproject.org.uk/

http://www.endviolenceagainstwomen.org.uk/

http://www.barnardos.org.uk/what_we_do/policy_research_unit/research_and_publications/domestic_violence_policy_research.htm?

http://www.endvawnow.org/

http://www.cahrv.uni-osnabrueck.de/

WAVE (Austria) www.**wave**-network.org/

Appendix 2: Recruitment Materials

Distributed to the Survivors Forum which is constituted by Survivors of Domestic Violence and Abuse.

Dear Forum Members,

I am a researcher from Bristol University. We are doing a small piece of work at the moment to see how experiences of domestic violence, and services, might be different for military families.

If you have experienced domestic violence, as an adult, whilst in a military family, we would be interested to hear from you.

We have a completely anonymous short survey. You do not have to leave your details.

If you wish to speak to us in more detail then we ask for a safe contact.

Please follow this link and thank you.

Emma.

https://docs.google.com/forms/d/e/1FAIpQLSduIjEd05QL6BKZDdh4AALJqoXuctXFIFI9rX-X-pJKbg-Z5g/viewform

Distributed to specialist DVA service organisations

Dear colleagues,

Do you work with military families? Do you work with organisations who do? If so, we would like to hear from you. We are trying to establish what a DV military specialism might look like so that we can add it as a category on RtS. The on-line survey asks for minimal information so we can start to see what is available. If you are interested in taking part further then you can let us know on the form.

Thanks,

Emma, University of Bristol.

Appendix 3: Participant Information Sheet

Domestic Violence and Military Families

INFORMATION SHEET

What is this project about?

This project is funded by the Forces in Mind Trust. We want to find out what a domestic violence and military families specialism looks like. Our intention is to determine what this specialism is, so that the category can appear on Refuges Online in the future.

What does the project involve?

We are asking service users and practitioners to talk to us about what specialist services you think military families experiencing domestic violence might need. This will involve an interview of up to one hour. Either by telephone or in person. Or taking part in a consultation group up to 2.5 hours.

What happens if I don't want to take part?

Nothing. If you do not wish to take part in this project you do not have to.

Will the events be recorded? Are they confidential?

We would like to record the interviews because this enables us to document your ideas accurately. We would type up the recording in to a 'transcript' and then check again to remove any identifying details (e.g. place names or names of people). The only exception to confidentiality is if someone tells us that a child or vulnerable adult is at risk of significant harm. The audio files will be deleted at the end of the project. We will only record the events if you are happy with us doing this. You can decide on the consent form.

Who is doing this research?

We are an experienced team of researchers who work at the University of Bristol. We are working with the support of Women's Aid, England and the Refuges Online team.

What do I do if I want to take part?

If you want to take part, then please contact us on sps-dvmilitary@bristol.ac.uk.

Can I change my mind?

Yes. You can withdraw from the interview at any time. The interviewer will check at the beginning and end of the interview that you are happy to be included. You can also withdraw from the study up to 4 weeks after the interview. To do this you can contact: E.Williamson@Bristol.ac.uk You do not have to give a reason and we will remove your information from the project.

Appendix 4: Consent Form

Domestic Violence and Military Families

CONSENT FORM

The information sheet explains the project and that it is up to you if you wish to take part.

If you wish to take part in an interview then please read the following information carefully and sign below. Please tick where relevant (if you prefer not to have your interview taped, that's ok):

☐	I have understood the details in the participants' information leaflet and agree to take part in this project
☐	I consent to the interview being audio recorded
☐	I consent to notes being taken
☐ ☐ ☒	I understand anonymous quotes will appear in a report or future publications. I agree for the research team to keep a copy of the anonymised interview for future research on this topic. I understand that this anonymised data will be kept within the University of Bristol Research Data Repository.
☒ ☐	I understand that the research team will keep all information safe and secure, and will not hold personal information about me after the end of the project. The information that I give will be confidential to the research team. The only exception to this is if researchers are told that a child or vulnerable person is at risk of serious harm. In this case they would have a duty to inform a third party. Finally, I understand that I can withdraw from the interview at any time and the project as a whole up to 4 weeks after the interview takes place.

