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REAL WORLD RESEARCH FOR FAMILY ADVOCACY PROGRAMS

FEATURED INTERVIEW

Educating Civilian Social Work Professionals about Military Culture and Care

An interview with Mary Ann Forgey, PhD

Mary Ann Forgey

Mary Ann Forgey, PhD, is an associate professor at Fordham University Graduate School of Social Service. Dr. Forgey received her BA and MSW from Boston College, and her PhD from Columbia University. She teaches a range of practice courses in the foundation and advanced years including electives that she developed on intimate partner violence (IPV) and most recently military social work. She has been the principal investigator on two research projects related to IPV within the military, the results of which have been published in the *Journal of Family Violence, Violence and Victims* and the *Journal of Social Work Education.* Prior to entering academia, Dr. Forgey was employed as a civilian social worker for the Department of the Army in Wiesbaden, Germany. She also worked as a child protection social worker in Boston, Massachusetts.

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Dr. Forgey's course on military social work is offered to advanced social work students at Fordham University in New York City. The course is entitled: *Social Work Practice with Service Members, Veterans and their Families.*

Civilian providers who understand the unique issues of military service and deployment will be better able to assist service members and their families. We have asked Dr. Forgey to share her approach in teaching military social work: the content of her course and how her students have benefitted from it.

Dr. McCarroll: What do you expect social workers to learn from your course about military social work?

Dr. Forgey: Although there are a few veterans who enroll in this elective, the majority of students are non-veteran civilians who do not have much familiarity with the social work services provided to military or veteran populations. Many of the students are not aware that there are uniformed social workers in the military or that there are civilian social workers working on installations. Many of the students are not aware of the rich tradition within social

In This Issue

This issue features an interview with Mary Ann Forgey, PhD, who offers a course on military social work at Fordham University. This course provides a model for educating civilian behavioral health and medical professionals about military culture.

In this issue, we also present the latest child maltreatment statistics from two points of view: the national rates of child maltreatment from Child Maltreatment 2010 and from a recent research project that estimates the prevalence of child maltreatment in the United States. *Building Bridges to Research* discusses two statistical concepts, incidence and prevalence, that are important for understanding the differences between the statistics presented in these two articles on child maltreatment rates.

Websites of Interest features several military websites that have helpful information for civilian practitioners who want to learn about services that are available for military personnel and their families.

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work education of caring for those who have served. For example, many students do not know of the critical role that the Smith College School of Social Work played in training civilians to work with World War II veterans and the role that they continue to play today (Jacobs, 2009). So, I hope that my students will gain more understanding of the way that social work developed within the armed services, both in terms of uniformed officer and civilian positions, and within the Department of Veterans Affairs (VA) system of care and what the system of services looks like today.

Dr. McCarroll: How do you educate your students about the major social service frameworks within both the military and civilian sectors?

Dr. Forgey: The course focuses on the social service frameworks within the Department of Defense (DOD), the VA and in civilian social service agencies that have designated programs to serve military and veteran populations. With regard to DOD, they are introduced to the various roles that social workers have when working within that framework. Rene Robichaux, PhD, Social Work Programs Manager, US Army Medical Command, has spoken to the

class via video conference about these various roles. He addresses what uniformed and civilian DOD social workers do and their relationship to each other. The students are also introduced to the various roles that a social worker can have in a VA hospital and a Vet Center. I usually have speakers from these entities present in our classroom. The last service framework is made up of the civilian agencies (non-VA) that are serving military populations. There are now many specialized programs within the civilian sector focused on serving military and veteran populations and their families. I try to have speakers come from various civilian agencies to speak about their work and the challenges as well as the strengths of being a civilian agency serving a military population.

Dr. McCarroll: Could you describe your students' attitudes and feelings toward the military and how these may influence their responses to the needs of clients within the military population? Do you think their self-awareness has changed as a result of your course?

Dr. Forgey: The students often come in with many stereotypes about who joins the military and why they join. As they learn more of the facts about who is in the military and the reasons for joining, they understand how their previous thinking was often based more on stereotypes rather than factual information. They also become more aware of their own civilian world-view and how this view may result in a misinterpretation of a case situation. For example, many students find it difficult to understand how a service member could want to be deployed or redeployed. Their difficulty with this usually stems from viewing deployment through their civilian lens. As the students learn more about military training and culture, they begin to understand that for service members, deployment is seen as a critical part of the job that they have been intensely trained to do as a member of a unit. Willingness to deploy is about being a responsible member of this organizational team.

