

*Borne the Battle*  
Episode # 215

Dr. Leanne Bruce, National Program Manager for the Intimate Partner Violence Assistance Program  
<https://www.blogs.va.gov/VAntage/79928/borne-battle-215-benefits-breakdown-intimate-partner-violence-assistance-program/>

(Text Transcript Follows)

[00:00] Music

## **[00:10] Opening Monologue:**

Tanner Iskra (TI):

Oh, let's get it. Monday, October 12th, 2020. *Borne the Battle*. Brought to you by The Department of Veterans Affairs. The podcast that focuses on inspiring veteran's stories and puts a highly on important resources, offices, and benefits for our veterans. I am your host Marine Corps Veteran Tanner Iskra. Hope everyone had a great week outside of podcast land.

Well, I'm only updating this because I brought it up last week and probably jinxed ourselves, but we did not win the Podcast People's Choice Award for the best podcast in the government and organization category. It was still great to be one of the four nominated in that category. And, I want to thank everyone that, voted to put us in there. One thing I also want to note is that it's fall we're in fall now folks.

And, do you know what that means? Well, it means a couple of things. One pumpkin spice, everything it's back folks. And two, flu shots. This year, more than ever. It's important to protect yourself, your family and your community. VA is making it easier than ever before for eligible veterans to get their flu shot at either a VA medical facility or more than one of 60,000 in network community locations.

Eligible veterans can go to a nearby in-network retail pharmacy or urgent care center show a government issued ID card and receive a standard or high dose flu shot. All might not be fun as that sugary, caffeinated, pumpkin-spice flavored drink, the flu vaccine not only helps reduce the chance that you will contract the flu,

it can also reduce the severity and symptoms of the flu if you become infected. Join us in fighting the flu by getting your no-cost flu shot today. And, you can do that by finding a participating community partner by visiting [www.va.gov](http://www.va.gov) [Link:[www.va.gov](http://www.va.gov)] and select find a location from the top menu.

Received a few ratings, one review last week, a little bit of a long review. This one is from Air-ample#1. It says five stars. I am my father's child. I just found this podcast in an email that I received from the VA.

The story that came up when I pressed enter was a podcast of Borne the Battle, number 213, Healing Through Poetry with Army Veteran, Erika Land, War Poet. [Link: <https://www.blogs.va.gov/VAntage/79285/borne-battle-episode-213-army-veteran-erika-land-war-poet/>] She's also dealing with PTSD. It's really interesting that she had written this poem, not immediately, but what was saying it as a farewell gift, to the world before committing suicide.

The rest of you will have to read about and discover the outcome for yourselves. I will NOT ruin the interview. I just want to say of Erika, thanks for finding your voice. I am and have been dealing with PTSD for quite a few years. I didn't even know what PTSD was. However, while still on active duty, I was feeling that something wasn't right within myself.

I tried to seek out help, but it was to no avail. After retiring from the military. I, once again, saw help. This time I went to the VA and to no avail. It wasn't until our son who was in the Marines, came home and hung himself at 26 years of age. I found our son early, early that New Year's Day, I myself had gone to VA for years, trying to get help for myself.

My thinking was off my rationalizing was off. My concentration was off and I was having dreams of events that I witnessed while serving on active duty. I was restless seemed to be on edge. And most of all, I was beginning to not trust myself, had gone to the VA several times and was told by my records and was told.

And my records documented that I did not have PTSD. However, after the sudden death of our son, I again saw help out. I again, sought out help at the VA. This time, the same mental health

doctor who had earlier disapproved. My PTSD finally gave me the D finally gave me the diagnosis so that I was able to begin receiving the proper treatment for PTSD.

I had to struggle and advocate for myself. It's now been several years and I'm still trying to find my voice. In the meantime, I take it one day at a time. On a few occasions, I've contemplated suicide, but then felt guilty for letting so many people down, so I don't go through with it. I'm happy for Erika, as she's found her voice, this poem really speaks and her voice is powerful.

It speaks so much, that I had to listen to it again from the very beginning. Thank you, fellow soldier for finding your voice and sharing that gift through poetry. It's hearing your story and the story of so many others that pushed me to continue standing. Soon, I'll be helping the cause. I know with time I too will find my voice.

Thank you for airing this podcast. I have given you five stars. As you can tell, I read it all. I read it all, team. Air-able#1. I, I, you know, I, I can't even imagine going through that post-military trauma that you went through finding your son, and I'm glad that you're now getting help for your PTSD.

As I've shared on this podcast, I too have found out that you have to be your own advocate. And, that goes with health care in and out of the VA system, it goes with your career. It goes with everything. You know, I had a, I had a Gunny, or a Staff Sergeant,

I can't remember, it could have been a Master Sergeant. There was a time that I was getting discouraged with FITREPS in the military and he sat me down and he said, "Nobody is going to care more than you. Be your own advocate and get it fixed." Air-Amalie, it sounds like you did that concerning your health care.

