

IPVAP Podcasts: Introduction to Intimate Partner Violence (IPV)

Project Description:

- **Short description of product:** This is an outline of the content for the Podcast for IPV. This is a conversational style interview with a member of the VACO IPVAP team (Dr. Peterson).
- **Target audience:** Veterans and general public
- **Length of product (time/pages):** Approximately 10 minutes
- **Delivery/distribution method (electronic, print, use in person):** IPVAP Website, Outreach events

Introduction to IPV Part 1: Basic Information

Interviewer: Welcome everyone. My name is Dr. Wittkower from the VA South Central Mental Illness Research Education and Clinical Center, and I will be your host for today's podcast. Joining me is Dr. Natalie Peterson, a National Program Coordinator from the VA Intimate Partner Violence Assistance Program. Welcome, Dr. Peterson.

Dr. Peterson: Thank you, I am honored to be here.

Interviewer: Today we are talking about intimate partner violence, also referred to as IPV. Dr. Peterson can you tell me what *VA considers to be IPV*?

Dr. Peterson: IPV can be different for different people. It can be verbal or psychological aggression, physical, or sexual violence. IPV can involve excessive control, coercion, or stalking between former or current intimate partners.

Interviewer: Can you tell me what you mean by intimate partners?

Dr. Peterson: Yes, an intimate partner is anyone with whom a person has ever had a close intimate relationship – such as spouses; boyfriends or girlfriends; and/or romantic, dating or sexual partners. In the VA's definition, one does not have to have lived with, or had a sexual relationship with, the individual to be considered an intimate partner. I'd like to highlight that former partners can affect the relationship health and safety of Veterans.

Interviewer: So, ANY person who a Veteran has had a close intimate relationship is an intimate partner. Now, when we think of IPV, we often think of physical violence. Can you give us some examples of the types of physical violence **associated** with IPV?

Dr. Peterson: You are correct. We often hear about physical violence being associated with IPV. Physical IPV is any violent behavior that is used to hurt, control, intimidate or disable a partner. It can include actions such as throwing objects, pushing, kicking, biting, slapping, strangling, hitting or beating and which can result in serious injury or

death. While physical forms of IPV are very concerning, it is important to recognize that other forms of IPV can be detrimental as well.

Interviewer: That is an important point. Can you tell me more about sexual violence within intimate relationships.

Dr. Peterson: Sexual violence includes any attempted or completed, sexual contact that is without the other person's consent. It can also involve things that may be less obvious, like forcing someone to participate in pornography, including watching it or being in it, or forcing someone to engage in sexual acts with others. This could include unwanted kissing or touching, or even rape. Sexual forms of IPV also include reproductive coercion with attempts to control a woman's reproductive health. This may include efforts to sabotage contraception or having unsafe sex to purposely impregnate or expose a partner to sexually transmitted infections or (STIs). It may also include forced abortion or inflicting injuries that can cause a miscarriage.

Interviewer: Thank you for that detailed explanation. Earlier, you mentioned psychological forms of IPV, which can be more subtle. Could you describe these forms of IPV for our audience?

Dr. Peterson: Yes – that is correct. Sometimes the psychological forms of IPV can go unrecognized, even by those who are experiencing or using them. These include a broad range of behaviors such as emotional and verbal aggression, coercion, and stalking.

Emotional IPV can include yelling, insulting or name calling, threatening and/or intimidating one's partner. Additional examples of emotional forms of psychological IPV are using coercion include, controlling money or other resources and isolating the person from friends, family and other supports including access to health care. For some LGBTQ+ people this might involve misgendering a partner or threatening to "out" them to their families, their employers, or others.

Stalking is another serious form of psychological aggression and occurs when a person continues to contact, follow, talk to, monitor location or sends things - even when they have been told to stop. Repeatedly contacting or monitoring social media and/or email is referred to as cyber-stalking. Stalking creates a sense of fear and can significantly affect the wellbeing of those who are being stalked. Any suspicion of stalking can be reported as it is a crime and can be a threat to personal and workplace safety.

Interviewer: I am hearing many behaviors that can be IPV. I heard you mention coercion, which really stood out to me. Can you tell me what you mean by coercion?

Coercion refers to exerting emotional control by using psychological strategies to limit the person's freedom and ability to act on their own needs, values and desires. This particular form of IPV can be subtle and hard to recognize. Examples of coercion include undermining the person's self-confidence or self-worth or twisting their sense of reality – also called gaslighting.

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Interviewer: There are a more forms of violence than I realized. I imagine recognizing the subtle warning signs can be difficult. Now that we have a better understanding of the different forms of IPV, maybe you could tell us about who is most likely to experience IPV?

