DISCUSSION PROTOCOL 7

PREVENTION SUPPORT DP7

Required Materials:

OFR POC Sheet Resource POC Sheet Figure 5 – Spectrum of Participation Prevention Survey (QR code, link, and/or paper versions)* Pens (if using paper surveys) *except for Inspector General, Judge Advocates, and Military Police/Criminal Investigators

Audience: Family Readiness; Inspector General; Judge Advocate; Victim Legal Counsel; Military Police/Criminal Investigators; and Community Support

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-

4.2.2

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.

- 4.2.1 1. At this installation, is there a clear process or path for Service members to report concerns about suicide, sexual assault, harassment and bullying, discrimination, alcohol misuse, child abuse and neglect, domestic abuse, and other similar problems?
 - a. Are these processes accessible? For example, are people encouraged to use these means of reporting, allowed time in their day to make reports when needed, given a computer to make reports, etc.?
 - b. Do reporting pathways remain clear and accessible even when there are transitions among prevention staff?
- 4.2.2 2. Are there any instances for which the reporting pathways at your installation/ship are less clear? Or less accessible? What are they?

- a. What makes these processes less clear or accessible?
- b. In this command, what do you think would be the biggest challenge in reporting harmful behavior (e.g., harassment, assault)?

DIMENSION 7: HEALTHY & PROTECTIVE ENVIRONMENT - IMPLEMENTATION

- 3. When Service members are referred to you for help, how do they find you? What offices or individuals most often refer Service members to your office? (e.g., leaders, other prevention professionals, family members, Service members referring peers)?
 - a. Are the referrals you receive typically appropriate? By appropriate, we mean referrals are for Service members seeking your care or services that do not require additional referrals beyond your office. Are there certain offices or individuals that seem to be more or less adept at making referrals to your office (leaders, other prevention professionals, etc.)?
 - b. Are you aware of any instances where Service members would have benefited from a referral to you, but did not receive one? For example, have there been instances in which you heard of an incident and wondered why the involved persons were not referred to you?
- 7.2.34. Do you understand what your expected roles and responsibilities are in maintaining protective environments?
 - a. IF YES:
 - Could you describe what those expectations are?
 - What guidance have you received describing your roles and responsibilities? Examples could include written guidance or policy, mentorship, or any form of communication from your leadership.
- 5. 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?
 - a. Can you provide some examples?

DIMENSION 6: STAKEHOLDER ENGAGEMENT – PREPARATION

6.4.1
6. Do you have the resources (e.g., people, money, workspace, facilities, expertise, training) you need to adequately engage with Service members to inform your work? If not, what is missing?

DIMENSION 9: STAKEHOLDER ENGAGEMENT – IMPLEMENTATION

Next, I would like to hear how Service member input is used to inform prevention activities (not all activities – just prevention activities) to address interpersonal violence, substance abuse, sexual assault, harassment, discrimination, suicide, or other harmful behaviors. For example, how is their input used to develop education efforts on prevention resources or to drive improvements in command climate?

9.1
7. 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

NONE (0):	INFORM (1):	INVOLVE (2):	PARTICIPATE (3):	COLLABORATE (4):	EMPOWER (5):
My leadership and other prevention personnel do not ask for my feedback or inputs when they create strategies that aim to prevent harmful behaviors.	My leadership and other prevention personnel give me information about preventing harmful behaviors, but behaviors, but they do not ask for my input on how to prevent those behaviors.	My leadership and other prevention personnel ask for my feedback, ofter they have decided on a strategy for preventing harmful behaviors.	My leadership and other prevention personnel <u>ask for</u> my input <i>before</i> they decide on strategies to prevent harmful behaviors.	My leadership and other prevention personnel ask for my input and feedback <i>before</i> <i>and after</i> they decide on strategies to prevent harmful behaviors.	My leadership an other prevention personnel ask for my input and feedback before and ofter they decide on strategies to prevent harmful behaviors, update me if the decision was successful or not, and ask for more input if needed.

IF NEEDED:

- b. What are some ways that input is solicited? When does this happen?
- c. Can you provide an example of when stakeholder feedback was used to improve prevention or future prevention efforts?
- d. Are Service members informed about why their input was or was not used?
- e. Are all relevant groups of Service members able to share their views? Why or why not? What groups are not represented?
- f. Do you feel like Service member input is asked for at the right time? That is, do you think there are missed opportunities to provide input on prevention activities?
- 8. 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?
- 9. 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/TRANSITION TO PREVENTION SURVEY

For Inspector General; Judge Advocates; Military Police/Criminal Investigators:

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

For all other participants:

[DISPLAY QR CODE/SURVEY LINK TO **PREVENTION SURVEY** OR BEGIN PASSING OUT PAPER COPY AND PENS TO EACH PARTICIPANT.]

Before you leave, we would like to ask you to take about 5-8 minutes to complete a very short survey. The survey is anonymous. [*IF COMPLETING ON PAPER*: Please do not put your name on it.] We will NOT be looking at your individual responses. There are NO right or wrong answers to the survey, so please just respond based on your view. If you could please complete the survey before you leave today, that would be much appreciated. [*IF COMPLETING ON PAPER*: Please place your completed survey in this envelope.]

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.