

A Pressing Health Issue  
for the Military:  
**Intimate Partner  
Violence**



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## Introduction

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Intimate partner violence (IPV) is a national public health issue that can result in devastating personal and societal consequences, from injury and death to reduced military readiness (1). At the national level, the Centers for Disease Control and Prevention (CDC) monitors IPV, which it defines as physical violence, sexual violence, stalking, and/or psychological aggression by a current or former spouse or dating partner. **According to the CDC's National Intimate Partner and Sexual Violence Survey, IPV is also unfortunately prevalent—approximately 25% of women and 10% of men reported having experienced it in their lifetime (2).**



25% *and* 10%  
OF WOMEN OF MEN

Reported having experienced  
IPV in their lifetime

## Introduction

Within the Department of Defense (DoD), IPV is incompatible with military values—even one incident is too many (3). The DoD defines domestic violence as an offense with legal consequences involving the use, attempted use, or threatened use of force or violence against a current or former spouse, person with whom the offender shares a child, or a current or former intimate partner. Domestic abuse is defined as a pattern of abusive behavior resulting in emotional/psychological abuse, economic control, interference with personal liberty, or spousal neglect directed toward the same categories of individuals (4). All reports of IPV in the military are reviewed by an Incident Determination Committee (IDC), which evaluates whether the incident meets the DoD threshold (“meets/met criteria”) for more rigorous treatment, intervention, support, safety planning, and victim protection.

**When Service members or their families are involved either as IPV victims or offenders, the consequences can harm Unit readiness. Therefore, prevention strategies must ensure that all those at-risk for perpetration or victimization—including spouses/intimate partners, those who may live off installation, and those who may rarely interact with military life resources—receive appropriate education and support.**

Fiscal Year (FY) 20 IPV Incidents in the Military (3)



**12,663**  
REPORTS OF  
SPOUSE ABUSE  
of which **6,596**  
met criteria







**2,026**  
REPORTS OF  
INTIMATE-PARTNER ABUSE  
of which **1,307**  
met criteria

## Risk Factors for IPV Perpetration

### CDC-DEFINED RISK FACTORS

The CDC defines four categories of factors—individual, relational, community, and societal—that may contribute to the risk of becoming an IPV offender (5). For example, youth is correlated with increased risk at the individual level. The DoD’s IPV data for FY 20 reflects this correlation—among all incidents that met DoD criteria, 63% of active-duty abusers were ranked in pay grades E4-E6; when accounting for only those incidents involving spouses, the highest rates of active-duty abusers were ranked in pay grades E1-E3 (3).

#### *Individual, Relational, Community, and Societal Factors May Increase Risk of IPV Perpetration*

CATEGORY	RISK FACTORS		
 <p><b>Individual</b></p>	<ul style="list-style-type: none"> <li>Low self-esteem</li> <li>Low income</li> <li>Low academic achievement</li> <li>Young age</li> <li>Unemployment</li> <li>Emotional dependence and insecurity</li> <li>Having few friends and being isolated from other people</li> <li>Desire for power and control in relationships</li> </ul>	<ul style="list-style-type: none"> <li>Heavy alcohol and drug use</li> <li>Depression</li> <li>Anger and hostility</li> <li>Antisocial personality traits</li> <li>Borderline personality traits</li> <li>Prior history of being physically abusive</li> <li>History of experiencing poor parenting as a child</li> <li>History of experiencing physical discipline as a child</li> </ul>	<ul style="list-style-type: none"> <li>Aggressive or delinquent behavior as a youth</li> <li>Belief in strict gender roles (e.g., male dominance and aggression in relationships)</li> <li>Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)</li> <li>Perpetrating psychological aggression</li> </ul>
 <p><b>Relationship</b></p>	<ul style="list-style-type: none"> <li>Marital conflict: fights, tension, and other struggles</li> <li>Unhealthy family relationships &amp; interactions</li> </ul>	<ul style="list-style-type: none"> <li>Marital instability: divorces or separations</li> <li>Economic stress</li> </ul>	<ul style="list-style-type: none"> <li>Dominance and control of the relationship by one partner over the other</li> </ul>
 <p><b>Community</b></p>	<ul style="list-style-type: none"> <li>Low social capital: lack of institutions, relationships, and norms that shape a community’s social interactions</li> </ul>	<ul style="list-style-type: none"> <li>Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)</li> </ul>	<ul style="list-style-type: none"> <li>Poverty and associated factors (e.g., overcrowding)</li> </ul>
 <p><b>Societal</b></p>	<ul style="list-style-type: none"> <li>Traditional gender norms (e.g., women should stay at home, not enter workforce, and be submissive; men support the family and make the decisions)</li> </ul>	<ul style="list-style-type: none"> <li>Cultural norms that support aggression toward others</li> <li>Societal income inequality</li> <li>Weak health, educational, economic, and social policies or laws</li> </ul>	

Increasing the urgency for identifying and responding early to risk factors, IPV is also characterized by recidivism—offenders are likely to be repeat abusers—and escalation—the intensity of the abuse or violence is likely to increase over time (1).