Signature: Name: Date:

Appendix 5: Interview questions for service providers

INTERVIEW QUESTIONS FOR SERVICE PROVIDERS

1) Would you describe your organisation as military, civilian, or quasi-military (civilian but working exclusively with military personnel)?

2) What is your role in the organisation?

3) How long have you been working with victim/survivors and/or perpetrators of DVA?

4) Does your organisation work in particular with any particular groups (aside from those in the military/with military partners), such as women or men, LGBT, BME, FCO citizens, older (50+) victims, etc?

5) Of the following constellations, which do you work with (more than one may apply):

    a. The victim/survivor is a civilian and the abusive partner is in the military.

    b. The victim/survivor is in the military and so is their abusive partner.

    c. The victim/survivors is in the military and their abusive partner is a civilian.

    d. Either victim/survivor or perpetrator is an F&C citizen.

6) Which other services or agencies do you work with in relation to military families experiencing DVA?

7) Do you use any guidance, or have any trainings, specific to military families and DVA?

8) Are there any specific things that make military families different to other families generally?

    a. Prompt for: practical, relational, emotional,

    b. Prompt for victims/perps/children.

9) What do you think your service does well when it comes to working with military families experiencing DVA?

10) What do you think could be improved?

11) Overall, what do you think adequate specialist DVA provision for military families does or should look like?

12) Are you aware of any services that currently meet this criteria? Do you feel yours does?

13) Is there anything specific to F&C victim/survivors or military personnel that needs to be taken into consideration? Is that being done currently?

14) Would you like to receive a summary of the findings from this research, and to be informed about other major outcomes such as the inclusion of a military specialism in UK RtS?

Appendix 6: Training materials/evidence from this project.

Please feel free to use this material, but please let the authors know by email: e.williamson@bristol.ac.uk, who you trained and how it went. Thanks.

Domestic Abuse and Military Families

Funded by the Forces in Mind Trust

Dr. Emma Williamson,

Reader in Gender Based Violence

e.Williamson@Bristol.ac.uk

www.Bristol.ac.uk/sps/genderviolence 1 bristol.ac.uk

PROJECT OBJECTIVES:

1. What constitutes a specialist DVA provision for military families?
2. Identify those services currently offering a DVA specialism for military families for inclusion in Routes to Support (RtS).
3. Support RtS to update the system to include 'military family' as a specialism on the system.
4. Disseminate this information so both military and civilian practitioners (ie DVA service providers) are informed of the RtS system changes and the findings of this report.

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Policy Context

- **Armed forces domestic abuse: a handbook for civilian support services (2017, MOD).**
- **JSP 913: Tri-service Policy on Domestic Abuse and Sexual Violence (v.2. 2015).**
- **Current policy launch – MOD DV Working Group (2018).**

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Methods

- Review of the literature
- Interviews with service providers (N=8)
- Focus group with Victim/Survivors (N=6)
- Case study sites (N=3)
- Identification of DVA services working with military families (England: N=34)

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Research on DVA & Military Families

- Review of mental disorders and perpetration of domestic violence among military populations (Trevillion et al, 2015);
- The impact of DVA on military personnel as victims (Campbell et al., 2003; Bell, 2009);
- The existence of barriers to DVA service provision within a military context (Ortiz and Ford, 2005);
- The effectiveness of perpetrator programme interventions (Dunford, 2000; Williamson, 2008);
- Wider debate about the relationship between military culture and violent behaviour (Adelman, 2003; Rentz et al., 2006; Rosen et al., 2003; Sadler et al., 2000; Marshall et al., 2005; Erez and Bach, 2003).

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Findings from the Literature

KEY THEMES	SUB-THEMES
Issues potentially influencing DVA perpetration in military families	• PTSD, combat exposure, military 'culture' • Deployment and reintegration
Barriers to seeking treatment or help	• Stigma • Logistical issues (schooling, financial dependence, isolation) • Impact on career • Housing (access to married quarters and civilian housing) • Sense of community • Immigration-related barriers faced by Foreign and Commonwealth spouses
Concerns about accessing military support services	• Defining (non) military services • Concerns about confidentiality of military services

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Findings from the empirical research:

KEY THEMES	SUB-THEMES
A lack of clarity, need for, military DVA specialism	• Lack of common knowledge across the sectors • Military respond differently to civilian service users
Issues specific to military families	• Stigma • Logistical issues • Sense of community • The impact of PTSD and other trauma from active service • Aggression, command, in military training • Rank impacting on possible group work
Concerns about accessing military welfare services	• Impact on career • Confidentiality • Negative perceptions of military support services
A lack of common knowledge, communication and joint working between military and civilian services.	• Need to develop trust between sectors • Joint working • Sharing skills and experience

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"[referring to non-military DVA services] I think it's difficult because you're sending these veterans to a service that is fairly generic, and again they might not want to engage because it's not, likeminded people there. This is the problem I have with sending them to substance misuse programmes that are NHS because they're mixing with your Joe Public that are drug users as well. They don't want to engage in that, they want *their* kind of service where people understand the sort of military culture. I would say it is probably the same if you were to ask for a domestic violence service for the perpetrators. I think it would be good to have something specific for veterans because if they know that people understand maybe why they're displaying this behaviour then you're more likely to engage them in that" [Practitioner. 02].

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"people don't always want to speak to the army welfare service. The army welfare is a brilliant service and it's there for exactly this type of situation … but a lot of spouses don't want to go to the army welfare service because it's got the word army in it and they think that it's going to affect the husband's career and all that" [Practitioner. 03].

"Even if the man won't go, the wife, it's been drummed into her, not always, but it's been drummed into her, you must not go to welfare because that's a sign of weakness. 'We're fine'" [Practitioner. 06].

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"Several times I have had phone in my hand to call the police but never did … He would say he would lose his job, then I'd lose everything for the kids" [Victim/survivor].

"didn't feel valued"

"secondary" to their partner

MoD image "more important" than they were

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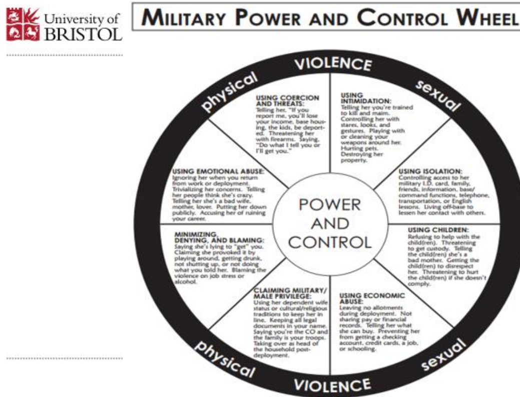

RECOMMENDATIONS	KEY STAKEHOLDERS
Dissemination	University of Bristol – Williamson et al National Women's Aid Federations Local specialist DVA services Forces in Mind Trust
National Conference	MOD DV Working Group National Women's Aid Federations RESPECT Royal British Legion
Local collaboration	Royal British Legion Local Women's Aid DVA specialists
Training based on evidence	MOD DV Working Group Local military services Local DVA specialist services
Further research	Research funders MOD DV Working Group King's College London (McManus et al) University of Bristol (Williamson et al)

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e.williamson@bristol.ac.uk

http://www.bristol.ac.uk/sps/research/centres/genderviolence/

With thanks and acknowledgements to the funder: Forces in Mind Trust. All service providers who took part, and those victim/survivors who shared their experiences with us. Thank-you.

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Appendix 7: Defining a military DVA specialism

Do you provide a military families DVA specialism?

As a result of our research, we were able to define a DVA service as having a military specialism if they had experience of:

- supporting military family members experiencing DVA
- some experience of working with military agencies

Those services with this experience were more likely to understand:

- the specific barriers to help-seeking which might impact on military families;
- have some awareness of the military based services available to families;
- and understand some of the practical impacts of military life on families experiencing DVA.

If you offer this service then you can be identified as offering a specialist service on Routes to Support by informing the RtS system.

If you need to refer someone to a specialist DVA service which understands the needs of military families then you can search the RtS system for 'military specialism'.

