DEPARTMENT OF THE AIR FORCE
Thomas N. Barnes Center for Enlisted Education (AETC)   **1 Mar 17**
Maxwell AFB, AL 36118

AIRMAN LEADERSHIP SCHOOL
STUDENT GUIDE

PART I
COVER SHEET

LESSON TITLE: PA04, EMERGENT LEADERSHIP ISSUES

TIME: 9 Hours

METHOD: Guided Discussion/Experiential

REFERENCES:

Air Force Instruction (AFI) 1-1. *Air Force Standards*, 7 August 2012

Air Force Instruction (AFI) 36-2618. *The Enlisted Force Structure*, 27 February 2009.

Air Force Instruction (AFI) 36-2706. *Equal Opportunity Program, Military and Civilian*,
   5 October 2010.

Air Force Instruction (AFI) 90-6001. Sexual Assault Prevention, and Response (SAPR)
   Program, 21 May 2015

Air Force Instruction (AFI) 44-109. *Mental Health, Confidential, and Military Law* (2000)

Air Force Instruction (AFI) 44-121. *Alcohol and Drug Abuse Prevention and Treatment
   (ADAPT) Program,* 8 July 2014.

Air Force Instruction (AFI) 90-505. *Suicide Prevention Program,* 6 October 2014.
   Certified current 29 December 2014

 Air Force Medical Service (AFMS) Public Site. *Airman's Guide for Managing
   Personnel in Distress,* Wingman Version and Commander Version

Air Force Pamphlet (AFPAM) 36-2705. *Discrimination and Sexual Harassment*, 28
   February 1995.

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   (accessed 23 February 2015)

Air Force Portal. "Violence in the Workplace." Workplace Violence Prevention
   Resources As quoted by Captain Chad E Morrow, 42 MDOS/SGOMH (Thomas Joiner
   is the author of this theory

Department of Defense (DOD) Directive 6495.01. *Sexual Assault Prevention and
   Response (SAPR) Program,* Incorporating Change 1, April 30, 2013 DoDI 6495.01
   (accessed 31 January 2017)

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Greenberg, Jerrold S. *Comprehensive Stress Management.* New York, McGraw-Hill, 2002.

National Institute for Occupational Safety and Health, "Stress…At Work," https://www.cdc.gov/niosh/docs/99-101/ (accessed 31 Jan 17)

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United States Department of Defense Sexual Assault Prevention and Response. http://sapr.mil/index.php/reports/sapro-reports/annual-reports-archive (accessed 31 Jan 17)

U.S. Department of Justice FBI. *Workplace violence issues in response* https://www.fbi.gov/file-repository/stats-services-publications-workplace-violence-workplace-violence/view (accessed 31 Jan 17)

National Center for PTSD, U.S. Department of Veteran Affairs, http://www.ptsd.va.gov/public/PTSD-overview/basics/what-is-ptsd.asp (accessed 31 Jan 17)

INSTRUCTIONAL AIDS: Handouts PA04HO1- HO8

STUDENT PREPARATION: Read the assignment in the student guide, read pages 9-12 in AFI 36-2618, *The Enlisted Force Structure* and complete homework assignments prior to coming to class.

PART IA

GENERAL LEARNING OUTCOME: Students who graduate from Airman Leadership School possess an improved knowledge and understanding of Emergent Leadership Issues.

SUPPORTED COMPETENCIES:

The *Emergent Leadership Issues* lesson supports AF Institutional Competency/sub-competency: Leading People – Takes Care of People

The *Emergent Leadership Issues* lesson provides information necessary for NCOs to execute their responsibilities outlined in AFI 36-2618, *Enlisted Force Structure* effectively.

The *Emergent Leadership Issues* lesson supports the following suicide prevention learning outcomes:

1. Understand supervisor's key role in AF suicide prevention program.
2. Understand key role of NCOs in promoting AF Wingman culture.
3. Recognize risk factors and warning signs of suicide.
4. Identify appropriate referral agencies and processes for at risk personnel.
5. Understand personnel management approaches that can benefit all personnel and particularly those that may be deemed imminently dangerous.

TERMINAL COGNITIVE OBJECTIVE: Comprehend Emergent Leadership Issues and their impact on NCO, Unit, and Mission Effectiveness.

TERMINAL COGNITIVE SAMPLES OF BEHAVIOR:

1. Explain Emergent Leadership Issues and their impact.
2. Give examples of Emergent Leadership Issues and their impact.
3. Predict the impact of Emergent Leadership Issues.
4. Apply concepts and principles associated with Emergent Leadership Issues to simulated situations.

INTRODUCTION: Attention, Motivation, and Overview
Content
MP 1. Wingman Concepts and Philosophy
MP 2. Suicide Awareness and Prevention
MP 3. Substance Abuse Intervention
MP 4. Stress Management
MP 5. Equal Opportunity/Human Relations
MP 6. Sexual Assault Prevention and Response
MP 7. Workplace Violence

MP 8. Emergent Leadership Interpersonal Skills Practice
CONCLUSION: Summary, Re-motivation, and Closure

STUDENT READING: Emergent Leadership Issues

Today's Air Force leaders face a variety of issues and problems on a daily basis. To be effective, unit managers must be proactive when it comes to dealing with these concerns. To ensure our mission, people, and country reflect the highest state of readiness we need direct involvement by supervisors. The purpose of this reading is to provide some background information that will enhance your ability to deal with some of the common issues. This is not an all-inclusive list, and it does not take the place of training, support agencies specific to your duty location, or intra-organization communication. This reading assignment covers various issues that NCOs face regularly. These common issues include stress, substance abuse, EO/human relations, sexual assault, workplace violence, and suicide. The reading also covers the four domains of wellness. Being familiar with and knowing how to handle these issues enhances your leadership effectiveness.

MP 1. WINGMAN CONCEPT AND PHILOSOPHY

"The wingman is absolutely indispensable. I look after the wingman. The wingman looks after me. It's another set of eyes protecting you. That is the defensive part. Offensively, it gives you a lot more firepower. We work together. We fight together. The wingman knows what his responsibilities are, and knows what mine are. Wars are not won by individuals. They're won by teams."

Col Francis S. "Gabby" Gabreski, USAF, 28 victories in WWII and 6.5 MiGs over Korea

The above quote epitomizes the meaning and importance of the Wingman Concept. The current operations tempo in today's Air Force increases the need for Wingmen. One of the wars we fight today is the war within ourselves. Suicide rates continue to increase due to various stressful situations, a good reliable Wingman is imperative. The term Wingman can be synonymous with such terms as friend, caring co-worker or supervisor, loving family member, and mentor. It is not a secret that suicide is a major issue in our Air Force today. It is claiming the lives of many Airmen who are our teammates. It is hard to say how many of those Airmen could have been saved; however, we can say a good Wingman may be able to prevent a suicide in the future. As a wingman, get involved by supporting, helping, and asking your fellow Airmen questions. Questions such as, "How are you doing?" or "Are you feeling ok?" Showing concern is just one way to help your fellow Airmen as a wingman. You will learn countless other ways in which you can become a better wingman, leader, and even warrior during your time in the Air Force.

The history of a Wingman comes from an old Air Force flying tradition where a lead pilot would never lose his or her Wingman. It was a strong and serious commitment between Airmen who fly. The Wingman Concept is setting out to cultivate that same culture and mentality into all Airmen and Air Force civilians in all specialties and career fields. The mentality is to emphasize that every person is a vital asset to accomplishing the Air Force mission. The Wingman Concept should be incorporated into various unit teambuilding activities that are encouraged by commanders.

Another concept borrowed by the flying community is the **"Bold Face"** concept. Pilots memorized this in order to deal with in-flight emergencies. Wingman can use these same principles in dealing with emergencies as they relate to any stressors in their lives. There is evidence that these same indicators were present, but not addressed in suicide incidents. Knowing these indicators, Wingmen could have:

- Assessed the desire for self-harm
- Assessed the means for self-harm (Does this person have a plan? Are there guns/weapons in the home?)
- Assessed the status of the Four Domains of Wellness
- Stayed with Wingman until positive handoff was complete (Don't leave member alone until handed off to Supervisor, 1st Sgt, CC and/or helping agency).
- Looked out for their fellow Airmen
- Showed sincere concern and actively listens
- Appropriately intervened
- Prevented or allowed his or her fellow Wingman to engage in self-destructive behavior

A good wingman is _**alert**_, _**gets involved**_, and _**takes action**_ because they believe getting help is a sign of strength-_**NOT**_ weakness!

In addition to these indicators, the Wingman Concept incorporates the skills of **Ask**, **Care**, and **Escort (ACE)**

- **Ask** your Wingman: Have the courage to **ask** the question, "Are you thinking of killing yourself?" while remaining calm.
- **Care** for your Wingman: Calmly control the situation: do not use force; be safe while actively listening to show understanding and to produce relief. Remove all means of self-injury.
- **Escort** your Wingman: Never leave your friend alone. **Escort** to your chain of command, Chaplain, Mental Health professional, or primary care provider, or call the national Suicide Prevention Lifeline. ***Only a commander can direct a military member to mental health***

Wingman Philosophy

Wingmen operate as a pair…watching each other's back. As part of our unique Air Force flying culture, we take responsibility for each other, we seek help from our Wingman

when needed, and we are always alert to other Airmen in distress. When an Airman needs help…we act. When our Airmen are in crisis, we stay with them until we can ensure a safe hand-off to a supervisor or other competent individual.

The Wingman philosophy impacts a wide range of Air Force issues including effective:

- Suicide awareness and prevention

- Sexual assault response and prevention

- Domestic violence intervention and prevention

- Workplace violence intervention and prevention

- Substance abuse intervention and prevention

- Financial management

- Responsible decision-making and behavior in all phases of our lives

4-Domains of Wellness

In this lesson, we look at the four states of wellness as they apply to Airmen, their families and others. As managers, supervisors, and NCOs, you will have to know how to deal with these issues when they affect your subordinates (Airmen and civilians) and their families.

Are you happy and healthy? Are you achieving the goals you set for yourself? If not, what is affecting your progress? We all have a vision of being the best we can be physically, emotionally, socially, and professionally. Yet, we continue to struggle in reaching these aspirations. Your happiness is a product of your personal well-being. Being physically healthy, emotionally sound, spiritually reinforced, and socially supported, are all critical components that positively affect your quality of life and assist in effectively coping with emotional and physical hardships.

1. Physical Health

With the tremendous responsibility of defending the "Constitution of the United States against all enemies, foreign and domestic," it is obvious that all Airmen must maintain a constant state of readiness. The Enlisted Force Structure explains that all NCOs remain, "physically ready to accomplish the mission" and "attain and maintain excellent physical conditioning." NCOs must also, "…set a positive example for subordinates" and lead by "promoting, supporting, and participating in unit physical training activities and the Air Force fitness program."

What does it mean to be "physically ready?" Physical fitness is defined as, "a set of attributes that people have or achieve that relates to the ability to perform physical activity." In other words, it is more than being able to run a mile and a half or lift a lot of weight. Being fit *physically* requires you to focus on five specific components: Cardio Respiratory Endurance, Muscular Endurance, Muscular Strength, Body Composition, and Flexibility.

2. Emotional Health

Another important part of personal wellness is emotional health. AFI 36-2618, the Enlisted Force Structure, requires that each NCO must, "Be mentally ready to accomplish the mission." Life offers many challenges and circumstances that affect one's ability to effectively manage thoughts and feelings. Relationship and financial problems, family crisis, grief and loss, experiencing failure, illness or injury, difficulty adjusting to a new life changes, Post-Traumatic Stress Disorder (PTSD), career problems, and low self-esteem are some of the many issues we face every day that disrupt our lives and threaten our emotional stability.

These types of issues hinder one's ability to focus, decreases motivation, erodes positive attitude, and negatively affects duty performance. Relevant to their roles and responsibilities as military leaders, NCOs must constantly watch for and tend to issues that disrupt not only their emotional state, but also the emotional wellness of their peers, subordinates, and supervision!

According to Harvard Health, being emotional and mentally healthy consists of the ability to identify, use, understand and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict.

Are you *really* satisfied with the quality of your life?

A person who is considered emotional and mentally healthy has:

A confidence to develop skills and abilities that facilitate:

Accurate knowledge and value of self/responsible actions

A variety of strong healthy relationships

Ability to work well with others

Self-confidence and high self-esteem

Self-Awareness

The flexibility to learn new things and adapt to change

The ability to build and maintain fulfilling relationships

The ability to deal with stress and bounce back from adversity

As good Wingmen, we must remain cognizant of our organizational climate and be willing to help our fellow Airmen in times of emotional distress, no matter if it is on or off duty. Working closely with both junior and senior ranking members of their organization, NCOs are in the best position to detect the early warning signs of depression, discrimination, PTSD, sexual harassment, sexual assault, substance abuse, and the potentially suicidal. Therefore, it is imperative to know what the warning signs are. We are obligated to support and assist by effectively using the chain of command, chaplain, Sexual Assault Response Coordinator (SARC) and other appropriate referral agencies.

3. Spiritual Health

"Spiritual strength is an integral part of leadership. Our greatest leaders are able to elevate the human spirit and inspire extraordinary performance. Spiritual strength is what drives us to make sacrifices for others, for our Nation, and for the greater good. For some, a commitment to a specific religious faith is a source for that spiritual strength, but not for all. For some, it is their heritage and the experience of a community of people within our human family. For others, it is the way they were touched as individuals by a family member, teacher, or leader's work of faith or charity. As we stress our Core Value of Service before Self, we see spiritual strength as its foundation, whether or not an individual sees himself or herself as religious."

General John P. Jumper
Former Chief of Staff of the Air Force

Spiritual health equips us with a particular strength during troubled times. During these distressful situations, people often experience *spiritual pain* that is as real and agonizing as physical or emotional pain. Spiritual pain occurs when one has difficulty finding meaning and purpose to life, experiences loss or guilt, or when suffering with a serious illness. One's spiritual health determines their ability to find comfort, meaning, and hope when faced with these difficult and often tragic circumstances allowing them to return to a state of psychological well-being.

For many, spiritual support is the personal relationship one has with a higher power (a God or other transcendent force). Spirituality is an important coping mechanism. The base chaplaincy is one of the Air Force's spiritual health and wellness "centers" that provide services, counseling and lead spiritual fitness functions to include spiritual fitness concerts, runs, walks, and so forth. However, spiritual wellness does not necessarily pertain to religious activities. Family, friends, and coworkers also offer an important element of spiritual support.

NCOs can assist those who are hurting *spiritually* by simply spending time with them and offering support when needed. Oftentimes, the greatest gift to give someone is your time, patience, and comfort. The sheer willingness to listen and care is a powerful statement in and of itself.

4. Social Health

It is no surprise that surrounding yourself with people who genuinely care about you can have a positive effect on your well-being. Having a social support network consisting of family, friends, and coworkers offers tremendous benefits for your health and wellness, especially when dealing with difficult situations.

Some of these benefits include:

Sense of Belonging: Being among people who truly care and accept you for who you are. Knowing you are not alone can go a long way toward coping with stress.

Increased Sense of Self-Worth: having people who consider you a friend reinforces the idea that you're a good person to be around.

Feeling of Security: Your social network gives you access to information, advice, guidance and other types of assistance should you need them. It's comforting to know that you have people you can turn to in time of need.

Developing a social support network is as easy as volunteering to assist or participate in community events, joining a local gym or club, taking college classes, or even using social media. Nurturing these relationships is even easier. Making family time a priority, staying in touch with distant friends and relatives, participating in casual conversations with neighbors, having coffee with coworkers, and visiting a local church are all excellent ways to foster lasting relationships with the people closest to you.

Basic Support Sources

There are numerous support sources available to assist Airmen when dealing with these types of issues. NCOs should be able to properly identify Airmen that may need assistance. It is also your responsibility to be familiar with and identify the appropriate support source needed. While there are agencies designed to assist those that may need help, there may be others that can help. They may include close friends/family, mentors, respected co-workers/leaders, and any others that may be "outside-the-box" with the ability to assist those that are in an unhealthy state of wellness. Included is a list of basic support sources you should know to ensure a safe hand off to the proper agency or competent individual.

