

## Military OneSource Podcast — Finding Help: The Connection Between Domestic Abuse and Suicide

### Family Advocacy Program

#### Episode transcript

##### Intro voice-over:

Welcome to the Military OneSource Podcast. Military OneSource is an official program of the Defense Department, with tools, information and resources to help families navigate all aspects of military life. For more information, visit [militaryonesource.mil](https://militaryonesource.mil).

##### Bruce Moody:

Welcome to the podcast. I'm Bruce Moody. Before we get started today, this podcast episode involves a discussion about domestic abuse and suicide. If someone you know is in an abusive relationship, you can contact your nearest family advocacy program for help. If you or someone you know is suicidal or in a state of crisis, you can contact the military crisis line. That's available 24 hours a day. Go to your phone and press 988, and then press one. You can also engage the military crisis line via text or chat, and that number is 838255.

Also, if you have any questions or comments about what you hear today, you can reach us and our guests through a link in the program notes. We'd love to hear from you. With that, let's bring in our guests. We have two folks with us today. Dorie Budde is the domestic abuse victim advocacy program coordinator for the Air Force Family Advocacy Program. Also joining us today is retired Chief Master Sergeant Manny Piñeiro. He is currently the CEO of Making Time Count. So welcome to the both of you. Glad to have you with us. Let's get started by hearing a little bit about who you are and what you do. Dorie, let's start with you.

##### Dorie Budde:

All right, so I am a licensed clinical social worker, and as you mentioned, I am the domestic abuse victim advocate — we also call them DAVAs— program coordinator for the Air Force. I have overseen the DAVA program coming up on about four years now. And prior to this position, I was in the field as a victim advocate at Joint Base San Antonio for 10 years. Additionally, I have experience as a mental health provider. I've also worked in domestic violence shelter and as an investigator for child protective services.

**Bruce Moody:**

Wonderful, thank you. Manny?

**Manny Piñeiro:**

Well, good morning, Bruce. So as you mentioned, I spent 32 years in the United States Air Force, humbly retired as the first sergeant special duty manager. In those 32 years, I spent over 17 years as a first sergeant, and having reached the pinnacle of the community, I was able to focus on policy and kind of have the overall say on coordinating with the first sergeants throughout the globe on how better way to take care of our airmen and their families.

For those in the field who don't know what a first sergeant is, we are advisors to the commander on all matters and include readiness; health; the morale, welfare, quality of life, and their personal issues, of course; and overall mentors. So I was fortunate to be in that position, but it kind of transcended into my role afterwards of Making Time Count was something that was vital to what I was trying to push out in the community about the position that they held because it is a very distinctive position within the command. And I wanted to make sure that those men and women who wore that chevron understood what it really was to take care of our airmen and to make sure that they lived in the moment.

When I retired, I realized that I probably, at my best, wasn't very open to my own words about making time count, so I decided what better way to use those opportunities that I learned and leadership skills to move them over to corporate. And now, fundamentally, it actually helps senior executives showcase the talent that they have and remember that nothing that they do cannot be done without their people. So, I'm thankful, and I'm very grateful for being part of this conversation today.

**Bruce Moody:**

I do appreciate you explaining how the Air Force works, their senior enlisted community. I'm retired Navy, so I'm sort of translating what you are saying into a Navy understanding, so that's really important.

So, what we're doing today is we're having a conversation about domestic abuse prevention and suicide prevention because they're related, so that's the conversation that we're going to have today. And my first question, and Dorie, let's start with you, how are these two related to each other?

**Dorie Budde:**

Right. And first off, hats off to all first sergeants. Anytime there's a 2 a.m. phone call, it's usually the advocate and the first sergeant trying to figure things out, so I always say they're your new best friends in the field when it comes to after hours and on call. So hats off to you, Manny, and all of your time in the service and helping that population because you have to be a special person to be a first sergeant.

So, back to the question, though. In domestic violence, there are actually two areas of concern when it comes to suicide: the victim and the offender. So, victims of domestic violence have a higher risk of suicide, but there is also a risk of murder-suicide when they remain in the relationship, and in 95% of intimate partner murder-suicides, the woman is killed by her male partner.