And I salute you for that. Continue to fight and thank you for sharing your story, how Erika's has story affected you and writing a review so other veterans could find this podcast and listen to the story as well. So thank you.

Okay. Time for news releases, we got six, count them six, I'll go through them quickly, but I'll be, I'll be thorough because there's some information, even in some of the pat-on-the-back releases that I think you can take away from.

First one says for immediate release VA wins presidential award for its in house innovations, improving healthcare services for veterans.

The US Department of Veterans Affairs announced recently it received the highest level of distinction within the Gears of Government President's Award Program, for three innovations that have greatly improved services for veterans at VA hospitals across the country. The award recognized Veterans Health Administration Innovation Ecosystem staff, responsible for curating,

funding and expanding in-house innovations, which include practices to de-prescribe unnecessary medicine to veterans, prevent hospital acquired pneumonia, and reduce opioid overdose deaths at VA campuses. Now, if you go to [blogs.va.gov](https://www.blogs.va.gov) [Link: <https://www.blogs.va.gov/VAntage/>], after you listened to this episode and find the blog on this episode, I'll have a link to that press release at the bottom, and you can click on it and click on the links that talk to each of those practices.

To date, VHA IE innovation projects have improved care for more than 1 million veterans, lowered costs for taxpayers by over \$40 million. Saved lives from opioid overdoses and advanced care for the entire field of medicine. For more information, go to [va.gov/innovationecosystem](https://www.va.gov/innovationecosystem) [Link: <https://www.va.gov/innovationecosystem/>]. There's a lot of good stuff over there at VHA

IE like VA Ventures, the 2020 Virtual VHA Innovation Experience. And they're all about collaborating with academia, startups and industry leaders and word on the street is that they will be restarting their podcast within the VA Podcast Network, wink, wink, very soon. To help explain some of the things that they're doing out there. So stay tuned on that.

Okay. Second one says for immediate release VA awards adaptive sports grants for veterans. The US Department of Veterans Affairs announced recently it will award nearly \$15 million to 119 national, regional and community programs headquartered in 37 states, the District of Columbia and Puerto Rico. Programs funded through these grants will offer adaptive sports and activities to more than 13,000 veterans and members of the armed forces with

disabilities. Included are Paralympic sports, such as archery cycling and skiing, outdoor sporting activities like hunting, rock climbing and skydiving.

Of the total, \$1.5 million is being used to support organizations that offer equine assisted therapy to support mental health. Grant recipients may use the funds for planning, developing, managing, and implementing adaptive sports programs. VA will award the grants to national governing bodies, which prepare high level athletes for Paralympic competition.

Veteran service organizations, city and regional municipalities and other community groups to provide a wide range of adaptive sports opportunities. Information about the awardees and details of the program are available at [blogs.va.gov](https://www.blogs.va.gov) [Link: <https://www.blogs.va.gov/VAntage/>].

That's right VAntage Point. That's [blogs.va.gov/NVSPSE/grant-program](https://www.blogs.va.gov/NVSPSE/grant-program) [Link: <https://www.blogs.va.gov/nvspse/grant-program/>]. And you can find sports4vets on social media. That's sports, the number four, and then vets, you can add them, they're all over Instagram [Link: <https://www.instagram.com/sports4vets/>], Facebook [Link: <https://www.facebook.com/Sports4Vets/>], Twitter [Link: <https://twitter.com/Sports4Vets>], you name it.

Okay. Next one says for immediate release, VA program of comprehensive assistance for family caregivers begins expanding eligibility to veterans of earlier eras.

This is actually really important for a lot of people. The US Department of Veterans Affairs announced recently implementation of a new information technology system marking the official launch of the first phase of expansion of the program for comprehensive assistance for family caregivers, the PCAFC, to caregivers of eligible veterans of earlier eras.

Previously only available for eligible veterans who incurred or aggravated a serious injury in the line of duty on or after September 11th, 2001. The PCAFC provides education, support, a monthly stipend, healthcare coverage, and certain beneficiary travel to qualifying family caregivers of eligible veterans.

The expansion rolls out in two phases. Effective October 1st, the first phase includes eligible veterans who incurred or aggravated a serious injury in the line of duty, on or before May 7th, 1975. Effective October 1st, 2022, the second phase will include eligible veterans who incurred or aggravated a serious injury in line of duty between May 7th of 1975 and September 11th, 2001.

This year, the caregiver support program expanded to approximately 1100 staff and will grow to approximately 1800 staff within the next six months. They're hiring. VA's caregiver support program offers a wide variety of support services for caregivers of veterans. Partnerships, continue to be created or enhanced to broaden services and support for caregivers. You can learn more by visiting the caregiver support program website at [caregiver.va.gov](https://www.caregiver.va.gov) [Link: <https://www.caregiver.va.gov/>]. Or by calling the caregiver support line +1 855-260-3274.