- Alcohol and Drug Abuse Prevention Treatment Program (ADAPT)
- American Red Cross
- Chaplain Services
- Employee Assistance Program
- Family Advocacy
- Family Member Programs
- Life Skills Support Center (LSSC)
- Airman & Family Readiness Center
- Health & Wellness Center
- Mental Health Clinic
- Military Equal Opportunity
- Sexual Assault Response Coordinator
- Victim Witness Assistance Program
- Wingman Support Coordinator
- Organization Consulting
- Special Needs Identification and Assignment Coordination (SNIAC)-
- Air Force Survivor Assistance Program
- Base Safety Office

- Base Legal Office

    Be a Wingman! Changing the culture starts with leadership, but depends upon all of us!

MP 2. SUICIDE AWARENESS AND PREVENTION

Although no one knows for sure, there are several theories why people kill themselves. One well accepted theory suggests it is the combination of burdensomeness and thwarted belongingness that comprises the desire for suicide.

IMPORTANT DEFINITIONS

> Perceived Burdensomeness: is a sense that, "I am a burden to others, I do not contribute to the group, and I am a liability to the group's well-being or safety."

> Thwarted Belongingness: is a sense that, "I have no connection to others and those previously meaningful relationships that I did have been strained beyond recovery or lost outright."

In theory, both perceived burdensomeness and thwarted belongingness can be "corrected" with increased social support.[1] In addition to a strong Wingman culture that provides a great deal of social support, the Air Force has 9 overlapping core training elements stressing leadership and community involvement in the prevention of suicide, which collectively comprise the Air Force approach to taking care of Airmen.

These include:

- Leadership involvement

- Addressing Suicide Prevention through Professional Military Education

- Guidelines for Commanders

- Unit-based Prevention Services

- Investigative Interview Policy

- Post Suicide Response (Postvention)

- Integrated Delivery System (IDS) and Community Action Information Board (CAIB)

- Limited Privilege Suicide Prevention Program

- Commanders Consultation Assessment Tool

Basic Information

Suicide is the second leading cause of death for active duty personnel. It accounts for 24% of the active duty deaths annually, and is second only to deaths from unintentional injuries.

Suicide is an extreme manifestation of psychosocial problems. A comprehensive suicide prevention program must address the entire range of stressors and must consider the range of behaviors that negatively affect individuals, families and communities. A community-based approach is essential to reducing suicide and maintaining a fit and ready force. Effective suicide prevention also entails educating individuals about healthy/adaptive coping strategies, building confidence, and instilling a belief that members are indeed resilient and able to effectively overcome future life problems.   The Air Force remains committed to the resilience of our force and doing the utmost to prevent suicides from occurring. The AF Community Action Information Board (CAIB) and the AF Learning

Council has implemented a more personal form of suicide prevention training, using small group discussions led by supervisors or leaders. The second change will consist of adding annual refresher training for supervisors in designated career fields.

Suicide is a problem not only for the Air Force, but for all military services. Compared with the other armed services, the Air Force is about even. The Navy's rate is significantly lower, while that of the Marine Corps is just a little higher than the other services. It is important to be aware of the prevalence of suicide across the services as we transition more fully into joint operations and mindset. The individuals you supervise can come from any branch of the service, to include coalition forces. Being aware of the culture, underlying stressors, and missions of those sister-service personnel will help you be more effective at recognizing individuals at risk.

In the next few pages, we will define a few terms per AFI 90-505, examine trend data, look at protective factors, risk factors, and advanced warning signs. After that, we will cover some do's and don'ts of communicating with individuals considering suicide, and explore leadership skills.

Terms and Definitions

Suicide Awareness: Heightened individual and community awareness of suicide, suicide risk factors, and the fact that suicide is only the "tip of the iceberg" of psychosocial problems.

Risk Factors: Includes, but is not exclusively limited to, relationship difficulties, substance abuse, legal, financial problems, medical, mental health, and occupational problems, along with depression, social isolation, and previous suicide threats/gestures, which may increase the probability of self-harm.

Suicide Prevention/Protective Measures: A community-based approach that includes family, friends, and many different professional and social service providers that are committed to reducing suicide by creating a safety net that provides protection. A sense of belonging, effective individual coping skills, and cultural norms can also help promote and protect responsible helping. They also add support for those in trouble by addressing the entire iceberg of afflictions to individuals, families, and their communities.

Recent studies and data show that there is an increase in the number of suicides in the Air Force and Department of Defense. During the fiscal years of 2013 and 2014, a total of 189 suicides Air Force wide.

- Male E1- E4s between the ages of 21 and 25 are at the highest risk for suicide

- Members receiving care from multiple clinics/agencies are at risk for poor hand-off care

- Airmen appear most at risk to commit suicide between Friday and Sunday

- On average, 1 out of every 3 Airmen (includes military and civilian employees of all ranks) is having a major life problem right now, but are not currently getting help for it. Common barriers to seeking out help include:

- Denying the problem exists

- Avoiding the problem altogether

- Fear that accessing help will result in a negative career impact

- Fear that the chain of command will be contacted (i.e., breach of privacy and confidentiality)

Suicide represents a failure to find other more effective ways to cope with problems that seem insoluble. Some problems seem insurmountable to individuals in the middle of their situations. Open communication, support systems, and easy access to referral agencies may help the person see another option. In order to help reduce this type of failure we must not only know and promote protective factors, we must recognize warning signs of suicide and be willing to take appropriate action to be a good Wingman. We must help ourselves and others in trouble find more effective ways to cope with their problems.

As NCOs, we must instill and support a culture that believes asking for help is a sign of strength NOT weakness, and we must expose and eliminate the myths surrounding the implications of seeing mental health providers. It is the leader's responsibility to ensure the Airmen understand: (1) that seeking help is encouraged and not a statement that they are somehow incompetent; and (2) that negative career impact for seeking counseling is unlikely when Airmen seek help on their own and when it occurs *before* any misconduct.

Recognizing risk factors are important and just as important is recognizing protective factors and then creating an environment that promotes these factors. Below are some of the most common factors.

Protective Factors

Factors associated with preventing suicide:

- Unit cohesion and camaraderie
- Peer support
- Easy access to helping resources
- Belief that it is okay to ask for help
- Optimistic outlook
- Effective coping and problem-solving skills
- Social and family support
- Sense of belonging to a group or organization
- Marriage
- Physical activity
- Participation and membership in a community
- A measure of personal control of life and its circumstances

Basic Risk Factors

Risk factors associated with suicidal behavior:

- Current/pending disciplinary or legal action
- Relationship problems
- Substance abuse
- Financial problems
- Work related problems
- Transitions (retirement, PCS, discharge, etc.)
- A serious medical problem
- Significant loss
- Setbacks (academic, career, or personal)
- Severe, prolonged, and/or perceived unmanageable stress
- A sense of powerlessness, helplessness, and/or hopelessness
- Presence of a weapon in the home

- Religious or spiritual connectedness   - History of previous suicide attempts

Although being able to recognize basic and protective factors is important, it's critical that we recognize the following advanced warning signs associated with suicide

<u>Advanced Warning Signs</u>

- Expresses an intention of harming self or others

- Behaves in a manner which would lead you to conclude that there was imminent risk of this harm

- Decreased or impaired emotional status

- Thoughts of suicide

- A suicide plan

- Access to the method of suicide described

- Stating they intend to complete the plan

Recognizing advanced warning signs goes hand in hand with knowing the type of help, resources, and referral agencies available for managing risk factors associated with suicide. Though services vary by installation, typical offerings include:

- Financial counseling

- Employment assistance

- Couples support groups

- Parenting support groups

- Military & Family Life Counseling for adults and children (MFLC, MFLC-C)

- Infant and toddler play groups

- Life skills groups (stress management, depression, anxiety, anger, etc.)

- Workshops (conflict resolution, dealing with difficult people, supervising, etc)

- Respite Care (short-term care offered to Airmen enrolled in the Exceptional Family Member Program)

<u>Leadership Knowledge, Skills, and Attitudes</u>

As NCOs, we're expected to support proactive suicide prevention programs and when necessary, deal with situations associated with attempted and actual suicide. To be effective in this endeavor, we must first acknowledge and then deal with our own personal reactions to suicide.

Most people have one of three common reactions:

<u>Fear</u>

- Helplessness: "I can't do anything to help"

- Hopelessness: "Nothing I do matters"

<u>Anxiety</u>

- Over-protectiveness: Reduce autonomy

- Under-protectiveness: Casual avoidance

Anger

- Lack of compassion: Inability to care

- Criticism: Blaming

Recognizing and acknowledging these common reactions can help us be more effective when helping our Airmen. However, despite recognizing these common reactions, many find it difficult to communicate with someone who appears to be experiencing one or more of the basic risk factors or who is exhibiting advanced warning signs. With that in mind, let's explore some Do's and Don'ts when communicating with others who appear to need help.

Do	Do Not
Be direct and matter-of-fact.	
"Are you thinking about suicide?"	Ignore what you see or hear
Listen openly without judgment.	
"What's been going on?"	Debate what is ―right or ―wrong
"Tell me what happened."	
Accept their feelings.	
"It's okay to be depressed / angry."	Criticize or condemn them
"It makes sense you'd feel that way."	
Show interest and support.	
"What can I do to help?"	Act shocked or repulsed, or avoid them
"I'm concerned about you."	
Get help.	Keep secrets
"Let's talk with someone who can help."	
Stay with them.	Leave them alone
"Let's go to Mental Health together."	
Remove potential means of self-harm.	
"Let me keep your gun for a while until you're feeling better. I'll give it back then."	Assume they'll be okay
"Do you have medications at home?"	

As stated earlier, of those who commit suicide over sixty percent had relationship problems. Though our respective Services do not expect NCOs to be marriage or mental health counselors or solve their subordinates' problems for them, they do expect NCOs to

recognize when problems exist, listen if needed, and be able to recommend referrals. Our respective Services also expect NCOs to model the same behavior if they are having trouble.

Confidentiality and Privacy Rules

Leaders should also be familiar with the confidentiality and privacy rules as it relates to suicide. It is important to follow these rules correctly when dealing with at-risk personnel.

As stated in AFI 44-109, *Mental Health, Confidentiality, and Military Law,* confidential communication is defined as communication not intended to be disclosed to third persons other than those to whom disclosure is in furtherance of the rendition of professional services to the patient or those reasonably necessary for such transmission of the communication.

Leaders are to be familiar with the following confidentiality and privacy rules as stated in AFI 44-109:

Communications between a patient and a psychotherapist or an assistant to a psychotherapist made for the purpose of facilitating diagnosis or treatment of the patient's mental or emotional condition are confidential communications and shall be protected from unauthorized disclosure. However, confidential communications will be disclosed to persons or agencies with a proper and legitimate need for the information and who are authorized by law or regulation to receive it, unless the evidentiary privilege applies.

Please refer to AFI 44-109 for more information regarding evidentiary privilege.

Aftermath of a Traumatic Incident

Providing support and preventing further harm is essential for survivors of critical events.

Traumatic Stress Response (TSR) teams or services exist on each base to help individuals recover from or remain functioning despite the potential negative effects of traumatic incidents. TSR teams enable people to understand the normal reactions to traumatic events and to promote use of effective coping skills. This is accomplished through peer counseling, education, group meetings, command consultation, and on-scene supportive services.

Leaders will need to collaborate with the TSR team and base helping agencies to address the needs of survivors. Subsequent to a critical incident, the following are recommended:

- Demonstrate concern for unit members' well-being
- Ensure that the basic needs of survivors are met (i.e., shelter, food, safety, and security)
- Let people talk about their experience ("emotional first aid")
- Minimize exposure to environmental stressors (e.g., heat, cold, noise, disturbing visual scenes)
- Be attentive to the needs of family members.
- Provide factual information; prevent the spread of rumors.

- Continuously evaluate the environment for additional threats; ensure member's needs are continuously met.
- Foster unit cohesion.

Foster resilience and recovery through social support mechanisms (e.g., friends, family, and religious organizations).

When a unit members dies, it is important for the entire base community to work together to provide reassurance and a sense of security for those affected by the loss. Support to help unit members cope with feelings of loss is very important at this critical time.

Common reactions experienced by persons following a sudden death include:

- Disbelief--"This can't be true."
- Questioning the reasons/justifications for the death.
- Anger at being deprived by the death.
- Guilt/blame.
- Helplessness.
- Sleep difficulty.
- Nightmares.
- Difficulty with concentration.
- Numbness and detachment.
- Depression.
- Anxiety.

In some cases, surviving members may experience distress associated with shock and guilt and the belief that something could have been done to prevent the death. This most commonly occurs following suicides and accidental deaths.

Role of Leadership
There is no simple way to deal with the death of a unit member. Leaders should enlist help from a variety of sources such as the chaplain's office, Life Skills Support Center (LSSC), and Casualty Affairs. Consult with the TSR team chief as to what services may be appropriate.
In the case of a *suicide,* the grief experienced by people close to the victim can be especially complex. The general goals of post-suicide intervention are to help friends and colleagues understand and begin the grieving process, to help maintain mission readiness, full functioning and morale, and to identify/refer individuals who are at increased risk for distress.[2] Squadron/Unit Commander/Civilian Equivalents must manage post-suicide response and support affected personnel through the grieving process, consulting with Chaplains and Mental Health as needed.

The Bottom Line

We do not prevent suicides in the hospital emergency room; we prevent them in the Unit by addressing quality of life concerns on a daily basis. Suicide is a major concern for the Air Force. The simple fact that 1 out of every 3 Airmen is having a major life problem right now, and is not currently getting help for it, is reason enough for every NCO to be an active participant in suicide prevention.

This requires knowing protective factors, risk factors, and advanced warning signs, as well as knowing what to do and how to do it when others appear to need help.

It's paramount for NCOs to focus on early recognition and intervention, to be visible in their concern about suicide, and to create an atmosphere of teamwork and camaraderie while continuously affirming and encouraging help-seeking behavior.

MP 3. SUBSTANCE ABUSE INTERVENTION

Terms

The following definitions are excerpts from AFPD 36-27 and AFI 44-121.

1. **Drug**: Any controlled substance included in schedules I, II, III, IV, and V in Title 21, United States Code, Section 812, including anabolic or androgenic steroids, or any intoxicating substance, other than alcohol, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function.

   a. Depressant or Stimulant Substance: Any substance which contains any quantity of a substance that is habit-forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect as determined by the Attorney General of the United States (amphetamines, barbiturates, LSD, mescaline, STP, PCP, inhalants, etc.).

   b. Marijuana: Any intoxicating product of plant (including hashish), or any cannabis synthetic. *See note.

   c. Narcotics: Any opiates or cocaine to include any compound containing cocaine or its synthetic equivalents, derivatives, or products (heroin, methadone, morphine, crack, coca de mate, Health Inca Tea, etc.).

   d. Anabolic Steroid: Any synthetic derivatives of testosterone that build muscle mass.

2. *Note: According to AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, studies have shown that products made with hemp seed oil may contain varying levels of tetrahydrocannabinol (THC), an active ingredient of marijuana, which is detectable under the Air Force Drug Testing Program. In order to ensure military readiness, the ingestion of hemp seed oil or products made with hemp seed oil is prohibited.

3. Drug paraphernalia: Any equipment, product, or material that is used, intended to be used, or designed to be used in planting, propagating, cultivating, manufacturing, growing, harvesting, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, or introducing a controlled substance into a human body by injection, inhalation, ingestion, or otherwise.

4. Substance: Alcohol and other mind or mood-altering drugs, including illicit drugs, prescribed medications, and over-the-counter medications.

5. Intervention: The process of helping the member recognize at the earliest possible moment that he or she needs treatment for self-destructive drinking or drug abuse. This professionally structured event includes significant others in the member's life.

6. Substance Use Abuse Disorder (SUD): The use of any illicit drug or the misuse of any prescribed medication or the abuse of alcohol. "Abuse" refers to any pattern of unconventional misuse of any substance for non-medical purposes that produces a known health risk or constitutes a danger to self or others.

7. Alcohol Abuse: Any substandard behavior or performance in which the consumption of alcohol is a primary contributing factor. This definition should not be confused with the diagnosis of Alcohol Abuse as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), 5th Ed.

8. Alcoholism: A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by 1) Impaired control over drinking, 2) Preoccupation with the drug alcohol, 3) Use of alcohol despite adverse consequences, and 4) Distortions in thinking, most notably denial. (Note: Each of these symptoms may be continuous or periodic).

9. Alcohol-Related Misconduct: Includes driving while intoxicated, public incidents of intoxication and misconduct, under-age drinking, or similar offenses and is a breach of discipline.

10. Drug Abuse: The illegal, wrongful, or improper use, possession, sale, transfer, or introduction onto a military installation of any drug defined in this instruction.

