# AIR FORCE SENIOR NONCOMMISSIONED OFFICER ACADEMY

# STUDENT GUIDE

## PART I

## COVER SHEET

**LESSON TITLE:** LM09, EMERGENT LEADERSHIP ISSUES

**METHOD:** DL Content/ALE Core Lesson

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**REFERENCES:**

42 MDG. Mental Health Flight’s training program (Excerpt).


Air Force Instruction (AFI) 44-121. (2014). *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program, Table 3.1.*


Air Mobility Command Culture Booklet V3 (Jun 10).

Air Force Medical Support Agency (AFMSA)/SG3OQ. (2013). *AF Active Duty and AF Total Force Suicides.*


As quoted by Captain Chad E Morrow, 42 MDOS/SGOMH (Thomas Joiner is author of this theory).

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.


**SEXUAL ASSAULT RESPONSE AND PREVENTION REFERENCES:**

Attendance at portion of the Human Relations Training block at Basic Military Training (BMT) (February 10, 2005).

Attendance at BMT Graduation, Warrior Week Culminating Event, various Tech Training classes and meetings, visiting dorm and bar settings of new Airmen (March 11-12).

Close examination of Air Force Targeting Sexual Assault Training Video.

Consultation and working sessions with Sexual Assault Expert, Anne Munch.

Consultation and working sessions with Sexual Assault Expert, Jackson Katz.

Consultation with Dr. David Lisak, forensic consultant, sexual assault expert, and consultant to the Air Force’s top leadership.

Direction from Charlene Bradley, Jim Russell and Claudia Bayliff.

Discussion with Dr. Chris Revis, clinical psychologist from Sheppard Air Force Base, Wichita Falls, TX.


Guidance and direction from Lt Col. Pyles in terms of the problem, the audience, the Air Force message and his recommendations on how to address.


Internal Ninth House team discussions, particularly with Tony Mitchell related to his conversations with Brig. Gen. K.C. McClain, Gen. Donald Cook, and other leaders
within the U.S. Air Force.

Interviews with Airmen; attendance at Tech Training Sexual Assault briefing July 6, 2005.


Meetings and attendance at FTAC (Sexual Assault) training with Chief Tony Wyatt and Chief Lisa Mathis at Scott Air Force Base; May 31-June 1, 2005.


Pilot test of BMT Sexual Assault Course at Lackland and Randolph Air Force Bases, April 28-29, 2005.

Review of additional Air Force Materials, particularly Sexual Assault Prevention and Reporting slides from training program delivered by Dr. Moerbe and Basic Military Training Study Guide.


Review of Air Mobility Command Personal Safety Survey results, conducted in 2004.


Research of several Web sites and articles related to this population, the Air Force in general, and the history of Sexual Assault in the Air Force as portrayed by the media (extensive list of Web sites reviewed available upon request).


Video: Playing the Game: Date Rape, Intermedia ©Healthvisions.
Video: “When a Kiss is not just a Kiss” Sex Without Consent, Mumbleypeg Productions.
Video: Choices Have Consequences – Air Force program.
Video: When Romance Turns to Rape, Britannica.
Video: Seattle Rape.

Working sessions with Lt Col. Pyles, Dr. Charlotte Moerbe, psychologist and one of the first Air Force Sexual Assault Response Coordinator (SARC), Captain Gene Hayden, Master Sgt. Tami Creviston and Tech. Sgt. Roxie Farnington.

PART I A

DL COURSE GOAL: Prepares Senior NCOs to lead the enlisted force in the employment of air, space, and cyberspace power in support of our national security objectives.

GENERAL LEARNING OUTCOME: Upon completion of this lesson, students are better prepared to lead and manage more effectively.

SUPPORTED COMPETENCIES/DIRECTIVES:
The Emergent Leadership Issues lesson supports the following AF Institutional Competency / Sub-competency:

- Leading People: Takes Care of people.
- Embodies Airman Culture: Ethical Leadership and Warrior Ethos.

The Emergent Leadership Issues lesson supports AFI 36-2618 The Enlisted Force Structure: SNCO Responsibilities

The Emergent Leadership Issues lesson supports Air Force Core Values: Excellence in All We Do

TERMINAL COGNITIVE OBJECTIVE: Comprehend Emergent Leadership Issues and/or their impact on subordinate, SNCO, unit, and mission effectiveness.

