

DISCUSSION PROTOCOL 3

SERVICE MEMBERS DP3

Required Materials:

OFR POC Sheet
Resource POC Sheet
Figure 5 – Spectrum of Participation

Audience: E1-E4 Men; E1-E4 Women; E5-E6 Men; E5-E6 Women

Guidance to data collectors: Count the number of personnel in the room and tell the note-taker. Annotate the count in Question 1 response box.

Each question corresponds to specific data elements and specific sub-dimensions, which are listed in the boxes to the left.

—START—

DIMENSION 4: HEALTHY & PROTECTIVE ENVIRONMENT – PREPARATION

As we mentioned in our introduction, our focus today is on a range of harmful behaviors, including suicide, alcohol misuse, discrimination, sexual assault and harassment, child abuse and neglect, and domestic abuse. First, we would like to talk about how Service members here work together to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of Service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

- 4.3.1 1. How and how often does your leadership meet with you to provide advice or support for anything to include: job-related advice or support, personal/home life concerns, etc.? By leadership, we mean the officers and senior enlisted to whom you report, including your commander.
- 4.3.3 2. How comfortable are you talking to your leadership (i.e., your immediate supervisor and chain of command) about serious problems you are struggling with? This could be marital or financial problems, alcohol or substance abuse issues, suicidal thoughts, or any problems affecting your morale or readiness.
- 4.3.3 3. How comfortable are you talking to your leadership (i.e., your immediate supervisor and chain of command) about serious problems your peers or co-workers may be struggling with? What about sharing when you witness or hear about negative behaviors (e.g., bullying, substance use)?

- 4.3.2 4. How and how often does your leadership tell you about the ways to get help for issues like mental health, childcare, discrimination, or sexual assault?

DIMENSION 7: HEALTHY & PROTECTIVE ENVIRONMENT – IMPLEMENTATION

- 7.1.2 5. How often do you refer peers to available supportive resources and programs? An example would be substance use programs, family advocacy programs, mental health care, financial literacy education and counseling, or anything of that nature.
- Have you encountered any issues when referring peers to a program?
 - Have you ever been unsure if it is the right decision to refer someone to a program? Do you feel like it is outside your roles or responsibilities, or maybe you don't know if the person qualifies for a program?

- 7.2.3 6. Has your leadership given you any guidance about your roles and responsibilities in maintaining a safe and healthy environment? An example could be written guidance or policy, mentorship, or any form of communication (e.g., email, formation announcement, commander's call). By leadership, we mean the officers and senior enlisted to whom you report, including your commander.
- IF YES TO RECEIVING GUIDANCE:* Could you describe for me what your roles and responsibilities are?

- 7.4 7. How does your leadership hold you accountable for taking action to improve or maintain a safe and healthy environment? For example, would you be recognized or rewarded for supporting a peer in need or reporting harassment? Or, if you failed to report harmful behaviors, would you be corrected?
- Can you provide some examples?

- 7.3.1 8. How and how often does your immediate supervisor/first line leader check in with you about your stress levels? What does this look like?

- 7.3.2
- How supportive would they be if you needed to seek help for a serious problem like alcohol or suicidal thoughts?
 - How supportive is your chain of command above your immediate supervisor/first line leader?

DIMENSION 8: INTEGRATED PREVENTION – IMPLEMENTATION

Next, we're going to ask some questions about what prevention efforts are underway here. Prevention includes stopping self-directed and other-directed harms BEFORE they occur or, in other words, getting out in front of potential problems. In responding, be sure to include ways that your leadership aids in preventing negative behaviors. [INTERVIEWERS: Give them a couple of seconds to process the question.]

- 8.5.2 9. There are a lot of required trainings and ongoing education related to the prevention of sexual assault, harassment, discrimination, suicide, alcohol misuse, child abuse and neglect, domestic abuse, and other harmful behaviors. How does it feel to be required to attend all these trainings? Have you seen any efforts to help keep you

interested and engaged in learning about these subjects? Are there any best practices you can share on how to communicate this information without it being a “check the block” activity?

DIMENSION 6: STAKEHOLDER ENGAGEMENT – PREPARATION

Next, we would like your opinions about risks and fellow Service members.

6.3.1 10. What are some things that you think may make it more or less likely for Service members to make unhealthy decisions? *EXAMPLES IF NEEDED:* Heavy drinking, engaging in violence.

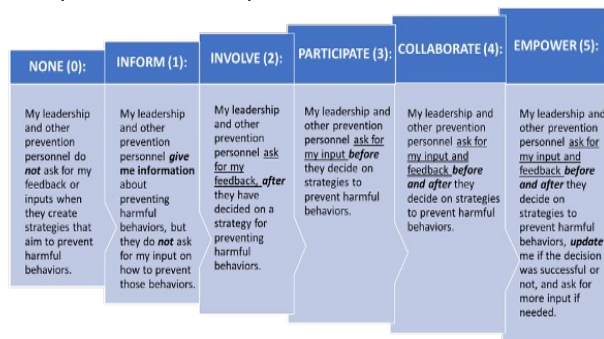
6.3.2 a. How are these risks minimized here?

DIMENSION 9: STAKEHOLDER ENGAGEMENT – IMPLEMENTATION

Next, I would like to know how often your leadership asks for your opinions and feedback to address interpersonal violence, substance abuse, sexual assault, harassment, suicide, discrimination, or other harmful behaviors.

9.1 11. Using this handout and thinking about all the efforts here to prevent Service members from dying by suicide; misusing alcohol; assaulting, harassing, discriminating against, or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?
a. Can you explain why you selected this?

Figure 5. Spectrum of Participation



IF NEEDED:

- What are some ways that input is solicited? When does this happen?
- Can you provide an example of when stakeholder feedback was used to improve prevention or future prevention efforts?
- Are Service members informed about why their input was or was not used?
- Are all relevant groups of Service members able to share their views? Why or why not? What groups are not represented?

12. How do Service members typically access support services related to harmful behaviors? Are there any issues or concerns that you have regarding access to support services?
13. Is there anything else important that you'd like us to be aware of or consider as it pertains to how harm to self or others is prevented or addressed within your unit or across your installation?

CONCLUSION

Thank you very much for spending time with us today and answering our questions. The information you provided is extremely valuable and useful to us.