11. The Air Force places significant emphasis on the prevention, detection, and treatment of substance abuse problems. All Air Force members play important roles in this process, and must be aware of the readiness and mission impact that can occur if abuse goes unchecked. Beyond the professional realm, increased episodes of family violence, financial problems, DUIs, and suicide are also associated with alcohol and drug abuse.

What Is Substance Use and Abuse Disorder?

Substance Use "Abuse" Disorder refers to any pattern of unconventional misuse of any substance for nonmedical purposes that produces a known health risk or constitutes a danger to self or others.[3] Substance Use Abuse is the use of any illicit drug, the misuse of any prescribed medication or the abuse of alcohol. The Air Force does not tolerate illegal or improper use of drugs by Air Force personnel, and such use is considered:

- a serious breach of discipline

- not compatible with service in the Air Force

- a factor that automatically places the member's continued service in jeopardy

- behavior that can lead to criminal prosecution resulting in a punitive discharge or administrative actions, including separation or discharge under other than honorable conditions.[4]

The abuse of alcohol, on the other hand, has many different levels, and the career impact can vary. Alcohol abuse is defined in AFI 44-121 as "any substandard behavior or performance in which the consumption of alcohol is a primary contributing factor."[5] This can include, but is not limited to:

- driving while intoxicated (DWI)

- driving under the influence (DUI)

- domestic disturbances

- aberrant behavior, altercations, or underage drinking

- other behavior inconsistent with Air Force standards

  The term also includes problem drinker, alcohol abuser, or diagnosed alcohol dependent categories.

Leadership Responsibilities as related to Substance Use Abuse Disorder

The Air Force charges enlisted members at all levels to "be mentally ready to accomplish the mission. Issues that can affect and detract from mental readiness are quality of life, financial problems, sexual harassment, discrimination, stress, marital problems, substance abuse, and lack of recognition. These issues can prevent individuals from focusing on the mission, diminish motivation, erode a positive attitude, and reduce the quality of work."[6] As enlisted leaders, it is imperative that you ensure your subordinates conduct themselves within this standard.

Prevention

Leaders must promote an *environment* that encourages members to come forward and seek help. Whether it is a personal problem or a concern about a coworker, the right environment can go a long way to ensuring that timely intervention occurs. When leaders promote an environment where open communication and genuine concern for subordinates is the norm, substance abuse problems are less likely to occur. The Air Force has instituted a guideline to make alcohol-related problems less prevalent. This guideline, "0-0-1-3," is a scientifically based formula that should reduce situations where loss of inhibitions, poor judgment, or violence occurs. The first "0" relates to the goal of no underage drinking. The second "0" means no DUIs are allowed. The "1" refers to the standard of having no more than one drink per hour. The "3" sets the cap for maximum drinks per evening. This formula aims to reduce alcohol use issues in the Air Force, to include sexual assaults, loss of duty time, mission degradation, and alcohol-related fatalities. When organizational events or activities include alcohol, ensure all members are aware that the "0-0-1-3" guideline must be followed.

Prevention is one way leaders can ensure Airmen adhere to established standards. Here are some ways leaders can prevent substance abuse issues:

Educate Prevent substance use abuse disorder by educating (and mentoring) Airmen on the negative consequences and dangers of excessive alcohol use, on the zero tolerance policy for drug abuse and role modeling responsible use of alcohol. Supervisors can also incorporate personal, or relevant examples of substance abuse incidents into safety briefings. Another piece of education is to teach your Airmen early on about the local city, state and base laws and punishments relating to things like driving under the influence (DUI), driving while intoxicated (DWI), public intoxication, and alcohol related incidents. Some examples include but aren't limited to, loss of base driving privileges for a year, points on state driving license or even suspension of a state driver's license, court fees, jail time, loss of rank, etc.

De-glamorization of alcohol is another method supervisors can employ to minimize substance abuse's impact on the mission. Leaders can deglamorize alcohol by not exceeding alcohol consumption limits at unit functions and/or during off-duty celebrations with co-workers, bragging about weekend binges, not serving alcohol to minors, playing games that promote high alcohol consumption. (e.g. keg stands, beer pong, quarters, etc.) Supervisors should also ensure compliance with all applicable Air Force, DOD, and other governing instructions and directives.

Lead By Example Supervisors must realize that the example they set will go a long way toward younger Airmen's compliance with policy. Senior NCOs, supervisors, commanders and first sergeants who enforce rules they don't follow themselves set the squadron up for serious discipline problems.

If a supervisor suspects that alcohol is having a negative impact on one of his or her subordinates, early counseling is a valuable tool to use. Outlining concerns, asking questions, and listening in a nonthreatening environment may be just the thing needed to propel them toward getting help. At this early stage, options for self-identification are still available to the member, thus reducing the disciplinary impact on the member's career and stress on the unit. If there has been an incident, such as alcohol-related tardiness to work, DUI, or drunkenness on duty, immediate referral, documentation, and action are required. Any suspected drug abuse requires immediate action by the supervisor. Notifying the first sergeant and commander immediately of your suspicions will lead to formal referrals and legal actions. Some situations of drug abuse have nothing to do with illegal street drugs. For example, a supervisor may come across a situation where a young Airman is using a friend or roommate's medication to treat a medical condition they are also suffering from. At that point, the supervisor must intervene, but should broaden his or her actions to include assistance from medical personnel. Supervisors still need to document these situations, as well as ensure that the subordinate receives medical intervention immediately. Documentation should contain reference to the situation as well as the follow-up, along with immediate commander and first sergeant notification.

Methods for Identifying Substance Abusers

The Air Force is directed in AFPD 36-27 to "ensure personnel do not abuse alcohol or drugs."[7] To comply with this directive, there are five structured methods used to identify Airmen with substance use disorders (SUDs).

Self-Identification: Members who are not currently under investigation or pending action because of an alcohol-related incident are eligible to self-identify. Following the assessment, the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program manager will consult with the treatment team and determine an appropriate clinical course of action. For drug abuse, members may voluntarily disclose evidence of personal drug use or possession to their leadership or a military medical professional. Commanders will grant limited protection for Air Force members who reveal this information with the intent of entering treatment. Disclosure is not voluntary if investigation, apprehension, drug abuse treatment, recommendation for separation, or selection for drug testing has occurred.

Commander Referrals: Commanders refer all members for an assessment when substance use could be a contributing factor in an incident. Failure to make this referral places members in jeopardy for increased abuse problems and negative mission impact. Commanders will coordinate with the staff judge advocate within 24 hours of suspected misconduct and should ensure that blood alcohol tests (BAT) are accomplished as soon after the incident as possible.[8]

Medical Identification: Healthcare providers who suspect substance problems must refer the member to the ADAPT program for evaluation.

Substance-Related Incident: The majority of members who enter ADAPT are identified because of an alcohol-related incident. The commander will refer the member to ADAPT after notification in such instances that law enforcement or other disciplinary authority becomes involved. Commanders will direct drug testing within 24 hours of suspected alcohol-related incidents, misconduct, episodes of bizarre or aberrant behavior, or where there is a reason to suspect drug use and the member refuses to provide testing consent. For alcohol incidents, the commander is encouraged to secure a blood alcohol test as soon as possible after the event to determine the level and intensity of alcohol involvement.

Drug Testing: This is the overarching umbrella for the substance abuse program. Testing occurs for a variety of reasons: probable cause, random selection, voluntary consent, command directed, self-identification, and rehabilitation. The intent of this program is to deter and detect illicit drug use.

Supervisors must be aware of signs that may signal a problem with alcohol or drugs. By knowing your personnel, you have the most important supervisory tool for detecting problems. Outward signs of substance abuse may include:

- Alcohol smelling breath at work

- Glazed eyes or trouble focusing

- Appearing intoxicated or disoriented during duty hours

- Appearing disheveled or "hung over" at work

- Indication of withdrawal, such as tremors, sweating, anxiety, and irritability

- Frequent absences from work for vague illnesses

- Interpersonal problems with family, friends, and/or coworkers

- Changes in work quality, quantity, or duty performance

- Overly frequent bathroom breaks, sleeping at work, extreme fatigue

- Changes in habits—uniform wear, tardiness, forgetfulness

Referral Agencies/Treatment Programs

The primary purpose of the Air Force Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT).[9] Is to:

- Promote readiness and health and wellness through the prevention and treatment of substance abuse

- Minimize the negative consequences of substance abuse to the individual, family, and organization

- Provide comprehensive education and treatment to individuals who experience problems attributed to substance abuse

- Return identified substance abusers to unrestricted duty status or to assist them in their transition to civilian life, as appropriate

The ADAPT program is designed to identify and help individuals before their alcohol or drug problem causes significant damage to their health and career. All personnel who are referred to the ADAPT program will receive a minimum of 6 hours of awareness education aimed at assisting participants to make appropriate behavioral changes. Substance abuse and misuse education does not just take place after a referral to ADAPT. Education is required for personnel at all levels in the Air Force, from first duty station members all the way through members involved in substance abuse-related incidents.[10] Installation Commanders are responsible for the ADAPT Program and will ensure allocation of adequate space for provision of substance abuse and misuse classroom education and services.

INTERVENTION

Leaders also have the responsibility to intervene when they suspect substance abuse. As defined above, intervention is the process of helping the member recognize at the earliest possible moment, that he or she needs treatment for self-destructive drinking or drug abuse. This professionally structured event includes significant others in the member's life.

Roles and Responsibilities of Leaders in the Intervention Process

- Be familiar with the Substance abuse and misuse prevention programs

- Refer all service members for assessment when substance use is suspected to be a contributing factor in any incident, e.g., DUI, public intoxication, drunk and disorderly, spouse/child abuse and maltreatment, under-aged drinking, positive drug test, or when notified by medical personnel

- Direct drug testing within 24 hours of suspected alcohol related incidents of misconduct, episodes of aberrant or bizarre behavior, or where there is reasonable suspicion of drug use and the member refuses to provide consent for testing

- Commanders are also encouraged to ensure Blood Alcohol Tests (BAT) is taken as soon after the incident as possible to determine the level and intensity of alcohol involvement

- Immediate supervisors contact the ADAPT staff before an assessment to provide pertinent information on the member's duty performance, on and off duty behavior, or other incidents

- Report all substance abuse or suspected substance abuse incidents (i.e. showing to work smelling of alcohol, use of illicit drugs)

- Supervisors are responsible for documenting behavior or conduct that is outside established standards. Failure to document behavior or conduct that is outside of military standards is a critical misstep that sometimes occurs because the supervisor is trying to "be nice." At times, supervisors feel that if they document things, they are contributing to problems, when in reality, documentation and early intervention can often stave off problems before they get out of control.

> -- Document all incidents of deteriorating work performance, unexcused absences or tardiness, unacceptable conduct, and any steps already taken to help members resolve these problems. (contact the Civilian Personnel Office for guidance when dealing with civilian employees)

- When directed by the commander, provide pertinent information to the ADAPT office on patient's duty performance, on and off duty behavior, drinking patterns or other incidents

- Know subordinates in order to take an active role in assisting them with recovery

- Report all slips and relapses so the treatment team can assist the member to get back on track before an incident occurs

- Prevent substance use abuse disorder by educating and mentoring Airmen on the negative consequences and dangers of excessive alcohol use, on the zero tolerance policy for drug abuse and role modeling responsible use of alcohol.

Education, Counseling, Referral, and Follow-up

- Substance abuse and misuse prevention is a collaborative effort shared among various agencies to include the mental health (ADAPT), drug demand reduction, and health promotions and includes:

- Education: The focus changes depending on the member's status, two examples[11] are:

-- Military members arriving at their first permanent duty assignment receive a class on prevention, peer acceptance, role models, responsible behavior, healthy alternatives, and legal/ administrative consequences of substance abuse

-- Military members in the grade of E5 through E9 and officers receive a class on unique elements of the command's substance abuse and misuse prevention and treatment program, local substance abuse threat, military and civilian resources, identifying substance abusers, the referral process, and supervisors' responsibility in the treatment/ process

- When education fails to prevent substance use abuse disorder, additional strategies designed to treat and prevent further abuse include referral, counseling, and follow-up

- Effective prevention programs lower social care costs, lower healthcare costs, result in fewer missed workdays, higher production, better quality of work and smarter better decision-making. In addition, it returns our most valuable resource (people) to a productive status (as opposed to loss through termination, sickness, death, etc.). Finally, prevention and treatment programs help reduce suicides, accidents and accidental deaths and they help reduce relationship problems.

Influence of Leaders Attitudes on Substance Use Abuse Disorder

Perhaps the most important thing to remember as a leader is how much influence your attitude toward substance use abuse disorder can have on a unit. When you model behavior expected from members of the POA, it results in higher mission readiness, better morale and increased health and wellness. It also establishes an environment where members seek help for problems with alcohol without fear of negative consequences.

Impact of Substance Use Abuse Disorder

- Mission and Readiness: Substance use abuse disorder adversely affects or impairs mood, coordination, judgment, safety, and it increases impulsive behavior. Members under the influence do not perform effectively in leadership roles, areas of substantial responsibility, and technical knowledge. Additionally, members are in a higher risk of Drunk Driving, a leading cause of death among 18-24 year olds - DUI is a serious breach of discipline. Also, there is a higher risk of suicide (53% of all suicides involve alcohol use) and there is increased risk of accidents, falls, burns and drowning.

- Morale: Members who abuse substances are in a higher risk of relationship problems, both personal and professional

- Health and Wellness: Substance abuse causes increased risk of high blood pressure, stroke, heart disease, birth defects, addiction, gastritis (ulcers), diseases of the liver (fatty liver, hepatitis, cirrhosis), pancreatitis, malnutrition and overall high mortality. In

addition, substance use abuse disorder tends to lead to risky sexual behavior, which increases the risk of contracting a variety of sexually transmitted diseases.

MP 4. STRESS MANAGEMENT

Stress is defined as the reaction our bodies experience to an external demand by our continually changing environment. It has physical and emotional effects on us, and can create positive or negative feelings or behaviors. As a positive influence, stress can compel us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in feelings of distrust, rejection, anger, and depression, which can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke. With the death of a loved one, the birth of a child, a job promotion, a new relationship, or even winning the lottery, we experience stress as we adjust our lives. In adjusting to different circumstances, stress will help or hinder us depending on how we react to it.

The word *eustress* describes positive stress. Eustress results from exhilarating experiences. Eustress is the stress of winning and achieving—for instance, inheriting a large amount of money or receiving an unexpected promotion.

Negative stress is *distress*. Distress is the stress of losing, failing, overworking, and not coping. Distress affects people in a negative and often harmful manner. We all experience distress from time to time; it's a normal, unavoidable part of living.

Since 1956, popular culture has wholeheartedly embraced the concept of *stress.* Today, the cultural meaning of stress often overpowers its actual definition. Some see stress as an excuse, a state of mind, a marketing tool, and even a physiological phenomenon. Stress and its noted effects tend to become more visible when events and situations become uncontrollable. Modern-day stress has become a classification, personification, and for many a diagnosis to justify a problem. Stress is an unavoidable consequence of life for people, and for some, can be enough to drive them over the edge to points of no return.

In today's fast-paced world, stress is a common factor in most people's lives. Unfortunately, comments such as, "I'm all stressed out," "Boy, am I stressing today!" are frequently heard, both on and off duty. Because of the prevalence of stress and the negative impact, it can have on people and organizations, stress management must be a major concern of all leaders. According to John B. Miner in his book, *Organizational Behavior: Performance and Productivity*, dealing with stress is important because life, health, productivity, and income can be negatively impacted if overwhelmed with stressful situations. At the organizational level, attention to stress is particularly important because of the negative impact it can have on performance, organizational effectiveness, and mission accomplishment.[12] Studies of the civilian sector give us important insight into the effects of stress. For example, a presidential commission on mental health pointed out that as many as 25 percent of all Americans suffer the ill effects of stress, most Americans die from stress-related diseases, and approximately 50 percent of all patients treated by general practitioners suffer from stress-related illnesses.[13]

Additionally, research conducted by supporting agencies found the following:

Northwestern National Life

40 percent of workers report their jobs as "very or extremely stressful"

Families and Work Institute

26 percent of workers report they are "often or very often burned out or stressed by their work" Yale University

29 percent of workers report they feel "quite a bit or extremely stressed out at work"[14]

If these are some of the documented effects of stress on American industry and the civilian workforce, imagine the impact stress may have on you, your Airmen, and your organization. This reading assignment synthesizes the material contained in several different works for use by midlevel supervisors. We will examine the following areas: potential sources of stress, consequences of stress, and stress management strategies.

