

Health service interventions for intimate partner violence among military personnel and Veterans: A framework and scoping review



A recent review conducted by the Atlas Institute for Veterans and Families and the Phoenix Australia Centre for Posttraumatic Mental Health (Cowlshaw et al., 2022) found:



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**1 in 8 may report
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These high rates of IPV use and exposure suggest a strong need for programs that respond to violence in intimate relationships among military personnel and Veterans, as well as their Families.

Intimate partner violence (IPV) refers to any behaviour in a current or former intimate relationship that causes physical, psychological or sexual harm. This may include physical or sexual violence, as well as psychological or emotional forms of abuse that can involve coercive control — a pattern of non-physical manipulative behaviour for the purpose of gaining and maintaining control over a partner. Examples of coercive control include isolating a partner from family and friends, and limiting where and when they can access money.

IPV is a concerning issue among military personnel and Veterans. A recent review conducted by the Atlas Institute for Veterans and Families and the Phoenix Australia Centre for Posttraumatic Mental Health found that one in five of all active duty personnel and Veterans may report recent exposure to IPV, while one in eight may report recent use of IPV.¹ These high rates of IPV use and exposure suggest a strong need for programs that respond to violence in intimate relationships among military personnel and Veterans, as well as in their Families.

To improve understanding of IPV-related programs and/or services available in health service contexts for military personnel, Veterans, and their Families, the Atlas Institute has collaborated with researchers at Phoenix Australia to conduct a review of all available studies that have identified ways of addressing IPV in health services for these groups. The review included a comprehensive search of all available scientific literature regarding IPV-related interventions for military personnel, Veterans, and their Families. Results showed 19 studies that had investigated ways to prevent and/or respond to IPV (i.e. “interventions”) in health service contexts for military personnel or Veterans. These studies were all based in the United States, and only three evaluated whether interventions were actually helpful to those who used them.

The authors developed a framework to classify each of the identified studies. The categories used in this framework refer to different types of interventions for IPV use and exposure, and include:

- 1 Interventions that aim to prevent IPV before it occurs,
- 2 Interventions that respond to ongoing IPV and,
- 3 Interventions that support individuals that are recovering from negative impacts of IPV (usually after violence has ended).

Only one study identified in this review focused on IPV prevention. It described a program for Veteran couples who were distressed that focused on preventing IPV through changing relationship behaviours linked to trauma. Several studies described programs focused on responding to IPV use by Veterans, and included individual and group treatment programs for men. However, most studies described programs that focused on responding to exposure to IPV. These programs included those that train health care providers to effectively identify, respond to and discuss IPV with clients, as well as those that support women military personnel, Veterans and Family members who were exposed to IPV. No studies described programs intended to support recovery from IPV.

The programs described in this review do not account for all possible IPV intervention options. They also do not include studies or programs that are offered outside of health service contexts. Further, there is a lack of published scientific research regarding IPV prevention programs and different types of response programs across health service contexts. There is also a lack of research regarding programs that support recovery from the negative impacts of IPV exposure. Together, these evidence gaps suggest important opportunities for future research to test new programs for IPV prevention and response with health service providers and other stakeholders that work with military personnel, Veterans and their Families. Research regarding such programs is particularly necessary for health service contexts outside of the United States. Additional studies are also required to evaluate how helpful existing programs and interventions are for the individuals who use them.

With these limitations acknowledged, the findings from this review highlight the importance of programs and other interventions within health services that aim to address IPV in military personnel, Veterans and their Families. The programs identified in this review may also guide the development of health service interventions for IPV use and exposure among military personnel, Veterans and their Families.

Source

1. Cowlshaw, S., Freijah, I., Kartal, D., Mulligan, A., Notarianni, M., Iverson, K., Couineau, A-L., Forbes, D., O'Donnell, M., Phelps, A., Smith, P., & Hosseiny, F. (2022). Health service interventions for intimate partner violence among military personnel and Veterans: A framework and scoping review. ***International Journal of Environmental Research and Public Health***, 19, 3551.

Reference

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The work of the Atlas Institute for Veterans and Families is made possible thanks to funding from Veterans Affairs Canada.

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