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COMBATING DOMESTIC VIOLENCE: UNDERSTANDING MILITARY IPV AND THE AVAILABLE MILITARY AND CIVILIAN IPV INTERVENTIONS

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COMBATING DOMESTIC VIOLENCE
UNDERSTANDING MILITARY IPV AND THE AVAILABLE
MILITARY AND CIVILIAN IPV INTERVENTIONS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Taylor Georgina Coutts
May 2022

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ABSTRACT

Intimate relationships within the U.S. military community face domestic violence perpetration at rates three times higher than the civilian population. Currently, both military and civilian agencies work to combat this domestic violence in military relationships. However, delivery of service and intervention techniques are not universal among these providers and because of this, gaps have been identified. This research, comprised of the nine 45-minute interviews of military agency and civilian non-profit service providers, highlighted four major themes impacting the prevention and intervention of domestic violence in military populations including prevention limitations, conflicting approaches to the truth in a case, lack of training on military culture and family life, and the effects of poor command interaction. Beyond the initial findings, two additional themes also emerged within unanticipated results featuring respondents' fear of repercussions from speaking out against the Department of Defense and the Department of Veteran's Affairs as well as personal abuse disclosures. Positive social change implications recommended in this research include strengthening of civilian and military partnerships, eliminating barriers to services, and improving practitioners' knowledge base on violence within military families by focusing on unique occupational stressors.

ACKNOWLEDGEMENTS

The views expressed in these findings are those of the author and the views of the participating interviewees. The views expressed through this research do not reflect the official policy or position of the Department of Defense, the Department of Veteran's Affairs, or the U.S. Government.

DEDICATION

This study is dedicated to my beloved husband, Marine Corps veteran, and Army Reservist, Michael. May we continue to break cycles and defy statistics, despite all odds, as we fight for a healthier and more whole tomorrow.

To my four incredible nieces, Des, Lex, Aiveri, and Payton, for whom we work hard to break the cycle for.

And lastly, to the bravery and self-sacrifice of military spouses before me, currently, and long after my time. You are seen, you are known, and may your service to your families never go in vain.

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CHAPTER ONE

PROBLEM FORMULATION

Problem Formulation

Domestic violence, also known as intimate partner violence (IPV), is the manipulation of power and control within a relationship to benefit one intimate partner at the other's expense. Research following Operation Iraqi Freedom suggests that IPV perpetration happens more often and more frequently in military relationships than in the relationships of civilian counterparts (Klein, 2015). The Battered Women's Justice Project (2015) showed a 177 percent increase in military IPV between 2003 and 2010, even with an overall decline in IPV among civilians during that same period (Klein, 2015). Likewise, military personnel are more likely to experience reduced communication strength, child-rearing abilities, and intimacy satisfaction (Tasso et al., 2016). The strain that military stressors play on military relationships can quickly build a toxic foundation for relational conflict, thus increasing the likelihood of IPV.

The prevalence of IPV perpetration among active-duty service members and veterans is reported at rates between 13.5% to 58% (Johnson et al., 2007, Sullivan, 2018). As in similar research on domestic and sexual violence, the accuracy of rates may greatly depend upon factors such as the assessment measures, the period assessed, successful reporting, domestic violence agency and law enforcement responsiveness, and coexisting mental health conditions for both perpetrator and survivor (Sullivan, 2018).

When seeking interventions for IPV, military families generally have two options: military services on base or outside civilian support. On military installations, the Family Advocacy Program (FAP) is the Department of Defense's program established to prevent and address family violence aboard military installations and enrich the lives of service members and their families through education, workshops, counseling, and interventions. Off base, domestic violence agencies, shelters, and organizations also exist to serve the civilian population and military families. Currently, there is no available research on why survivors choose one entity over the other, but both remain available to the military community.

Purpose of Study

The purpose of this study is to better understand the unique risk factors of military families facing IPV, to more deeply explore the differences between military and civilian interventions to domestic violence, to highlight the ways that civilian and military agencies serve military families similarly or differently, and to suggest best practices for future collaborative intervention and prevention work. The information highlighted in this study will ultimately assist all social service professionals in better understanding the specific needs of military families facing IPV and best practice in intervening and preventing abuse in the home. In addition, the questions asked in these interviews will highlight what comparisons and differences in service delivery exist between civilian and military domestic violence agencies and serve as a valuable addition to policy and programming

change when looking at achieving more significant successful outcomes for military families at risk of abuse.

Significance of the Project for Social Work Practice

Data on the severity of military domestic violence remains outdated and obscured by inaccuracies (Canfield & Weiss, 2015). The inconsistent research has resulted in inadequacies in education and service delivery for military social work (Trevillion et al., 2015). Without the application of military social work competencies, domestic violence will likely remain prevalent in military communities.