**Manny Piñeiro:**

Oh, definitely. If I can add, I know you mentioned the connection piece, and it is vital to understand that those who are dealing with domestic violence are, Dorie mentioned at higher risk, but also in the health issue, depression, anxiety, PTSD for those who are suffering from that. But these strains can actually lead to susceptible suicidal thoughts. They encourage an opportunity for folks to feel abandoned at one point or another, and then those things can actually pile up and take them over the edge. And even when you think about the things that you can compare to, some of the things that I dealt with were criminal and legal problems, so when you look at someone who is thinking about attempting suicide, it's usually something in that form, right? Their job or financial, some substance abuse, but at the end it's that sense of hopelessness that they deal with.

**Bruce Moody:**

Dorie, I really would like to hear from you why you feel it's important that we're having this discussion today.

**Dorie Budde:**

So one of the reasons that it's so important is because these fields can tend to work in their own silos sometimes, and if we're just looking at suicidal ideation, we might miss that there's domestic violence happening in that home, and that could lead to safety issues for a partner and could lead to that possible murder-suicide. So, you kind of have to look at the whole family, or everyone that's involved, and make sure that we're recognizing maybe some signs or signals that there could be more than just suicidal ideations.

On the flip side, in domestic violence field, suicidal statements can be seen as manipulation to prevent a victim from leaving. So these suicide threats can sometimes be downplayed when they're used frequently, and that can be downplayed by the victim because they've heard it so much and have become so desensitized to it, or it could even be downplayed by the provider. Again, as an advocate, as a mental health provider in the domestic violence field, that is something that I know that I have to be aware of because again, it's a very frequent threat and one that needs to be taken seriously. But again, you can get a little bit desensitized to it when you're in the field.

I actually have a story from a military couple, and one of the frequent things that would happen is when they would argue or fight, the active-duty husband would pull out a gun and wave it around. This was so frequent that the wife became desensitized to it. There was a day where that gun went off into the floor of the home. Luckily, nobody was

injured. There wasn't anyone else in the home. But when I started, when I reached out to the victim and tried to work with the victim, she saw this as really no big deal. This sparked what we would call a HRVRT, which is our high risk for violence response team, within the Air Force Family Advocacy Program. And this victim just could not understand why we were making such a big deal out of this incident. So again, there's a lot of desensitization to those threats or even having a weapon present, but if you've been a victim of domestic violence or threats of domestic violence for a very long time, again, you kind of become numb to it.

**Bruce Moody:**

That's really powerful. There are shared risk factors between domestic abuse and suicide, and I'd like the two of you to run through them. Manny, let's start with you.

**Manny Piñeiro:**

Sometimes, in most cases, we don't know what those members are actually bringing into a community — family or loved one's history of suicide, potentially a friend from school that they grew up with who committed suicide, they carry that anguish with them, and when they now have an opportunity to get caught in a violent situation or domestic fight, those things tend to stir up. Grief has uneasy way of not ever going away for a lot of folks, and that automatically will become an opportunity for social isolation. They won't tell anybody about what's going on, and especially for a mil-to-mil couple who feel like they have more to lose if one of them says something, that internally becomes a violent relationship within closed doors and unfortunately not just active-duty members but for our veterans as well.

Right now, there's a huge high risk for veterans who are just lacking health care, so I mean there's opportunities to stir up all types of different things that end up with the cause for the societal stigma that deals with domestic violence and suicide and what's associated with it. There are a lot of coping opportunities, but you have to make sure that we're able to find those resources that those members need.

**Bruce Moody:**

Dorie, I wanted to give you the opportunity to add on to that.

**Dorie Budde:**

Yeah, so from the domestic violence standpoint, again, I'm going to break it down between survivor and the offender, so I've got some statistics here. The World Health Organization found that one of the most consistent risk factors for suicide attempts for women, and this is after adjusting for probable common mental health disorders, was intimate partner violence. At least one study has shown that 36% of female survivors have considered suicide, and 23% of domestic violence survivors as a whole have attempted suicide as well. So all domestic violence providers should remember that victim-sensitive referrals to counseling and therapy could help mitigate that trauma.

