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Community Awareness and Prevention efforts for Military Sexual Assault Survivors

Lahella Jones

SOCW 8785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Lahella Jones

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OVERVIEW

Keywords: Community Awareness and Prevention efforts for Military Sexual Assault Survivors, Pike Road, Alabama

Goal Statement: This social change portfolio aims to prevent future emotional, mental and behavioral health issues for military sexual assault survivors by providing practical resources and services within the immediate community.

Significant Findings:

Military sexual assault survivors have unique needs and require access to military-specific resources to heal and recover at their own pace. The town of Pike Road, Alabama, does not have any mental health or behavioral health agencies exclusively for military sexual assault survivors. Through the utilization of the Social-Ecological Model, Social Cognitive Theory, and advocacy steps, community awareness and prevention efforts in the area of military sexual assault can be applied to the town of Pike Road, Alabama.

Objectives/Strategies/Interventions/Next Steps: One strategy to bring awareness to the Pike Road, Alabama area is to develop a community program dedicated to treating sexual assault survivors. Through this program, one objective would be to provide community awareness and prevention training to community members in the area of military sexual assault. Another strategy would be to provide resources from out-of-town mental health and behavioral health services. Until Pike Road, Alabama can accommodate the newly developed program, resources and services should be provided by the closest mental health and behavioral health agencies. Additionally, providing a relationship connection between military sexual assault survivors and

their support systems is essential to the overall healing process. By developing relationship-building programs and activities for military families in the area, military sexual assault survivors will establish healthy relationships and continue the process through their journey towards healing. Finally, connecting with the local military installation and the available resources is a critical component to the advocacy process. There are many resources and services that the Department of Defense offers military members and their families. Bridging the gap for military sexual assault survivors, providing outreach, and increasing the awareness of these resources is another way to bring community awareness and prevention efforts to the community of Pike Road, Alabama.

INTRODUCTION

Community Awareness and Prevention efforts for Military Sexual Assault Survivors

In the United States, "there are 463,634 victims (age 12 or older) of rape and sexual assault each year" (Rape Abuse Incest National Network, n.d.). Within the military community, "6,290 sexual assaults were reported to the Department of Defense in FY2020" (United States Department of Defense Sexual Assault Prevention and Response, 2020). Within Pike Road, Alabama, the military community makes up a large percentage of the residential population. Unfortunately, there are no rape crisis centers or Veterans Healthcare Administration (VHA) clinics in the immediate area that provide resources and services to victims of military sexual assault (MSA).

For those MSA survivors who have served or continue to serve within the armed forces, access to behavioral and mental health support is a critical component in providing survivors the ability to heal and recover at their own pace. Prevention efforts can accomplish many positive

outcomes for the survivor, including “reducing the risk of developing behavioral health problems” (Wyoming Department of Health, n.d.). Providing awareness surrounding the lack of resources available to MSA survivors could remove barriers to care and help prevent future mental and behavioral health consequences in the future.

PART 1: SCOPE AND CONSEQUENCES

Community Awareness and Prevention efforts for Military Sexual Assault Survivors

The target problem identified within the community of Pike Road, Alabama, is a lack of behavioral and mental health resources and services for military sexual assault survivors.

Sexually violent crimes are one of the most underreported crimes in the United States. Every 68 seconds, an individual is sexually assaulted in the United States (Rape Abuse Incest National Network, n.d.). In the state of Alabama, 1,809 sexual assaults were reported to law enforcement in 2019 (Alabama Public Health, 2019). Military sexual assault survivors who reside in these communities are typically not included in the local and statewide statistics. Available rape crisis centers and VHA clinics that specifically address the unique needs of the military community are detrimental to the healing and recovery of military sexual assault survivors.

The consequences of not having military-specific behavioral and mental health care in the immediate area could lead to several negative consequences for the MSA survivor. According to the Department of Defense (DOD) Sexual Assault Prevention and Response (SAPR) annual report, military sexual assault reports increased from 6,236 cases in 2019 to 6,290 cases in 2020 (United States Department of Defense Sexual Assault Prevention and Response, 2020).