Both civilian and military social workers need to serve this demographic and ensure that best practices are upheld and successfully delivered when addressing military IPV. Accurate and consistent research addressing military issues in the home are scarce. Additionally, there have been few advancements for intervention development catered to military families experiencing domestic violence. The United States military's failure to identify domestic violence as a crime under military law has contributed to this stagnation. The Uniform Code of Military Justice (UCMJ) previously held no distinction for domestic violence unless serious bodily harm was present in which the violence would fall under the category of general assault (United States, 2019). This lack of recognition caused years of unreliable IPV statistics, loss of research opportunities and funding, and the overall failure to correctly identify domestic violence as one of the most pressing issues affecting military families (Tasso et al., 2016).

Additional research on domestic violence in the military community is needed and will ultimately contribute to increased knowledge of this demographic and, in turn, better policies and programs.

Even with limited research, what is known to providers is that the military lifestyle and its unique psychosocial stressors require specialized care to achieve successful IPV intervention (Trevillion et al., 2015). Occupational-specific risk factors have been identified, suggesting that deployment duration and frequency, family separation, consistent relocations, combat stress, and reintegration to the civilian world following wartime duties contribute to domestic violence perpetration (Bommarito et al., 2016; Canfield & Weiss, 2015). Only a small percentage of military members receive mental health and social service treatment. Studies have suggested this is due to insufficient and ineffective family resources, high levels of mental health stigma, and fear of command repercussions (Tasso et al., 2016). In the medical field, specialized education for service providers is already being implemented to increase treatment efficiency for military families. Following the training, medical professionals in participation had significantly increased their levels of military healthcare knowledge and self-identified changes in their confidence and attitudes for caring for this specific demographic (Bruning, 2018).

If civilian and military social workers had a greater comprehension of domestic violence in the military community and increased collaboration, domestic violence perpetrated in military communities could be reduced. Through

culturally competent services, military personnel and their families can use the necessary tools to promote well-being during and following their time in service. With that said, the research question for this project is as follows: What are the current practices to prevent and intervene when domestic violence occurs in military relationships and in what ways do military and civilian domestic violence programs respond differently to the public health issue of intimate partner violence faced by the military population?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a general overview of studies regarding the domestic violence experienced by the U.S. military community. This chapter will also include relevant insight from articles on the subject. The following text will address the comorbidity of PTSD and domestic violence, and best practice evidence-based interventions for prevention and treatment. Conflicting findings and gaps in the available literature will also be discussed.

Limited research is available on the relationship between psychosocial stressors, comorbidity, and clinical treatments with IPV in military couples. Because of this, current research as well as the below mentioned theories have heavily shaped the methodology used. Psychological and academic databases, including those relevant to military research, were chosen for gathering relevant information. Peer-reviewed journal articles were used as the primary source of research for this study.

PTSD and Domestic Violence

Service members are known to develop a wide variety of psychological, biomedical, and societal baggage specific to their occupational stressors (Tasso et al., 2016). Post-Traumatic Stress Disorder (PTSD) is one common psychological condition faced by military men and women following psychological shock experienced while in the military (Clausen et al., 2020). While the

prevalence of diagnosed PTSD among the service members varies across wars and eras, multiple studies have reported the rate of PTSD experienced by veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) to be between 20% to 30% and rising (Clausen et al., 2020). In addition, this statistic does not include those service members living with undiagnosed and untreated PTSD, which, if included, could prompt much higher percentages. With this being said, individuals who have been diagnosed with PTSD who seek services such as FAP, domestic violence agencies, individual counseling and couples therapy for IPV-related circumstances represent a largely understudied population.

With military PTSD diagnoses and IPV perpetration rates on the rise, it is vital to consider comorbidity in future research to seek information on the correlation between PTSD and domestic violence (Clausen et al., 2020). In early studies on the topic, Vietnam veterans with PTSD reported that they felt less satisfaction in their intimate relationships, experienced less relational cohesiveness, struggled with emotional expressiveness, and were involved in more violent relationships than veterans without PTSD (Carroll, Rueger, Foy, & Donahoe, 1985; Jordan et al., 1992; Riggs, Byrne, Weathers, & Litz, 1998). Later research looking into the symptomatology and profiles of male veterans seeking couples counseling also discovered that males with PTSD and physical ailments perpetrated IPV at higher rates than any other reported diagnoses (Sherman et al., 2006).

Current Treatment Recommendations

Family Engagement

As discussed, military families face unique occupational and environmental stressors. The prolonged separation during training and deployments alone has increased childhood anxiety, parental psychological distress, and marital discord (Lester et al., 2011). Research has shown that FAP and other related agencies run efficiently with rapid and thorough response to cases (Bonnes & Palmer, 2020; Aronson et al., 2018; Lutgendorf, et al., 2012). Despite this, military family engagement with FAP programs and other military social services remains low for under-researched reasons (Aronson et al., 2017).