TERMINAL COGNITIVE SAMPLES OF BEHAVIOR:

1. Explain Emergent Leadership Issues and/or their impact on subordinate, SNCO, unit, and mission effectiveness.
2. Give examples of Emergent Leadership Issues and/or their impact on subordinate, SNCO, unit, and mission effectiveness.
3. Predict the impact of Emergent Leadership Issues on subordinate, SNCO, unit, and mission effectiveness.
## PART IB

### LESSON OUTLINE:

### CONTENT

## INTRODUCTION

### MP 1: AF “Wingman” It’s a Concept
- **A.** Resiliency
  - 1. Four Pillars of Fitness
  - 2. The Five Cs
- **B.** Basic Risk Management

### MP 2: Substance Abuse Intervention
- **A.** Terms and Definitions
- **B.** Roles and Responsibilities of Senior Leaders
- **C.** Effects of Substance Abuse
- **D.** Education, Counseling, Referral, and Follow up

### MP 3: Sexual Assault, Prevention, and Response
- **A.** Impact of Sexual Assault
- **B.** Definitions
- **C.** The Role of Alcohol and Drugs
- **D.** Individual Involved in a Sexual Assault
- **E.** Preventing Sexual Assault – What Is Your Responsibility?
- **F.** Reporting Options and Procedures

### MP 4: Workplace Violence Intervention and Prevention
- **A.** Definitions
- **B.** Workplace Bullying
- **C.** Methods for Dealing With Difficult People
- **D.** Supervisors Actions Following a Threat Allegation
- **E.** Recovering from a Workplace Violence Emergency
F. Proactive Steps to Prevent Violence in the Workplace

MP 5: Suicide Awareness and Prevention

A. Terms and Definitions
B. Basic Information and Trend Data
C. Advanced Warning Signs
D. Leadership, Knowledge, Skills, and Attitudes
E. Limited Privilege Suicide Program
F. Investigative Interview Hands Off Policy
G. Commander Directed Mental health Evaluation

CONCLUSION: Summary

PART II

STUDENT READING

Just about every day we lose Airmen, Soldiers, Sailors, and Marines. I’m not talking about combat; I’m talking about suicide, substance abuse, workplace violence, and other risky behaviors that rob us of our most precious resource, our people.

If we’re going to stop the bleeding, we must first understand the importance of embracing and promoting a Wingman culture and the necessity for modeling behaviors that push us outside our comfort zones, especially those behaviors that demonstrate seeking help is strength.

MP 1: AF “WINGMAN” IT’S A CONCEPT

The term Wingman stems from a time-honored tradition within our Air Force flying community that essentially says a lead pilot will never lose his or her Wingman. It’s a promise, a pledge, a commitment between Airmen who fly.

“It’s Airmen taking responsibility for each other by being alert to other Airmen in distress and intervening when they need help and by seeking help from our Wingman when needed. Wingmen operate as a pair...watching each other’s backs!”

In the 90s, the Air Force began cultivating and instilling the Wingman culture of commitment across all career fields and specialties. The Wingman concept is more than an event; it is a culture of Airmen taking care of Airmen 24/7, 365 days a year. The Wingman philosophy requires confidence and a willingness to approach others who appear to need help and it requires the ability to tolerate negative emotions!

Wingmen help fellow Wingmen deal with stressors in their lives by careful and deliberate use of the ACE model for intervening with those at risk:
- **Ask** your Wingman
  - About the warning signs of distress?
  - Directly “Are you having thoughts of killing yourself?”
  - To access the status of wellness (Physical, Emotional, Social, and Spiritual)?

- **Care** for your Wingman
  - Calmly control the situation.
  - Show sincere concern and actively listen to show understanding.
  - Remove any items that could be used for self-injury.

- **Escort** your Wingman
  - Never leave your Wingman alone or allow him or her to engage in self-destructive behavior.
  - Escort to someone who can help – chain of command, mental health, chaplain, medical provider: stay until positive handoff is complete.
  - Call the National Suicide Prevention Hotline, 1-800-273-8255 (TALK), to speak to a veteran/military counselor.

True Wingmen remain *Alert, Get Involved, and Take Action* because they believe getting help is a sign of strength—NOT weakness!

“*The wingman is absolutely indispensable. I look after the wingman. The wingman looks after me. It's another set of eyes protecting you. That's 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

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**A. Resiliency**

Resiliency is the ability to withstand, recover, and/or grow in the face of stressors and changing demands.°°

Deficits in resiliency can lead to problematic behaviors which can include suicide, alcohol misuse, family discord, violent or reckless behaviors, and preventable on- and off-duty mishaps resulting in injury or death.°°° Preventable mishaps degrade combat readiness, bring pain and suffering to Airmen and their families, and levy a financial burden on the American taxpayer.°°°°

1. **The Four Pillars of Fitness**°°°°

Highly resilient Airmen and their families are mentally, socially, physically, and spiritually fit.

*Mental Fitness* is approaching life’s challenges in a positive way by demonstrating self control, stamina, and good character with choices and actions.
Social Fitness is developing and maintaining trusted, valued friendships that are personally fulfilling and foster good communication, including exchange of ideas, views, and experiences.

Physical Fitness is performing and excelling in physical activities that require aerobic fitness, endurance, strength, flexibility, and body composition derived through exercise, nutrition, and training.

Spiritual Fitness is strengthening a set of beliefs, principles, or values that sustain a person beyond family, institutional, and social sources of strength.