All right, couple more. Next one says for immediate release VA recognized for advancements in healthcare access, 3D printing applications. The leaders of two US Department of Veterans Affairs initiatives have been named winners of the 2020 Samuel J Heiman Service to America medals, or otherwise known as Sammie's for improving healthcare access for veterans and advancing 3D printing applications for veteran care, Neil Evans, MD, Kevin Galpin, MD and Kathleen Frisbee PhD enhanced access to healthcare for veterans through VA connected care services, including tele-health, mobile apps and other digital health solutions.

More than 1 million veterans or 18% of all enrolled veterans completed a video visit at home in fiscal year 2020 - representing over 3 million video to home visits. MyHealthyVet, VA's health portal, has more than 3 million authenticated patients who average 440,000 prescription refill requests and sends out about 280,000 secure messages each week. VA has surpassed 60 mobile health apps in its VA app store. Many of them developed by VA for veterans and staff to improve the care delivered by the department. Veterans interested in learning more about VA's remote healthcare services can visit [connectedcare.va.gov](https://connectedcare.va.gov) [Link: <https://connectedcare.va.gov/>].

While Dr. Beth Ripley MD and PhD, has contributed to science and medical innovation through VA's 3D printing network assisting healthcare providers with medical procedures and decreasing unnecessary surgeries.

The department is also the first integrated healthcare system in the country to establish a national 3D printing network, allowing its healthcare staff to share ideas, resources, and best practices.

Innovations in 3D printing across VA have led advancements in surgery, prosthetics, and the treatment of chronic illnesses. Additionally, 3D printing enables VA's medical providers to customize and tailor solutions to unique individual patient's needs putting the veteran at the center of their own treatment plan.

In March VA activated his 3D printing network to test 3D designs of medical equipment used by the nation's healthcare providers to combat COVID-19.

Innovators and entrepreneurs interested in learning more about VHA's 3D printing network can visit the VHA innovation ecosystem that I talked about in an earlier press release.

All right. Two more. Says for immediate release, VA launches program to send out caring letters to 90,000 veterans. The US Department of Veterans Affairs announced its Veteran's Crisis Line, formally launched the caring letters program, an evidence-based suicide prevention intervention that involves sending periodic messages with simple expressions of care and concern to veterans who use VA's healthcare and contacted the Veteran's Crisis Line.

The program aligns with the 2019 VA DOD clinical practice guidelines, which suggests that brief non-demanding follow up communication keeps veterans engaged and could facilitate opportunities for connecting them with treatment options.

Research has also found that caring letters can reduce the rate of suicide and suicidal tendencies for individuals receiving them. Caring letters are thought to reduce suicide by promoting a feeling of caring connection and reminding veterans that help is available if they need it.

To learn more about VA's suicide prevention, resources and programs, go to [mentalhealth.va.gov/suicide\\_prevention](https://www.mentalhealth.va.gov/suicide_prevention) [Link: [https://www.mentalhealth.va.gov/suicide\\_prevention/](https://www.mentalhealth.va.gov/suicide_prevention/)]. And if you or someone, you know, is having thoughts of suicide, you can always contact the Veteran's Crisis Line to receive free, confidential support and crisis intervention, which is available 24 hours a day, seven days a week, 365 days a year.

You can call +1 800-273-8255 and press one. You can also text 838255, or you can chat directly online at [veteranscrisisline.net/chat](https://www.veteranscrisisline.net/chat) [Link: <https://www.veteranscrisisline.net/get-help/chat>].

All right. And the last one it says for immediate release VA launches, White Ribbon VA campaign to promote healthy relationships during domestic violence awareness month. The US Department of Veterans Affairs recently launched the white ribbon VA initiative, a month long national call to action to prevent and eliminate sexual harassment, sexual assault, and domestic violence and observance of national domestic violence awareness month.

VA invites everyone to participate in this campaign by pledging to stop violence against others and wear a white ribbon as a symbol of commitment through the month of October and beyond. VA employees and community partners examine the far-reaching impact and implications of harassment, sexual assault, and domestic violence by pledging to never commit excuse or stay silent about sexual harassment, sexual assault, or domestic violence against others.

Now that's the pledge, but to me, pledges can be pretty hollow without action. So, that's why we're here at *Borne the Battle* we decided to support the VA's White Ribbon Initiative and Domestic Violence Awareness Month by highlighting an actionable program that benefits veterans.

So, we're going to break down the Intimate Partner Violence Assistance Program with our national director, Dr. Leanne Bruce. Dr. Bruce has been involved in the prevention and intervention of domestic violence and intimate partner violence across a variety of settings throughout her social work career.

She's served active duty military, veterans and their families for over 25 years. She's also an adjunct professor at the Western

Kentucky University School of Social Work. The Intimate Partner Violence Assistance Program was established in 2014 to promote a safe, healthy relationships for veterans, their intimate partners and VA staff.

Currently more than 90% of all VA medical centers have a designated intimate partner violence assistance program coordinator and programming designed to raise awareness, provide professional development and to develop professional standards in clinical practice. And we're going to break it all down and found out what all of this means right now.

Enjoy.