Now, on the offender side, and this is from a FBI Bulletin by Tony Salvatore, close to 600 murder-suicides occur yearly in the United States and accounting for 1,000 to 1,500 deaths, so it is uncommon, but such incidences vary widely in terms of persons involved, how they're related and where the crime takes place. So usually law enforcement personnel deal with murder-suicides involving two people in domestic settings or relationships. So with all that in mind, for intimate partners, about 62% of murder-suicides involve an intimate partner. When it comes to gender, in 95% of intimate partner murder-suicides, the woman is killed by the male partner. As far as location, 81% of domestic violence murder-suicides occur in the home. And as far as weapons go, 93% of domestic murder-suicides involve a gun.

**Bruce Moody:**

Manny, in your experience, when somebody might be contemplating self-harm, what are some of the signs that somebody can look out for?

**Manny Piñeiro:**

Bruce, I'll say that changes in behavior is probably the most important thing to realize. You know the people around you, you know your friends, you know your loved ones. I always say that when they start giving away important things, it's a sign. Some take these dangerous risks, right? They already drive fast, but you find that if you're with them, they're driving a lot faster. So you don't know. Some people tend to lean on mood swings, so that change in behavior is a lot like you're happy one day and midday and then all of a sudden, you know, turn of events. Bipolar sometimes plays a role into that, but you may want to keep a lookout for those folks who are not acting the way they usually act. If they're talking about death a lot or not wanting to be a burden to others, it's also an opportunity for some isolation, and you never want to be able to discount that.

It's hard for folks to understand that when someone is dealing with suicidal ideation, I think Dorie mentioned it earlier, you never let that go. You never think it's something that they're just kind of winging by in a conversation. Take every threat as deafening as it could be because of the fact that folks don't know what's really going on. If you know your friends, if you know those folks in your circle, you'll know. You'll kind of know. And sometimes those outskirts of things that are happening in their lives, you may not know everything about them, but it's open opportunity for you to try to at least sit down and ask the question.

**Bruce Moody:**

How do you approach a friend to offer help in this sort of situation?

**Manny Piñeiro:**

Well, I always say, be honest in the conversation. If you ask someone if they're thinking about hurting themselves or even contemplating suicide, I've heard that if you say it, you may be placing that thought in their head, and that's not true. Most people who are thinking about killing themselves have had a good time to kind of dwell on it, so I always

say that's BS, that you need to ask directly, "Are you thinking of suicide?" Avoid debating the value of life. I think a lot of us tend to want to become psychiatrists. That's why we have these professionals in the field, our family advocacy groups. But another thing I would always try to share is don't minimize their problems. We have a tendency, as humans, to say, "It'll be all right," When you don't really know what they're dealing with. So I would tell them that you care about them and then encourage them to seek some treatment, make a call. But always, always take them seriously. Stay with them if they feel comfortable enough to make that call. Call 988 for the lifeline or the text is 838255.

**Bruce Moody:**

Dorie, over to you. For those who are listening who may be involved in an abusive relationship or maybe know somebody who is, what are some of the signs that they can look out for?

**Dorie Budde:**

They're very similar. Actually, as I was listening to Manny list off the signs for suicidal ideation, I'm kind of seeing the same things on my list. So again, changes in behavior, look out for sudden changes in mood, withdrawal from social activities, isolation, a decrease in performance at work or school. Physical symptoms would be frequent unexplained injuries or a sign of physical abuse that can be red flags. Verbal cues would be listening if somebody starts to talk about feeling trapped, feeling unhappy or maybe even having thoughts of death.

**Manny Piñeiro:**

And something that I saw within the scope of the military field when I was in the field was members who would show up to work late, and their excuse was they just slept too much. Sometimes that's part of their depression that they're dealing with, and they just want to stay in the bed and not deal with the day's events. But on the same token, we also had a lot of folks who didn't sleep at all, right? So they stayed up at night, especially in the military, playing video games and such, and that was just their way of coping with the ideations that they already had. Our military community has transformed itself into a lot of silos where a lot of our young men and women find themselves in their dorm rooms, in their barracks playing these games, and they're already isolated, and they add another layer of isolation when they're dealing with things.

**Bruce Moody:**

So next question, what steps should somebody take if they're facing abuse, and their abuser threatens self-harm if they leave or seek help? Dorie, let's start with you.