The Wingman concept is the foundation to building resilient Airmen. Think of it as the proactive side of being a wingman; by developing the mental, social, physical, and spiritual fitness of our Airmen and their families, we reduce self-defeating behaviors, feelings of hopelessness and despair and yield healthier, happier, more resilient Airmen and families who are better equipped to deal with the rigors of 21st Century military life.

2. The Five Cs

The five Cs are the vital fabric that forms the mosaic through which leaders create and sustain our Air Force community. By embracing the five Cs, our Airmen and their families help to build a sense of belonging in our community, which in turn leads to well being, life balance, and resiliency for all.

Care - We willfully exhibit integrity, empathy, and respect in what we choose to do and say. When respect is widespread, each person is willing to take the initiative and act for the good of the organization as well as those around them.

Commit - We choose to help others become their very best, forging lasting bonds, and appreciating their points of view. We seek to do our part to help unite everyone in a common mission, purpose, and vision.

Connect - Connecting with others is instinctual, human behavior, but it doesn’t happen by chance. It requires intentional effort to develop the skills to effectively reach out to others in ways that add value to their lives, as well as ours.
Communicate - The way we express ourselves, verbal or written, to others has a profound effect in determining if our intended message achieves its desired objectives. When we learn to communicate positively and proactively, we increase our chances of effectively connecting with those around us.

Celebrate - We will make it a priority to recognize and praise those who achieve superior performance, just as we are committed to sharing constructive feedback following failure. We understand that those around us will naturally adopt attitudes and actions that are intentionally celebratory, while avoiding those which are not.

B. Basic Risk Management Concepts

In support of a Wingman culture, enlisted leaders must also recognize reckless behavior and comprehend basic risk management concepts for dealing with it. For our purposes, we define reckless behavior as:

The act of doing something that seems contrary to your own best interests and seems likely to lead to a disaster. Marked by a lack of thought about danger or other possible undesirable consequences, e.g., suicide, sexual assault, substance abuse, workplace violence and a reckless disregard for established policies, procedures, and rules.

The Air Force goal is to eliminate on- and off-duty preventable mishaps caused by careless or reckless behaviors such as speeding, alcohol use, inattention, fatigue, not using seatbelts or other personal protective equipment, and general failure to engage in thoughtful risk management.\textsuperscript{7F}

With our Wingman and basic risk management concepts in mind, let’s examine our first risk-related behavior: substance abuse.

MP 2: SUBSTANCE ABUSE INTERVENTION

This section focuses on roles and responsibilities of senior leaders in the substance abuse prevention program; effects of substance abuse on mission, morale, readiness, and health and wellness; the education, counseling, referral, and follow-up process; influence of senior leaders attitudes on substance abuse; and the benefits of the service’s prevention and treatment programs. We’ll begin our journey with several terms and their definitions.

A. Terms and Definitions

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-IV).

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).

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.

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

**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.

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

**Substance Abuse:** 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.

Before jumping into the roles and responsibilities of Enlisted leaders, take a moment to review the primary objectives of the Air Force Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT).

- 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.

**B. Roles and Responsibilities of Senior Leaders**

- 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.
- The Air Force tests for marijuana, cocaine, amphetamines, methamphetamines, PCP,
LSD, opiates, and barbiturates. Additionally, they test for ecstasy when the methamphetamine test is positive\(^6\).

- Report all substance abuse or suspected substance abuse incidents (i.e., showing to work smelling of alcohol, use of illicit drugs).
- Observe and listen to subordinates’ problems and assist them by making appropriate referrals.
- 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 our subordinates so we can 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 abuse by educating (and mentoring) our Airmen on the negative consequences of and dangers of excessive alcohol use, on the zero tolerance policy for drug abuse and role modeling responsible use of alcohol.
- Supervisors document all incidents of deteriorating work performance, unexcused absences, or tardiness, unacceptable conduct, and any steps already taken to help the employee resolve these problems.

### C. Effects of Substance Abuse

- **Mission and Readiness:** Substance abuse 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 (1/3 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, and cirrhosis), pancreatitis, malnutrition and overall high mortality, etc. In addition, substance abuse tends to lead to risky sexual behavior, which increases the risk of contracting a variety of sexually transmitted diseases.

### D. Education, Counseling, Referral, and Follow up
- Substance abuse 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 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 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 abuse, 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 Senior Leaders Attitudes on Substance Abuse

Perhaps the most important thing to remember is, as a senior enlisted leader, how much influence your attitude toward substance abuse 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.

With roles and responsibilities of senior leaders in mind, let’s examine another leadership issue: sexual assault.

#### MP 3: SEXUAL ASSAULT, PREVENTION, AND RESPONSE

The Sexual Assault Prevention and Response Program reinforces the Air Force's 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 accountability for those who commit these crimes.

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.

### A. Impact of Sexual Assault

Sexual assault affects us at multiple levels:

− Individual
− Unit
− Air Force

No Airman should be afraid of another Airman in any situation. In combat, you depend on each other—you trust each other with your lives. When sexual assault occurs by an Airman against another Airman, trust is broken, cohesion is destroyed, and lives are altered. Rebuilding trust, cohesion, and lives can take a long time.