1. <u>Potential Sources of Stress</u>

Organizational Factors

According to Steven P. Robbins in his book, *Organizational Behavior*, there are no shortages of factors within the organization that can cause stress: Pressure to avoid errors or complete tasks in a limited time period, work overload, a demanding and insensitive boss, and unpleasant coworkers are a few examples. These factors are categorized around task, role, and interpersonal demands, organizational structure, organizational leadership, and the organization's life stage.

Task demands are factors related to a person's job. They include the design of the individual's job (autonomy, task variety, degree of automation), working conditions, and the physical work layout. Assembly lines can put pressure on people when their speed is perceived as excessive. The more interdependence between a person's tasks and the tasks of others, the more potential stress there is. Autonomy on the other hand, tends to lessen stress. Jobs where temperatures, noise, or other working conditions are dangerous or undesirable can increase anxiety. So too can working in an overcrowded room or in a visible location where interruptions are constant.

Role demands relate to pressures placed on a person as a function of the particular role he or she plays in the organization. Role conflicts create expectations that may be hard to reconcile or satisfy. An individual experiences role overload when time does not permit him or her to complete all assigned tasks. Role ambiguity occurs when the individual is not sure what his or her role expectations are.

Interpersonal demands are pressures created by other individuals. Lack of social support from coworkers and poor interpersonal relationships can cause considerable stress, especially among individuals with a high social need.

Organizational structure defines the level of differentiation in the organization, the degree of rules and regulations, and where decisions are made. Excessive rules and lack of participation in decisions that affect an individual are examples of structural variables that might be potential sources of stress.

Organizational leadership represents the managerial style of the organization's senior executives. Some chief executive officers (CEO) create a culture characterized by tension, fear, and anxiety. They establish unrealistic pressures to perform in the short run, impose excessively tight controls, and routinely fire individuals who "don't measure up." For instance, when Harold Geneen was chairman and CEO at International Telephone and Telegraph (ITT), division executives had to formally present their annual business plan to Geneen and his senior staff group. Each division executive would then be interrogated about every number in every graph, exhibit, and analysis in the plan. The exercise was known to put fear in the hearts of all the division executives, and occasionally to bring tears to some of their eyes.

Organizations go through a cycle. They are established, they grow, they become mature, and they eventually decline. An *organization's life stage*—that is, where it is in this four-stage cycle—creates different problems and pressures for individuals. The establishment and decline stages are particularly stressful. The former is characterized by a great deal of excitement and uncertainty, while the latter typically requires cutbacks, layoffs, and a different set of uncertainties. Stress tends to be least in maturity where uncertainties are at their lowest ebb.[15]

Individual Factors

The typical individual works about 40 hours a week. The experiences and problems that people encounter in those other 128 non-work hours each week can spill over to the job. Our final category encompasses factors that comprise the individual's personal life. Primarily, this focuses on family and personal economic problems.

National surveys consistently show that people hold family and personal relationships dear. Marital difficulties, the breaking off of a relationship, and discipline troubles with children are examples of relationship problems that create stress for individuals. These problems aren't left at the front door when they arrive at work.

Economic problems created by overextending financial resources is another set of personal troubles that can create stress for individuals and distract their attention from their work. Regardless of income level, people who make $50,000 a year seem to have as much trouble handling their finances as those who earn $15,000. Some people are poor money managers or have wants that always seem to exceed their earning capacity.[16]

2. Consequences of Stress

Stress shows itself in a variety of ways. For instance, an individual experiencing a high level of stress may develop high blood pressure, ulcers, irritability, difficulty in making routine decisions, appetite loss, accident proneness, and the like. These symptoms fall under three general categories: physiological, psychological, and behavioral.

Physiological Symptoms

Most of the early concerns with stress were directed at physiological symptoms. This was predominately because the topic was researched by specialists in the health and medical sciences. This research led to the conclusion that stress could create changes in metabolism, increase heart and breathing rates, increase blood pressure, bring on headaches, and induce heart attacks. The link between stress and particular physiological

symptoms is not clear. There are few, if any, consistent relationships. This is attributed to the complexity of the symptoms and the difficulty of objectively measuring them.

Psychological Symptoms

Stress can cause dissatisfaction. Job-related stress can cause job-related dissatisfaction. Job dissatisfaction in fact, is "the simplest and most obvious psychological effect from stress. However, stress shows itself in other psychological states; for instance, tension, anxiety, irritability, boredom, and procrastination.

The evidence indicates that when people are placed in jobs that make multiple and conflicting demands, or in which there is a lack of clarity as to the employee's duties, authority, and responsibilities, both stress and dissatisfaction are increased. Similarly, the less control people have over the pace of their work, the greater the stress and dissatisfaction. While more research is needed to clarify the relationship, the evidence suggests that jobs providing a low level of variety, significance, autonomy, feedback, and identity to employees, create stress and reduce satisfaction and involvement in the job.

Behavioral Symptoms

Behaviorally related stress symptoms include changes in productivity, absence, turnover, as well as changes in eating habits, increased smoking or consumption of alcohol, rapid speech, fidgeting, and sleep disorders[17]

3. <u>Stress Management Strategies</u>

From the organization's standpoint, management may not be concerned when individuals experience low to moderate levels of stress. The reason is that such levels of stress can be functional and lead to higher individual performance. However, high levels of stress or even low levels sustained over long periods can lead to reduced performance, and thus require action by management.

While a limited amount of stress may benefit performance, do not expect individuals to see it that way. From the individual's standpoint, even low levels of stress are likely to be perceived as undesirable. It is likely that most subordinates and management have different notions of what constitutes acceptable levels of stress on the job. What management may consider as "a positive stimulus that keeps the adrenalin running" is very likely to be seen by subordinates as "excessive pressure." Keep this in mind as we discuss individual and organizational approaches toward managing stress.

Individual Approaches

An individual can take personal responsibility for reducing his or her stress level. Individual strategies that have proven effective include implementing time management techniques, increasing physical exercise, relaxation training, and expanding the social support network.

Time Management

Many people manage their time poorly. The things they have to accomplish in any given day or week are not necessarily beyond completion…*if* they manage their time properly. The well-organized individual can often accomplish twice as much as the person who is

poorly organized. Therefore, an understanding and utilization of basic time management principles can help individuals better cope with job demands.

A few of the more well-known time management principles are:

1. Make daily lists of activities to be accomplished

2. Prioritize activities by importance and urgency

3. Schedule activities according to the priority

4. Know your daily cycle and handle the most demanding parts of your job during the high part of your cycle when you are most alert and productive.

Physical Exercise

Noncompetitive physical exercise, like aerobics, power walking, jogging, swimming, and bicycle riding have long been recommended by physicians as ways to deal with excessive stress levels. These forms of exercise increase heart capacity, lower at-rest heart rate, provide a mental diversion from work pressures, and offer a means to "let off steam."

Relaxation Training

Individuals can teach themselves to relax through techniques such as meditation, hypnosis, and biofeedback.

The objective is to reach a state of deep relaxation where one feels physically relaxed, somewhat detached from the immediate environment, and detached from body sensation. Deep relaxation for 15 to 20 minutes a day releases tension and provides a pronounced sense of peacefulness. More importantly, significant changes in heart rate, blood pressure, and other physiological factors result from achieving the deep relaxation condition. For example, you can train your body to relax by envisioning yourself on a beach with no one around except the water and the sand, taking deep breaths, listening to the sound of the waves from the water and relaxing all your limbs.

Social Support

Having friends, family, or work colleagues to talk to provides an outlet when stress levels become excessive. Expanding your social support network, therefore, can be a means of tension reduction. It provides you with someone to hear your problems and provide a more objective perspective on the situation. Research also demonstrates that social support moderates the stress-burnout relationship. That is, high support reduces the likelihood that heavy work stress will result in job burnout.[18] For example, having a coffee break with a friend at work, a quick chat with a neighbor, or phone call to your sibling and even a visit to church are always helpful ways to develop and foster lasting relationships. Numerous studies have demonstrated that having a social support network gives you a sense of belonging, increased sense of self-worth and feeling of security.

Organizational Approaches

Several of the factors that cause stress—particular task and role demands, and organizational structure—are controlled by management. As such, they can be modified or changed. Strategies that management might want to consider include improved

personnel selection and job placement, use of realistic goal setting, job design, improved organizational communication, and establishment of corporate wellness programs.

Selection and Placement

While certain jobs are more stressful than others, individuals often differ in their responses to stressful situations. We know, for example, that people with little experience, an external locus of control, or Type A behavior tend to be more prone to stress. These facts should be taken into consideration when making decisions concerning personnel selection and placement. While management should not restrict hiring to only experienced individuals with an internal locus of control who exhibit Type B behavior, such individuals may adapt better to high-stress jobs and perform them more effectively.

Goal Setting

Based on an extensive amount of research, individuals perform better when they have specific and challenging goals, and receive feedback on how well they are progressing toward these goals. The use of goals can reduce stress as well as provide motivation. Feedback related to specific goals reduces uncertainties concerning actual job performance. The result is less individual frustration, role ambiguity, and stress.

Organizational Communication

Increasing formal communication reduces uncertainty by lessening role ambiguity and role conflict. Given the importance perceptions play in moderating the stress-response relationship, management can also use effective communications as a means to shape individual perceptions. Remember that what individuals categorize as demands, threats, or opportunities are merely an interpretation, and that interpretation can be affected by the actions communicated by management.

Wellness Programs

Our final suggestion is to offer organizationally sanctioned and supported wellness programs. These programs focus on the individual's total physical and mental condition. For example, they typically provide workshops to help people quit smoking, control alcohol use, lose weight, improve diet, and develop a regular exercise program. The assumption underlying most wellness programs is that individuals need to take personal responsibility for their physical and mental health. The organization is merely a vehicle to facilitate this end.

A number of large corporations, including Campbell's Soup, General Motors, Burlington Industries, and Johnson & Johnson, report substantial reductions in stress-related illnesses and associated health problems because of their wellness programs.[19]

Many things can cause stress in our everyday lives. While at home station, Airmen deal with the many stressors discussed above. If those stressors are not handled properly, they can lead to unproductive work within the organization as well as serious health problems. Another type of stress unique to military members is stress that comes from the current operations tempo that requires frequent deployments. These deployments have the potential to involve direct combat. It is important to know, understand and be able

recognize combat and operation stress and the effects it could have on Airmen and their families.

Combat and Operational Stress

Combat Stress- Combat stress happens when there is a change in mental function or behavior during combat as a result of actual battle conditions or the potential for battle conditions. The changes can be positive by allowing an increase in confidence in both self and peers, or it can create symptoms of a combat/operational stress injury.

***Operational Stress*-** Operational stress occurs when there are changes in mental functioning or behavior during military operations other than war (e.g., humanitarian missions, rescue missions, natural disasters).

Note: Stress that occurs due to combat and operational stressors is temporary as opposed to Post Traumatic Stress Disorder, which is long term or even permanent.

***Stressor*-** A stressor is any mental or physical challenge or challenges.

It is important to recognize that we all have a breaking point no matter what our deployment experience may be. There are both internal and external factors that may cause one to reach that breaking point.   There are certain risks factors that may increase the likelihood that these stress reactions will occur. Having knowledge of these risk factors can help leaders modify, reduce or eliminate the possibility of combat/operational stressors. Some of the ***risk factors*** to watch out for include:

- Duration of deployment greater than six months

- Repeat deployments without sufficient time to recover and reset

- Sleeping less than 6-8 hours per day on average

- Witnessing death close up, especially of other Airmen or civilian non-combatants

- Being responsible for the death of serious injury of a non-combatant or allied combatant

- Being physically injured

- Handling remains, especially other Airmen

- History of previous stress injuries, whether sustained during or prior to service

- Previous mental health problems

- Lack mutual trust with other unit members

- Being impacted by family, relationship, or other homefront stressors

- Being young and inexperienced

- Potential exposure to nuclear, biological, and chemical agents

These risk factors can lead to behaviors that are a direct result of various stressors experienced while deployed. The reaction to these risk factors may vary depending on the person and the situation. Combat Stress Reactions (CSR) are a natural result of

exposure to combat conditions. Air Force leaders need to be familiar with these potential reactions to stress. Some of these reactions include:

- Anxiety
- Irritability
- Decreased attention to detail
- Unclear thinking
- Sleep troubles

- Appetite changes
- Emotional display over dead or wounded
- Loneliness and isolation
- Diminished confidence – lost of trust in self and unit

As a leader, it is important to recognize any *warning signs* that Airmen may display when experiencing combat/operational stress. When a leader recognizes the following warning signs, they have a better chance of preventing or at least minimizing CSRs.

Some of those warning signs are as follows:

- Hyperactivity
- Trembling or cowering
- Loss of feelings in limbs
- Loss of mobility
- "Spaced out" appearance
- Irritable or angry outburst
- Reckless behavior
- Poor hygiene
- Memory loss
- Inability to sleep or fear of sleep

- Hallucinations
- Misconduct
- Significant mood changes
- Withdrawal
- Depression
- Apathy
- Confusion
- Emotional Outbursts
- Frantic, panicky behavior

Leaders, supervisors, and peers should know that these warning signs warrant immediate attention. It may warrant evaluation at a medical treatment facility, but doesn't necessarily mean the Airman must be relieved of duty. If the warning signs or symptoms continue and cause the Airman unable to perform his or her duties, prompt treatment will enable the Airman to return to duty.

The potential effect of combat and operational stress not only affects the Airman, but may also have a huge impact of their families. Leaders and supervisors must take into account that families may need assistance due to stress from deployments. It is imperative that you know the available base support agencies. They can get assistance from the base legal office for preparing a will or power of attorney. The Airman and Family Readiness Center can provide advice on finances and allow family members the opportunity to communicate with the member while deployed.

Family members can experience stressors due to deployments. The remaining spouse may have to take on the role as single parent and have to start making decisions that the

deployed spouse usually makes or that they make together. If the family is in an isolated or foreign area, they may not have adequate emotional or social support.

Some of the reactions to stress by adult family members may include:

- Sadness
- Anger
- Anxiety
- Nervousness
- Difficulty with children
- Fear for the deployed spouse
- Depression

Children of deployed members may show various reactions such as changes in:

- Sleep habits
- Interests
- Energy
- Eating habits
- Behaviors

They also may act out in school, show withdrawal from various activities, or show signs of depression. If these reactions are evident in either the adults or children, leaders should refer the members to Life Skills or a Chaplain.

Other situations that may be potential sources of long-term problems at home for Airmen and their families are as follows:

- Poor communication
- Remaining spouse experiences of loss of job
- Remaining spouse being a victim of a crime
- Dissolution of marriage
- Remaining spouse is pregnant
- Medical problems
- Special needs family member
- Substance abuse issues

Leaders play a huge role in minimizing the amount of combat and operational stress Airmen and their families incur. Preventive measures are best way to deal with the stressors caused by deployments. It is important for leaders to keep the lines of communication open to ensure Airmen are comfortable to share what may be causing them to stress. Another common problem caused by combat and operational stress is posttraumatic stress disorder (PTSD).

Post-Traumatic Stress Disorder (PTSD)

PTSD is an anxiety disorder that may occur in an individual following exposure to a traumatic event. A traumatic event is anything the individual deems scary or horrible where they feel their or others' lives are in danger. The person may feel they have no control over the outcome of the situation.

Some events that may cause PTSD include:

- Combat or military exposure
- Child sexual or physical abuse
- Sexual or physical assault

- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake
- Serious accidents, such as a car wreck
- Terrorist attack

An individual may feel scared, angry, or confused following any of these events and if these feelings persist over time, they may have PTSD. Only some people exposed to such events develop PTSD. PTSD sufferers usually re-experience the event in some way, usually avoid people, places, or things that may remind them of the event and are usually very sensitive to normal life experiences.

Obtaining PTSD depends on several factors:

- How intense the trauma or how long it lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event

Leaders are responsible to recognize when Airmen show warning signs or symptoms of PTSD. The US Department of Veteran Affairs National Center for PTSD lists four types of ***PTSD signs and symptoms***:

Reliving the event (also called re-experiencing symptoms):

An individual may have bad memories of the event at any time. They may feel the same horror or fear felt when the event first occurred. It may involve nightmares, feeling as if you are repeating the event again (flashback). Sometimes something may trigger the event. Some triggers include:

- Hearing a backfire bringing back memories of gunfire
- Seeing a car accident reminding them of a crash survivor or their own accident
- Seeing a news report of sexual assault bringing back memories of assault for a woman who was raped.