Dr. Peterson: Anyone can experience IPV. IPV doesn't know age, gender, sexual orientation, color, ethnicity or socio-economic status. All genders can experience or use IPV. The Centers for Disease Control considers IPV to be a public health epidemic with one in three women and one in four men reporting having experienced IPV in their lives. I'd like to add that across all genders and ethnic groups, LGBTQ+ people are more vulnerable to experiencing IPV.

Interviewer: You mentioned a lot of groups there. I am wondering, does IPV affect Veterans differently as well?

Dr. Peterson: Good question, many studies show that Veterans may be more likely to experience IPV in comparison to the general population.

Interviewer: Why might that be?

Dr. Peterson: Well, veterans and their families experience unique life and relationship stressors such as frequent and prolonged separations, isolation and extreme prolonged stress. While these are not causes of IPV, they may contribute to relationship stress and difficulty with communication, trust and conflict resolution. The presence of these and other prevalent issues such as post-traumatic stress, mental health concerns, substance abuse, and traumatic brain injuries could contribute to a higher incidence of IPV use or experience for Veterans and their intimate partners.

Interviewer: I can see how these many stressors could contribute to IPV among Veterans and their partners. Thank you so much for joining me today, Dr. Peterson. This has been so informative. To recap, we have discussed the foundations of IPV and its impacts on Veterans. Next time, we will cover the resources and support for Veterans from VA.

Introduction to IPV Part 2: Resources

Interviewer: Welcome everyone. My name is Dr. Wittkower from the VA South Central Mental Illness Research Education and Clinical Center, and I will be your host for today's podcast. Joining me is Dr. Natalie Peterson, a National Program Coordinator from the VA Intimate Partner Violence Assistance Program.

Dr. Peterson: Thank you I am happy to be here.

Interviewer: Last time we reviewed the forms and consequences of Intimate Partner Violence, or IPV. It is clear that many individuals and couples are impacted by IPV. Dr. Peterson, what services does the VA have for those who are experiencing IPV?

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Dr. Peterson: Every VA medical center has an Intimate Partner Violence Assistance Program or IPVAP Coordinator who ensures that resources and services are available for Veterans and their partners who are impacted by IPV. Many VA clinicians and staff have received specialized training related to IPV services and interventions and are responsive and sensitive to Veteran-specific experiences that can negatively affect relationships. Services include education, screening, assessment, individual counseling, group therapy and connection to supportive community resources. Many VA services are available either in person or virtually through telehealth. I want to highlight that our program is trauma informed. This means we consider the Veteran's experience of past trauma, racism, and/or heterosexism. We try to work with our Veterans to build a sense of safety and trust to better support them.

Interviewer: These services appear to be focused on the Veterans who are experiencing IPV. Are there specific services for Veterans who use, or worry that they may use, IPV?

Dr. Peterson: Thank you for asking. The VA offers the Strength at Home program for Veterans who use, or are afraid they might be using, IPV. This is a 12-week therapeutic group intervention developed specifically for Veterans to help them achieve healthier relationships free from violence and aggression.

Interviewer: Now, what is the best way for Veterans or their partners to access these services?

Dr. Peterson: There are many ways to find out what is available at your location. Talk to your primary care team, mental health provider, care manager or contact the local IPVAP Coordinator.

Interviewer: Now, Dr. Peterson what should someone do if they think they are experiencing IPV?

Dr. Peterson: If a person is in immediate danger, they should call 911 and remove themselves from the situation if safe to do so. The National Domestic Violence Hotline is another useful resource that is available 24 hours a day, seven days a week. They have several ways to contact a responder including calling, texting or chatting. Their number is 1.800.799.SAFE or 1.800.799.7233 or you can explore the website at www.thehotline.org.

In addition, VA has multiple support services for Veterans and their partners to promote safe, healthy relationships. More information, resources and IPVAP Coordinator directory can be found on our website at www.socialwork.va.gov/IPV/.

Veterans experiencing any type of crisis can receive immediate assistance through contacting the Veterans Crisis Line by dialing 988, then press 1.

Interviewer: Thank you so much for sharing those resources and joining me today, Dr. Peterson. This has been highly informative. To recap, we have discussed that IPV is a problem that impacts the health and wellbeing of Veterans and their partners. The good

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news is that VA is committed to helping individuals achieve safe, healthy relationships and offers several resources for those who may be experiencing or using IPV.

Dr. Peterson: It has been a pleasure. I appreciate having the opportunity to share this information about IPV and the many resources available in the VA for Veterans and their intimate partners. Having strong connections with others is such an important aspect of overall wellness and life satisfaction.