In the general population, the highest at-risk age group for sexual assault is the 18-24 year old group. This means that in the Air Force, we are guiding a large population who is at a high risk for this crime, both in terms of victimization as well as perpetration. Your subordinate supervisors are teaching their subordinates to protect each other in times of danger. That requires a tremendous amount of trust. Sexual assault betrays and breaks that trust, sometimes permanently. It can turn Airmen against each other, cause them to take sides, and undermine the entire unit.

Being a leader comes with duty and responsibility. Part of that responsibility is to coach, and sometimes direct your subordinates to act with integrity; and to model that behavior yourselves. Set a climate in which all Air Force members are treated with respect. Watch for warning signs of a potential sexual assault and intervene early, especially where alcohol is present. Let the safety of your Airmen, the efficiency of your unit, and the integrity of the Air Force motivate you to take action.

### B. Definitions

**What is Sexual Assault?**

Sexual assault is intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts. Sexual assaults can occur without regard to gender or spousal relationship or age of victim.

This definition does not affect in any way the definition of any offense under the Uniform Code of Military Justice.

**Consent**

“Consent” shall not be deemed or construed to mean the failure by the victim to offer physical resistance. Consent is not given when a person uses force, threat of force, coercion, or when the victim is asleep, incapacitated, or unconscious.
**Who is at fault?**

While there are things one can do to reduce the risk of sexual assault, most of which are the same things we do to ensure our physical safety, the victim is **never** to blame.

### C. The Role of Alcohol and Drugs

**Alcohol**

Alcohol is the most common drug used by perpetrators in a sexual assault. Perpetrators use alcohol to render potential victims more vulnerable or to incapacitate them. In many cases, a perpetrator cleverly calculates his or her moves, often appearing as social or “nice” while planning an assault. However, an incapacitated individual **CANNOT** give consent to sexual contact—the person is mentally impaired by the alcohol and therefore not able to make a knowing and voluntary decision, or is unconscious or asleep.

There are also times when one may voluntarily choose to consume alcohol. Perpetrators may look at these situations as potential opportunities to commit sexual assault as well. This is why it is important for alcohol consumers to be aware of their tolerance levels. They should also be aware of the individuals they are socializing with while consuming alcohol.

Alcohol impairment may mean different things to different people. There is no specific blood alcohol content level to establish that someone is incapacitated by alcohol to the point where they cannot consent to sexual activity, like there is for driving under the influence (DUI). So sometimes it is not clear whether someone who is drinking is incapacitated. In these cases, assume that they are, and act responsibly and intervene.

**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 responsibilities when it comes to drinking alcohol, and as such, have set behavioral guidelines. But 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 Benadryl®. Perpetrators also use illegal drugs to incapacitate a victim. Such drugs include Ecstasy, Rohypnol, and GHB and are often slipped 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.

The Responsibility of a Leader

It is important to note that sexual assault and related behavior occurs among all ranks and ages. As a senior leader, you may not typically socialize with your subordinates off duty, so you are much less likely to observe this behavior directly. Your role in preventing sexual assault is three-fold: modeling appropriate behavior, dealing with inappropriate behavior when it is brought to your attention, and teaching your subordinate supervisors proper prevention and response.

D. 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. Or 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.

E. Preventing Sexual Assault - What Is Your Responsibility?

The crime of sexual assault negatively impacts Air Force mission readiness and thus requires the full attention of all Air Force members. Historically, issues related to sexual assault have been viewed as women’s issues and, as such, educational efforts have been geared toward risk reduction versus true crime prevention. There is a difference. For example, risk reduction messages involve specific strategies: “women, don’t leave your drinks unattended,” while prevention messages refer more broadly to changing social norms: “both men and women, challenge rape-supportive attitudes and behaviors that have the potential to harm fellow Airmen.” 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. Men, in particular, can foster a climate among peers that does not allow perpetrators to hide, or to commit repeated offenses.

As a leader in the Air Force, you are responsible for preventing sexual assault by setting an
How can you prevent sexual assault? First, set an example with your own behavior:

- Refrain from sexist and gender-biased comments and actions,
- Coach and redirect when you hear or see this behavior in others, and
- If a situation seems dangerous to you, trust your intuition and intervene.

Second, actively encourage your subordinate supervisors to do the same.

F. Reporting Options and Procedures

Responding to Sexual Assault

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. Instead, victims suffer in silence. 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. If you are sensitive to victims of sexual assault, your troops will know, and will be more likely to come to you if they are assaulted. If victims are treated supportively and without judgment, if they receive the care they need, they are more likely to elect an unrestricted report. This is to the benefit of 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 her or his safety and well-being. 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.