Dr. McCarroll: You emphasize the importance of having sensitivity to the military culture when working with this population. How is this different from any other population?

Dr. Forgey: For many of the non-veteran civilian students in the class, the idea that the military is a separate culture is new knowledge.

Building Bridges to Research: Incidence and Prevalence: Two Basic Measures of Event Occurrence

By James E. McCarroll, PhD, and David M. Benedek, MD

Prevalence and incidence are two basic measures of the occurrence of events in populations.

Dr. Forgey noted that her course on social work in the military highlights the key research findings of the prevalence of the major health and mental health issues facing service members and veterans. A second goal of her course is to help students learn about how prevalence research is done and help them become more critical consumers of this type of research. In this article, we present some basic measures of the occurrence of events. *Prevalence* and *incidence* are two basic measures of the occurrence of events in populations. In medical literature, they usually refer to diseases, but can be taken as measures for almost any event. These terms are often used inappropriately and interchangeably in journal articles so it is important to keep their differences in mind.

Prevalence.

Prevalence is the number of persons in a defined population with the characteristic in question or under study. There are several different types of prevalence, but here we illustrate two of them: *point prevalence* and *period prevalence*. Point prevalence is the number of persons with a characteristic at a single time point. This measure is often presented in cross sectional research. An example is a study in which the research question is "How many people in the Army currently have posttraumatic stress disorder (PTSD)?"

Period prevalence.

A second type of prevalence is period prevalence. This type of prevalence reports the number of persons who experienced the event (e.g., had the disease) within a given time period. This type of prevalence is less commonly measured because it is a combination of incidence (see below) and prevalence. It is defined as the number of persons with the characteristic (or disease) at the beginning of the time period plus the number of person who develop the disease during the time period.

Prevalence proportion.

The more common measure that is reported is the prevalence proportion. For this measure, no time dimension is involved. The prevalence number is often expressed as a percentage of a population at a given time. This measure is sometimes stated as the prevalence rate, but this terminology is incorrect because no time period is specified. For example, one could report the proportion of persons in a given population who smoke or use drugs or are overweight or whatever characteristic is under study.

Incidence.

Incidence is the number of new cases in a time period. This is a measure of change or, alternatively, a measure of transition: from well to sick or from uninjured to injured.

Incidence rate.

Whether a measure is an incidence or an incidence rate is easy to recognize because for an incidence rate to exist, time has to pass. The incidence rate is the number of new cases of an event in a specified population over a specified time period. It is calculated by dividing the number of cases by the population. It can then be multiplied by a constant such as 1,000 to get the rate per 1,000 in that population for the time period under study. For example, one could report that the number of new cases of a disease is increasing regardless of the time period in question. This would be an example of a measure of incidence. On the other hand, an analysis of a database of maltreatment cases could count the number of new cases of maltreatment during a year per unit of population (e.g., rate per 1,000 of new cases per year).This would be an incidence rate.

Both incidence and prevalence are building blocks for more complex concepts such as analyses of the risk of the occurrence of an event. An example of a measure of risk is the odds ratio (or rate ratio). This measure compares the incidence of an event in one population to the incidence of the same event in another population. Much more complex analyses are conducted to compare risk in populations, but they all start with the basic concepts described here. The investigator must specify the event in question, the population (estimated by sampling) in question, and the time period of interest. From this starting point, a research design is determined.

National Child Maltreatment Reports: Current Statistics and Trends

By James E. McCarroll, PhD, David M. Benedek, MD

Several recent, national reports on child maltreatment present a picture of the current statistics as well as trends that have occurred over recent years.

Several recent, national reports on child maltreatment present a picture of the current statistics as well as trends that have occurred over recent years. One of these, *Child Maltreatment 2010*, gives the U.S. national rates of child maltreatment. The second report, the *National Incidence Study-4* (NIS-4), gives prevalence estimates based on research.