**Dorie Budde:**

So if it's an active situation, they need to get themselves and any children safe first, followed by getting help for the person that's threatening suicide by calling 911. If this is a passing threat that is frequently used, please note that that is not normal. Many

clients that entered my office just wanted their partner to get help. So reaching out to a domestic violence advocacy program, a mental health provider, the mental health clinic, family advocacy can put you in touch with a provider experienced in domestic violence and can help educate the victim on the difference between a healthy versus unhealthy relationship.

Everybody that meets me or comes across my path knows that one of my favorite things is the equality wheel. You can Google it, it'll come up pretty quickly, but it is a perfect example of a healthy relationship, and sometimes that's the first step is just recognizing whether your relationship is healthy or not. Those that did not grow up in a healthy home often don't recognize abuse, so if they experienced abuse as a child or witnessed domestic violence in their home, that's just sort of a way of life and is normalized. Helping somebody understand that what they are experiencing is abuse is often the first step, but sometimes that takes time, and as a domestic violence advocate, as a mental health provider, sometimes it's just about building that relationship and gaining that person's trust.

**Manny Piñeiro:**

Yeah, definitely. Those individuals sometimes don't even realize that they're actually caught in some emotional abuse with the threats and becoming an emotional hostage. During my military tenure, I just started recommending that they call the police, or the security forces for those who are not in the military crisis intervention, and just let them know that your significant other is threatening to harm himself. You show your compassion by being there, but you cannot get caught up in the threat mode of what's happening around you. You just let them know that you can't give into the demands. Dorie mentioned earlier about the waving the gun. That's a reality, and it's a threat. If you do this, I'll do this, I'll do worse, right? But you need to always remember that you need to be safe. You need to make sure you're the priority.

**Bruce Moody:**

What if they don't seek help, and the abuse continues, it's ongoing?

**Manny Piñeiro:**

It's a must. You need a safety plan. Then if it becomes something that doesn't look like it's going to shape out, your safety needs to come first, as I mentioned, and it's sad to say this, and I say it openly because these are conversations that need to be held. There are many resources, and they may not be able to have all the answers for that particular member, and it's a personal matter, right? They're invested in it. My "default safe" is call the police and get a safety plan together because the member's safety is priority.

**Bruce Moody:**

I appreciate the perspective that the two of you are bringing to these questions, and I have a number of other questions to run through, and I think these are helpful in identifying the variations of the situations that we're talking about. So for this, Dorie, let's start with you.

If you know someone in a domestic abuse relationship where there are suicidal threats, how do you first approach them to help?

**Dorie Budde:**

I would start by saying that I am worried not only about their safety, but everyone in the house. This is a good way to get through to a victim who is not concerned about their own safety, which is actually pretty common. I also start to list off all the resources that are out there to help. Many people feel that there is no way out of an abusive situation or feel like they're stuck due to finances or other obstacles. So once you remove some of those obstacles, you can create hope.

Having an advocate is also key. They can help the victim navigate the different systems, tie them into the resources and to be a support as they walk through those different processes. Maybe a process with the court system, whether it's criminal or civil, they can help walk through the family advocacy process. If child protective services is involved, they can help navigate that. So just having somebody by your side or knowing that there's going to be somebody by your side as you go through that process might encourage them to come forward and seek help or move forward with trying to leave an abusive relationship.

I would also like to add that, as adults, we do have a right to self-determination, so the best a bystander can do is to remain supportive for when that person is ready to seek help. So it can be a fine balance for many friends and family members who are trying to set boundaries for themselves but are also worried about their loved ones. And it's very common for a survivor to come forward and really have no supports left because maybe they've tried to leave multiple times before, and everyone's kind of tired or has given up on that situation. I will say the one caveat to all of this is if there's children involved, that might require a child protective services report to need to be made if there's domestic violence in the home, and the children are exposed to that in some way.

**Bruce Moody:**

Dorie, what resources are available to those experiencing domestic abuse?

**Dorie Budde:**

So within the military, all bases have a family advocacy program. These can be located through the Military OneSource Victim Advocate Locator, which I believe you have a link to. There is the mental health clinics, you can walk in. They usually offer some sort of triage. There are also many resources outside the gates. One of those is the National Domestic Violence Hotline, which you mentioned, again, 1-800-799-SAFE. That's an excellent place to start because they can put you in touch with a local shelter, a local advocate. They can safety plan and offer support.