Consider this list of Do’s and Don’ts as a guide for you and your subordinate supervisors:

<table>
<thead>
<tr>
<th>DO:</th>
<th>DON’T:</th>
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<tbody>
<tr>
<td>- attend to safety and medical considerations first</td>
<td>- blame the victim</td>
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<tr>
<td>- contact the SARC and notify Security Forces</td>
<td>- judge</td>
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<tr>
<td>- be aware of personal biases that might get in your way</td>
<td>- press for details</td>
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<tr>
<td>- listen with sensitivity</td>
<td>- assume that there is only one appropriate reaction to a sexual assault</td>
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<td>- be a role model for other responders</td>
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Figure 1. Do’s and Don’ts Guide

Reporting a Sexual Assault

Because the Air Force is serious about supporting victims of sexual assault, it adopted a new reporting policy in 2005. The revised policy offers two options for reporting a sexual
assault:

**Restricted and Unrestricted.** The new reporting policy has one key goal: to help anyone who is sexually assaulted, regardless of whether an individual chooses to make a restricted report or makes an unrestricted report. Unique aspects of Restricted Reporting include: 1) reporting can remain confidential 2) this option applies to active duty military, their dependents who are 18 years of age or older, AND members of the guard and reserve in status only, 3) a law enforcement investigation will not be triggered, and 4) the chain of command is not involved. Some exceptions apply.

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 Victim Advocate, Victim Witness Assistance Program (VWAP) liaison provides victims with important information about reporting, law enforcement, and criminal justice processes.

<table>
<thead>
<tr>
<th></th>
<th>Restricted</th>
<th>Unrestricted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confidential</strong></td>
<td>Yes (with exceptions)</td>
<td>No</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Active duty military only and dependents who are 18 years of age or older</td>
<td>All personnel</td>
</tr>
<tr>
<td><strong>Law enforcement investigation</strong></td>
<td>No</td>
<td>Yes</td>
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<tr>
<td><strong>Command involvement</strong></td>
<td>No</td>
<td>Yes</td>
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<td><strong>Medical exam</strong></td>
<td>Forensic exam</td>
<td>Forensic exam</td>
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<tr>
<td><strong>Medical services</strong></td>
<td>Available</td>
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<tr>
<td><strong>Counseling services</strong></td>
<td>Available</td>
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<tr>
<td><strong>Victim advocate services</strong></td>
<td>Available</td>
<td>Available</td>
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</table>

*Figure 2. Victim Reporting Options*

**Support for Victims of Sexual Assault**

The Air Force has many professionals available to help victims of sexual assaults. These resources include: the Sexual Assault Response Coordinator or the SARC, a Victim Advocate, Victim Witness Assistance Program (VWAP) liaison, and Mental Health Clinic. Your chain of command and local civilian agencies are additional resources you may choose to access. Keep in mind that you have a duty to report to law enforcement and to your chain of command when you become aware of a sexual assault.

**Sexual Assault Response Coordinator (SARC)**

The SARC is the first point of contact for reporting a sexual assault and is considered the center of gravity when it comes to issues of sexual assault. A Sexual Assault Response Coordinator is responsible for education, victim support, and maintaining a volunteer staff of Victim Advocates. The SARC is located on your base or at the base that provides your support. The SARC is linked to helping agencies throughout the base...
and local area.

**Victim Advocate**

Victim Advocates are individuals who are specially trained to support victims of sexual assault. They are not counselors and are not part of the legal or law enforcement agencies. Instead, they are volunteers whose main purpose is to provide support to a sexual assault victim and to help them get the care that they need.

**Victim Witness Assistance Program (VWAP) Liaison**

VWAP liaisons are individuals (medical or mental health care provider, judge advocate, paralegal, or other appropriate person) who assist a victim during the military justice process. A liaison is also responsible for making contact between victims and service agencies and arranging for those services, when appropriate.

**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.

### SUMMARY

**SEXUAL ASSAULT PREVENTION AND PREVENTION**

The USAF has **zero tolerance** for sexual assault both because it is a crime and it goes against our Core Values. The Air Force is a family. We don’t 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 subordinate supervisors to do the same. You are responsible for preventing sexual assault, and for responding sensitively and appropriately when it occurs. This is a leadership issue.

### MP 4: WORKPLACE VIOLENCE INTERVENTION AND PREVENTION

Violence in the workplace sabotages morale, cohesion, and productivity, while even more significantly it often results in a tragic loss of personnel. The Bureau of Labor Statistics offers some chilling information about the private sector workforce; homicide is the leading cause of death for women at work (42%). Today, more and more violence is occurring in Federal settings as well.

Most fatalities occurring 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/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.

A. Definitions

Definition of Workplace Violence:12

“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:13

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.