However, out of the "6,053 military members reported experiencing sexual assault during

military service in FY18, the DOD estimates about 20,500 service members actually experienced sexual assault that year" (Rape Abuse National Network, n.d.).

Survivors of MSA who do not have access to mental health services and resources may begin to experience emotional and behavioral health problems. The trauma associated with military sexual assault can lead to physical, emotional, and behavioral health difficulties. These factors could also negatively impact the survivor's ability to manage life stressors, leading to negatively impacting relationships with friends, family, and co-workers. According to Pemberton & Loeb (2020), sexual assault victims are at risk for the development of numerous long-term adverse psychological outcomes, including post-traumatic stress disorder (PTSD), depression, generalized anxiety disorder, substance use disorders, eating disorders, sleep disorders, anxiety disorders, and suicide attempts" (p. 116). Unfortunately, this could also lead to the military member being discharged from service and potentially negatively impacting their ability to financially provide for themselves or their families.

PART 2: SOCIAL-ECOLOGICAL MODEL

Community Awareness and Prevention efforts for Military Sexual Assault Survivors

The social-ecological model is comprised of four levels; individual, relationship, community, and societal (CDC, n.d.). These four intersecting levels highlight the many ways an individual can be personally impacted by military sexual assault. Each level highlights not only the risks associated with sexual violence but also the different preventative efforts that could positively impact the individual as well.

From the individual level, there are several risk factors associated with the prevalence of adult sexual violence, such as substance and or alcohol misuse, age, education level, and socioeconomic status (CDC, n.d.). It is also not uncommon for victims of child sexual abuse to

experience sexual victimization in adulthood as well (Xu et al., 2013). One individual protective factor is increasing education regarding the prevalence of historical sexual violence and the different coping mechanisms that can be utilized to prevent substance and alcohol abuse in the future.

When focusing on the second level of the social-ecological model, relationships with others play an essential role in both the risk and protective factors associated with military sexual assault. Relationship risk factors include unsupportive family members, co-workers, or friends. Family members, friends, and co-workers also have the ability to condone or participate in the negative behaviors associated with individual risk factors, such as alcohol or substance misuse. One protective factor would be the establishment of healthy relationships. Supportive family members, friends, and co-workers can assist MST survivors to cope with the difficulties associated with the crime and foster an environment where healing is possible.

The third level of the social-ecological model focuses on how the community plays a role in the risks and protective factors associated with military sexual assault. Unfortunately, there are several risks associated with the military community as it pertains to military sexual assault. Deployments, for example, provide unique situations where deployed military members live and work with the same individuals. According to Rape Abuse National Network (n.d.), 59% of sexual abuse perpetrators were acquainted with the victim. For those military sexual assault survivors who choose to file a restricted report, many have to continually work close to or live near the perpetrator daily. One protective factor associated with the community is the support programs that are currently in place. The Department of Defense (DOD) Safehelpline is an anonymous resource that can be accessed from anywhere globally. Victims of military sexual assault can contact the DOD SafeHelpline and receive immediate crisis care, as well as connect

to the nearest installation Sexual Assault Response Coordinator (SARC) (Rape Abuse Incest National Network, n.d.).

From a societal perspective, one risk factor is the societal norms associated with sexual violence. Society at large, particularly the news and media, often condone victim-blaming behaviors and attitudes towards sexual assault survivors. Those same thoughts and behaviors continue to translate into the military community as well. Military sexual assault survivors are often afraid of coming forward to report a sexual assault because they are fearful of not being believed. One protective factor is the multiple training sessions from the installation Sexual Assault Prevention and Response (SAPR) office. The training content seeks to educate the force and make the community aware of these victim-blaming behaviors and attitudes. The training also highlights that it is the responsibility of everyone involved to make positive strides to eliminate victim-blaming attitudes from the DOD entirely.

PART 3: THEORIES OF PREVENTION

Community Awareness and Prevention efforts for Military Sexual Assault Survivors

While several theories can be applied to a sexual assault prevention and response program for military sexual assault survivors, social cognitive theory helps explain how observed sexual violence translates to future perpetration and how early intervention programs can contribute to the overall prevention of sexual violence.