Batterers Intervention Programs

Before the late 1970's efforts to combat domestic violence were primarily focused on aiding the victim of abuse. Following the 1970s batterer intervention programs were formed as a shift to reform perpetrators and prevent future violence (Morrison, 2017). Similarly, the research on successful batterers intervention is limited. However, research shows that successful programs consist of the following: a group size and program duration that encourage interaction and change, IPV training of all facilitators, safe environments, and therapeutic interventions that challenge client behavior (Coulter & VandeWeerd, 2009; Morrison, 2017).

Attachment-Based Therapy

Attachment-based therapy is used for couples when IPV parallels childhood reactions and disrupted attachment experiences with the perpetrator (Purnell, 2019). This therapeutic approach highlights how unhealthy responses to attachment threats, whether real or perceived, from one's intimate partner commonly result in violent and controlling behaviors (Tasso et al., 2016.).

Mentalization-based treatment

Mentalization-based treatment (MBT) is long-term psychotherapy that helps clients better understand their thought processes and how these thoughts are linked to their actions and behaviors (Allen & Fonagy, 2006). MBT has been adapted as mentalization-based couples therapy (MBT-CT) to therapeutically target couples where one or both partners present with personality problems that may contribute to IPV (Nyberg & Hertzmann, 2014). Likewise, MBT has been used with veterans who have perpetrated IPV. In establishing the connections between traumatic experiences and intimate relationships, the technique allows the veteran to better understand their intimate relational experiences, allowing for exploration of affective experiences and facilitation of affect regulation (Tasso et al., 2016).

Safe at Home – Couples (SAH-C)

Cognitive behavior therapy (CBT) is currently one of the leading clinical interventions for IPV victims and perpetrators (MacDonald et al., 2016). When working with perpetrators of abuse, CBT is used to identify and change the

thought processes leading to abusive behavior and instead offer new skills to control and adjust the actions. One CBT intervention proven successful for couples is Strength at Home Couples (SAH-C). SAH-C is a cognitive-behavioral trauma-informed intimate partner violence (IPV) preventive intervention for married or partnered military service members or veterans and was first administered at US Department of Veterans Affairs (VA) hospitals and community locations from 2010-2013 (Taft, et al., 2016). SAH-C has successfully reduced acts of reported physical and psychological IPV in its participants and is the only such intervention endorsed by the VA (Taft, et al., 2016; Taft, et al., 2016).

CBT has also shown positive results in treating military IPV perpetrators who have been diagnosed with PTSD. Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD is the only disorder-specific Behavioral Conjoint Therapy (BCT) designed to improve PTSD symptoms while concurrently enhancing relationship quality (Taft, et al., 2016; Taft, et al., 2016).

Domestic Violence Family Team Conferencing (DV-FTC)

Domestic Violence Family Team Conferencing (DV-FTC), and various other family conference models, can involve the partner who caused harm, the family members who were harmed, and all care providers who contribute to the decision making and case planning process in child maltreatment cases. For military families, this could include therapist(s) providing the above treatments to the couple, individuals, and child(ren), any caseworkers, FAP advocates, and

school liaisons. Additionally, representatives from any emergency shelter, batterer intervention programs, halfway houses, anger management, or drug treatment programs could also be present if these services were utilized (Perry et al., 2013). While many DV-FTC is initiated through Child Protective Service (CPS) involvement, it is likely and relevant that these meetings occur with military families who have experienced IPV knowing that half of all families experiencing child maltreatment also experience domestic violence. A large percentage of families participating in a DV-FTC will also have a history of domestic violence (Carter, 2003).

Family team meetings empower families following domestic violence by increasing the solutions to achieve and maintain safety, coordinating service providers, holding said providers accountable, and continuing to inform the child welfare agency on the family's progress and strengths. DV-FTCs happen continuously while the family is seeking services, and studies have shown that active engagement can preventatively reduce rates of child abuse and domestic violence (Alaggia et al., 2013). Over multiple meetings, DV-FTCs can establish new teams of family support and enhance existing support networks, particularly during critical seasons of life.

Gaps in Research

Though domestic violence in the U.S. military is pervasive, it remains a sparsely reported phenomenon, one that is only now receiving federal attention following the House Armed Services Committee's inclusion of the issue in the

2018 Annual Defense Authorization Bill. Since then, domestic violence has become a separate crime under the Uniform Code of Military Justice (United States Department of Defense, 2019). Before that, offenses were prosecuted under a patchwork of other regulations causing scattered statistics, perceived causation, and subsequent research (Stamm, 2009). As research currently stands, the most comprehensive task force analysis on the topic took place over 15 years ago. With this in consideration, the prevalence and incidence of military IPV is very difficult to quantify as many incidents have been either prosecuted as other crimes, were never charged due to a lack of law, or remained unreported altogether (Albright, et al., 2019).