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

<table>
<thead>
<tr>
<th>Factors and Common Triggers</th>
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<tbody>
<tr>
<td>- Changes in policy, procedures, and working conditions</td>
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<td>- Frustration over an unmet need or demand</td>
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<tr>
<td>- Perceived/actual rejection or loss of love (fatal attraction, end of a relationship, and divorce)</td>
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<td>- Perceived or actual loss of status (loss of position, title or rank)</td>
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<tr>
<td>- Perceived or actual loss of advancement (passed over for promotion, reduction in force, not selected for promotion)</td>
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<tr>
<td>- Projection of blame, &quot;I didn’t do anything, they’re out to get me.&quot;</td>
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<tr>
<td>- Concluding that &quot;They can’t get away with this.&quot;</td>
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<tr>
<td>- Alcohol or drugs</td>
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<tr>
<td>- Sleep deprivation.</td>
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<tr>
<td>- Feelings of humiliation and rage</td>
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<tr>
<td>- Death of family member</td>
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<tr>
<td>- Discharge for discipline or poor performance</td>
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</tbody>
</table>
- Perception of supervisor (or organization) as unjust (rewards, recognition, excessive temporary duty/denial of leave, long working hours, inappropriate distribution of work tasks)
- Discrimination
- 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 subsume 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 “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).

<table>
<thead>
<tr>
<th>(J) Perceived Justification:</th>
<th>Does the person feel justified in using violence?</th>
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<tbody>
<tr>
<td>(A) Perceived Alternatives:</td>
<td>Does the person perceive available alternatives to violence?</td>
</tr>
<tr>
<td>(C) Perceived Consequences:</td>
<td>How does the person view the consequences associated with using violence?</td>
</tr>
<tr>
<td>(A) Perceived Ability:</td>
<td>Does the person believe he/she can successfully deliver the blows or bullet or bomb?</td>
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</tbody>
</table>

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.

### B. 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 (explain away) their behavior. Because bullying is not illegal, and because bullies are so clever, it’s important for SNCOs 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 document 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.

### C. 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, the Security Police 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, 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. Also, 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 senior 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 four 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
- 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 him (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 has an obsession with weapons and 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.16

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 killed at work die of murder, but more than 40% of women are murdered. Inaction by supervisors in these “personal problems” can prove fatal.17

D. Supervisor Actions Following a Threat Allegation

While these may seem like questions 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 work station 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 work stations.

E. Recovering From a Workplace Violence Emergency

As mentioned earlier, despite our best efforts, workplace violence occurs. When it does, SNCOs 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.

F. 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. Pre-assignment Screening: 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 check point 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. Training: 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 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 SNCOs 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 have prevented 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’s turn our attention to another important leadership responsibility, Suicide Awareness and Prevention.

**MP 5: 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.

- **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. In addition to a strong Wingman culture that provides a great deal of social support, the Air Force has 11 specific policy and training elements which collectively comprise the Air Force to approach to taking care of Airmen. These include:

- Leadership involvement
- Professional Military Education
- Use of mental health services
- Community preventive services, education and training
- Investigative interview policy
- Trauma stress response
- Integrated delivery system (IDS) and community action information board (CAIB)
- Limited privilege suicide prevention program
- Integrated delivery system consultation assessment tool (formally behavioral health survey)
- Suicide event surveillance system

**Basic Information**

Suicide is a problem not only for the Air Force, but for all military services. In the next few pages, per AFI 44-154, we define a few terms, examine trend data, and look at protective factors, risk factors, and advanced warning signs. After that, we cover some do’s and don’ts of communicating with individuals considering suicide, explore leadership skills, and then look at the Limited Privilege Suicide Program, the Investigative Interview...
A. Terms and Definitions

**Suicide Awareness**: Defined as 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, such factors as relationship difficulties, substance abuse, legal, financial, 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**: A community-based approach, that includes family, friends, and many different professional and social service providers, committed to reducing suicide by creating a safety net that provides protection and adds support for those in trouble by addressing the entire iceberg of afflictions to individuals, families, and their communities.

B. Basic Information and Trend Data

Whether deployed or at home station, there are immense pressures on our military members and thus, the tragedy of suicide has the potential to strike across all Services. It is not limited to deployed members, those who have or will deploy, or bound by rank, gender, ethnicity, or geography.

Since inception, the Air Force Suicide Prevention Program (AFSPP) has achieved dramatic results. Suicide rates from 1987 to 1996 were 13.5 suicides per 100,000 people. The average rate from 1997 to 2008 is 9.8 suicides per 100,000 people.

However, when we examine the trend since the beginning of major combat operations in Iraq, the five year average (CY03-08) for Air Force suicides is 11 per 100,000 people. The Air Force has averaged 14.1 suicides per 100,000 people as of 6 Dec 13. Though this rate is below the adjusted average for American Society as a whole, even one suicide is too many.

Identified suicide trends indicate approximately 70% of Active Duty Air Force suicides had relationship problems, 44% had legal problems, 29% had financial problems, 21% had deployed in the previous year, and 25% were receiving psychological health services. Similar trends apply across the Air Force Reserve and Air National Guard components of our Total Force.