Social cognitive theory derived initially from Albert Bandura's social learning theory addresses how an observed social environment affects the individual's self-efficacy, self-reaction, and self-evaluation (Wulfert, 2019). In the context of sexual violence, social cognitive theory theorizes that observing sexually violent acts or being exposed to violence at a young age can

have negative implications on how sexually violent acts are perceived. It is also important to note that social cognitive theory “posits that the broader context of social norms, social support, and the media puts men at risk for perpetrating sexual violence (and women at risk for experiencing it)” (Yount et al., 2020, p. 01). Being that the military community is primarily comprised of males compared to females, male against female perpetration is exceptionally high within the armed forces. While social cognitive theory helps explain why sexual violence exists, it can also explain why early intervention programs are helpful as it relates to violence prevention.

One early intervention evidence-based program that would be useful in preventing sexual violence from occurring in the future is the Too Good for Violence program. The Too Good for Violence program seeks to promote “character values, social-emotional skills, and healthy beliefs in elementary and middle school students” (Institute of Education Sciences, n.d.). Through role-playing, moderated peer discussions, group activities, learning games, and community and parent involvement, students learn crucial skills to prevent violent acts towards others. Lessons include "information about peaceful conflict resolution strategies and prosocial skill development in such areas as goal setting, decision making, developing healthy relationships, anger and stress management, coping, communication, peer resistance, and interpersonal skills (Institute of Education Sciences, n.d.). Being that the military community is 100% volunteer-based, youth prevention efforts throughout the country, such as the Too Good for Violence program, can directly impact future military members and their conduct towards others.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Community Awareness and Prevention efforts for Military Sexual Assault Survivors

The United States Department of Defense (DOD) is a highly diverse population. Individuals from all over the country work for the Department of Defense, with many military members being stationed at installations worldwide. Those helping agencies that serve military members and their families must deliver competent multicultural service delivery. Multiculturalism refers to the “elements of race, ethnicity, language, sexual orientation, economic status, and other cultural dimensions” (Reese & Vera, 2007, p. 763). Competency in multicultural practices is an essential component to effective service delivery when working with military sexual assault survivors.

From a historical perspective, gendered sexual violence has always been a global problem, with 90% of adult rape victims being female (Rape Abuse Incest National Network, n.d.). Gendered sexual violence is highly prevalent within the military community due to a predominantly male force, primarily male leadership, and women comprising such a small minority of total members who serve (Foynes et al., 2018). It is also important to highlight that military culture is “often characterized by hypermasculinity, hostile attitudes towards women, and rape myth acceptance” (Foynes et al., 2018, p. 414). The negative implications associated with military sexual violence include increased risk for mental health and behavioral health problems, suicidal behavior, as well as future substance abuse or alcohol abuse (Stahlman, 2015). It is also not uncommon for female military veterans who have experienced military sexual assault to be at an increased risk for homelessness upon separation from service.

When creating a prevention program to bring awareness to a community regarding military sexual assault, the historical context of gendered sexual violence must be included in the training content. It would also be essential to recognize that a large majority of female veterans

and service members have experienced military sexual violence at some point during their military career. Being mindful and aware of these significant mechanisms when serving this population would ensure competent service delivery is occurring.

When working with the military population, ethical considerations are critical to effective prevention programming. One ethical consideration is the importance of privacy and confidentiality for survivors. According to the NASW Code of Ethics (2017), "social workers should respect client's right to privacy and should protect the confidentiality of all information obtained in the course of professional service." When working with clients who have experienced military sexual assault, confidentiality is an integral part of the healing process. If a training program is being developed to increase awareness within a community regarding military sexual assault, personal stories should be modified to maintain the survivors' privacy and confidentiality. Informed consent is also an essential ethical consideration when composing prevention programming.

According to section 1.03(h) of the Code of Ethics, "social workers should obtain client's informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party" (National Association of Social Workers, 2017). Individual stories are often a significant component of prevention and awareness programs. However, clients should be made aware of all of the different aspects associated with sharing their story and be informed of all the ways their story will be shared with others. Every client has the right to know how their individual information is being used and have the right to decline any or all areas in which they feel uncomfortable. This includes sharing their information with program stakeholders. If clients do not feel comfortable sharing their information with stakeholders within

the community, such as local law enforcement, for example, that client should have the right to withdraw their participation at any point in the awareness and prevention program.