There's actually an excellent book out there as well by author Lundy Bancroft. It is called "Why Does He Do That?" I recognize that it's gendered; he addresses that in the intro of his book, I'll just say that much. And this is a fantastic resource for those experiencing domestic violence because it lays out the types of abuse, types of abuser, defines



gaslighting, covers acceptable treatment and provides additional resources. This was something that we handed out frequently to our clients on base, and I've had countless clients tell me that this book has been invaluable to them.

**Bruce Moody:**

Yeah, Manny, jump in please.

**Manny Piñeiro:**

Yeah, Bruce. One, Dorie, everything that you're saying is spot on. My family advocacy team was probably my first pit stop, so a lot of our members who don't feel comfortable enough to come see the first sergeant in that instance or anything that's going on in their homes, you want to get as much professional advice as possible. And I usually tend to lean on my family advocacy team to prepare me for the circumstances without giving them all the information because, at the end, you're there as an assistance, you're another resource. I always appreciated, from the family advocacy program, is that they advocate for you. They advocate for the member, and they make it a point to let you know it's your choice.

A lot of folks tend to want to always tell people what to do, and that can lead to more stress and more anxiety in their lives, so I try to make sure that they understand that regardless of the support that you think you don't need, the support is out there. Dorie mentioned Military OneSource. I used to tell all the first sergeants in the field to get the app, the My Military OneSource app, because that was a one-stop shop to questions that you may have, even for a chat or call with someone that you may come across. I would definitely encourage the 988, and make sure that you get an opportunity to speak to a professional.

**Bruce Moody:**

Dorie, did you want add to that?

**Dorie Budde:**

Yeah. Another thing that I want to make sure that everyone is aware of is that the family advocacy program has both restricted and unrestricted reporting options when somebody is coming in to report abuse. Unrestricted would notify command, law enforcement, and they would have certain protections like the possibility for a military protective order or maybe an expedited transfer to another base. With restricted reporting, a victim can come in and make a report where they are able to keep it within the "family advocacy bubble" is what I call it. So they can come in, receive counseling resources, get an idea about what family advocacy is about and then from there make an informed decision about whether or not that they would want to go unrestricted.

There are some limitations to that, and so if there's anything involving child abuse, we would not be able to do restricted. Certain life-threatening situations like homicide and suicide are also things that would not be "restrictable," but that would ultimately be up to that family advocacy team there at that local base. So I do want to encourage anyone

that maybe has been reluctant to come forward or reluctant to reach out to that family advocacy program, they can reach out anonymously and just get some more information about restricted reporting and then possibly come in and actually get to speak with an advocate under, like I said, that possibility of a restricted report.

**Bruce Moody:**

That's so important. So a number of the links that we have in today's program notes really get into the difference between restricted and unrestricted reporting. It's such an important thing to understand and to really understand the difference between the two. So I really encourage people to check out some of the links. Dorie, I want to stay with you. For someone who recognizes their own abusive tendencies toward their loved ones, what is available to them?

**Dorie Budde:**

A good program to seek out is what we call BIPP. What that stands for is the Batterer's Intervention and Prevention Program. These are usually about 26 weeks, give or take, and directly address power and control. Another resource would be a mental health provider that is experienced in the field of domestic violence.

**Bruce Moody:**

Okay. Manny, for someone who leaves an abusive relationship, what mental health resources are available?

**Manny Piñeiro:**

Well, as Dorie was mentioning, we have our share of crisis hotlines, but sometimes people don't even realize that local shelters have opportunities for support groups that a lot of folks who are dealing with similar situations can probably find some answers in some of the things you're dealing with, right? So crisis counseling, there are so many resources out there. And something that I try to push to anyone that's dealing with ideations or even domestic abuse, there are too many resources out there for you to assume that you're alone, and that's something outside of the provisionals like family and reaching out to someone that you trust or colleagues and acquaintances, know that there are people out here who are actually advocating to help you through your situation, but you got to let them know, and you got to keep them informed of what's really happening.

I would also encourage those who are listening to make sure that, I mentioned it earlier, but don't be pushy about trying to connect them to those resources. Let them figure out what works best for them because one person's resources is not the go-to for all. It really has to work within the scope of their family, their plans. A single mom versus a married mom of four, there's different things going on in the world that will help you choose the right resource that is best for you.