## [17:54] Interview:

(TI): Thank you, Dr. Bruce, for taking the time to be on *Borne the Battle*. You know, it is domestic violence awareness month, and I had no idea that the VA has an Intimate Partner Violence Assistance program. I didn't know that was a thing.

Dr. LeAnn Bruce (LB): Absolutely. Thank you for that opportunity to tell you and your listeners more about our program.

We've been around since January of 2014. It has been a quickly growing grassroots movement to make sure that we're able to care for veterans and their intimate partners, as well as any VA staff who are impacted by intimate partner violence.

(TI): First of all, your bio says that you've been involved with this work for active duty military and veterans for over 25 years. Why veterans? Is there a personal connection?

(LB): Absolutely. I have a strong family history. Most of my family was in the Navy. I then worked with the army for several years, in the army side of the house and my granddaughter. She is actually serving right now in the US Air Force.

And my uncles were in the Marines. We've almost covered all of the branches.

(TI): Outstanding. What does it mean for you to do this work for the veterans and their families here at VA?

(LB): Oh, my goodness. It means so much to me. It's an honor. It's a privilege. I'll get choked up talking about it because I just value and respect the work, and the sacrifices, that have been made by our veterans. And their families, families serve too. The impact of the sacrifices are on the entire family.

And it can be so difficult to maintain healthy relationships when you're separated and deployed. And some of the stresses that go on, not to mention the higher prevalence of PTSD, and TBI, and all of the different things that our veterans suffer, and it can really affect the way they're able to connect with others.

If we can help them to maintain those relationships, that's one of the strongest protective factors against everything that we worry about, from depression to PTSD to suicide. Having that person in your court and that loving relationship is so important. We really want to help our veterans have that.

And that's what we find that they strive for.

(TI): Very good. Dr. Bruce, can you give me a quick overview of the program that you oversee? What is the intimate partner violence assistance program, and why is it here at VA?

(LB): We have one of the most unique, intimate partner violence programs, and largest throughout our healthcare system in the United States, because we have an intimate partner violence coordinator stationed at every VA medical center.

We have layers and layers of prevention, awareness, education, and intervention programs to identify those who may be having issues with intimate partner violence, and not just the extremes of intimate partner violence, are the definition of that really extends to those who are having relationship conflict, or difficulties communicating.

We have all kinds of services that can help anyone, people that want to improve their relationships, prevent intimate partner violence, or who may be worried about the effects of that.

(TI): What are some of the services offered? I noticed that there is a safety planning guidance on your website, which is good.

It makes you think about basic safety in a time like that. Things concerning your home, how to use your technology, how to use your cell phone, how to keep your kids safe at work when you're in a situation like that.

They're good things to think about, but what are some more actionable services that your program offers veterans?

(LB):

One of the unique things about our program is not only do we serve those, identify those, and serve the ones that are experiencing intimate partner violence. We also serve those who are using or are at risk abusing or fearful that they may use some forms of intimate partner violence. And we have intervention programs we screen, if someone has experienced and then you'll hear me use the term experiencing or using, we do not use. Stigmatizing and labeling terms in this program, we want to treat every one of our veterans and their families with the utmost respect and dignity.

We have a variety of evidence-based programs. One of the programs that we have is very unique to us, called Strength at Home. It is a 12-week program for our veterans. Again, at risk of using or fearful that they may be using intimate partner violence that really teaches them how to cultivate strong, healthy relationships.

(TI):

What are some things that you would learn in a program like that?

(LB):

A lot of communication skills we do with our veterans. These programs have been developed with veterans in mind specifically. We really want to start where they are, helping them understand trauma and how it affects your ability to trust others, to let people into your heart communicate conflict resolution, and how to take an effective timeout without escalating the situation.

It helps them to understand how those things and gives them skills. Not only do the programs reduce communication conflicts, and types of intimate partner violence, those groups have been known to reduce PTSD symptoms and substance abuse even after.

We're really enthused about that.

(TI):

That's outstanding. What is intimate partner violence? How is that classified? What types are there?

(LB): There are many different types. Most people think of the physical, but we also are there to deal with emotional, psychological, sexual, and forms of control and coercion that are included in that definition.

(TI): Okay. What about bullying?

(LB): Absolutely. That would be a form of coercion, or psychological intimidation, those kinds of things.

(TI): Okay. I wanna switch gears a little bit and talk about the overall prevalence.

According to your website, one in three women and one in four nationally experienced some sort of intimate partner violence.

Your website also says that intimate partner violence may be even more prevalent with veterans. That was cited by 2013 VA health services, research, and development service study. Now I didn't do a deep dive into this, but are there some military- and veteran-centric stressors? That may contribute to a POS that possible increase.

You mentioned it with TBI and PTSD. Is there one that I may not be thinking about?

(LB): No, but you're right. We don't want to insinuate that those things cause intimate partner violence, but we do know, and the studies indicate to other studies.