*Effective prevention strategies must ensure outreach and mitigation activities incorporate all categories of risk factors.*



**MILITARY-SPECIFIC RISK FACTORS**


Additional factors unique to military service have been found that may exacerbate IPV risks.

- The frequency of permanent changes of station (PCSs) disrupts access to natural support networks (e.g., friends, family, trusted community resources), which may increase stress and social isolation as well as remove potential alternate housing options from a victim seeking to escape an abusive situation.
- PCSs may also limit the ability of non-military spouses or intimate partners to find and maintain gainful employment, which may increase financial dependence on the abuser and deter the victim from seeking help.
- Frequent or unpredictable deployments and a corresponding increase in familial or household responsibilities of the partner may contribute to a sense of instability, increasing relationship pressures or conflict (1).

INDIVIDUAL IMPACTS OF IPV

 **approx. 1 in 5**  
**HOMICIDE VICTIMS**

are killed by an **intimate partner** according to U.S. crime report data (2).

 **> 50%**  
**OF FEMALE**  
**HOMICIDE VICTIMS**

in the U.S. are killed by a **current or former male intimate partner** (2).

**Implications of IPV**

**ON THE INDIVIDUAL**

At the individual level, IPV is associated with a range of negative health and life outcomes, both temporary and chronic.

Adverse physical health outcomes for victims may include conditions affecting the heart, digestion, reproduction (e.g., low birth weight, pre-term birth, and neo-natal death), muscle and bones, and nervous systems as well as death (1, 6).

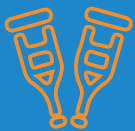
**ON THE MILITARY**

Intimate partner violence has been found to reduce military effectiveness through productivity losses, degraded Service member or Unit readiness, and additional costs in time and resources (1, 8). Mental and physical trauma from IPV victimization may adversely affect a Service member's ability to deploy or serve in world-wide assignments, resulting in Unit capability gaps. IPV may also significantly impact Unit morale, particularly in instances where the incident becomes more widely known. Additionally, veterans who have experienced IPV may require additional care from the Veterans' Health Administration to address co-morbid conditions (1).

**ON SOCIETY**

At the societal level, intimate partner violence may cause a range of adverse human and financial impacts. Research has shown that children who grow up in a home where IPV occurs are at higher risk for behavioral, cognitive, and emotional disorders (1, 9). Studies have also indicated a correlation between offenders and a history of experiencing abuse or witnessing abusive relationships within their families as children or young adults (1). As IPV is linked with recidivism, offenders can remain a threat to society if they are not successfully rehabilitated; when continued incidents occur, they may reflect negatively on the military Service, even if the offender was discharged.

**As for IPV's financial impacts, the CDC estimates that the lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, as well as criminal justice and other costs was \$3.6 trillion;** additionally, the cost of IPV over a victim's lifetime was \$103,767 for women and \$23,414 for men (2).

**INDIVIDUAL IMPACTS OF IPV**

**~35%**  
**OF FEMALE IPV SURVIVORS**  
and more than **11% of male IPV**  
survivors **experience some form of**  
**physical injury** related to IPV (2)



**41%**  
**OF WOMEN IPV SURVIVORS**  
and **10% of men** have  
**experienced symptoms of PTSD**  
according to national surveys. (1,7)

## Military Actions and Opportunities for IPV Prevention

### PREVENTION FRAMEWORK

Government-directed IPV training generally focuses on increasing awareness of warning signs and appropriate responses. Service members may receive supplemental workshops or briefings on healthy relationships and family resiliency, and the DoD's Military OneSource website further provides a range of self-serve resources and tools to learn more about IPV (1, 13). However, IPV prevention training efforts are hindered by a lack of uniformity across the military Services and voluntary, rather than mandatory, participation in many training sessions (1).

As enhancements to existing training, some military Services are experimenting with tailored education programs for higher-risk demographics, which are showing promise in promoting change and attitudinal shifts.

### OPPORTUNITIES

Magellan Federal applauds DoD's efforts thus far to establish an effective foundation of programs, tools, and personnel to promote awareness of IPV and FAP resources. OSD FAP continues to meaningfully enhance its program resource inventory.