PART 5: ADVOCACY

Community Awareness and Prevention efforts for Military Sexual Assault Survivors

Advocacy is a critical component to the success of any community-based prevention program. Unfortunately, there are often institutional, community, and public policy barriers that can hinder a program's desired output and effectiveness. Over the years, the Department of Defense (DOD) has sought to improve prevention and response efforts surrounding military sexual assault incidents. While the DOD sexual assault prevention and response (SAPR) program has continued to make positive strides, continuous advocacy is necessary. One barrier that still exists is community perceptions regarding sexual violence within the armed forces. According to the Multicultural and Social Justice Counseling Competencies (2015), "the community as a whole represents the spoken and unspoken norms, values, and regulations that are embedded in society" (p. 13). Oppressive societal viewpoints regarding sexual violence perpetuate the continued gender bias that exists within the military community. Being a primarily male force, male aggression and negative attitudes towards women continue to be a problem today.

This also ties into institutional barriers that exist within the Department of Defense. The DOD has a zero-tolerance policy as it pertains to sexual harassment and sexual assault. However, according to the Rape Abuse Incest National Network (n.d.), although over 6,000 sexual assault incidents were reported in FY18, the DOD actually "estimates that 20,500 service members experienced sexual assault that year" (p. 01). While on paper, the institution of the DOD promotes sexual assault prevention, military climate demonstrates the exact opposite.

Another barrier that exists is policy continuity throughout the DOD SAPR program. While the DOD has overarching SAPR guidance, each branch of service has its own individualized policies that vary. For example, the Army sexual harassment assault response prevention (SHARP) office handles both sexual assault and sexual harassment cases within the Army. In the Air Force, the equal opportunity (E.O.) office handles sexual harassment cases, while the Air Force SAPR program handles reports of sexual assault. The differing policies that exist often leave gaps in client service delivery, as well as fosters a climate of confusion amongst the different forces. Standardized reporting procedures and prevention efforts are necessary to ensure that all branches of service follow the same protocols throughout their time served, as well as after their members separate.

One advocacy action that can be taken at the community level pertaining to military sexual assault would be to provide advanced education and awareness training to all installation personnel and the communities in which they reside. According to the Multicultural and Social Justice Counseling Competencies (2015), "multicultural and social justice, competent counselors should employ social advocacy to address community norms, values, and regulations embedded in society that hinder the growth and development of privileged and marginalized clients" (p. 13). Developing and disseminating advanced training modules in the areas of military sexual assault would not only improve prevention efforts for those who continue to serve but also increase SAPR education and awareness in the communities in which military members reside.

One advocacy action that can be taken at the institutional level pertaining to military sexual assault would be to include historical data surrounding gendered sexual violence within the prevention curriculum. According to the Multicultural and Social Justice Counseling Competencies (2015), "multicultural and social justice, competent counselors will employ

advocacy to address the historical events and persons that shape and influence privileged and marginalized client's developmental history" (p. 12). In order to make lasting changes in the institution of the Department of Defense, education surrounding the historical context of gendered sexual violence within society is relevant to all SAPR prevention training. In order to make sustainable changes for the future, understanding the problems of the past is a necessity.

One advocacy action that can be taken regarding policy would be to standardize DOD SAPR policies for all service branches. According to the Multicultural and Social Justice Counseling Competencies (2015), "multicultural and social justice, competent counselors will employ social advocacy to ensure that local, state, and federal laws and policies are equitable toward privileged and marginalized clients" (p. 13). All personnel within all branches of military service must receive the same care and attention through their applicable sexual assault prevention and response programs. Unfortunately, the individual policies that have been altered for each branch of service have yet to be standardized. Military sexual assault is an "important concern because of its significant prevalence and numerous negative individual and organizational-level impacts" (Ashley et al., 2019, p. 448). Policy advocates must continue to provide input to DOD leadership about the importance of standardized prevention and response efforts within all branches of military service. No one military branch should have access to superior resources and services over another, to include the level of care that the survivor experiences from the Department of Veterans Affairs as well.

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DIRECT EMAIL ADDRESS: lahella.jones@waldenu.edu