There's such a range of statistics, but you know, IPV is considered to be a public health epidemic, and studies do indicate that because of additional stressors on the family and on the release that it could possibly be hired, not only for experience, but also use of intimate partner violence in the veteran population.

And that spans across men and women.

(TI): Yeah. I got a couple of examples for you actually. But I also want to talk about effects, both experiencing intimate partner violence and using intimate partner violence. What are some of the effects of both on the person?

(LB): I'm glad you brought up our website. I hope that people will go and check out our website as well, because we really talk about the

effects for both. So obviously for those who have experience, there can be mental health issues, depression, anxiety, and physical issues.

One big concern we have is traumatic brain injury as a result of association, or strangulation for those who experienced that. It's very lethal. It's very concerning. But it can have residual effects, it's migraines and headaches and dizziness and memory issues. It's scary that it is sometimes overlooked in a primary care setting.

In our health care setting, we really want to educate our providers to look for some of those signs, but certainly for those who use intimate partner violence, there can be their own forms of depression. I know that I have had veterans in groups say "I don't want to engage in this behavior. I don't want to hurt the people I love."

They have a lot of self-esteem issues, depression, guilt, and shame. Not to mention judicial issues which can in both cases lead to homelessness, poverty, joblessness, and of course the risks of suicide and when intimate partner violence is present, maybe a higher prevalence of homicide as well.

(TI): Absolutely. Now, has there been court ordered things?

(LB): It's definitely something that's a state-by-state and local vicinity determination. But a lot of our programs work really closely internally with VA programs, and externally with advocacy groups and things like that. And through a partnership with our Veterans Justice. A coordinators program that are going into the courts and advocating for our veterans. Many of our programs are court ordered in some cases.

(TI): Gotcha. Gotcha. Okay. Very good. I will definitely put your website in the [blog@blog.va.gov](mailto:blog@blog.va.gov). When they're done with this conversation or if they found this conversation on the blog, they can find your website very quickly.

(LB): Thank you.

(TI): Absolutely. No problem. How can veterans find your program? Proactively, what's the quickest way?

(LB): The quickest way is probably the two ways.

One is the website. There is a coordinator roster on the website that they can click and find depending on where they are, or the other way is to just show up at your medical center or call with the days of COVID call.

We'll put you in touch with that. We call it for that IPV assistance program coordinator at your site. And there, they'll be glad to talk with you. Veterans, partners, intimate partners can call, we'll take whatever time is necessary to talk with you just to see what we can do to help.

(TI): Yeah. Good that you threw that in there. Who's eligible for this program? Do you have to be in the VA medical system, or can any veteran look up the service and use it?

(LB): Any veteran who's eligible for care in the VA system, which is a lot! Whatever eligibility you may have, we can definitely see you. We will see anybody, even if it's just making sure that they're safe and then referring them into the community. And that's why we're able to see.

Yeah, intimate partner violence or intimate partners of veterans. At least for a minimal amount of times, maybe if they're not eligible for direct care in the VA, we will help them find the resources in their community.

(TI): Very good. Outstanding. That's outstanding to hear. Does the intimate partner have to live with you? Do they have to be sexually active? Heterosexual, same-sex relationships? Are there parameters, if any, in the word intimate?

(LB): Technically, no. In our definition, it's just about as broad as it can be.

An intimate partner is often in the eye. The beholder, it could be someone that you don't know, I have to live with them, or have ever lived with them, or been married. You don't have to have a sexual relationship with this person. It could be someone that you dated once and now they're stalking you.

That's one of the reasons we address intimate partner violence because it's violence that may or may occur outside of the domestic

sphere. So then, okay, this is what happens in the home, but this could be. Not in the home.

(TI): So, if you're on Instagram and you get a stalker on Instagram. Could they come to your program?

(LB): We will definitely make sure they get set with the services that they need. We are very well versed. One of the things about our coordinators that are in the facilities is they know their state laws.

They know their advocacy groups, they know their local area, and what resources are there. And so specifically to those who are in same sex relationships or in the LGBTQ community, sometimes that poses additional stressors or additional barriers to care in some cases. And I don't want anyone to feel afraid to reach out to the AP coordinators, because they really are sensitive to the needs of all populations and are able to help find resources.

(TI): That's outstanding to hear that it's broad like that. And that you'll help no matter what, you're going to help them point them in the right way. What about the spouse of a veteran? Can they come for help?

(LB): They certainly can. Services and abilities vary from facility to facility. But the intimate partner violence coordinator will see someone as many times as it takes to do that safety planning to make sure they are safe, and that they're plugged into the services they need in some facilities have couples counseling, couples, retreats, are able to do groups with the non-veteran spouses.

There's a lot of resources out there. And of course, our event centers – I know it's mentioned on one of your clips – so that centers are great partners in being able to extend services to partners and spouses.

(TI): Outstanding. Yeah. We've done a benefit to break down on the vet center. If somebody is listening to this, they can go in the archives and listen to that episode.

