ROYAL BRITISH LEGION

Intimate Partner Violence and Abuse

Introduction

RBL has brought together existing evidence to build a comprehensive picture of need in the UK Armed Forces community over recent years, and highlighted important gaps in our understanding of demographics, needs, and outcomes.

In 2025, we commissioned the *King's Centre for Military Health Research (KCMHR)* to analyse data from their large-scale, long-running Health and Wellbeing study to help fill gaps in understanding about gambling, intimate partner violence and abuse (IPVA), and help seeking behaviours.

The KCMHR cohort study has tracked people who served in the UK Armed Forces during the Iraq- and Afghanistan-era, for over twenty years.

This analysis draws on data from more than 3,000 Regular serving and ex-serving personnel (veterans) from phase four of the study (2022/23).

References to serving or ex-serving Regular personnel relate only to those participating in the cohort study. While the findings should not be taken to be representative of all serving personnel or veterans, they provide vital new insight into the needs of an important part of the Armed Forces community. This insight supports RBL's ability to design effective services, influence policy, and advocate for meaningful change – while also informing our 10-year Strategy and the wider sector.

What did we analyse?

KCMHR conducted analysis to understand how many people were affected by these issues and their associated factors, considering:

Demographics: age, sex, relationship status, education level (ethnicity and sexual orientation were considered but samples were too small for meaningful analysis)

Military characteristics: Serving status, Rank, Branch of Service, Deployed to Iraq/ Afghanistan, role on deployment

Mental health and psychosocial factors: including Post-Traumatic Stress Disorder (PTSD), CPTSD (complex PTSD), Common Mental Disorders (CMD), and alcohol misuse

The study

In the sample of 3,223 serving and ex-serving Regular personnel:

90% were male

The average age was 48 years

63% were deployed to Iraq and/or Afghanistan

61% served in the Army

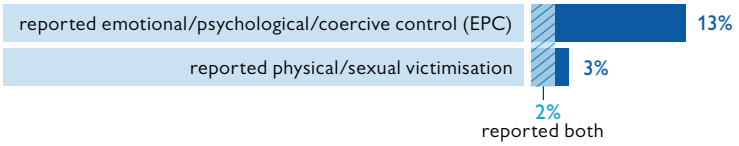
67% were Non-Commissioned Officers

IPVA behaviours

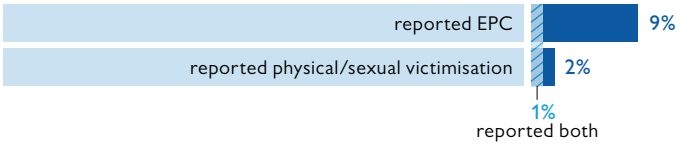
Intimate partner violence and abuse (IPVA) can affect people of all sexes, though it is experienced differently and is often underreported – particularly among certain groups, such as women and LGBTQ+ people.

The previous phase of the cohort study (2014-16) was the first to ask about both victimisation and perpetration of IPVA. It was found that rates of IPVA were higher among serving and ex-serving personnel in this cohort than in a matched sample from the general population[2]. By analysing IPVA in the most recent phase of the study, we can identify changes over time.

IPVA victimisation: At Phase 4, 14% of serving and ex-serving Regular personnel reported IPVA victimisation in the past year.



IPVA perpetration: At Phase 4, 9% of serving and ex-serving Regular personnel reported IPVA perpetration in the past year.



IPVA victimisation and perpetration: At Phase 4, 5% of serving and ex-serving Regular personnel reported both.

Categories overlap; percentages are not additive.

Serving and ex-serving personnel did not show noteworthy differences in levels of victimisation or perpetration.

Rates based on 2022-23 data appear similar to rates in the military in 2014-16, however there were some differences in IPVA behaviours that will be explored in future research.

[2]MacManus et al. (2022). 'Intimate partner violence and abuse experience and perpetration in UK military personnel compared to a general population cohort.' The Lancet Regional Health – Europe, 20:100448.

Key implications

IPVA rates in this cohort have not improved since 2014-16. This could suggest current approaches to address IPVA are not effective or not reaching those who could benefit.

IPVA is an issue that may affect the Armed Forces community disproportionately and at a scale that warrants additional support.

Those working with the Armed Forces community should be trained in understanding and identifying signs of IPVA, and those working in IPVA services should be trained in recognising the unique presentation of and risk factors affecting the Armed Forces community.

Veterans and their families may not know that support is available, may not know where or how to access support, or might be unwilling to seek it. Specialist support for IPVA for the Armed Forces community is very limited.

Evidence of bidirectional IPVA suggests that support which considers people either a victim/survivor or perpetrator may not address the full range of issues experienced.

There are also high levels of victimisation reported by men in this cohort. There is a need to raise awareness of men's experiences and to reduce stigma and shame for seeking help for IPVA.

Factors influencing IPVA

Risk factors for victimisation, in order of strength, were:

- CMD
- Anger problems
- PTSD
- Alcohol misuse
- CPTSD
- Aged 25-39 (v. over 50 yrs)
- Reporting 3+ childhood adversities
- Not being in a relationship
- Served as Officer (v. NCO)

Risk factors for perpetration, in order of strength, were:

- CMD
- Anger problems
- PTSD
- CPTSD
- Reporting 3+ childhood adversities
- In a relationship
- Alcohol misuse
- Aged 25-39 (v. over 50 yrs)
- Served as Officer (v. NCO)

Similar factors were associated with victimisation and perpetration, including:

- Younger age
- Mental health problems
- Anger problems
- Having served as an Officer
- Reporting childhood adversities

Neither were linked to sex, service branch, or having been deployed to Iraq/Afghanistan. However, this does not necessarily mean there are no differences by sex; it may be that these could not be identified within this group. Further work is underway to better understand potential differences in experiences.

Mental health conditions reported at phase three (2014-16) – CMD, PTSD, and alcohol misuse – were associated with experiencing IPVA victimisation and/or perpetration at phase four.

These findings strengthen the evidence base on the Armed Forces community, helping RBL and the wider sector better understand need and improve how support is designed and delivered.

If you are interested in exploring this research in more depth, please get in contact:

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