Lastly, and as previously stated, there is no current research highlighting the unique differences in service delivery between civilian and military interventions for military couples experiencing IPV. Based on personal experience being employed as a civilian domestic violence advocate serving military families, many intimate partners choose one intervention over the other for various reasons. However, these reasons have yet to be studied in published research.

Theories Guiding Conceptualization

Cultural Spillover Theory

In the military, violence and aggression are taught and implemented as effective solutions to resolve conflict following foreign and domestic threats. Cultural spillover theory states that in cultures where violence is taught as a

legitimate way to meet a desired outcome, there will be a greater likelihood that violence will be used in illegitimate ways (Lysova & Straus, 2021). Studies on Toronto hockey players found violence in hockey had a higher frequency of “spilling over” into a players’ social setting than it did for a non-hockey player (Bloom & Smith, 1996). Subsequent studies on hockey players confirmed that athletes in highly competitive leagues were more likely to approve of and utilize violence in social settings outside of game day than players of less competitive leagues, recreational leagues, and non-players (Bloom & Smith, 1996). Cultural spillover theory has since been used to further research rape, assault, and IPV in cultures with higher taught aggression levels.

Military culture notably promotes higher aggression levels as a matter of mission readiness and combat mindset. Troops in all branches, regardless of military assignment, are trained in violence and aggression to efficiently execute orders at any given moment. Because of this, cultural spillover theory suggests that a member of the military has a greater tendency to choose violence as a conflict resolution tactic in domestic disputes rather than healthier alternatives. This is not to state that military members are destined to be perpetrators of violence in their personal spheres, rather there is a higher likelihood of spillover of a troop’s aggression-based training into their personal lives than that of civilians with no military training or professional backgrounds in legitimate violence.

Systems Theory

To understand how to treat IPV in military families best, it is vital to understand the role the service member plays in the overall military system, the role a service member plays in their family system, and how together those responsibilities, expectations, and burdens shape how service members show up in their intimate relationships (Grant & Ray, 2018). Systems theory states that each member of the family system has a certain level of autonomy and independence but is interdependent by other relationships as well. This means that what affects one family member subsequently affects another. With this being said, it could be suggested that occupational-specific stressors of combat and military family life, including those experienced by military spouses, are mutually interfering with an otherwise healthy and functioning relationship. Because of this, these stressors need to be identified and treated concurrently (Adler, et al., 2004; Campbell & Nobel, 2009; Segal, Lane, & Fisher, 2015).

Family Life Cycle

It is beneficial to also look at the family life cycle theory when examining IPV in military populations. The family life cycle should be considered because of the formative and ongoing impact that family dynamics, especially military family dynamics, have on personal crises and how entering into various cycles experienced by military families is done amongst times of war and often alone or without a partner's physical support (Segal, Lane, & Fisher, 2015). Family life

cycle theory suggests that these personal crises may be rooted in dysfunction or disruption to the family life cycle through events such as trauma

Attachment Theory

Attachment theory has most recently proven to be vital in understanding domestic violence in the military population, particularly with those diagnosed with PTSD. As previously mentioned, emerging studies have shown that attachment styles and posttraumatic stress symptoms interact, together and separately, and have proven to be significant influences on violence risk (Clarke-Walper, 2017; Park, 2015; Tasso et al., 2016; Wood, 2017). This is not uncommon to domestic violence research as studies have shown that adverse early attachment experiences can increase the likelihood of domestic violence perpetration. Attachment theory states that a caretaker's responsiveness to their child's needs ultimately shapes their attachment style. If the child's needs are responded to appropriately, the child is more readily available to build a secure foundation in which to explore their world (Clarke-Walper, 2017). However, the inability for a child to depend on their caretaker for their needs can cause a less than secure attachment resulting in one of three other attachment styles: ambivalent attachment, avoidant attachment, or disorganized attachment (Clarke-Walper, 2017; Fonagy, 2018; Tasso et al., 2016).

Those who are securely attached in childhood are more likely to have more vital conflict resolution skills and confrontation abilities and overall healthier intimate relationships (Clarke-Walper, 2017). Those with less than secure

attachments are more likely to react in unhealthy ways when their adult relationships are being threatened (Clarke-Walper, 2017; Fonagy, 2018). Adults who are experiencing attachment disruption in their romantic relationships may often feel insecure within their relationship, react strongly to rejection, become overbearing or avoidant, feel withdrawn, uncertain, or suspicious of their relationships, and ultimately become emotionally unavailable, codependent, or aggressive (Fonagy, 2018).