Avoiding situations that remind you of the event:

An individual may try to avoid situations or people that trigger memories of the traumatic event. They even avoid talking or thinking about the event. For example:

- A person who was in an earthquake may avoid watching television shows or movies in which there are earthquakes.
- A person who was robbed at gunpoint while ordering a hamburger drive-in may avoid fast-food restaurants.
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.

Feeling numb:

An individual may find it hard to express feelings. This is another way to avoid memories.

- They may not have positive or loving feelings toward other people and may stay away from relationships.

- They may not be interested in activities you used to enjoy

- They may not be able to remember parts of the traumatic event or not be able to talk about them.

Feeling keyed up (also called hyperarousal):

An individual may be jittery, or always alert and on the lookout for danger. This is known as hyperarousal. It can cause an individual to:

- Suddenly become angry or irritable.

- Have a hard time sleeping.

- Have trouble concentrating.

- Fear for their safety and always on guard.

- Be very startled when something surprises them.

In addition to the signs and symptoms listed above, PTSD can cause many other common problems in individuals. Some of those problems include drinking and drug problems, feeling hopeless, shame or despair, employment problems, relationship problems to include divorce and violence, and various physical symptoms.

Supervisors are to be very familiar with these symptoms. The only way to truly know if any of your Airmen are experiencing any of these problems, you have to get to know them and ensure you create an atmosphere of open communication. If you suspect your Airmen has PTSD, encourage them to seek assistance with the various appropriate referral agencies listed under the basic support sources section of this student guide. Leaders and supervisors should offer to accompany their Airmen to these agencies if they show any signs of reluctance due to embarrassment or shame. Deployment stress is a growing concern in the Air Force with the high operations tempo and frequent deployments. These deployments can also lead to possible substance abuse issues.

MP 5. EQUAL OPPORTUNITY/HUMAN RELATIONS

In a speech at the US Air Force Academy, then Secretary of Defense William Cohen told graduates,

> *To serve as America's guardians, you must uphold the highest standards of conduct in the world—character, integrity, excellence, service, teamwork. You must treat every man and woman with dignity and respect, every man and every woman. And you will be held to these standards because the eyes of the nation and the world will be upon you.... You are ambassadors of this country, and you spread our values and our virtues wherever duty takes you.*[20]

These words were spoken in 1997, but they are no less true today. Every person with whom we come in contact must be treated with dignity and respect, especially our fellow Airmen. Much of a military professional's time is spent developing the type of working environment conducive to mission accomplishment. This environment is crucial if all personnel are to achieve their full potential and maximize their contributions. The way team members relate to one another can either help or hinder workcenter performance.

Human Relations

The basic definition of human relations is very simple—the relations between two or more people. In the Air Force, the goal of every supervisor is for human relations to have a positive connotation.

Indications of appropriate human relations include:

1. Genuine concern for people

2. Acquiring knowledge about and respect for the backgrounds, values, goals, needs, and skills of subordinates

3. Willingness to listen and respond

4. Demonstrating trust and confidence in each individual's ability to do the job

5. Treating individuals and groups with dignity

6. Personal commitment for the growth, development, and advancement of all people

7. Setting a personal example that will generate a sense of pride and commitment to the Air Force

8. Exercising the level of authority necessary to accomplish the mission, but always with respect for the people who are the objects of your leadership

An absence of these indicators should cause military professionals to examine their workcenters for potentially harmful human relations issues, like discrimination and sexual harassment.

Air Force Equal Opportunity and Treatment (EOT) Policy—Military

It is Air Force policy to conduct its affairs free from unlawful discrimination, according to United States laws, and to provide equal opportunity and treatment for all military members irrespective of their color, national origin, race, religion, or sex. The Air Force will not tolerate unlawful discrimination by act or by inference against military personnel or their family members on or off base. Commanders must take the appropriate administrative or judicial action to eliminate or neutralize discrimination and its effects. When commanders suspect discrimination but cannot prove it, they must correct any management deficiencies revealed through examination of the circumstances. Reporting and reviewing officials must rate and comment on how individuals support or fail to support this policy.

Military personnel and their family members must not be unlawfully denied access to on- or off-base facilities in the United States or overseas. Organizations that unlawfully deny personnel access may not use military facilities or resources. This applies to those organizations that, in the judgment of the commander, are engaging in discrimination—

whether overt or covert, intentional or unintentional—through their bylaws, rules, regulations, and constitutions.

Air Force Equal Employment Opportunity (EEO) Policy—Civilian

The Air Force recognizes and supports the principles of EEO. Air Force managers and supervisors are responsible for effecting these principles through personnel management decisions and for making EEO considerations an integral part of the management process. It is Air Force policy that personnel management be accomplished "in a manner that is free from discrimination and provides equal opportunity for all applicants and employees regardless of their race, color, religion, age, sex, national origin, or handicapping condition." The Air Force Affirmative Employment Program (AEP) is designed to facilitate opportunities for the employment and advancement of underrepresented groups in the work force, remove artificial barriers in personnel systems and practices, and eliminate discrimination by act or inference. Management personnel at all levels and designated AEP officials share responsibility for implementation of Air Force policy.

The AEP is designed to ensure that:

1. All personnel actions and employment practices are based solely on merit and fitness.

2. All facilities, activities, and services—operated by, sponsored by, or participated in by the Air Force—are not segregated, and their use will not be determined by race, color, religion, age, gender, national origin, or handicapping condition. They will be made available to eligible personnel on an equal basis.

3. The Air Force continues to seek out and correct or eliminate any personnel management policy, procedure, or practice that may result in any advantage in employment or deny equality of opportunity to any group or individual on the basis of race, color, religion, gender, age, national origin, or handicapping condition. Reasonable accommodation will be made to religious needs of employees, including those who worship on a day other than Sunday, when such changes can be made (by granting leave, changing tours of duty, etc.) without undue hardship on the Air Force mission.

4. Reasonable accommodation will be made to the physical and mental handicaps of otherwise qualified employees or applicants for employment when these accommodations can be made without undue hardship on the Air Force mission.

5. The skills of Air Force employees will be used to the fullest possible extent. Underutilized employees will be identified and, when possible, provided with working opportunities in concert with mission requirements and commensurate with their knowledge, skills, and abilities.

Terms and Definitions Concerning Equal Opportunity and Treatment and Human Relations

1. Unlawful discrimination - Includes discrimination based on color, national origin, race, religion, or sex that is not otherwise authorized by law or regulation.

2. Personal Discrimination - Individual actions taken to deprive a person or group of a right because of color, national origin, race, religion, or sex. Such discrimination can occur overtly, covertly, intentionally, or unintentionally.

3. Systemic Discrimination - The action by an institution (or system) that, through its policies or procedures, deprives a person or group of a right because of color, national origin, race, religion, or sex. Such discrimination can occur overtly, covertly, intentionally, or unintentionally.

4. Sexual Harassment - Sexual harassment is a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

   a. Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career (quid pro quo sexual harassment).

   b. Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person (quid pro quo sexual harassment).

   c. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creates an intimidating, hostile, or offensive working environment.

This definition emphasizes that for workplace conduct to be actionable as "abusive work environment" harassment, it need not result in concrete psychological harm to the victim, but rather need only be so severe or pervasive that a reasonable person would perceive, and the victim does perceive, the work environment as hostile or offensive. Keep in mind that for military members, "workplace" is an expansive term that may include conduct on or off duty, 24 hours a day.

Any person in a supervisory or command position who uses or condones any form of sexual behavior to control, influence, or affect the career, pay, or job of a military member or civilian employee is engaging in sexual harassment. Similarly, any military member or civilian employee who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature in the workplace is also engaging in sexual harassment.

5. Complaint—An allegation of unlawful discrimination based on race, color, national origin, religion, or sex.

   a. Formal Complaint— Allegation of unlawful discrimination or sexual harassment that is submitted in writing on AF Form 1587 to the authority designated for receipt of such complaints.

   b. Informal Complaint—Allegation of unlawful discrimination or sexual harassment, made either orally or in writing documented on an AF Form 1587-1, which is not submitted as a formal complaint.

6. Equal Opportunity—The right of all persons to participate in, and benefit from, programs and activities for which they are qualified. These programs and

activities shall be free from social, personal, or institutional barriers that prevent people from rising to the highest level of responsibility possible. Persons shall be evaluated on individual merit, fitness, and capability, regardless of race, color, sex, national origin, or religion.

7. Human Relations Climate—The prevailing perceptions of individuals concerning interpersonal relationships within their working, living, and social environment.

8. Prejudice—A judgment against or an opinion contrary to anything without just grounds or sufficient knowledge.

9. Stereotype—Exaggerated belief about a category of people. It rationalizes our conduct toward that category.

10. Racism—Any attitude or action of a person or institutional structure that subordinates a person or group because of race.

11. Sexism—Attitudes and beliefs that one sex is superior to another.

Supervisor's Responsibilities on Equal Opportunity and Treatment

Supervisors' responsibilities are to make sure the members of their workcenters:

1. Are able to present complaints in an atmosphere not conducive to retaliation

2. Are encouraged to discuss problems and complaints

3. Know the various channels and procedures for filing complaints or otherwise seeking outside assistance

4. Know that unlawful discrimination is illegal and will not be tolerated

Supervisors must also:

1. Implement preventive measures to promote EOT in the workcenter

2. Take action to address allegations of discrimination

Facts about Sexual Harassment

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964, as amended, and AFI 36-2706, *Military Equal Opportunity Program.*

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

1. The victim as well as the harasser, may be a woman or a man. The victim does not have to be of the opposite sex.

2. The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a coworker, or a nonemployee.

3. The victim does not have to be the person harassed, but could be anyone affected by the offensive conduct.

4. The harasser's conduct is unwelcome.

Victim's must verbalize to tell the harasser that the conduct is unwelcomed and must stop. The victim should use the chain of command, military equal opportunity, or other available grievance system to resolve sexual harassment. Supervisors are encouraged to take steps necessary to prevent sexual harassment from occurring. They must clearly communicate to subordinates that the Air Force will not tolerate sexual harassment. This is accomplished by establishing an effective complaint or grievance process that takes immediate and appropriate action when a subordinate report's a complaint.

Almost every task required to accomplish the mission requires some kind of interaction between people. Therefore, *EO/Human Relations Issues* are very appropriate for the reading you just completed. The interaction between personnel—the way we relate to our subordinates, the way they relate to us, and the the way they relate to one another—can make or break a team. Hopefully, this reading has provided some information about the types of issues NCOs must be able and willing to handle if they expect to successfully meet their organizational objectives.

MP 6. SEXUAL ASSAULT PREVENTION AND RESPONSE

Foundation - Sexual Assault Definitions and Policies

Overview

As members of the Armed Forces, we must all share a commitment to eliminating sexual assault throughout the Department of Defense (DoD). This means that we must actively pursue culture changes to treat all DoD employees with dignity and respect; where allegations of inappropriate behavior will be treated with the utmost seriousness; where victim privacy will be protected, and they are treated with sensitivity; where bystanders are motivated to intervene; and where offenders know they will be held appropriately accountable.

The 2015 *Department of Defense Sexual Assault Prevention and Response Strategic Plan* consolidated new requirements on sexual assault prevention and response, to include tasks within prevention, investigation, accountability, advocacy/victim assistance, and certification standards for those in sensitive positions. In addition to the DoD's strategic plan, the Air Force's **Sexual Assault Prevention and Response Program (SAPR)** reinforces the commitment to eliminate incidents of sexual assault through awareness and prevention training, education, victim advocacy, response, reporting and accountability. The Air Force promotes sensitive care and confidential reporting for victims of sexual assault and holds those who commit these crimes accountable. Preventing sexual assault in the military requires a personal commitment from all service members, at every level, to be a steadfast participant in creating an appropriate culture and upholding standards of behavior and military core values.

The Air Force has **zero tolerance** for any type of sexual assault or attempted assault. The well-being of all Airmen is a primary concern for the Air Force. This concern is displayed by:

− Mutual respect: No Airman should ever be afraid of another Airman.

− Mutual support: Wingmen always take care of their fellow Airmen.

- A strong team: Healthy relationships contribute to a strong team.

- Success: We are winners when we are at our best and take care of each other.

UCMJ Implications and Policy Updates

Sexual assault and some forms of sexual harassment are specifically included in the Manual for Courts-Martial (MCM) Part IV Punitive Articles and in the UCMJ, which means that these are criminal offenses. The following articles provide additional guidance and details:

Article 120 – Rape and sexual assault generally

Article 125 – Sodomy

Article 134 – General article

Article 80 – Attempts

Article 32 section 832 – Investigation

Article 60 section 860 – Action by the Convening Authority

The Rules for Courts-Martial and AFIs, specifically AFI 51-201, discuss how the proper authority shall take immediate steps to determine what disposition should be made in the interest of justice and discipline, and the person accused shall be informed of the charges against them as soon as practicable. There have also been several changes made to increase the victim's rights.

 - The UCMJ Article 6b adopted the Federal Crime Victim's Rights Act of 2004, which added eight (8) victims' rights and the right to seek redress at the service's court of criminal appeals to the UCMJ.

 - The codification and enhancement of victims' rights in the military, including but not limited to the right to: be reasonable protected from the accused, accurate and timely notice of information relating to the case, be heard at appropriate hearings, to confer with counsel representing the government, be treated with fairness and respect for the dignity and privacy of the victim.

 - For offenses committed on or after June 28, 2012, congress eliminated the statute of limitations for sexual assault. A person charged with rape can be tried and punished at any time without limitation. Victims of sexual assault can make a restricted or unrestricted report when they are ready (Art 43, USC 843, new Art 120).

 - Congress implemented requirements for the inclusion of information on sex-related offenses in the personnel service records of members of the Armed Forces. It also requires the commanding officer of a facility, installation, or unit to which the service member is permanently assigned or transferred to shall review the member's history of sex-related offenses in order to familiarize themselves with such history of the member.

Definitions

What is Sexual Assault?

Sexual assault is intentional sexual contact characterized by the use of force, threats, intimidations, or abuse of authority or when the victim does not or cannot consent. As outlined in DoDD 6495.01, *Sexual Assault Prevention and Response (SAPR) Program*, the term includes a broad category of sexual offenses consisting of the following specific UCMJ offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these offenses.

Note: It is important to understand the differences between sexual assault and sexual harassment which was covered in main point 5 (Equal Opportunity and Human Relations). Both behaviors are unacceptable and are in violation of the UCMJ.

What is Consent?

Consent encompasses words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. **An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission** resulting from the accused's use of force, threat of force, or placing another person in fear **does not constitute consent. A current or previous dating relationship** or the manner of dress of the person involved with the accused in the sexual conduct as issue **shall not constitute consent. There is no consent where the person is sleeping or incapacitated, such as due to age, alcohol or drugs, or mental incapacity**.

Who is at fault?

Lack of consent can be inferred based on the circumstances of the offense, such as in determining whether a person gave consent, or whether a person did not resist or ceased to resist only because of another person's actions. Location, meals, dancing, smiling, flirtation, hugging or kissing do not automatically mean a person will consent to sexual contact. Because **consent** from the individual is necessary for sexual contact, sexual assault is **NEVER** the victim's fault. Responsibility falls directly and specifically on the perpetrator.

The Air Force provides a fair and equitable system of accountability to ensure legal fairness, maintain good order and discipline, and promote efficiency and effectiveness. As first line supervisors, you play an integral role in the chain of command in addressing survivor support, as well as alleged offenders' appropriate accountability and support.

This includes:

 - Immediate and mandatory referral of sexual assault allegations to Air Force Office of Special Investigations (AFOSI).

 - Immediate reporting of sexual assault/misconduct, harassment, and inappropriate relationship allegations to senior leadership.

 - Utilizing the military justice system, if a Military Criminal Investigation Organization (MCIO) or the chain of command is aware of an offense. Reporting options must be clear to victims, bystanders, supervisors, and anyone aware of a sexual assault incident.

Reporting Options

The Air Force is committed to ensuring sexual assault victims are protected, treated with dignity and respect, provided support, advocacy, and care. To achieve these objectives, the Air Force has two reporting options: unrestricted and restricted reporting.

Unrestricted Reporting

What is unrestricted reporting?