**Bruce Moody:**

I want to stay with you for a little longer. What resources are available to help somebody who may be suicidal?

**Manny Piñeiro:**

Well, I mentioned it earlier with the Military OneSource, for those that are active duty in military or even in Guard and reserve. Find your first sergeant and reach out to that person. If anything, they're an extending hand to help you navigate through some of the other resources that we have. I kind of touched early on My Military OneSource app if you think that you don't want to talk to anyone, and you just need the information. And of course, my go-to is always going to be the family advocacy because there are different agencies that are set with the right professionals to help you navigate through those things. I'd also like to chime in on our spiritual advisors for those who have a faith and are thinking about these things, you can always reach out to your local chaplain, as well. I utilized them in the field when I was a first sergeant, and it's always a tag-team effort between family advocacy, the chapel. And in one way or another, we are bound to try to find the help that's needed out there.

**Bruce Moody:**

So, Manny, how can somebody who has a spouse or a partner or a friend who died by suicide safeguard their own mental health?

**Manny Piñeiro:**

Well, again, Bruce, it goes back to the support, right? Seeking the support. If you are not really caught in the midst of the Military OneSource mindset, again, I know you'll list all the resources that we have out there, but I always say, "Seek support." It can be overwhelming at times, but you got to understand that you can't wait for a crisis to happen. And so I always try to say, safeguard yourself. For those that are thinking about it, keep in touch with your loved ones or your friends, people that you know are in your corner. Grief is hard, and I always try to share this. You don't know what someone has been walking through unless you've been in their shoes, right, we've heard that. But you have to make sure that you understand that there's a sense, everyone's sharing your story, and those stories will probably find a way to give you some sense of purpose and help you out.

**Bruce Moody:**

I'm just so grateful to have this conversation with the both of you today. Thank you, Dorie and Manny, for going through this. I guess my last question is just kind of open-ended. Do you have any other advice that you would give for listeners who might be thinking of a loved one or a friend that they're worried about? How can they help? Dorie, let's start with you.

**Dorie Budde:**

Best advice I can give is to never give up on that person, especially when it comes to domestic violence. On average, it takes a victim seven times to leave an abusive

relationship before they leave for good. So by that point, I think I mentioned this earlier, a lot of bridges have been burned, a lot of resources have dried up, and having somebody that they can rely on and turn to is key. When I was working in the shelter, we had a victim, and she had a couple children with her, had been in the shelter pretty long term. We ended up getting her an attorney. We got her a divorce, we got her a protective order, we got the world's best child custody order that we could have gotten. We got her a home, we got her a job, everything. This woman was set. About six, seven months later, I got a call at the shelter, and I knew she was coming back, and it turned out that she had remarried him, so everything that we had worked hard to do had now gone by the wayside.

But what was so heartwarming to me was she trusted us enough to come back. She knew we were a safe place. She knew that this is where she could come for help. So no matter how much shame she might've felt, which she did, we just reminded her, "At least you're safe, at least you're here, and we can start over again." I would kind of hesitantly re-approach the attorney that had worked her other case, and I was like, "I need to talk to you about a case, a situation." And I'm like, "She went back." And she's like, "Oh, is that all it was? Okay, yeah, we can handle that." Right? Because those of us in that field understand that people will return to abusive situations.

I always say that love isn't a light switch. You can't just turn it off. It takes some time to fall into love. It's going to take time to fall out. And even though this is an abusive relationship, this is still a marriage, this is still a family, and this is something that somebody would potentially have to grieve and get over and get past, which is a big deal. And like I said, when there's kids involved, when there's families involved, it makes things very, very complicated.

The other thing I would want people to know is that there's confidential help and resources available. Many clients that I've helped over the years were afraid to come forward because they believed that there was nothing anyone could do or because they didn't have the money to leave. There are resources out there that help with housing, divorce, basic needs, and the domestic violence advocates in your area, whether they're on base or in the community, can connect survivors to those resources. For instance, each state has a crime victims' compensation fund. So if you've reported domestic abuse, sexual assault or child abuse, you may qualify for some benefits. Many shelters employ attorneys or partner with local legal aides to assist with divorces, or protective orders or child custody cases. Many district attorneys' offices will help with protective orders. So connecting with the local domestic violence center, with the local family advocacy program can help a victim get tied into those resources.