CHAPTER THREE

METHODS

Introduction

This chapter contains information regarding the methods of the study. Study design, sampling, collection methods, protection of human subjects, and analysis of the data are covered.

Study Design

This study seeks to better understand the unique factors of military IPV and examines the differences in service delivery between military and civilian IPV interventions for military families. Currently there is no available research that examines and compares both the service deliveries of civilian and military-led domestic violence services in response to military IPV. While there is little research on domestic violence intervention in the military, there is an increased amount of research that exists on domestic violence as a whole, and it is that initial research that this study built off of in further exploration. Because these specifics have not been previously studied, and limited research has been conducted in advancing understanding on similar issues, this study is qualitative in nature, utilizing open-ended questions to examine the topic.

Sampling

For this research project, purposive sampling was used to choose participants for reasons specific to the study. Recruitment of the participants was

facilitated through personally known military social workers and civilian domestic violence caseworkers. Eight military agencies were identified with consideration of representation for all military branches. Once all military agencies were identified, domestic violence prevention and response agencies in the same or surrounding counties were contacted. The goal for the final sample size was sixteen agencies - eight military and eight corresponding civilian agencies, or until saturation was reached. However, due to reasons detailed later in this study, the final sample size consisted of nine interviewees.

Data Collection and Instruments

Semi-structured interviews were used to collect data for this research project. Social workers and social service professionals who are providing services in domestic violence interventions for military families were asked a series of interview questions. The interviews were conducted using the video conferencing application, Zoom.

The structure of questions included in the interview were as follows: 1. Please tell me about your agency, your role in the agency, and what your agency does. 2. What would you consider the primary demographics of the military families you serve? What age range, rank, title, sexual orientation, and ethnicity do you most commonly serve? 3. Would you consider your agency more preventative or reactionary, and why? 4. Can you share with me the philosophy of your program? 5. Can you describe to me what intervention models you utilize when working with military families experiencing domestic violence? 6. Can you

provide me with examples of how your interventions with military families differ from that of civilian families? 7. What differences have you recognized in how domestic violence manifests itself in military families instead of civilian families? 8. How do you approach a case of intimate partner violence within a military family differently than you would a civilian family? 9. What challenges do you face working with intimate partner violence in the military? 10. Have you recognized any specific differences in what leads up to the domestic violence from military families to civilian families? 11. Do you measure the success rate of your interventions with military families and how is this success quantified? 12. What specific military culture and family life training do employees receive in your agency prior to working with the military community? 13. What, if any, resources do you provide for perpetrators of domestic violence? 14. What, if any, resources do you provide for family engagement and empowerment? 14. What do you believe is lacking in the prevention and response to domestic violence in military intimate partner relationships?

Due to the semi-structured nature of these interviews, slight deviation from these questions existed due to follow up questions being asked for clarity or further understanding. With that being said, the above questions were asked to every participant in their entirety.

Procedures

Procedures for this research consisted of interviews of nine participants, transcribing said interviews, and a review, reflection, and analysis of the

transcribed data. After gathering interested participants for this study, a scheduled interview was set over the video conferencing platform, Zoom. Before the interview began, informed consent was provided to each participant and any additional questions were answered. After receiving consent, the interview started with preselected questions in a semi-structured interview format. Questions asked stemmed from the topics of IPV prevention and intervention for the specific agency being interviewed. Interviews were recorded and transcribed using Zoom and reviewed for accuracy following transcription. Each interview received a label of date, time, and the number of the participant in order of their interview. A research journal was then used to collect the transcriptions and the identified vital phrases, points, reactions, and themes.

Protection of Human Subjects

The Zoom sessions utilized for these interviews were digitally recorded on the laptop where the Zoom sessions occurred. The sessions were stored in a Google Drive through my institution, Cal State San Bernardino, school account on a password protected email and laptop. During the duration of the study, the computer did not leave this researchers office which also was protected by a door lock. Following the transcribing of data, interviews were erased from the laptop, and all subsequent data will be destroyed from the hard drive three years after the project end date. No data will be presented in a format that would allow the identity of a participant to be discovered. Data that has been presented has only been reported in aggregate form and without any identifiers. A statement

has been provided in the author's notes stating that the views expressed in this article are those of the author and do not reflect the official policy or position of the Department of Defense or the U.S. Government.

Data Analysis

When collecting responses to the interviews, audio recording was used, with the participants' permission. Through the Zoom application, audio and visual recording was conducted simultaneously. Following collection, the interviews were transcribed onto a research journal in the form of a Google Doc. Once the transcripts are complete, they will be read through thoroughly. First impressions will be noted, and following multiple rounds of reading, evidence of themes and insight will be identified. Motivating factors behind the work, focus on prevention or active intervention, perceived risk factors for the IPV, specialized training, and cultural humility will all be sought out.