Unrestricted Reporting is process that an individual covered by AFI 90-6001, *Sexual Assault Prevention and Response (SAPR) Program*, uses to disclose without requesting confidentiality or restricted reporting, that he or she is the victim of a sexual assault. Under these circumstances, the victim's report and any details provided to the SARC, Healthcare Personnel, a Victim Advocate (VA), command authorities, or other persons are reported to law enforcement and may be used to initiate the official investigation process. (SAPR unrestricted reports require a signed DD Form 2910).

As first line supervisors and Air Force leaders, it is important to be aware of concerns that can deter a victim from making an unrestricted report.

- Lack of privacy and confidentiality

- Stigma and shame based on the nature of the crime

- Fear of disciplinary action due to collateral misconduct

- Fear of re-victimization

- Fear of harassment or reprisal from commanders (or equivalent) or colleagues.

What is restricted reporting?

Restricted Reporting is a process used by a Service member to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis. Under these circumstances, the victim's report and any details provided to SARC, Healthcare Personnel, or a VA will not be reported to law enforcement to initiate an official investigation unless the victim consents or an established exception is exercised under DoDD 6495.01. (SAPR restricted reports require a signed DD Form 2910)

Who is eligible to report?

The following individuals are eligible for both unrestricted and restricted reporting options from the SAPR program.

1. Active Duty Members:

   a. who were sexual assault victims perpetrated by someone other than the victim's spouse, same sex domestic partner, and/or unmarried intimate partner.

   b. military members who are Active Duty, but who were sexual assault victims prior to enlistment or commissioning. Members are eligible to receive SAPR services regardless of when or where the assault took place, and may use either reporting option.

     c. dependents, 18 or older, who are eligible for treatment in the Military Health System (MHS), at CONUS/OCONUS installations, and who were victims perpetrated by someone other than the victim's spouse, same sex domestic partner, and/or unmarried intimate partner.

2. AF Reserve and ANG members in Title 10 status:

     a. who are sexually assaulted when performing active service and Inactive Duty Training (IDT) will receive full SAPR support services from SARC, SAPR, VA, and VVA and the appropriate non-medical referrals. Members can report at any time, and do not have to wait to be performing active service or be in inactive duty training to file their report.

     b. if assault occurred prior to or while not performing active service or IDT are eligible to receive limited SAPR support services (refer to AFI 90-6001). Local laws and regulations apply for ANG members in Title 32 status.

3. Non-military Individuals:

     a. are eligible for unrestricted reporting option and to receive emergency medical services at a MTF, if offered at the MTF, at no cost, unless that individual is otherwise eligible as a service member or Tricare Beneficiary.

          1. DoD civilian employee's dependents 18 years and older when they are stationed or performing duties OCONUS.
          2. U.S. citizen DoD contractor personnel when authorized to accompany the Armed Forces in a contingency operation OCONUS and their employees who are U.S. citizens.

Regardless of the eligibility, nationality or military affiliation, **victims (civilian or military)** have the **RIGHT to report** a sexual assault or other criminal activity to AFOSI.

Preventing Sexual Assault – Setting a Healthy Command Climate

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Prevention

The DoD Sexual Assault Prevention and Response Office (SAPRO) is committed to eliminating sexual assault in the Military and fostering a culture of dignity and respect across the Department. SAPRO develops force-wide prevention techniques, practices, and strategies to highlight signs of victimization, stop misconduct, and act to prevent future crimes. SAPRO's approach to preventing sexual assault requires a personal commitment from every Service member. From new recruits to senior leaders, everyone plays a key role in combating the crime.

Air Force Culture of Responsible Choices

The Culture of Responsible Choices (CoRC) initiative helps us to focus on behaviors that impair mission readiness. We place a great deal of emphasis on being responsible when it

comes to drinking alcohol. However, we also have a broader view of responsible choices in many settings. This initiative ties into protecting each other against sexual assault.

"Date Rape" Drugs

Drug-facilitated rape occurs when a perpetrator uses a substance that incapacitates another individual so that the perpetrator can sexually assault him or her. This substance may leave victims with a gap of time in which they cannot remember anything or they remember only bits and pieces. The perpetrator might play the role of "hero" by appearing to help the victim once symptoms start taking effect.

There are a variety of substances that perpetrators may use to sexually assault another individual. Several common types are legal and easily attainable drugs such as tranquilizers and diphenhydramine. Perpetrators also use illegal drugs to incapacitate a victim. Drugs such as Ecstasy, Rohypnol, and GHB and are often placed into a person's drink whether the drink contains alcohol or not. Perpetrators will take advantage of individuals who leave their drink unattended or accept already made or purchased drinks. If a perpetrator gives a victim these drugs, the victim might seem rational in the moment and then be unable to remember what happened the next day. Someone under the influence of these drugs CANNOT give consent to sexual activity.

Alcohol Consumption

While many sexual assaults occur without the involvement of alcohol, alcohol adversely affects decision-making and impulse control. Alcohol degrades one's ability to identify and counter threats in the environment, which may impair the response of those bystanders that could assist an intended victim or deter a potential offender. Effective prevention also requires an understanding of the role alcohol plays in the perpetration of sexual violence. In addition, alcohol can be used by the alleged offender as a weapon to reduce a victim's resistance or fully incapacitate a victim.

Setting a Healthy Command Climate - What Is Your Responsibility?

According to Annual Report on Sexual Assault in the military, there were 1350 victims of sexual assault during FY14.

Survey Findings

The Gallup survey used behavior-based questions derived from specific Uniform Code of Military Justice offenses that cover the full range sexual assaults. The survey results showed that within the 12 months preceding the survey:

- 3.4 percent of women and .5 percent of men experienced sexual assault.

- Only 16.7 percent of women and 5.8 percent of men reported the assault.

- 18.9 percent of women and 2.1 percent of men had been sexually assaulted since joining the Air Force

- 60 percent of women who were raped said they did not want their superiors to know

- 63 percent of women said they "did not want their fellow airmen to know."

- Nearly half said that they "did not want to cause trouble in their unit."

The survey also discovered that most assaults occur while victims are at home station, as opposed to during deployments or temporary duty assignments, and most offenders are other Airmen.

The crime of sexual assault negatively affects Air Force mission readiness and thus requires the full attention of all Air Force members. Historically, issues related to sexual assault were largely viewed as women's issues and as such, educational efforts were geared toward risk reduction versus true crime prevention. The truth is that both men and women as leaders in the Air Force have an important role to play in the prevention of sexual assault. In order to promote a healthy command climate, it is imperative that leaders at all levels emphasize the importance of engaging with subordinates on sexual assault prevention and response, and recognize the signs of possible acts of retaliation, ostracism, maltreatment, or reprisal in conjunction with a report of sexual assault before they occur.

As a leader in the Air Force, you are responsible for preventing sexual assault by setting an example with your own behavior and guiding the behavior of your subordinates as well.

How can you prevent sexual assault? First, walk the talk, don't just talk about ways to prevent it, do it by setting an example with your own behavior:

- Refrain from sexist and gender biased comments, jokes, and actions

- Coach, counsel, and redirect when you hear or see this behavior in others

- If a situation seems dangerous to you, trust your intuition and intervene

Second, actively encourage your subordinates, peers, and supervisors to do the same.

Additionally, military-specific research highlights the contribution that a hostile work environment has on sexual assault. Military research identifies several factors that significantly increase the likelihood of sexual assault within a unit: if the climate is one that is hostile to women (e.g., demeaning, objectifying), the risk of sexual assault increases by six times; officers initiating or allowing demeaning comments or gestures toward women increases the risk of sexual assault by five times. The conclusion of this and other research is that there is a strong positive correlation between the frequency of sexual harassment in a military unit and sexual assault within the unit. Leaders are responsible for creating climates of mutual respect and dignity. To help leaders better understand the factors at play within their units, the Department updated the sexual assault prevention and response questions on the DEOMI Equal Opportunity Climate Survey to better assist commanders to identify damaging attitudes and behaviors within their units. Conducting a climate assessment enhances a leader's knowledge about the specific needs of his or her unit or organization. Commanders must then use this unit-specific information to develop their approach to sexual assault response and prevention. To this end, leaders must employ targeted interventions, standards, and messaging to address issues unique to their unit climate. While prevention programs may draw upon common themes, strategies and messages should be tailored to specific audiences and for specific purposes and circumstances. We must:

- Help Service members recognize and mitigate risk factors associated with sexual assault and influence them to promote protective factors, intervene safely, and support victims;

- Deter Service members from engaging in inappropriate or illegal behaviors inconsistent with our military values; and

- Identify those few who commit sexual assaults so they can be held appropriately accountable.

Individuals Involved in a Sexual Assault

Most assaults–80%–are committed by an acquaintance, and often other people are involved in events that lead to an assault.

- The **perpetrator** is the criminal who assaults the victim. Often perpetrators calculate carefully and their intentions are camouflaged by what seems like common social behavior. In other words, they blend in. They groom their victims looking for vulnerability and accessibility.

- The **facilitator** is a person who enables, encourages, or creates a situation or environment that allows a perpetrator to act. They may also fail to stop someone else; even though they know an attack is possible.

- The **bystander** (witness) is a person who sees the potential for a sexual assault. The bystander may want to act, but may not know what to do. Alternatively, perhaps he or she doesn't feel responsible for the actions of others. However, we are all responsible for the safety of each other.

- The **victim** is the person assaulted by the perpetrator. A victim of sexual assault doesn't expect this kind of criminal act to take place. The victim is never at fault; no one asks to be assaulted. This is the one crime in which society often blames the victim for her or his behavior due to lack of understanding about the true nature of this crime and those who perpetrate it.

"Everyone deserves to be treated with respect and all are responsible for creating a climate where that's the expectation. This involves exercising personal responsibility and moral courage; for example, choosing not to have one more drink or laughing at a derogatory joke when your peers are. It also involves taking courage to let your leaders know when there is a problem." Chief Master Sergeant of the Air Force James Cody.

Responding Effectively to Sexual Assault

If a sexual assault ever happens to one of your subordinates or in your work center, you will need to respond effectively. Several factors will need to be considered and addressed after a sexual assault to include the victim, the alleged perpetrator, the unit, and the reporting procedures. Let us begin by discussing how to respond to the victim.

The Victim

Law enforcement experts recognize that sexual assault is one of the most underreported crimes committed. Many surveys indicate fear and embarrassment as the top reasons why this crime is not reported. Some of that fear and reluctance occurs because in general, little is done in society to protect and support victims of sexual assault, even among groups. We can help change this. By showing compassion and empathy to victims of sexual assault,

individuals will be more likely to come forward. By fostering a supportive and judge free environment for the victim, they are more likely to elect an unrestricted report. In doing so, this benefits the Air Force as a whole; sexual assaults should be investigated and the perpetrators held accountable for their actions.

When a victim comes to you, your first priority is his or her safety and well-being and to let the victim know that you are there for them and support them. Once the immediate needs are taken care of, you should also be prepared for ongoing support of the victim. Seek input from the victim about time-off for counseling or medical issues and any other issues that may impact her or his ability to perform military duties. Work with your supervisor to support the victim through the recovery process.

Sexual assault has long-term implications to the health and well-being of victims. Victims may be physically ill, may be suffering from Post Traumatic Stress Disorder, or they may be depressed or suicidal. We need to remain vigilant Wingmen to the victim during this time. You should be engaged with the victim and be on the lookout for any signs of suicidal tendencies or thoughts, any form of substance abuse, and any signs of depression.

Sexual Assault Response Coordinator (SARC)

The SARC is the single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; coordinates medical treatment, including emergency care for the sexual assault victims; and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution.

SAPR Victim Advocate (SAPR VA)

Victim Advocates are individuals who as a victim advocate shall provide non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support includes providing information on available options and resources to victims. The SAPR VA, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy duties.

Victim Witness Assistance Program (VWAP)

VWAP helps to mitigate the physical, psychological, and financial hardships suffered by victims and witnesses of offenses investigated by AF authorities. They also support fostering cooperation between victims, witnesses, the military justice system, and ensure best efforts are extended to protect the rights of victims and witnesses.

Voluntary Victim Advocate (VVA)

VVAs are military and DoD civilian employees who are selected, trained, and credentialed to provide non-clinical crisis intervention, referral, and ongoing clinical support to adult sexual assault victims. Support will include providing information on available options and resources to the victims. The VVA, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy duties.

Special Victims' Counsel (SVC)

The SVC are attorneys who are assigned to provide legal assistance to sexual assault victims through independent representation; builds and sustains victim resiliency; empowers victims; and increases the level of legal assistance provided to victims.

Mental Health Clinic

The staff at the Mental Health Clinic offers many types of counseling and support programs for victims of sexual assault. They have trained psychiatrists and psychologists on staff to assist victims with recovery.

Note: It is important to understand that under MRE 514, a victim has the right to refuse to disclose and to prevent any other person from disclosing a confidential communication between a victim and a SAPR VA or VVA, in any case arising under the UCMJ, if such communication is made for the purpose of facilitating advice or supportive assistance to the victim.

Consider this list of Do's and Don'ts as a guide for you and your personnel:

DO:	**DON'T:**
– attend to safety and medical considerations first	– blame the victim
– contact the SARC and notify Security Forces	– judge
– be aware of personal biases that might get in your way	– press for details
– listen with sensitivity	– assume that there is only one appropriate reaction to a sexual assault
– be a role model for other responders	

Figure 1. Do's and Don'ts Guide

The Perpetrator

There may be a time when the victim and perpetrator are both in your work center but you must be sensitive and support both. It is human nature to be angry or upset with the alleged perpetrator but you must push your human emotions aside and also protect the alleged perpetrator during the investigation. Remain non-judgmental and remind members of your work center to remain non-judgmental as well. Remind everyone that the matter is being handled by the authorities.

Each accused perpetrator has seven basic rights. The most important one that you need to know and be familiar with is the "Presumption of Innocence". Although we often seem to operate as if someone is "Guilty" until proven innocent, it is supposed to be the other way around. Treating someone as innocent until proven guilty requires us to invoke an important element of our core values…that of giving the accused the "Benefit of the Doubt." Guilt must be beyond a reasonable doubt and be established by legal and competent evidence.

We also need to be vigilant Wingmen with the perpetrator as well. If people are blaming the perpetrator or the perpetrator is angry or depressed because of the situation, we must be engaged and be on the lookout for any signs of suicidal tendencies or thoughts, any form of substance abuse, and any signs of depression. This is a key piece during this time for the perpetrator as well.

The Unit

If a sexual assault does occur in your work center or unit, there will undoubtedly be fallout. Work center or unit cohesion and trust will be hampered, especially in the days after the assault is reported. It's up to you as NCOs to help rebuild the trust and cohesion in your work center or unit.

To rebuild trust and cohesion amongst the people in your work center, do not set a negative tone or add to it by adding to rumors and gossip. NCOs must manage rumors. Meet with your personnel or entire work center and talk directly to them about refraining from gossip and spreading rumors, and let them know they can talk to you at any time. Monitor the climate of the work center or unit by spending time with your people. Communicate regularly and address any potential safety concerns like suicidal warnings, substance abuse, workplace violence, etc.

Reporting a Sexual Assault to the Commander

Commanders notified of a sexual assault through unrestricted reporting must take immediate steps to ensure the victim's physical safety, emotional security, and medical treatment needs are met and that the AFOSI or appropriate criminal investigative agency and SARC are notified. It is important to note that EVERYONE has access to a sexual assault forensic medical examination (within a certain time frame), medical care, counseling, and victim advocate services, regardless of whether they make a restricted or unrestricted report. The SARC and assigned Victim Advocate, and VWAP liaison provide victims with important information about reporting, law enforcement, and criminal justice processes.

Although reporting options are defined above, in summary, **unrestricted reporting** will prompt an official investigation. **Restricted reporting,** allows the sexual assault victim to confidentially disclose the details of his or her assault to specified individuals *without triggering the official investigative process*. Service members who are sexually assaulted and desire restricted reporting under this policy may **ONLY** report the assault to the SARC, Victim Advocate, or a Health Care Provider.

You should know that while your Airmen have all been through sexual assault prevention and response training, some of them still do not understand the difference between restricted and unrestricted reporting. It is critical that they know the following:

If an individual comes to you to report a sexual assault and you are in that person's chain of command, you are a mandatory reporter and the victim will lose the ability to make a restricted report.

NOTE: *If an Airman comes to you and during the conversation you feel that they are about to report a sexual assault, you should stop them and remind them of their reporting options*

before they report a possible sexual assault to you. If the Airman immediatley comes out and says they have been sexually assaulted, there is no way to turn back the hands of time and the Airman will lose the ability to make a restricted report.