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[i] Military families refers to families with both serving and veteran military personnel.
[ii] https://www.womensaid.org.uk/routes-to-support/
[iii] https://www.womensaid.org.uk/routes-to-support/
[iv] Quasi-military is being used here to refer to services which whilst focused solely on supporting military families are not under the direct command of military structures. This would include charities supporting military personnel and veterans.
[v] The Royal British Legion is currently running a pilot to link a local RBL to a local DVA service provider in Staffordshire. The RBL hope, if successful, to roll this out nationally.
[vi] The term military families, in this project, includes both serving and ex-serving military personnel and their families.
[vii] https://www.gov.uk/government/organisations/veterans-uk

[viii] With this in mind, some recent publications discussing prevalence – with a focus on the US, and including both primary studies as well as literature reviews and systematic reviews – include Heavey et al., 2017; Miles, et al., 2017; Dardis et al., 2016; Gerlock et al., 2016; MacManus, et al., 2015; Trevillion, et al., 2015; Marchiondo, 2015; Aronson et al., 2014; Love, et al., 2014; Elbogen, et al., 2014; Yambo and Johnson, 2014; Gierisch, et al., 2013; Williamson, 2012.

[ix] https://www.womensaid.org.uk/routes-to-support/
[x] https://work.chron.com/differences-between-commissioned-noncommissioned-officer-army-20793.html

[xi] https://www.rfea.org.uk/jobseekers/early-service-leavers/
[xii] As highlighted earlier this research does not differentiate between different types of military families, and the Routes to Support system does not either. As such, any military or ex-military family can access that service.
[xiii] [xiii] https://www.womensaid.org.uk/routes-to-support/
[xiv] This is a way of gaining knowledge by means of direct and indirect observation or experience.
[xv] http://globalstudies.gu.se/english/about-us/staff?languageId=100001&userId=xgrayh#tabContentAnchor2
[xvi] http://www.bristol.ac.uk/sps/research/projects/current/justiceinequality/?_ga=2.253106761.175890508.1535978982-41785436.1500719230
[xvii] https://www.bristol.ac.uk/media-library/sites/sps/documents/justice/models-of-justice.pdf

[xviii] One of the report authors, Williamson, published on this topic in 2012 and was aware of the literature up until that point.
[xix] Any assurance of confidentiality in research needs to include caveats to cover the legal obligations of researchers with regards their 'duty to warn' if they believe a person is at imminent risk of significant harm. As such a caveat appears when assuring confidentiality. This states that information will be confidential unless the researcher is told that a child or vulnerable person is at risk of significant harm.
[xx] In households where DVA is an issue, a general request for participants in research about the issue can trigger incidents within that household. As such, it is important that potential participants are contacted in a safe way that minimises the risk posed to a potential victim/survivor from perpetrators.
[xxi]
[xxii] The materials reviewed use varying terms to discuss DVA, such as 'intimate partner violence' or 'intimate partner abuse'. For consistency, in this review we only use the term 'DVA'.
[xxiii] For some recent literature – including primary research, meta-analyses and systematic reviews – looking into factors in violence perpetration, including DVA, among military personnel and veterans, with a focus on the US but also including the UK, see e.g. Heavey, et al., 2017; Gerlock, et al., 2016; MacManus et al., 2015; Trevillion et al., 2015; Marchiondo, 2015; Aronson et al., 2014; Elbogen, et al., 2014.
[xxiv] The term used by some respondants to describe what it feels like to manage the family whilst the serving military person is away.

[xxv] US studies have also shown barriers to care among veterans due to the stigma attached to help-seeking in general, particularly around mental health, and compounded by alcohol misuse issues (Aronson, et al., 2014; Elbogen, et al., 2014; Love, et al., 2014; Taft, et al., 2013).

[xxvi] The amount of notice differs in different situations but was deemed to be up to 3 months.
[xxvii] https://www.ssafa.org.uk/about-us/ssafa-today
[xxviii] https://www.ssafa.org.uk/help-you/currently-serving/housing-women-and-children
[xxix] https://aff.org.uk/about-aff/what-is-aff/
[xxx] http://www.gocommando.org.uk/who-we-are

[xxxii] The Hive was set up as a more approachable way to bring support services together.
https://www.army.mod.uk/personnel-and-welfare/

[xxxiii] For example: Women's Aid Federations; Representatives from the MOD DV Working Group; Go Commando; Royal British Legion; and Aurora Dawn (Portsmouth).

[xxxiv] The Royal British Legion is currently running a pilot to link a local RBL to a local DVA service provider in Staffordshire. The RBL hope, if successful, to roll this out nationally.