Trend data also highlights the following (AF Suicide Demographics only)

- 90% of ADAF suicides were male
- 58% unmarried (single, sep, or divorced)
- 39% aged 17-24; 39% were aged 25-34
- 77% Euro-American ethnicity
- 58% ranked E1-E4; 35% were E5-E7
- 53% of suicide events involved alcohol
- 35% had history of alcohol use disorder in past year
- 58% received mental health care in previous year
- 39% received mental health care in previous month
- 26% were diagnosed with a psychiatric illness
- 16% had deployed in past year
- 19% had attempted suicide previously
- 52% died by gunshot; 39% by asphyxiation

- Male E-1- 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. 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 good a Wingman. We must help others in trouble find more effective ways to cope—as SNCOs we must instill and support a culture that believes asking for help is strength NOT weakness, and we must expose and eliminate the myths surrounding the implications of seeing mental health providers.

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

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<tr>
<th><strong>Protective Factors</strong></th>
<th><strong>Basic Risk Factors</strong></th>
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<tr>
<td>Factors associated with preventing suicide:</td>
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<tr>
<td>- Unit cohesion and camaraderie Peer support</td>
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<td>- Easy access to helping resources</td>
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<tr>
<td>- Belief that it is okay to ask for help</td>
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<tr>
<td>- Optimistic outlook</td>
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<tr>
<td>- Effective coping and problem-solving skills</td>
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<tr>
<td>- Social and family support</td>
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</tr>
<tr>
<td>- Sense of belonging to a group or organization</td>
<td></td>
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<tr>
<td>- Marriage</td>
<td></td>
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<tr>
<td>- Physical activity</td>
<td></td>
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<tr>
<td>- Participation and membership in a community</td>
<td></td>
</tr>
<tr>
<td>- A measure of personal control of life and its circumstances</td>
<td></td>
</tr>
<tr>
<td>Risk factors associated with suicidal behavior:</td>
<td></td>
</tr>
<tr>
<td>- Current/pending disciplinary or legal action</td>
<td></td>
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<tr>
<td>- Relationship problems</td>
<td></td>
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<tr>
<td>- Substance abuse</td>
<td></td>
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<tr>
<td>- Financial problems</td>
<td></td>
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<tr>
<td>- Work related problems</td>
<td></td>
</tr>
<tr>
<td>- Transitions (retirement, PCS, discharge, etc.)</td>
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<tr>
<td>- A serious medical problem</td>
<td></td>
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<tr>
<td>- Significant loss</td>
<td></td>
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<tr>
<td>- Setbacks (academic, career, or personal)</td>
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<tr>
<td>- Severe, prolonged, and/or perceived unmanageable stress</td>
<td></td>
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<tr>
<td>- A sense of powerlessness, helplessness, and/or hopelessness</td>
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</tbody>
</table>
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.

### C. Advanced Warning Signs

- 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:

<table>
<thead>
<tr>
<th>Financial counseling</th>
<th>Infant and toddler play groups</th>
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</thead>
<tbody>
<tr>
<td>Employment assistance</td>
<td>Life skills groups (stress management, depression, anxiety, anger, etc.)</td>
</tr>
<tr>
<td>Couples group</td>
<td>Workshops (conflict resolution, dealing with difficult people, supervising, etc)</td>
</tr>
<tr>
<td>Parenting groups</td>
<td></td>
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<tr>
<td>Respite Care</td>
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</tr>
</tbody>
</table>

### D. Leadership Knowledge, Skills, and Attitudes

As SNCOs, 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:

**Fear**
- Helplessness: “I can’t do anything to help”
- Hopelessness: “Nothing I do matters”

**Anxiety**
- 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.

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

As stated earlier, of those who commit suicide over sixty percent had relationship problems. Though our respective Services do not expect SNCOs to be marriage or mental health counselors, or solve their subordinates’ problems for them, they do expect SNCOs to recognize when problems exist, listen if needed, and be able to recommend referrals. Our respective Services also expect SNCOs to model the same behavior if they are experiencing any difficulties.

Now let’s turn our attention to a subject that all SNCOs eventually end up dealing with; legal issues and the policies and procedures surrounding them. Trend data consistently indicate that over fifty percent of suicides were involved in legal proceedings. As a result, SNCOs must be knowledgeable about the Limited Privilege Suicide Program (LPSP), the Investigative Interview Hand-Off Policy, and Commander Directed Mental Health
Evaluations (CDE).

As enlisted leaders we should be well-informed about the programs outlined below because we are usually the ones who end up providing support to individuals who have received notification of a pending legal action or investigation.

**E. Limited Privilege Suicide Program (LPSP)**

The goal of this program is to identify and treat those who pose a genuine risk for suicide because of impending disciplinary action under the UCMJ. The intent is to encourage help-seeking by reducing barriers to care. Information protected under this program may not be used in existing or future UCMJ action, or when weighing characterization of service member who is being separated.

It is important, however, to understand the limited nature of protection. Information in the LPSP behavioral health file can be disclosed to other medical personnel for purposes of medical treatment, a member’s confinement military commander, and to other authorized personnel with an official need to know (e.g., commanders).