	Restricted	**Unrestricted**
Confidential	Yes (with exceptions)	No
Eligibility	Service members and their military dependents 18 years of age and older, and Air Force civilian employees *(AFI 90-6001, 3.2. "Reporting Option Eligibility	All personnel
Law enforcement investigation	No	Yes
Command involvement	No	Yes
Medical exam	Forensic exam	Forensic exam
Medical services	Available	Available
Counseling services	Available	Available
Victim advocate services	Available	Available

Figure 2. Victim Reporting Options

Reporting Outside the Chain of Command

Commanders must take the appropriate steps to guard members against reprisal and or retaliation. SARCs, SAPR VAs, and VVAs will inform, with the victim's consent, the Inspector General (IG) and the Staff Judge Advocate should a victim feel they are being reprised, coerced, ostracized, maltreated, or retaliated against as a result of reporting sexual assault. The IG will investigate covered allegations of reprisal and/or restriction in accordance with 10 USC 1034, DoDD 7050.06, and AFI 90-301. Whistleblowers are protected by various government statutes and acts that prevent federal employees from taking any personnel actions against an employee who has engaged in protected whistleblowing.

If you believe this has happened, contact your SARC or the DoD IG Hotline at https://www.dodig.mil/hotline/submit_complaint1a.cfm.

Sexual Assault Response Report Flow Chart

1

Note: A victim who first contacts law enforcement or chain of command will have only the Unrestricted Report option.

THE VICTIM CONTACTS LAW ENFORCEMENT OR CHAIN OF COMMAND

↓

Unrestricted Report

↓

Military Criminal Investigative Organization (MCIO) notified

↓

SARC notified and assigns SAPR VA

↓

SAPR VA provides crisis intervention, nonclinical support, and an explanation of available resources

↓

Mental Health and Medical Care and Sexual Assault Forensic Exam (SAFE)

↓

Legal Services of Special Victims Counsel (SVC) / Victims Legal Counsel (VLC)

↓

SAPR VA provides ongoing, nonclinical support

↓

Victim receives timely updates on case status from commander after monthly Case Management Group meetings

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THE VICTIM CONTACTS SEXUAL ASSAULT RESPONSE COORDINATOR (SARC), SAPR VICTIM ADVOCATE (VA), OR HEALTHCARE PERSONNEL

↓

SARC notified and assigns SAPR VA

↓

SAPR VA provides crisis intervention, nonclinical support, and an explanation of reporting options and available resources

↓ ↓

Unrestricted Report | **Restricted Report**

Military Criminal Investigative Organization (MCIO) notified | Mental Health and Medical Care and Sexual Assault Forensic Exam (SAFE)

↓ (MCIO notified arrow points to Mental Health box on left) | ↓

| Legal Services of Special Victims Counsel (SVC) / Victims Legal Counsel (VLC)

| ↓

| SARC reports non-personally identifying information to the commander

| ↓

| SAPR VA provides ongoing, nonclinical support

At any time, the victim may switch a Restricted Report to an Unrestricted Report

---

Available Resources to All

Anonymous, Confidential, 24/7

DoD SafeHelpline

1-877-995-5247 • SafeHelpline.org

Advocacy
➢ SARC
➢ SAPR VA

Medical
➢ Care and treatment
➢ Sexual Assault Forensic Exam (SAFE)

Mental Health
➢ Counselors, Psychologists, Social Workers, Psychiatrists

Spiritual
➢ Chaplains

Legal
➢ Special Victims Counsel (SVC)
➢ Victims Legal Counsel (VLC)

NOTE: These steps are based on DoD Directives 6495.01, 1030.01, and Directive Type Memorandum 14-007, and DoD Instructions 6495.02 and 1030.2. The response procedures may vary by Service or installation but must still comply with the requirements in these policies.

Scenario

2   Upon hearing demeaning comments by a few of his subordinates, MSgt Fuller counsels

3   them, and then immediately calls his entire work center together and says, "I will not tolerate

4   sexual, suggestive, or demeaning language, including sexual jokes and sexual-biased

5   remarks. If you hear it, I expect you to remind those involved of the zero tolerance policy

6   and to report the incident to me immediately. Anyone violating this policy can expect swift

7   and severe action. As members of the same team, we need to look out for each other."

8   Crying, SrA Tillman walks into MSgt Fuller's office, shuts the door, and says, "Another

9   member of the work center sexually assaulted me." MSgt Fuller responds, "Are you okay?

10   Do you need medical attention? Do you want to speak with a counselor? SrA Tillman

11   replies, "I'm okay, I just want to make sure it does not happen again to me or anyone else."

12   MSgt Fuller says, "You did the right thing by coming forward with this information." MSgt

13   Fuller called the SARC, Security Forces, and then accompanied SrA Tillman to the

14   commander's office.

15   When MSgt Fuller returns from the commander 's office, he calls in SrA Troy. MSgt

16   Fuller tells SrA Troy, "You've been accused of sexual assault. I can't believe anyone would

17   ever do that. You have issues that you're obviously going to have to work through. I'm

18   putting you on the base detail team, for safety concerns, until you're removed from the Air

19   Force." MSgt Fuller dismisses SrA Troy and walks out of his office. In the hallway there

20   are two SSgts discussing the assault. MSgt Fuller stops and responds, "Rest assured, Tillman

21   is taken care of and SrA Troy will get what he deserves."

SUMMARY *(Sexual Assault)*

The USAF has **zero tolerance** for sexual assault because it is a crime and it goes against our Core Values. The Air Force is a family. We do not prey on one another; we protect one another.

Sexual assault affects everyone: individuals, the unit, and the Air Force itself. This is why an assault on *any* Airman is an assault on *all* Airmen. Perpetrators are more likely to carry out a sexual assault in a climate that condones sexist jokes, sexist gender expectations, and other disrespectful or harmful behavior.

If you become aware of a sexual assault, respond sensitively to the victim, whether female or male. Listen and suspend judgment. Take a stand against any disrespectful behavior toward others, and coach your subordinates to do the same. You are responsible for preventing sexual assault, and for responding sensitively and appropriately when it occurs.

Sexual assault is a crime that damages the entire fabric of the USAF. Perpetrators who commit sexual assaults undermine the Air Force and *do not belong here*. They will accountable for their actions. You, our leaders, must protect the victim and care appropriately for the accused perpetrator, clear the way for the legal system to do its job, and begin the process of rebuilding trust and cohesion among the Airmen involved and your unit. This is a leadership issue.

MP 7. WORKPLACE VIOLENCE

Imagine a violent situation escalates in your work area. Would you be prepared to handle it appropriately? These types of events are becoming more common in today's working environment. While many of these events seemingly happen in the civilian sector, workplace violence is a current issue in the Air Force. Incidents involving fatalities in Myrtle Beach, McGuire, Fairchild, and the Air Force Academy illustrate that you, as supervisors, play a vital role in recognizing potentially violent situations. You should also know how to take proactive measures in reducing the negative impact such incidents might create.

It is vital that leaders set clear standards, promptly address subordinate issues, conduct timely performance counseling, and use discipline and other management tools appropriately. All Air Force Airmen and civilians are obligated to provide a safe and healthy working environment for our work force under the Occupational Safety and Health Act (OSHA). Violence in the workplace sabotages morale, cohesion, and productivity, while even more significantly it often results in a tragic loss of personnel. Most fatalities as a result of violence on our installations were determined to be extensions of domestic disputes. This points out that we can no longer assume individual duty performance is somehow insulated from off duty behavior and problems. These fatalities occurred at the employee's work site or at public service offices (e.g., base legal office). Examples of less lethal, but equally disruptive incidents of workplace violence consisted of shouting matches, sexual harassment, fist fights, bomb threats, sabotage, vandalism, stalking, computer viruses, and assaults with a deadly weapon.

Psychological research has consistently shown that change, even positive change, produces discomfort that is stressful which can cause emotional and physical illness. The pace and intensity of change, combined with an uncertain economy, the downsizing of our work force and the threat of possible job loss, and the impact of these events on the individual, and family indirectly translates into an undercurrent of anxiety, doubt, and even despair.

To compensate for these feelings, and compensate for very real feelings of helplessness in the midst of these changes, some individuals resort to acts of intimidation often escalating to violence. We all need to be aware of our actions and their impact on our Air Force coworkers. Awareness and understanding will make us more sensitive to possible volatile situations. Recognizing the warning signs, knowing how and where to obtain assistance, and taking proactive steps will reduce incidents and make our Air Force an even more effective, efficient, and caring place to serve our country. It is exactly now, during this time of intense change that our people need to know and see our concern for them.

With that in mind, we'll begin this section by defining common terms associated with workplace violence then cover common factors and triggers that foster workplace violence. After that we'll look at the workplace violence awareness team, threat assessment protocol, methods for dealing with difficult people, and observable behaviors of a potentially violent person. Next, we examine the theory of negligent supervision, supervisor actions following a threat allegation, proactive steps to prevent violence in the workplace and wrap up with how to respond to violent acts in the workplace.

Definitions

Definition of Workplace Violence:[21]

"Workplace violence can be any act of violence, against persons or property, threats, intimidation, harassment, or other inappropriate, disruptive behavior that cause fear for personal safety and/or involve a substantial risk of physical or emotional harm to individuals, or damage to government resources or capabilities."

Workplace violence most often involves aggressive behavior toward peers, subordinates, supervisors, and other members of the workforce. This can range from verbal abuse to physical violence. Aggression may occur as a response to many situations. Common examples are when individuals face the loss of a job, are passed over for promotion, or perceive favoritism toward others in the work environment.

According to 2002 U.S. Department of Justice, Federal Bureau of Investigation report, specialists have come to a consensus that workplace violence falls into the following four broad categories:[22]

> TYPE 1: Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime.

> TYPE 2: Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.

> TYPE 3: Violence against coworkers, supervisors, or managers by a present or former employee.

> TYPE 4: Violence committed in the workplace by someone who doesn't work there, but has a personal relationship with an employee—an abusive spouse or domestic partner.

Assault: A violent physical or verbal attack, an unlawful threat, or an attempt to do violence or harm to somebody else.

Aggravated Assault: Causing serious physical injury to another; using a deadly weapon or dangerous instrument; committing an assault by any means of force that causes temporary but substantial disfigurement, temporary but substantial loss or impairment of any body organ or part or a fracture of any body part; committing an assault while the victim is bound or otherwise physically restrained or while the victim's capacity to resist is substantially impaired.

Inaction: Not taking action associated with workplace violence when warning signs are evident.

Overconfidence: When one responds to a workplace violence incident with an "I can handle it" attitude when the right thing to do is consult with professional help.

Zero Tolerance Policy: Places all employees on notice that threats, assaults, or other acts of violence, made directly or indirectly, even in jest, toward other employees or customers will result in severe disciplinary action. Employees subjected to a threat or assault must immediately report the incident to their commander. Employees are also encouraged to report any unusual situation that has the potential to cause workplace violence.

Workplace Bullying: The repeated, unreasonable, and unwanted actions by individuals or groups directed at individuals or groups with the intent to intimidate, harass, degrade, or offend.[23]

With terms and definitions covered. Let us examine factors and common triggers that foster workplace violence.

Factors and Common Triggers

- Changes in policy, procedures, and working conditions

- Frustration over an unmet need or demand

- Perceived/actual rejection or loss of love (fatal attraction, end of a relationship, and divorce)

- Perceived or actual loss of status (loss of position, title or rank)

- Perceived or actual loss of advancement (passed over for promotion, reduction in force, not selected for special positions or assignments)

- Perception of supervisor (or organization) as unjust (rewards, recognition, excessive temporary duty/denial of leave, long working hours, inappropriate distribution of work tasks)

- Discrimination

- Projection of blame, "I didn't do anything, they're out to get me."

- Concluding that "They can't get away with this."

- Alcohol or drugs

- Sleep deprivation.

- Feelings of humiliation and rage

- Death of family member

- Discharge for discipline or poor performance

- Financial difficulties

- Retirement concerns

- Loss of employment benefits or entitlements.

- Selective Early Retirement Board determination

- Unemployment, and fear of job loss

Workplace Violence Awareness Team (WVAT)

The good news is we do not have to go it alone when dealing with actual or potential workplace violence. Most bases have a *Workplace Violence Awareness Team* (WVAT) dedicated to helping us prevent workplace violence and, when necessary, helping us handle the situation during and after an event.

The team typically includes:

- Supervisor
- Family Support Center
- Behavioral Science Flight
- Chaplain
- Military Equal Opportunity Office

- Civilian Personnel Office
- Security Forces
- Exclusive Recognized Union
- Office of Special Investigations

Given the team's existence, there should never be a case of negligent supervision, but unfortunately, it does occur.

Theory of "Negligent Supervision"

In an article titled, "Making sense of violence in the workplace" (Risk Management, Oct 1995) author Susan Kelley notes: "Courts frequently recognize the theory of negligent supervision when one employee alleges that an employer should have taken reasonable care in supervising a second employee who is threatening the first with violent conduct. As representatives of our employer, we must be diligent about preventing workplace violence. Nevertheless, despite our best efforts, violence does occur and when it does, we must be prepared to take appropriate, effective, and legal action.

Threat Assessment Protocol

This protocol provides a meaningful line of inquiry to help collect information after learning of a possible threat of violence. Use it to guide your assessment of the potential threat and to help predict future violence (further threats or actions). *Caution: This protocol is not meant to substitute or interfere with an administrative investigation or a criminal investigation and/or prosecution.*

Your goal is to keep the workplace and the potential individual targets safe by gathering source data and subject interview data and by predicting future violence.

Source data is information that answers the following questions:

- What exactly was said or done?

- What is the relationship between the subject (threatener) and the hearer (potential victim)?

- How long has there been a problem?

- Has the victim sought restraining orders?

- Does the perpetrator know the victim's work schedule?

- Does the perpetrator know other employees?

- Are any other employees involved perhaps in a love triangle?

- What is the context of the threat, gesture, or act?

- What happened just before and just after the threat, gesture, or act?

- Why does the hearer feel concerned or fearful?

- Are there other witnesses or individuals with relevant information?

- Where is the subject now?

Subject interview data is information that answers the following questions:

- Intent, plan, and means to perpetrate violence?

- Subjects perspective on the trigger incident/accusation?

- Any compulsive, paranoid, antisocial, or dependent personality features?

- Any features of impulsiveness, brooding, or sense of "being wronged"?

- What is subject's history?

- Alcohol and drug use/abuse?

- Any history of violence against the victim or former romantic partners?

- History of other forms of violence?

- Does psychological testing show evidence of severe mood, thought or personality disorder (See DeBecker below)?

DeBecker's[24] "JACA" is a useful tool for predicting the likelihood of future violence. It is a strong indication that future violence is likely whenever one or more of the letters (JACA) in the model describe the subject (threatener).

(J) Perceived Justification: Does the person feel justified in using violence?

(A) Perceived Alternatives: Does the person perceive available alternatives to violence?

(C) Perceived Consequences: How does the person view the consequences associated with using violence?

(A) Perceived Ability: Does the person believe he/she can successfully deliver the blow, bullet, or bomb?

Given our primary goal of preventing workplace violence, it's important to recognize how and why certain situations result in violence. In our daily contacts with subordinates, peers, supervisors, customers, and so forth we should anticipate confronting difficult situations from time to time. By anticipating these situations, we can be proactive in preparing ourselves and our subordinates to deal with difficult situations. There are a number of actions you can take to keep such encounters from escalating.

Workplace Bullying

In simple terms, workplace bullying is abuse or misuse of power and is considered psychological violence. It includes actions, decisions, and behaviors such as unwarranted or invalid criticism or blame without factual justification, treating some members differently than others, and excluding certain members from events to isolate them socially. It also includes physical intimidation (proximal), shouting, swearing and taking actions that embarrass or humiliate the target. Workplace bullying shows up in the form of practical jokes, micro-management and/or purposely withholding vital information, setting impossible goals for subordinates, blocking potential training and or promotion, and even tampering with a target's belongings.

Workplace bullying happens four times more often than illegal harassment yet over 60 percent of employers/supervisors ignore it. Perhaps if more supervisors realized the impact bullying has on their mission (absenteeism/high turnover, decreased productivity/morale, increased physical/mental illnesses, increased accidents on the job, and even violence) they would take action to stop workplace bullying.

Unfortunately, bullying in general is not illegal in the U.S. unless it involves harassment based on race/color, creed (religion), national origin, sex, age (40+), disability, HIV/AIDS, or Hepatitis C status. Workplace bullying is not the same thing as illegal harassment which is defined as offensive and unwelcome conduct, serious enough to adversely affect the terms and conditions of a person's employment. It's also not about retaliation, which typically occurs only after some adverse employment action.