Great breakdown of the services there. And that's good to know that they, they know of your program because I think that's one of the few places within VA as it's a really good front door. It would be vet centers, you know, as far as establishing trust and

relationship, because I think 85% of the staff in vet centers are veterans themselves.

It is a really good shout out to vet centers. I don't know if you're aware, but the project managers in your office supplied me with a couple of testimonies. Would you mind listening to a couple with me and I just kind of want to gauge your feedback.

I'm going to play this, but before I do, I want to warn anybody that might be listening to this.

It's a very personal story and if you've experienced a similar trauma, it may trigger you. So just really before I play, I just wanted to let everybody know that. So, here it is.

**Anonymous Veteran 1 (AV1):** Tiffany O'Hara Hill was a Marine Corps veteran mother, daughter, sister, aunt, and dear friend of mine who was fatally shot through the windshield and driver's side window.

She was shot multiple times in front of her mother and her three young children where they were parked in front of the kids' school. Her killer was restrained her husband who illegally and without her knowledge put a tracker in her car and was able to track her every move. Tiffany had an active restraining order against them, who had just posted bail on a stalking case days before the incident, and just hours before the murder a judge approved a motion for him to commute to work.

You sent a vehicle. Well, your close friends and family members knew a little about her home life struggles. Tiffany never really spoke to anyone about what she was enduring at home. Not until. Two weeks before the fatal incident. I am sure that she never truly opened up about her situation because she didn't want people to worry about her, to judge her because of the situation that she put herself into, or probably because she didn't want anyone in her business telling her what to do.

I mean, if we never been in those shoes, could we really give good advice? Who are we to say, "well, if we were in those shoes, this is what I would really do." I don't think we really could do that. And that's probably one of the reasons that she didn't feel comfortable talking to some of us.

(TI):

So I think that was submitted by a fellow VA employee.

And she went on to say that she saw science, but when asked, Sergeant Hill said things were getting better and the person that gave that testimony, she says, you know, sometimes you don't see the signs of what's going on until after the fact. And even then. You may not even know how bad it can actually be.

Eric, another situation could be. So, first of all, what was your initial reaction to that testimony?

(LB):

It definitely is a story that we hear all too often. It just gave me chills and to hear the pain in her friend's voice to have someone who has gone through that and feel that you couldn't reach out to help them in some way, and to have had experienced that herself as a friend is just heartbreaking, but it does exemplify a lot of the patterns that we do here.

(TI):

I think it's relatable in the fact that as a friend, sometimes you can have the same emotions that the person that gave the testimony you had. I think stories like that are important to be told because someone may be listening to this and can either be a Sergeant Hill or her friend, and you're seeing this, but you don't really realize what's going on, or how bad it can really be.

Dr. Bruce, what can we do here at VA to help Sergeant Hill or her friend? What can they do if you're ever presented with that situation?

(LB):

There's just so much that this brings up. One thing I want to point out is that the period in which someone finally says, "I'm leaving."

I think we need to be aware of the fact that that is usually or can be the most dangerous time. And that's part of the reason that we need to not judge and understand when people stay. If you have a friend or a family member in there you know or suspect that they're caught in a domestic violence cycle times, it's hard for us to understand why they stay.

And in some cases, it's safer. They know how to manage it. They've managed it for years. So being able to reach out to them in a loving, nonjudgmental way, and to make sure that they have the resources they need in case of an emergency, encouraging them to

talk to somebody, because one of the things that keeps them there is shame and guilt and embarrassment.

It is so hard to talk about, to reach out to someone and admit that these kind of things are going on in your home. It's very personal. So, approaching them, giving them the information they need, but doing so in a very nonjudgmental way and know that the ball's in their court, we operate in it from a trauma informed perspective in everything that we do.

And that means we empower that person to make their own choices, but arm them with support and love and walk with them if needed, let them lead the way. But it is so important that they do that, and know that there is a place to go. We have a memorandum of agreement with the national domestic violence hotline.

And since we can't necessarily be there 24/7, we count on them to be there 24/7, if someone needs to reach out and we've trained them to ask about veterans' issues and to know how to lead people back to us. They're really strong partners of ours. So that's one thing I would recommend, making sure that everyone has that number somewhere in their phone, to be able to reach out at any point in time, if they're in danger.

(TI): Very good. For someone that's never called the National Domestic Violence hotline, what is that situation like? What is presented to you? How is that? What is it? How does that go down? What's that phone call like?

(LB): The hotline is staffed by highly trained, highly professional clinical staff, like social workers and so forth.

So, they are very well-versed in these issues. They also have at their disposal a network of services that reach out to all local communities. So, they really want to be able to find out what is going on, what are you most concerned about? How can we help? And then they're able to plug people into local resources, to their databases and so forth, or stay on the phone with them or help them with safety planning, think through the decisions that they have to make, and so forth. And as I mentioned, we have reached out and provided trainings to them. They've provided trainings to our staff, and we've developed resources specific to veterans. They

will ask if you want to disclose if you're a veteran or a family member of a veteran.