We recognize the DoD is the midst of updating its FAP communications strategy and associated metrics and **encourage the inclusion of these activities to help close spouse and intimate partner awareness gaps.**

*However, we see continued **opportunities to enhance outreach to spouses and intimate partners**, with particular focus on those who live off installation and/or may not regularly interact with military life resources.*

The latter will help reach the more than 70 percent of married active-duty Service members and spouses or intimate partners who live off installation (14, 15).

Key activities to better reach spouses and intimate partners on installation include:

- **Expanding FAP communications plan to include the installation level.** Updating the DoD-level Family Advocacy Program (FAP) communications plan to include the military Service and installation levels will better enable FAP officials to gauge spouse awareness needs as well as trend responses longer term.
- **Leveraging spouse groups.** Every installation, regardless of the specific military Service, should have a spouse club that can be leveraged for outreach. For example, in the Army, each Unit has a Soldier & Family Readiness Group (SFRG), and each Battalion has a coffee group. Engaging consistently with these groups (and others) with whom the spouse or intimate partner already interacts will reduce a barrier to building awareness.

Key activities to better reach spouses and intimate partners off installation include:

- **Partnering with other government actors in community outreach.** Programs and resources like the New Parent Support Program (NPSP), Domestic Abuse Victim Advocacy program (DAVA), Military & Family Life Counseling (MFLC), and Child & Youth Services (CYS) regularly engage in community outreach and training and, therefore, present an opportunity to increase FAP promotion to off-installation spouses and intimate partners. For example, the Air Force embeds its NPSP Home Visitors with FAP. More consistent collaboration between installation-level FAP resources and these programs and resources will serve as a force multiplier.
- **Partnering with non-governmental entities.** More consistent engagement with local chapters of Non-Government Organizations, such as the American Red Cross, and Military Support Organizations already working in the communities around an installation will better capture off-installation spouses and intimate partners.

- **Leveraging non-traditional community resources.** Some who live and work off installation may be isolated even from community-facing resources like NPSP and MFLC. For example, many “senior spouses” (those married to Service members who are past mid-career) may be busy with work, activities, or other organizations such that it is difficult to align schedules for traditional outreach; others may lack a vehicle or the childcare necessary to participate in an outreach activity. Reaching these spouses and intimate partners may require a more creative approach encompassing more “touch points” in their day. For example, a FAP official may visit and/or leave education materials at a local day-care, food pantry, thrift store, library, junior league chapter, or church.
- **Increased tailoring of outreach strategies to specific populations.** Differing strategies may be required to reach at-risk populations depending on the complexity of their lives and/or leadership positions within the community. For example, “senior spouses” may be more interested in formal briefings regarding intimate partner violence and/or FAP services that provide information they can relay to their spouse/intimate partner or community network. The spouses or intimate partners of more junior enlisted personnel may not be in a leadership position to distribute information, so they may just be interested in a more informal meeting with a victim advocate or a pamphlet of FAP resources, rather than a formal briefing. Increased flexibility in outreach strategies will ensure more complete utilization of existing prevention resources.



## Magellan Federal Support for Military IPV Prevention

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Magellan Federal brings more than **30 collective years of corporate experience** supporting FAP's vital mission to prevent and respond to reports of child abuse/neglect, domestic abuse, and problematic sexual behavior in children and youth in military families. We stand ready to support the military and other populations to prevent and respond to this essential health and well-being issue that affects the ability of Americans to serve their country, contribute to their community, and nurture the physical and emotional well-being of their children.

Through our work in support of, and corporate commitment to, the FAP mission, we maintain a diverse roster of experts with **practical experience implementing IPV prevention programs in a military environment**. Our SMEs stand ready to identify and implement tactical recommendations to reduce the prevalence and impact of IPV in the military.





## Recommended Resources



### CDC RESOURCES

- General Information, Fact Sheets, Reports:  
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices:  
<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>



### MOS/FAP RESOURCES

- DoD Policies (Directives, Instructions, Manuals):  
<https://www.militaryonesource.mil/leaders-service-providers/child-abuse-and-domestic-abuse/department-of-defense-policy-fap/>



### FAP SITE

- <https://www.militaryonesource.mil/family-relationships/family-life/preventing-abuse-neglect/the-family-advocacy-program/>



### MILITARY HELPLINES AND NATIONAL CRISIS LINES

- Safe Helpline  
(24-hour telephone) **1-877-995-5247**
- National Domestic Violence Hotline  
(24-hour telephone) **1-800-799-7233**
- National Child Abuse Hotline  
(24-hour telephone) **1-800-422-4453**
- National Center for Missing and Exploited Children (24-hour telephone) **1-800-843-5678**



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