After reading through the transcripts and taking notes, annotations were made. This process consisted of the labeling of relevant words, phrases, sentences, or sections with codes to organize and establish patterns in the qualitative data. When the coding was complete, data was conceptualized. To do this, categories and subcategories were created through the grouping of codes and codes were further combined and eliminated when appropriate.

Segmentation was then used to position and connect the created categories. A Microsoft Excel spreadsheet was used to structure essential variables of the data analysis using codes as tools for reference. A separate tab

was created to display a coding table. This table was then used as a glossary to assist the researcher in quickly identifying to what the codes are referring .

Chapter Summary

This study explores the continuities, or lack of, between military and civilian services provided to military families navigating IPV. The interviewees from both civilian and military agencies were asked open-ended questions to best illicit rich detail about the service delivery, anticipated outcomes, and the evidence backing utilized in programming. In addition, both agencies were able to share observed trends and risk factors of families facing IPV to contribute to the overall need for advancing research for this special population.

CHAPTER FOUR

RESULTS

Introduction

In total, nine constituents participated in this study. This chapter focuses on the collection of qualitative data from these interviews. All interviewees' current or previous occupations revolved around the prevention or intervention of domestic violence in the military community. Of all the individuals interviewed, two constituents worked for the Department of Veterans Affairs (VA), three for the Department of Defense (DoD)'s Family Advocacy Program, and four from civilian domestic violence shelters.

Upon analysis of transcripts, four themes emerged. These four themes include (a) prevention limitations, (b) approaches to the truth, (c) lack of training on military culture and family life, and (d) command interaction.

Prevention Limitations

When discussing prevention, participants from civilian and FAP entities felt strongly that their agencies were providing sufficient IPV prevention measures. These extensive prevention measures included parenting classes, family resilience programs, communication workshops, and family needs assessments. The participants from the VA, on the other hand, could not say the same. Both participants from the VA expressed their frustration with the limited IPV interventions available. Currently, the VA does promote their Intimate Partner Violence Assistance Program (IPVAP) on its website but both VA service

providers interviewed were not knowledgeable on this program nor did they know how to refer clients to it. One VA service provider stated that the VA which they were employed at offered no known IPV services nor specialized training. Instead, this service provider took it upon themselves to refer out to a civilian IPV agency for more support. They expanded on this by saying,

"You know I don't feel like enough is being done about prevention (at the VA) to be honest with you. It is very nebulous, and it's a frustration, not only for me, but for many of my colleagues. We refer out, that's all we can really do and the veteran is our primary client so if they are the abuser our hands are tied" (Participant #6, personal communication, June 2021).

Approaches to "The Truth"

While all participants expressed feeling strongly in support of the interventions they offered or referred to, the approach to reports of domestic violence prior to implementing an intervention varied. One on-base service provider explained:

"When it comes to investigating domestic violence on base, what we have seen is we are more careful. Because if we take action, we need to notify their command when working with active duty. A case could have huge implications on them and their ability to carry on their job, especially if they could no longer carry a weapon [due to domestic violence legal stipulations], and, you know, if you're in the military and you can't carry a weapon, what good are you? There is

a lot on the line, and I feel military-based agencies try to be more certain when taking action" (Participant #2, personal communication, June 2021).

Another participant, a case manager at one of the few VA programs to serve spouses of veterans, the VA Caregiver Program, explained that if a service member in their program is found to be perpetrating violence against their partner, the vital service they provide will, in fact, be terminated. Families participating in the program receive financial support, case management, and care coordination. This dichotomy between reporting IPV and losing care versus maintaining these vital services is a great stress for countless families. The loss of this vital resource inevitable means more isolation and potentially even exasperated violence for the service member and their partner. A VA social worker explained this phenomenon by explaining,

"With us there just can't be domestic violence...and we've had situations where the caregiver [is being abused]. If abuse is substantiated, then [the couple] is going to lose the benefit since we are a caregiver support program for the veteran. So, I find that a lot of families aren't going to be inclined to want to tell us the truth" (Participant #7, personal communication, June 2021).

However, all four civilian-based agencies explained they take a different approach to the idea of seeking truth. Many of these civilian case managers and program directors explained that meeting a client's needs is their top priority whether the abuse is or isn't founded. A civilian shelter director spoke to this by sharing the following experience:

"As a civilian agency, we have had clients come in and share 'Oh, you know this thing happened in the military, but they put it to a case or whatever, and then the case was decided that there was no abuse, even though there was abuse, we do not do that. Sometimes I'll have new staff come up to me like, 'I don't know if this person is telling the truth or not', and I'm like, well it's not our job to decide it's our job to serve the client. Domestic violence is messy like that, but we believe survivors" (Participant #3, personal communication, June 2021).