Workplace bullying is all about control. The real problem lies in identifying and stopping it. Bullies are experts at looking innocent or being able to rationalize their behavior. Because bullying is not illegal, and because bullies are so clever, it's important for NCOs to know how to combat this particular kind of workplace violence.

Stopping workplace bullying begins with recognizing the behavior for what it is and then documenting the behavior. Best practices include establishing a zero tolerance policy, clearly defining acceptable/unacceptable workplace behavior, taking all complaints seriously and immediately addressing unacceptable behavior.

Despite all the above, bullying and workplace violence still occurs. When it does, it's important to have a plan for dealing with difficult people.

Methods for Dealing with Difficult People

- Be aware of what is going on around you. For example, if you overhear loud, angry, or abusive remarks directed at a member of your team, distract the visitor by asking a question or saying hello. Then, if possible, escort the person to a more private location to continue the conversation in a calmer atmosphere.

- If you know you will be meeting with someone who may become upset or threatening, have your supervisor or a coworker sit in on the meeting or remain within earshot. Otherwise, notify others in the office area to get your supervisor or manager if they hear the person become—and remain—loud and angry.

- If a person becomes abusive or threatens, you while you are in your work area, especially a closed room, get up and walk to the door while you continue to talk with the individual. Tell the person you need to get some information and walk out of your office. If you sincerely feel you face imminent harm, fake illness or a forgotten errand and leave your work area, explaining why you're leaving and saying you'll be right back. Notify your supervisor or, if necessary, Security Forces via the "crime stop line" or "911" immediately.

- If you have reason to believe an abusive person is intoxicated or under the influence of drugs, or may not be in touch with reality, don't take chances! That the person could become violent, so notify Security Forces immediately.

- Most often, you can defuse unpleasant situations by simply listening to the person's complaints. Listen patiently, ask questions, avoid defensiveness, and truly attempt to assist the person. This alone often reduces the potential for violence. In addition, speaking softly and slowly may encourage the person to turn down the volume.

Always remember, you do not have to put up with abuse, whether verbal or physical. If the situation does not improve after trying the above actions, get away from the person and notify your supervisor and/or Security Forces immediately. If you must call Security Forces, be prepared to tell them why you are calling, your location, your name, and how the person is threatening you (e.g., fist, weapon, etc.).

As enlisted leaders, we must be vigilant about potentially dangerous situations and act prudently in reducing conflict. This means we must be alert to

potentially violent persons and be diligent about observing the behaviors of those around us. Below are five observable behaviors of a potentially violent person.

- Standing history of complaints

- Feelings of victimization related to a failure to accurately perceive their role in poor interpersonal relationships or in adverse administrative actions

- Increasing angry or sullen moods

- Increasing happiness, exuberance in a person who is normally quiet and reserved

- An individual who has threatened that some violent act or confrontation could happen

Just as in suicide, **there is often plenty of warning** that violence is about to erupt. Unfortunately, too many supervisors or coworkers are intimidated by this type of individual, and do not appropriately confront them (almost always male), which only serves to reinforce the sense of power through intimidation the avenger feels.

> *Another common, but equally dangerous reaction of others is to down play the likelihood of violence with such armchair psychology as, "that's just the way _____ is, he would never do anything."*

Research suggests that an individual with the propensity to commit homicides in the workplace is typically a male in his 40s who is distrustful, paranoid, unable to accept alternative viewpoints, and does not take responsibility for his shortcomings.

Generally seen as a loner, this person is obsessed by weapons, paramilitary gear and magazines, and has made threats or otherwise expressed an intention to use violence to solve a problem at work. However, they often ***do not*** have a history of actual mental illness or violent outbursts.[25]

Those who commit assaults in the workplace, *but who do not* "hunt others down" with intent to inflict death tend to be younger males with a history of violence and who are possibly drug involved.

A second, very real, and growing threat for workplace violence is not the aggrieved, terminated employee described above, but "the angry lover." A recent survey of security directors for 248 companies in 27 states found that 93% rated domestic violence as an increasing security problem relative to other security issues.

The Labor Department's Bureau of Labor Statistics reports that slightly more than 10% of the men that die at work die are murdered, but it is more than 40% for women. Inaction by supervisors in these "personal problems" can prove fatal.[26]

<u>Supervisor Actions Following a Threat Allegation</u>

While these may seem like tasks for Security Forces or the OSI, the concerned supervisor should also be in the loop for this information. Ms Kelley, cited on page 24, recommends the supervisor take the following actions when possible, once a threat allegation has been made:

- Relocate the workstation of threatened employees.

- Alter the employees work schedule.

- Provide photographs of stalkers or alleged perpetrators (spouses) to receptionists and security officers/forces.

- Encourage law enforcement to enforce restraining orders.

- If threats are recent, provide employees with time off.

- Deploy security cameras near entrances to employees work areas.

- Place silent alarms at employee workstations.

Recovering From a Workplace Violence Emergency

As mentioned earlier, despite our best efforts, workplace violence occurs. When it does, NCOs must be aware of the three stages of "crisis reaction" following a violent incident.

Stage One: In this stage, the unit members experience emotional reactions characterized by shock, disbelief, denial, or numbness. Physically, members experience shock or a fight-or-flight survival reaction in which the heart rate increases, perceptual senses become heightened or distorted, and adrenaline levels increase to meet a real or perceived threat.

Stage Two: This is the "impact" stage where unit members may feel a variety of intense emotion, including anger, rage, fear, terror, grief, sorrow, confusion, helplessness, guilt, depression, or withdrawal. This stage may last a few days, a few weeks, or even a few months.

Stage Three: This is the "reconciliation stage" in which unit members try to make sense out of the event, understand its impact, and through trial and error reach closure of the event so it does not interfere with their ability to function and grow. This stage may be a long-term process.

While it is difficult to predict how an incident will affect a given individual, several factors influence the intensity of trauma. These factors include the duration of the event, the amount of terror or horror the victim experienced, the sense of personal control (or lack thereof) the member had during the incident, and the amount of injury or loss the victim experienced (i.e., loss of property, self-esteem, physical well-being, etc.). Other variables include the person's previous victimization experiences, recent losses such as the death of a family member, and other intense stresses.

Proactive Steps to Prevent Violence in the Workplace

Many incidents of workplace violence can be prevented by some direct, if not always simple, precautionary actions.

1. Physical Security Measures: These include reducing the number of exterior entrances, adding entry control devices and panic buttons (alarm indicators to alert security), and periodic physical security surveys. Other actions include using an

internal rumor control "hot line" to reduce stress and use of local resource protection/crime prevention specialist for training, education, and evaluation.

2. <u>Pre-assignment Screening</u>: One of the best ways to prevent violence in the workplace is by not hiring a violence-prone individual in the first place. A good checkpoint is the screening process, which occurs whenever a member, contractor, or other personnel need to have special credentials for the performance of their duties. Examples include security clearance, unescorted entry and work with the Personnel Reliability Program. In these and other credentials situations the Defense Investigative Service screens all personnel. For members already on active duty, mental health and/or the aero medical squadron carefully screen any potentially disqualifying information.

3. <u>Training</u>: The following topics are considered essential for supervisors to help them create a workplace environment in which violent outbursts may be less likely to occur. When leadership is knowledgeable about these issues they can be confident that their workplace is equipped to prevent, defuse or respond to violence.

   a. *Establish Clear Policies*: Zero tolerance for violence, including intimidation through verbal or physical means and require a 100% reporting policy for all incidents.

   b. *Give Members a Voice*: Promote communication channels that keep members from feeling helpless and helps resolve conflict. Establish an atmosphere where individuals know they can, without fear of retaliation, approach you for complaint resolution. Remember, a smoldering pot will always boil over.

   c. *Stress Management*: The old mind set saw expressions of stress, depression, marital problems, decreased morale, and productivity as signs of individual failure. Today, we know that seeking help for these issues is a strength not a weakness. As leaders we must ensure our Air Force family is aware of and takes advantage of all support/resources possible to help decrease stress.

   d. *Marital/relationship counseling*: Military supervisors at all levels often expect members to leave their personal problems at the front door. However, quality of life surveys consistently tell us that our people work (and fight) their best when they know their loved ones are taken care of back home. Therefore, it is incumbent on us to provide all available resources to our people to preserve their marital or intimate relationships.

   e. *Alcohol/Drug Abuse*: Because supervisors are "key" to identifying potential abusers and in reducing possible violence in the workplace, it is paramount that NCOs understand alcoholism, drug abuse, and other destructive behaviors.

f. *Diversity Training and Conflict Resolution*: Differences are critical if new ideas and new procedures are to be generated in our ever-changing society. However, some workplace violence stems from misunderstanding or outright prejudice. Leaders must tap into the myriad of training available to educate our work force on diversity and conflict resolution.

g. *Reducing Risk When Taking Disciplinary Action*: Discipline often becomes a trigger event to violence or retaliation. Always use effective counseling principles when taking disciplinary action. It is especially important to remember that the true purpose of disciplinary action is rehabilitative rather than punitive. Nevertheless, there are times when termination of employment becomes necessary.

In light of the increasing threat of employment-related violence, consider the following when dealing with members being involuntarily separated

- Be sensitive to the fact that involuntary separation is highly stressful to most people

- Give separation notices at the end-of-the-day

- Escort individuals from the location of the termination meeting to the exit of the installation

- If members are allowed to clean out their desk, room, office, etc, ensure they do so in your presence

- Recommend restriction from the installation when "probable cause" indicates terminated members' potential for violence

4. Evaluation: Units should have in place a mechanism to evaluate what took place to determine if everything was done that could have been done to prevent the incident and to determine what can be done to prevent it from happening again. Always include threat assessment and emergency response teams as part of this process.

Recognizing workplace violence and handling the actual event and the aftermath are very important leadership responsibilities. Handling the process effectively requires training, education and the diligent application of the concepts discussed above. Now let us turn our attention to another important leadership responsibility, Suicide Awareness and Prevention.

MP 8. Emergent Leadership Interpersonal Skills Practice

This Main Point is an in-class room exercise. You will be given an Emergent Leadership Issue and apply what you learned in the Interpersonal Communication Skills lesson to open, attend, respond, resolve, and close an interpersonal session. You will be evaluated on conducting the interpersonal session using the

interpersonal communication skills model used during your Interpersonal Communication Skills lesson.

Today you will conduct a counseling session to address the current situation…

Session 1: SUICIDE AWARENESS AND PREVENTION:

SrA _____ is one of your average Airmen. You know he's been behind in his bills and last week his car was repossessed. To top it all off, you've heard from the first sergeant that SrA _____ might not be able to re-enlist due to no vacancies in his current AFSC. Lately, you've noticed that he seems depressed and is isolating himself from the other Airmen. You finally decided to act when you heard SrA _____say that he was done trying since nothing he does matters.

Session 2: STRESS MANAGEMENT

A1C _____, one of your best Airmen, usually performs far above expectations, but lately he/she seems stressed out. He/she has trouble staying focused on tasks and continuously snaps at fellow co-workers. Although the operations tempo has increased because of deployments, everyone else, except your Airman, seems to have adjusted to it.

Session 3: EO/HUMAN RELATIONS

A1C _____ is a solid worker but has had problems in the past with containing his sense of humor. One day a female Airman came by your office and mentioned to you that A1C _____ had made some rather demeaning comments towards her, and she did not feel comfortable working in the same vicinity as him. Because she felt this way, she was not able to focus on her work and accomplish her duties.

Session 4: SUBSTANCE ABUSE INTERVENTION

A1C _____ is an outstanding worker, but is known around the office as a bit of a party animal. He/she has arrived late to work two days straight, and his/her personal appearance was unacceptable on both days. To top it off, you could smell the alcohol on his/her breath. Word is starting to spread around the work center that A1C _____ may possibly have an alcohol problem.

Session 5: SEXUAL ASSAULT PREVENTION AND RESPONSE

Amn _____ is normally outgoing and extremely social. Recently, there was a party at the dorms and Amn _____ attended with some of the other Airmen in your work center. Even though you have stressed having a wingman to your Airmen, some of them consider a wingman a "blocker" to having a good time. You heard that Amn _____ was separated from his/her wingman and no one saw him/her until the next day. Since the party, Amn _____ has been withdrawn and quiet, definitely not his/her usual behavior. You think something might have happened to Amn _____ at the party, but you are not sure. Therefore, you ask Amn _____ to come see you.

Session 6: WORKPLACE VIOLENCE

SrA _____ is one of your more disgruntled, yet experienced Airmen. He/she is never at a loss of words to express him/herself, especially when he/she is unhappy. Lately, you have noticed that he/she has been condescending and rude to many of his/her co-workers. Yesterday, you heard that SrA_____ put his/her finger in another Airman's face and dared

him/her to do anything about it. Because of SrA _____'s rank, many of the younger Airmen are hesitant to say anything about it.

Session 7: EO/HUMAN RELATIONS

Amn _____ is one of your best workers, but lately you've noticed a decline in his/her performance. He/she is usually the first one to volunteer to take on a task, until recently. Although he/she is the newest member of your team, you thought he/she would fit it, but that's not the case. You've also noticed that the other Airmen tend to leave Amn_____ out of activities and that concerns you.

Session 8: WORKPLACE VIOLENCE

A1C_____ recently PCS'd into your work center. Although you haven't had the time to get to know him/her personally, you can tell that he/she hasn't been fitting in with the team. The other day, you saw SrA Plinkett yelling and pointing his finger in A1C _____'s face. Although you corrected Plinkett's behavior on the spot, there still seems to be some animosity between the two Airmen and you want to find the underlying cause of it.

Conclusion

These emergent leadership issues are concerns Air Force leaders will continue to face. It is imperative that leaders get to know their Airmen, provide an environment of open communication, and be familiar with the various agencies that can assist personnel in need of assistance. While prevention is the ultimate goal, we are not always able to prevent these issues from arising within our units. Therefore, it is important that we take care of people in order to effectively accomplish the Air Force mission.

NOTES

[1] As quoted by Captain Chad E Morrow, 42 MDOS/SGOMH (Note: Thomas Joiner is the author of this Theory)

[2] http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=LeadersGuideDistress&doctype=subpage&docname=CTB_030793&incbanner=0

[3] Air Force Instruction (AFI) 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 24.

[4] Ibid, 3-5.

[5] Ibid, 23.

[6] Air Force Instruction (AFI) 36-2618, *The Enlisted Force Structure*, 6-8.

[7] Air Force Policy Directive (AFPD) 36-27, *Social Actions*, 1.

[8] Air Force Instruction (AFI) 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 14.

[9] Air Force Instruction 44-121 (2001) Alcohol and Drug Abuse Prevention and Treatment (Adapt) Program (Change 5, 22 April 2010)

[10] Air Force Instruction (AFI) 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 12.

[11] See AFI 44-121, Table 3.1 for more examples

[12] John B. Miner, *Organizational Behavior: Performance and Productivity* (New York, Random House Inc., 1988), 95.

[13] Joy Henshall and Bernard Keys, *Supervision: Concepts, Skills, and Assessment* (New York, John Wiley & Sons, 1990), 420.

[14] National Institute for Occupational Safety and Health, "Stress…At Work," http://www.cdc.gov/niosh/stresswk.html.

[15] Stephen P. Robbins, *Organizational Behavior: Concepts, Controversies, and Applications* (New Jersey, Prentice Hall, 1989), 506.

[16] Ibid., 507.

[17] Ibid., 511-512.

[18] Ibid., 515-516.

[19] Ibid., 516-518.

[20] United States Department of Defense Web site, "Remarks by Secretary Cohen at U.S. Air Force Academy Graduation," http://www.defenselink.mil/releases/1997/b053097_bt277-97.html.

[21] As no official definition exists, this definition was compiled from several DoD sources, and approved through the 42 ABW mental health clinic (Captain Chad E Morrow, 42 MDOS/SGOMH)

[22] http://www.fbi.gov/publications/violence.pdf

[23] http://www.lni.wa.gov/safety/research/files/bullying.pdf

[15] DeBecker, Gavin (1997). The Gift of Fear: Survival signals that protect us from violence. Little, Brown and Co.

[25] Budd, Frank., Lt Col (Dr.) Behavioral Sciences Flight Commander. Violence in the workplace; A handbook for prevention and response. Developed by 437th Medical Operations Squadron Charleston AFB, SC.

[26] Ibid