They actually give us feedback, and not specific feedback. They can't tell us that this particular veteran called the hotline or anything like that. But they help give us insights into some of the calls that veterans are making so that we know what some of their most prevalent needs are, so that we can build some of our programs around that too.

(TI):

Very good. I'm going to play one more. Is that okay? And again, just another quick warning. If you've been involved in similar trauma, this may trigger you. So, if you know, please skip it, but, here's another testimony of their doctor.

**Anonymous Veteran 2 (AV2):** Today, I'm going to share some things with you about my experiences within the military. And afterwards I'm a rape survivor.

I was sexually assaulted while serving in the United States Navy in 1988 and 1989. Due to these assaults, it caused a lot of post-traumatic symptoms. I had severe sadness, loneliness, a huge lack of self-worth.

I also had substance abuse when I was discharged in 1989. I fell in this deep hole and I would be in any other type of relationship that I could be in, even on a mat that I was a victim of domestic violence because of myself being a mess. I didn't know where to go. I didn't know where to turn and I didn't know what was wrong with me.

I'm here to tell you today, as a man, I always assumed that I was alone. I used to drink to hide my shame. I used to drink to hide my embarrassment. Because I was raised as a boy to believe like so many others in the USA, that men are supposed to be tough and dominant and have to take their punches in any forms that they are dealt.

But this is a myth. It took me many years of mental health treatment for my posttraumatic symptoms, my substance abuse, my lack of self-worth. To be able to start having a meaningful life because of this work, with the help of the VA and care providers

within the VA, I've been able to move forward. I'm here to share with you today.

There's all right to come forward, that we need to add the stigma and this myth. It does not make you weak. It doesn't mean that you don't have courage by not speaking out. It actually means the opposite. You are strong. I want to express that men do experience sexual assault, harassment, and domestic violence, but there are many resources available within the VA to receive help with all of these issues. And I encourage all veterans to utilize these services. I want to thank you all for serving your country. God bless.

(TI): Now this is a veteran who graciously recorded his testimony for us and sent and sent it in for this episode. He has since been helped a lot through the intimate balance program. Intimate partner violence program. First of all, what's your initial reaction to that story?

(LB): I just applaud his bravery in coming forward to tell his story. It is hard, as he mentioned, for men to admit that they have experienced military sexual trauma or intimate partner violence.

But we see, we see that one in seven men have experienced the partner violence in their lifetime. And I don't have the statistics on men and military sexual trauma. I'm sure it's underreported. For him to be able to tell his story to help others is certainly something I would respect.

(TI): There are two things unique about that story. One, it's a male, and to that, it was in the eighties that it was that he was helping through the intimate violence partnership program. But this is an issue that happened to him 30, 35 years ago.

I'm assuming that for your office there's no, like, statute of limitations of when this happened, for when you can help, am I correct in that?

(LB): Oh, absolutely. There are no limitations with regard to someone. Most of the people we work with are kind of currently in the middle of some risk situation, but when it comes to our program, intimate partner violence assistance program, but the military sexual trauma program.

Certainly, there's people that sometimes come forward years later, decades later, and have access to that program to make sure they get the counseling and services they need through our mental health. It's just a whole network of resources that we have available to help people whenever they're ready to, to deal with those things and, and to heal from those traumas.

(TI): That's outstanding. You know, it just caught in my brain. I wonder, I want to circle back to services real quick. You know, both, both testimonies talked about being in relationships where there was violence used against them. Speaking of services with your program, is there a service, if someone comes to you and says, "Hey, this is a hyperviolent relationship and I want to get out, but I want to get out safely." Is that a service that you can help them with?

(LB): Absolutely. As I've mentioned, we have intimate partner phones, coordinators, and one of their jobs is to be that person to go to their go to person. But that we also have a whole network within each VA medical center.

We call them IPV champions and so professionals, mental health professionals, social workers, and so forth in the clinics. We train them to use our trauma-informed language too. I have the resources at their fingertips, so that we're really hoping she builds a network that at any point where a veteran walks in the door and says, "I'm concerned about my safety," or his relationship, that we will get them to a person has been trained to talk with him about that has the resources in their hands. And, if necessary, help walk with them on their journey of building their own personal safety plan, and putting those plans in place, connecting them with shelters, or resources, or advocates in the community. Whatever's needed.

(TI): That's good to hear. My hats off to him, because man, that could be very dangerous for them as well.

Dr. Bruce, this is probably one of the heavier subjects I've ever had on the podcast. I thank you for giving me the time to talk about it with you. Is there anything about the program that I may have missed? Or for someone that's listening to this, is there something that you would like to share?

(LB):

No, this has been very thorough, but I do want to mention that even though we're called the Intimate Partner Violence Assistance Program, we really are focused on promoting relationship health and safety. So, we want people to talk to us early, if they're concerned, what about their relationship, or that conflict, or communication problems, is insane.

We have tons of programs that can help with that too. On the front end, with early intervention to help people have those healthy, enriching relationships, and cultivate those because prevention is the greatest way to prevent the intimate partner mine's slightly.