Regardless of their approaches to the truth, all interviewees spoke to the fear military families face of career implications for a perpetrator of IPV ranging from reassignment to discharge from military service. Families are often dependent on the servicemember's income and benefits or are fearful of retaliation from their servicemember should their career be affected. The interviewees acknowledged this was a major factor that prevents reporting and the implementation of intervention services for many military families.

Training on Military Culture and Family Life

Five out of nine participants interviewed in this study agreed that a lack of comprehensive training on military culture and family life impacted their services and service delivery. One civilian shelter director shared that following the interview, they realized they severely lacked tailored services and understanding of military culture and military family life despite serving a large veteran community. They went on to say:

“We currently do not have any military specific training for our staff. One of my takeaways from this is that we need to organize military training for our staff. I don't think we have very much [military] training and it is needed given the demographics of the community we serve” (Participant #3, personal communication, June 2021).

Command Interaction

When asked, only one participant reported working closely and productively with on-base military commands. All other participants either had no interaction with service members' commands, no understanding of or access to military commands, or had negative experiences when engaging service members' commands. In IPV intervention, collaboration with a service member's command is critical due to attendance in any of the above interventions requiring communication and often attendance approval from a service member's chain of command. Yet, when discussing the chain of command collaboration, participants described interactions with chain of command as a hindrance over benefit to aid intervention. Below, a respondent describes a service members command and how the allegiance a command has with their service member during the intervention period can add to the inequality of power and control in military relationships:

"Whether they messed up or not, their command is going to be there. No one has the spouses' back, like, there's not someone speaking for them as extensively. The command will talk about how [the service members] are at

work...so they may be a great marine or a great sailor or great, you know, soldier, but they may not be that great of a father, or they may not be that great of a husband" (Participant #5, personal communication, June 2021).

When asked about general demographics of military cases seen at their agency, another on-base FAP interviewee felt that demographics and statistics of cases were skewed due to command protections:

"We see a lot of enlisted guys. And we know there are officers involved too but they just never make it to our caseload. We will get a heads up about an officer family coming in, then it seems the command steps in and then suddenly nothing happens. We know numbers are a lot higher than they are but are hands are tied" (Participant #1, personal communication, June 2021).

CHAPTER FIVE

DISCUSSION

Introduction

This chapter provides a discussion of results found through this study as they pertain to recommendations for future social work practice and research. In addition, unexpected results that surface through this research will also be highlighted.

Discussion

Military families experience domestic violence at higher rates than their civilian counterparts. The goal of this research was to better understand the current practices to prevent and intervene when domestic violence occurs in military relationships and discover how military and civilian domestic violence programs respond differently to the public health problem of intimate partner violence faced by the military population. While the aim of this study was to explore these interventions and prevention strategies closely, it was discovered through the interviewing process that agencies serving military families facing IPV are not fully communicating with outside and partner agencies. Furthermore, these same agencies are not receiving relevant education on military culture and family life and are being hindered by the stigma and internal protections of the military. These barriers create further limitations on what support they can offer to

survivors of military IPV. Even when a military family reaches out for support, these gaps in service delivery may prevent success.

Unanticipated Results

Fear of Repercussions

Several participants spoke to the fear of repercussions from the military that victims feel following abuse and how this is a driving force in the lack of disclosure and administered interventions. However, what was unexpected in this subject matter was the fear of repercussions that participants expressed. Participants expressed a common reluctance in sharing their differing thoughts and opinions which did not align with, and in some cases contradicted, that of their agencies. After completing their interview, one participant requested their interview be retracted from this research due to fear of being reprimanded by the Department of Defense. Another three candidates working for the VA and FAP agreed to interview. However, they decided against interviewing shortly before the interview day and time, despite anonymity and confidentiality being upheld in the research process. The greatest factor reported by potential interviewees for withdrawing was their fear surrounding job security should they speak out about the inefficiency of the DoD and Veteran's Affairs prevention and intervention efforts.

Abuse Disclosure

In addition, an unexpected result of this research was the amount of victims who responded to the original call for research participation asking to

share their stories. While many were not service providers themselves, three separate individuals and one study participant identified themselves as survivors of abuse unprompted. They expressed their frustration, hurt, and subsequent distrust of the Department of Defense due to the treatment of their abuse once reported to military officials and FAP. All three reported feeling as if their spouse's unit failed at keeping them safe and instead prioritized the service members' military status and mission readiness over accountability and justice following abuse allegations. Of those who disclosed, two shared their incidents occurred with Marine Corps commands and FAP and two with the Air National Guard command and FAP.

Recommendations for Social Work Practice, Policy, and Research

This study has significant implications for social workers and social work practice. As previously stated, more research must be done in understanding and reaching this demographic through a culturally humble and competent lens. Unique occupational stress factors affect this population much differently than their civilian counterparts, and it is these individual occupational stress factors that heavily contribute to relationship tension and unhealthy coping. The inability to recognize these unique factors places a hindrance in addressing the underlying needs of at-risk families and families actively facing abuse. If civilian and military social service agencies had a greater comprehension of domestic violence in the military community and increased collaboration with community

partners, domestic violence perpetration in military communities could be reduced.