Child Maltreatment 2010 is the latest report from the Children's Bureau, U.S Department of Health and Human Services. This annual report provides national data about child abuse and neglect known to Child Protective Services (CPS) agencies in the United States during fiscal year 2010 (FY10). Since it reports *identified* cases, it is a *prevalence* report dealing with treated cases *[Editor's note: See Building Bridges to Research: Incidence and Prevalence in this issue of JFJF.]* This report is a useful tool for personnel in the military family advocacy programs as it gives state-by-state data that may be helpful in establishing contacts and accessing state resources. The report gives data on victims, perpetrators, and many other topics related to child abuse and neglect such as services available to families and state agencies.

The estimated national child abuse rate for FY10 was 9.2 per 1,000 children. This rate is approximately 65% higher than the estimated FY10 Army rate of 5.9 per thousand. It is difficult to compare the relative percentages of types of maltreatment in civilian maltreatment cases found by CPS to cases in the Army. In civilian cases victims are often found to have been victims of more than one type of maltreatment whereas in the Army most victims have only one type of maltreatment recorded per year. Also, the CPS reports have an "Other" category that includes types of maltreatment not often seen in the military such as child abandonment, threats of harm to the child, and congenital drug addiction. These "Other" reports were recorded in 10.3% of victims reported to CPS. Despite the differences in reporting between Army and civilian agencies, this article reports the differences in the rates observed by CPS as well as by the Army in order to give an approximate comparison. Of cases substantiated by CPS and the Army, the percentages in 2010 were:

Neglect: CPS=81%, Army=66%; Physical abuse CPS=19%, Army=19%; Emotional (Psychological) CPS=8%, Army=10%; Sexual CPS=9%, Army=5%. Thus, it appears that the civilian sector is higher than the Army in neglect and sexual abuse while there is little difference between CPS and the Army for physical and emotional (psychological) abuse.

Another report on child maltreatment is the *National Incidence Study-4* (NIS-4); a periodic study mandated by Congress to estimate the prevalence of child maltreatment in the U.S. Data for the NIS-4 were collected in 2005-2006. The NIS-4 data were obtained through a representative sampling design of counties across the U. S. As opposed to the annual Child Maltreatment report of CPS cases, the NIS-4 is a population study of a much broader sample of cases. Its perspective is beyond that of the CPS reports, as the NIS-4 includes not only children reported to CPS, but also additional children who were recognized by community professionals as maltreated children. These "sentinels" include staff who have contact with children and families through law enforcement, public schools, day care centers, hospitals, and voluntary social service and mental health agencies.

The NIS-4 has two standards for reporting: a Harm Standard, in which the reported children were maltreated, and an Endangerment Standard. The Endangerment Standard estimates include all the Harm Standard children and children who were not yet harmed by maltreatment, but who experienced abuse or neglect that placed them in danger of being harmed according to the views of community professionals or child protective service agencies.

Under the Harm Standard, approximately 1.25 million children experienced maltreatment. About 44% of these children were abused and 61% were neglected. The rate of child maltreatment under the Harm Standard was 17.1 per 1,000, which corresponds to about one child in every 58 children. This rate was about double the rate of 9.2 per 1,000 cases reported to CPS in *Child Maltreatment 2010*. Given the broader sources of input, this result is not surprising. Of the abused children in the NIS-4, 58% experienced physical abuse, 24% expe-

rienced sexual abuse, and 27% experienced emotional abuse. Several categories of neglect were classified: 47% educational neglect, 38% physical neglect, and 25% emotional neglect. (As was the case with *Child Maltreatment 2010*, the sums of types of maltreatment will not add to 100% since the NIS-4 classifies children in every category that applies.)

Under the Harm Standard, the NIS-4 found a 26% decrease in the rate of maltreatment compared to the NIS-3, from 23.1/1,000 to 17.1/1,000 children. The prevalence rate per thousand of all specific categories of abuse decreased under the Harm Standard: the sexual abuse rate decreased by 44%, physical abuse by 23%, and emotional abuse by 33%. There were no statistically reliable changes in neglect under the NIS-4 compared to the NIS-3.