Or to build those healthy partnerships. I don't want people to think that they have to wait until physical violence is going on, or they feel scared or threatened, at any point along the way, to reach out to us. And our domestic violence awareness month campaign this year is to check up, check in, and check out, which just means, check in with yourself, check in with your partner, do a little relationship check.

Maybe reach out, if you have some concerns, to the intimate part coordinator or provider that you feel comfortable with and say, "hey, let me talk to you about this. I'm a little concerned about where this is going or some of these patterns that I'm seeing." And check out our resources, because we're here to help and we're partnering this year and the VA is doing a white ribbon VA.

I don't know if you've ever heard of the white ribbon campaign, but it's a national program.

(TI):

Yeah, no worries. You can definitely say it again. I just said it in the intro.

Talk about it again because it's great.

(LB):

Okay, great. When I ask everyone to join us in making that pledge, you know, the pledge is that "I pledge to never commit excuse or stay silent about sexual harassment, sexual assault, or domestic thumbs against others." It's something that we're encouraging everyone in the VA, our veterans, our partners, our community partners to take, to really start changing the whole culture of how we look at domestic violence, intimate partner violence, the whole adage that it starts with me.

[51:25] Music

Woman:

There are nearly two million women veterans who served and deserve the best care anywhere. VA offers comprehensive primary care, specialty care, mental health care, and women's health specialty care. Women veterans who are interested in receiving care at VA should call the women's veterans call center at 1-855-VAWOMEN [Number: 1-855-829-6636] or contact the nearest VA medical center and ask for the women's veterans program manager. For more information about benefits visit [www.va.gov/womenvet](https://www.va.gov/womenvet/) [Link: <https://www.va.gov/womenvet/>].

[52:00] Music

## [52:05] Closing Monologue

TI:

I want to thank Dr. Bruce for taking the time to break down this important program for veterans. For more information on VA's Intimate Partner Violence Assistance Program, visit [socialwork.va.gov/IPV](https://www.socialwork.va.gov/IPV/) [Link: <https://www.socialwork.va.gov/IPV/>]- also got a list there of every coordinator in the network if you need to reach out.

Our *Borne the Battle* that are the week comes by the way of our VA veteran of the day program. Every day our digital team recognizes a veteran for their service on all of our social media accounts and on [blogs.va.gov](https://www.blogs.va.gov/) [Link: <https://www.blogs.va.gov/VAntage/>].

You can send in your own nomination. By emailing [newmedia@va.gov](mailto:newmedia@va.gov). Randall Shugart was born in 1958 in Lincoln, Nebraska and his father served in the Air Force. After his father left the Air Force, the family moved to Newell, Pennsylvania, where they lived and worked on a dairy farm.

Shugart attended Big Spring High School and during his senior year, he enlisted in the Army. After graduating high school, he attended basic training. After completion, he attended advanced infantry training, airborne school and ranger training.

He served with the 2nd Ranger Battalion, 75th ranger regiment at Fort Lewis, Washington. Shugart left active duty in 1980 and transferred to the Army Reserve. However, in 1983 he returned to

active duty and later in 1984, he attended Special Forces School. Randall then served with the First Special Forces, Operational Detachment Delta, otherwise known as Delta Force.

In '93 he deployed to Mogadishu, Somalia as part as Task Force Ranger. The task force deployed in response to warlord Mohammad Farah Adid's attack on the United Nations' operation in Somalia. On October 3rd, 1983, he was on a mission to capture key advisers to Adid in downtown Mogadishu.

During the mission, a Blackhawk helicopter was shot down. Shugart and Gary Gordon, who provided a sniper cover from a helicopter, requested insertion to defend the downed Blackhawk from a hostile force. The requests were twice denied by commanders due to the dangerous situation. Finally, the commanders granted their requests, Shugart and Gordon inserted near the crash site.

They defended the downed helicopter pilot, Michael Durant from a Somali mob. Shugart continued to return fire and killed an unknown amount of enemy forces until the mob killed Gordon. Shugart then retrieved Gordon's rifle and gave it to Durant to defend himself. Shortly after, enemy forces shot and killed Shugart, Shugart and Gordon posthumously received the Medal of Honor for their actions during the Battle of Mogadishu.

Shugart's and Gordon's actions were dramatized in the film *Blackhawk Down*. Just nine days ago was the anniversary. Army veteran Randall Shugart. We honor his service.

That's it for this week's episode, if you yourself would like to nominate a *Borne the Battle* veteran of the week, you can. Just send an email to [podcast@va.gov](mailto:podcast@va.gov) include a short write-up and let us know you would like to see him or her as the *Borne the Battle* veteran of the week.

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And as always, I'm reminded by people smarter than myself to remind you that the Department of Veterans Affairs does not endorse or officially sanctioned any entities that may be discussed in this podcast, nor any media products or services they may provide. Thank you again for listening, and we'll see you right here next week.

Take care.

(Text Transcript Ends)