It must also be acknowledged that there are systems at play larger than IPV agencies themselves that hinder the agency's ability to prevent IPV and intervene when it has already occurred. Advanced screening and treatment programs should be implemented not only for IPV in military communities but also for mental illness and substance abuse, known factors contributing to perpetration risk level in military IPV (Klostermann, et al., 2012). Protections need to be put in place to provide safe reporting procedures for partners who already face immense pressure and stigma. The United States Armed Forces is obligated to continue reducing bureaucratic obstacles to action and build out policy to provide protection for survivors of military IPV. Social workers can and should be the catalyst for this momentum in the macro sphere of advocacy for legislation and policy change.

As previously stated, data on the severity of military domestic violence remains outdated and obscured by inaccuracies (Canfield & Weiss, 2015). The inconsistent research has resulted in inadequacies in education and service delivery for military social work (Trevillion et al., 2015). Development of new knowledge, policies, and programs cannot occur if emerging data remains skewed. Without the application of accurate and targeted research, all the above-mentioned recommendations for social work practice could fail to change the trajectory of abuse rates. Research must continue, simultaneously addressing

reporting and intervention barriers, to curb domestic violence rates in military communities.

Conclusion

This study aimed to explore current intervention and prevention efforts for domestic violence in military relationships while simultaneously investigating the ways in which they vary between civilian and military sectors. Emerging themes in this study affirmed the inconsistencies in prevention and intervention methods in both civilian and military agencies as well as gaps in service delivery and immense stigma surrounding reporting. The unexpected results which surfaced during this study serve as an important reminder of how abuse lives and thrives in the shadows. Not only did a fear of repercussions prevent participation from service providers but also attracted participation from abuse survivors who were once afraid themselves. This is not solely a survivors' issue, but rather an issue that all parties are fearful to shed light on. Until this fear is irradiated, potential for progress is limited. Military families are in desperate need of comprehensive support to overcome the effects of military service on intimate partner relationships.

APPENDIX A
SOCIAL MEDIA POST
DEVELOPED BY TAYLOR COUTTS

Military Friends and Family: I am asking for your support in reaching social workers, caseworkers, clinical workers, etc., involved in Family Advocacy or domestic violence prevention, intervention, or response for military members/veterans and their families. Their participation is needed for my graduate research project. This study is designed to better understand military intimate partner violence and the interventions available to this special population. The purpose of this study is to gain further insight into the unique risk factors of military families facing intimate partner violence (IPV), to more deeply explore the differences between military and civilian interventions to domestic violence, to highlight the ways that civilian and military agencies serve military families similarly or differently, and to suggest best practices for future collaborative intervention and prevention work. The study has been approved by the Institutional Review Board at CSUSB. If you know of anyone who may be of assistance and would be available for me to interview, please let me know or tag them below. Help in this research is greatly appreciated.

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-175

Brooklyn Sapozhnikov Taylor Georgina Coutts
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Brooklyn Sapozhnikov Taylor Georgina Coutts:

Your application to use human subjects, titled "Combating Domestic Violence: Understanding Military IPV and the Current Military and Civilian IPV Interventions" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval, all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-175 in all correspondence. Any complaints you receive from participants and others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,
Nicole Dabbs
Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

APPENDIX C
INTERVIEW GUIDE
DEVELOPED BY TAYLOR COUTTS

1. Please tell me about your agency, your role in the agency, and what your agency does.
2. What would you consider to be the primary demographics of the military families you serve?
What age range, rank, title, sexual orientation, and ethnicity do you most commonly serve?
3. Would you consider your agency to be more preventative or reactionary and why?
4. Can you share with me the philosophy of your program?
5. Can you describe to me what intervention models you utilize when working with military families experiencing domestic violence?
6. Can you provide me with examples of how your interventions with military families differ from that of civilian families?
7. What differences have you recognized in how domestic violence manifests itself in military families as opposed to civilian families?
8. How do you approach a case of intimate partner violence within a military family differently than you would a civilian family?
9. What challenges do you face working with intimate partner violence in the military?
10. Have you recognized any specific differences in what leads up to the domestic violence from military families to civilian families?
11. Do you measure the success rate of your interventions with military families and how is this success quantified?
12. What specific military culture and family life training do employees receive in your agency prior to working with the military community?
13. What, if any, resources do you provide for perpetrators of domestic violence?
14. What, if any, resources do you provide for family engagement and empowerment?
14. What do you believe is lacking in the prevention and response to domestic violence in military intimate partner relationships?

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