**Bruce Moody:**

Manny?

**Manny Piñeiro:**

If I can leave anyone with anything to think about, we talked about the warning signs of people who are suicidal, but sometimes there are none. There are none. If you suspect

someone that is thinking about suicide or is suicidal, just ask them directly, and of course, show that you care, right? Encourage the person to seek professional help if needed. And I want to also throw a lifeline for the care providers out there because sometimes they are under a lot of stress themselves, and they're dealing with life itself, right? So when you're helping someone who is repeatedly suicidal or dealing with domestic abuse, it can become physically and mentally exhausting. So I try to make sure and remind folks that they're not alone.

When you recruit a network of the family, or even the friends, and more so the professionals to help share the load, it eases the throttle for what you're dealing with. But try to make sure that you're also looking out for each other and not just in the process of the member who's dealing with the domestic abuse or the suicidal ideations but making sure that the team that's invested in trying to make sure that we're taking care of the member is also taking care of each other. That's the true essence of what this is supposed to be really about and making sure that we're all fundamentally safe.

**Bruce Moody:**

Yeah, we've really run long today, and I do not mind. It's such important information. Just to wrap this up, I'm curious. I would like to know what drives you. And Dorie, let's start with you. What drives you to do the work that you do?

**Dorie Budde:**

Oh, gosh, that's such a good question. In college, I didn't know what I wanted to do. I was one of those that floated around out there in general studies for a very long time. I ended up in the criminal justice program, which led me to an internship with a domestic violence center, and I was hooked. I don't know exactly what it was that hooked me, but I just knew that that was my field, and that's where I wanted to be. I went on to become their sexual assault response advocate for their sexual assault program. After my internship, after college, I went on to work for child protective services, and then from there, it was just working in the shelter. And then I came over to the military. Been with the military now for close to 14 years in the domestic violence field, and it's just wanting to help and wanting to make a difference for people that maybe need that support and that encouragement.

**Bruce Moody:**

Manny?

**Manny Piñeiro:**

Well, for me, it's the love of our people. I kind of found my calling when I became a first sergeant and was fortunate to be able to stay within the field. And people always tend to say things like, "That's an exhausting part of our military." But it actually provides a sense of purpose. A fundamental part of human nature is to help people, and why I am an advocate for Making Time Count, because it allows you to be more productive if you achieve your goals, you're managing your stress levels, you're prioritizing your task. And then most importantly, you're helping to help someone live a more fulfilling life. And

when you dedicate your time to what matters most, you're making the most of all humanity work.

I think society is in desperate need of reminding what humanity actually is supposed to be about, but I'm a fan of always saying to be intentional. If everyone is too busy saying life is too short, then what are you doing with the life you have? So, be intentional about what's important in your life. And for me, that's priority one to making sure that if I can help someone in crisis or in need and reshape their goals to make it more fruitful in their future, and job done. Job done.

**Bruce Moody:**

Excellent. Well, we'll end it there. Thank you so much.

Dorie Budde is a domestic abuse victim advocacy program coordinator for the Air Force Family Advocacy Program. And also joining us today is retired Chief Master Sergeant Manny Piñeiro, currently the CEO of Making Time Count. Really, really so grateful to have both of you with us today. Thank you.

**Manny Piñeiro:**

Thank you.

**Dorie Budde:**

And thank you, Manny. Thank you, Bruce, and your whole team.

**Manny Piñeiro:**

Thank you, Dorie. You take care of yourself. And thank you for all you continue to do for our military and their families.

**Dorie Budde:**

Likewise.

**Bruce Moody:**

Wonderful. Wonderful. And want to remind you that Military OneSource is an official resource of the Defense Department. Again, you can leave us a question or a comment to what you've heard today. There's a link for that in the program notes. Be sure to maybe share this episode with somebody who needs it. And, also, please subscribe to this podcast wherever you listen to your podcasts because we cover a wide range of topics to help military families navigate military life.

I'm Bruce Moody. Thank you for listening today. Take care. Bye-bye.