



MILITARY CULTURE

The US Armed Forces have been an important part of the country's history since the Revolutionary War, both political-ly, as well as culturally. Currently, there are over 2 million individuals in the US Armed Forces and Reserves. There are almost 22 million Veterans in the US. Combined, this accounts for over 13% of the population of the United States, not including the spouses and children who live in this distinctive culture. While prevalence of intimate partner violence (IPV) among military families is higher than civilian counterparts, it should not be attributed solely to military service. Unique factors/stressors that exist in this culture: family stress (separation due to mobilization/deployment), loss of primary support group, as well as common age (young) and socioeconomic status (low) of military families, all of which can increase likelihood of IPV. Among those recently separated from Active Duty, other risk factors unique to this culture are young age, social, occupational, and housing/financial instability, and being a parent of young children (Iverson, 2016). For these reasons, military service is important factor to consider when addressing IPV.

DEFINITIONS

Servicemember: Member of the "uniformed services", consisting of the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard), the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA) and the Commissioned Corps of the Public Health Services.

Active Duty: An individual who works in the armed forces full time, as opposed to Reserve or Guard (part time service requirements).

Veteran: Individual who has served in the Armed Forces. Certain factors (length of time service, type of service, character of discharge) impact types of benefits for which a Veteran can receive through Department of Veterans Affairs, such as health care, compensation, etc.

PREVALENCE

Women Veterans have higher rates of lifetime IPV (33%) than their civilian counterparts (23.8%), with psychological aggression and stalking being the most common type of violence (Iverson, 2016). Further research is needed for male Servicemember/Veteran who experience IPV. Male Veterans have a higher likelihood of using violence when there is a co-occurrence of PTSD, substance use, and/or combat exposure (Latta, 2015).

EFFECTS

"Multiple deployments, family separation and reintegration, demanding workloads at home and while on duty, histories of head trauma, mental illness, and substance use can contribute to partner conflict and elevated risk of IPV among active duty Servicemembers, Veterans, and their intimate partners" (Gierisch, 2013). Spouses of Servicemembers and Veterans are important to consider in this culture. Often they are the primary caregiver of the Servicemember/Veteran, resulting in a dedication to remain in the relationship despite danger/violence. Also, health care and mental health providers often depend on the spouse/partner to ensure Servicemember/Veteran complies with treatment (Gerlock, 2016). Sometimes symptoms of PTSD are very similarly manifested as IPV, and can be difficult to distinguish. Overall, compared to civilians, Servicemembers/Veterans are at higher risk of using and experiencing IPV.

INTERVENTIONS

Universal screening for IPV in healthcare settings, mental health settings, and substance use treatment settings is very important. Screening for prior military service (or partner's military service) is equally important, as it can inform assessment and referral for culturally-informed treatment services. For Veterans, interventions that consider military training/culture can be effective in addressing factors contributing to IPV, such as substance use, PTSD, as well as other socioeconomic factors, including occupational instability. Treatment services through Dept. of Veterans Affairs can be effective and more accessible, due to low or no cost services for Veterans.



MILITARY CULTURE

REFERENCES

- Iverson, K., Dept of Veterans Affairs Webinar. (June 2016). Screening Women for Intimate Partner Violence (IPV) in the Veterans Health Administration: Taking Best Practices to Scale [Webinar, PowerPoint slides].
- Gerlock, A., Battered Women's Justice Project Webinar. (26 Sept 2016). Caregivers, Military Veterans, and Intimate Partner Violence [Webinar, Slides].
- Gierisch, J. M. (Aug 2013). *Intimate Partner Violence: Prevalence Among U.S. Military Veterans and Active Duty Servicemembers and a Review of Intervention Approaches*. Durham, NC: Evidence-based Synthesis Program (ESP) Center, Durham VA Healthcare System.
- Latta, R., Dept. of Veterans Affairs Webinar. (Nov 2015). Prevention and Intervention in Intimate Partner Violence Among Veterans [Webinar, PowerPoint slides].
- I am an Active Duty Servicemember. (2016, August 8). Retrieved March 27, 2017, from https://www.va.gov/opa/personal/active_duty.asp
- Active Duty vs. Reserve or National Guard. (2017, March 27). Retrieved March 27, 2017, from https://www.va.gov/vetsinworkplace/docs/em_activeReserve.html. Veteran Employment Toolkit Handout

RESOURCES

- US Dept of Veterans Affairs
Federal agency tasked with administering benefits, providing health care, and managing Veterans cemeteries.
<https://www.va.gov/>
- Veterans Crisis Line
Call 800-273-8255 (Press 1)
Text 838255
Visit/chat veteranscrisisline.net
- Military One Source
Central site for wide variety of information, resources, support, for Servicemembers and their families, including benefits, family assistance, preparation for deployment, retirement information, health and wellness, etc.
<http://www.militaryonesource.mil/>
Phone: 800-342-9647
En español llame al: 800-342-9647
TTY/TDD: Dial 711 and give the toll-free number 800-342-9647
- Maryland Department of Veterans Affairs
State agency dedicated to Veterans living in Maryland. Resource for services (local and federal) as well as other important information on benefits to Maryland Veterans.
<http://veterans.maryland.gov/>
(410) 260-3838