A different picture emerges under the Endangerment Standard in which an estimated almost 3 million children were counted. This corresponds to approximately one child in 25 in the U.S. Under this standard, 77% of the children were neglected and 29% were abused. Of the abused children, 57% were physically abused 36% were emotionally abused, and 22% were sexually abused. For neglect, 53% were physically neglected, 52% were emotionally neglected, and 16% were educationally neglected. Under the Endangerment Standard there were significant decreases in all categories of abuse, but a significant increase in emotional neglect. The prevalence rate of the number of children who experienced abuse declined 38%.

There was a 29% decrease in the rate of physical abuse, a 48% decrease in the rate of emotional abuse, but an 83% increase in the rate of emotional neglect.

Conclusions of the NIS-4 were that there was a decrease in rates of all categories of abuse in both standards. Further analysis remains to be done on the basis of the increase in emotional neglect. The authors noted that since the NIS-3, there has been increased collaboration between CPS agencies and agencies that serve domestic violence and substance abuse programs. The increase in the rate of neglect may reflect this increased attention and collaboration.

Much more material is presented in the NIS-4 report including data on child victim age and sex, race and ethnicity, disability, parental and family characteristics, socio-economic status and perpetrator data. The NIS-4 report represents a national benchmark for describing child abuse and neglect in the U.S. society. Military family advocacy programs may benefit from studying the results in this very comprehensive report as a means of bettering their understanding of child maltreatment in general.

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National Incidence Study 4. http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid/index.html

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Many students are not aware of the rich tradition within social work education of caring for those who have served.

Often, I will hear students say, "I never thought of the military as a separate culture." So, the first step is helping them understand this and to gain some appreciation of military culture. Once the students accept this idea, much of what we teach in social work education about working cross-culturally applies.

For example, there are different perspectives within social work about how to be culturally responsive. The most familiar is the modernist perspective that emphasizes the need to gain specific cultural knowledge such as how the cultural group is organized (e.g. different branches of service), how it functions (e.g. rank, centrality of the unit), the values (e.g. collectivist values, mission first), and important rituals. However, it is also important, as it is with other cultures, to appreciate the diversity within the culture and to realize that there are different levels of acculturation. For

example, a service member who was drafted during the Vietnam War may have a very different level of acculturation to the military than a soldier who volunteered post-9/11.

Being culturally responsive also requires the student to examine their own attitudes and feelings toward the military and veteran populations and the potential impact of these attitudes and feelings on their work. For example, some students say that they are motivated to do this work because they see war as dehumanizing and want to help service members or veterans recover from this dehumanizing experience. While it is important that they are in touch with these motives, it is also critical for them to examine the assumptions on which these motives are based. Are they assuming that this dehumanization is or should be the experience of every service member? If so, then they might not be as open to hearing about more positive

and growth- producing military experiences.

At the other extreme, there are students who come into the course somewhat enamored with everything military and idealize service members or veterans in a one-dimensional way. If the social worker conveys this idealization to the service member, it may be more difficult for the service member or veteran to be open about negative feelings toward the military or their own experiences. In both cases, helping the students get in touch with their attitudes and feelings toward the population, their underlying assumptions and potential impact helps them to develop more of a "not knowing" stance toward their clients where the client is allowed to be the expert.

Lastly, an important part of being culturally responsive within social work is to understand issues of power and oppression, which can occur both between the military and civilian society and within the military, and how experiences of oppression may impact a service member or veteran. An example of how the military as a group has experienced oppression is the way that our nation treated service members and veterans after the Vietnam War. There are lasting effects of this today as seen in the large number of homeless veterans. The civilian helpers, including the social work profession, were part of this lack of response and, at times, hostile response. This history is part of the institutional memory of the military and, is part of the distrust of outside helpers. Social work students need to understand the role that past and current experiences of oppression might be playing in the service member's or veteran's willingness or lack thereof to engage with outside helpers. In other words, it is part of understanding the resistance that one might encounter, especially as a civilian, working with a military population.

Dr. McCarroll: You have explained that part of your course analyzes the changing demographic profile of the military population and the implications of changing demographics for social work practice. What is the rationale behind this?

Dr. Forgey: There are two reasons. First, I want them to challenge any stereotypes that they have about who is or was in the military. I often do this by giving them a short military demographics quiz. I then analyze their responses in the aggregate so that their individ-

ual responses are anonymous, but the class as a whole knows how they did and each individual student knows how he or she did. The students then use the demographic information currently available to self-correct their own answers. For the most part, they do very poorly on their initial responses. I also ask the students in small groups to think about the answers that were incorrect and why they thought this way. This exercise helps them get to the source of their stereotypic thinking.