**Key Points of the LPSP**

- LPSP applies only to those military members who have been officially notified (written or oral) that they are under investigation or suspected of violating the UCMJ
- If an individual involved in the processing of the disciplinary action has a "good faith belief" that the member being disciplined may present a risk of suicide, that individual should communicate their concern to the member’s commander along with a recommendation for a mental health evaluation under the LPSP program
- The mental health provider conducting the evaluation will determine whether the member poses a risk of suicide. Treatment will be initiated as appropriate
- The limited protection offered by this program lasts only so long as the mental health provider (MHP) believes there is a continuing risk of suicide
- The MHP will notify the commander when the member no longer poses a risk of suicide
- Members in this program are granted limited protection with respect to the information revealed during or generated by their clinical relationship with the MHP

**F. Investigative Interview Hand-Off Policy**

- Unit members who are being informed of an investigation should be notified early in the day/week, when feasible, to allow the unit to provide support and ongoing monitoring as well as referral to supportive base agencies such as Mental Health.
- The "hand-off process" is a method of providing support to individuals who have received notification of a pending legal action or investigation. After being questioned by investigators, members are immediately handed off to their first sergeant, immediate supervisor, commander, or a unit representative designated by the commander.
- Supportive base agencies do not allow subject members to depart alone. They only release members to their first sergeant, commander, supervisor, or other designee, who
are responsible for ensuring members, receive the necessary support to safely handle their personal crisis.

-- For agencies that do not have authority to detain individuals, and in situations involving Air Force civilian employees, instances may arise when an interviewee chooses not to cooperate with the hand-off. When a direct hand-off is not possible, notify the individual's first sergeant, commander, or supervisor or their designees as soon as possible.

- This policy applies following investigative interviews of a possible UCMJ violation by Air Force or other Law Enforcement agencies. Examples include interviews conducted by the Inspector General, Equal Opportunity and Treatment, Equal Employment Opportunity, Security Forces, or OSI.  

- This policy applies regardless of the subject's reaction or emotional state. Take special care if the individual appears to be emotional, distraught, or stunned during the process of the interview.

- The policy applies to interviews of active duty and Air Force Reserve Component members and Department of the Air Force civilian employees.

- For members incarcerated, relay any concerns you may have to the confinement facility officials regarding risk for self-harm.

- When released from incarceration on bond pending trial, it is important that leaders monitor distress and risk for suicide and collaborate with the Mental Health Clinic.  

G. Commander Directed Mental Health Evaluations (CDE)  

- For individuals who are a current danger to themselves or others, an emergency mental health evaluation is appropriate. Refer to the Life Skills Support Center (LSSC) during normal duty hours or the base or civilian Emergency Department (ED) after normal duty hours.

- For individuals who are not currently a danger to themselves or others, but are in need of assistance and there is a question about fitness for duty, the commander can direct the person to LSSC for a Commander Directed Mental Health Evaluation. Only commanders or persons substituting for them with G-series orders can direct the person for a CDE.

- The typical sequence for a CDE is:

  - Commander:*  
  -- Consults with a mental health provider to determine appropriateness of request  
  -- Consults with Staff Judge Advocate's office to review the facts and the law, if necessary  
    -- Submits written memorandum's to the member being evaluated and to the commanding officer of the LSSC, IAW AFI 44-109  

- Mental health providers evaluate members’ dangerousness to self and others, fitness for duty, and suitability for service and delivers their feedback to commander.
This process ensures members get the help they need and respects the rights of referred individuals which include:

- Legal counsel
- Protection from reprisal
- Appropriate use of the evaluation (not a tool for punishment)

* Two-day (duty days) written notice (except in emergencies where the person is in immediate danger to self or others).

**SUMMARY**

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 SNCO 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. Knowing what to do include supporting behaviors and a thorough understanding of the LPSP, Hand-Off Policy, CDE process, and the myriad of programs available for members in crisis.

It’s paramount for SNCOs 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.
Notes

2. Winter Wingman Day 2011 CONOPS
3. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
4. Winter Wingman Day 2011 CONOPS
5. Winter Wingman Day 2011 CONOPS
6. AMC Culture Booklet_V3
7. AMC Culture Booklet_V3
8. Winter Wingman Day 2011 CONOPS
11. See AFI 44-121, Table 3.1 for more examples
12. 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)
16. 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.
17. Ibid
19. As quoted by Captain Chad E Morrow, 42 MDOS/SGOMH (Note: Thomas Joiner is the author of this Theory)
20. Air Force Medical Support Agency (AFMSA)/SG3OQ, AF Active Duty and AF Total Force Suicides, 6 December 2013.
21. As quoted by Captain Chad E Morrow, 42 MDOS/SGOMH (Note: Thomas Joiner is the author of this Theory)
22. Ibid
24. Excerpt from 42 MDG, Mental Health Flight’s training program