The second reason for having the students analyze the changing demographic profile is to give them some experience in looking up this information, given that it is not static. In the future, I want them to continue to look at this information as a way to guard against stereotypic thinking.

Dr. McCarroll: How do you help them develop an understanding of the current health, mental health and social service needs of service members, veterans, and their families?

Dr. Forgey: I try to highlight the key research findings related to the prevalence of the major health and mental health issues facing service members and veterans. The most prominent are traumatic brain injury, post-traumatic stress disorder (PTSD), depression, substance abuse, and suicide. I present the major research findings on how these issues are impacting the service members and veterans and their families. In doing this, the students also learn something about how prevalence research is done and thereby become more critical consumers of this research. Many students also express surprise at some of the findings. An example is the estimated 15-25% of the service members returning from deployments who screen positively for PTSD. Many come into the course with the idea that almost all deployed service members will develop PTSD. So most think the number should be much higher. In reviewing the studies they also become more sophisticated about issues related to severity and co-morbidity of problems.

Dr. McCarroll: You also want students to develop increased sensitivity to the particular needs of special populations serving within the military such as women, gays and lesbians, and immigrants. What are some of the challenges facing social workers in addressing the needs of these populations and how does this differ from civilian practice?

Dr. Forgey: Each of these groups faces simi-

> *Often, I will hear students say, "I never thought of the military as a separate culture."*

lar challenges in the civilian world, but they play out a bit differently within the military. For example, in both the civilian world and in the military, women are disproportionately impacted by sexual harassment and assault. However, in the civilian work world, they usually can more easily separate themselves such as by quitting the job, for example. Within the military, this separation is not usually possible, especially during deployment. Also, in the military the victim of sexual harassment or assault is more dependent on members of the unit for their own survival. As a result, the stakes are even higher for reporting someone within the unit given the critical importance of unit cohesiveness and morale.

Although gays and lesbians are now allowed to serve openly in the military, there are still challenges ahead, which are different from those faced by gays and lesbians in the civilian world. For example, with same sex marriage legalized in some states, an issue that has yet to be decided is whether the spouses of gay and lesbian soldiers will have the same benefits, such as family housing, as heterosexual married couples.

Immigrants serving in the military, particularly, non-citizens who are on the fast track to citizenship, face many challenges as well. To help students appreciate the power differential involved, I ask the students to consider the situation of a female immigrant soldier who is a non-citizen and experiences sexual harassment or sexual assault. Given her strong desire for citizenship, she may be very reticent to make

a report, out of fear that it could negatively impact her citizenship application.

Dr. McCarroll: You also require your students to interview a service member, veteran or a family member. What do you have them inquire about?

Dr. Forgey: I want them to learn about the background and experiences of the interviewee. Among the questions that I require are why did he or she join the military? If the interviewee is a non-military spouse I have the student inquire why did the military spouse join. Why did they join their particular military service? I ask them to inquire about their experience with the military including what has been positive and what has been challenging or difficult about it. The interview also gives the student an opportunity to apply some of what they have been learning in class such as being culturally responsive and, in particular, the importance of taking a "not knowing" stance.

Following the interview I ask them to write about what they learned that surprised them or that changed their way of thinking. They also describe what they learned that was supported in the class and what seemed different. The feedback that I have received about this assignment has been overwhelmingly positive. They not only learn about the uniqueness of the particular service member's or veteran's experience but they also experience the positive impact of taking a "not knowing" stance and treating the interviewee as the expert. To the student's surprise, the service members and veterans interviewed tend to be very open with the non-veteran civilian students about their experiences and I am convinced that this openness has a lot to do with how the students conducted themselves in the interview.

Dr. McCarroll: Thank you for the opportunity to learn about your work.

Dr. Forgey: Thank you.

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Selected Publications Related to Intimate Partner Violence

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Websites of Interest

There are many sources of information on the Internet for service members, veterans and their families. It is likely that someone who is not familiar with the military will be very surprised at the number and variety of services and benefits available.

■ One option for those who want to learn about the military programs offered on military installations is to search the Installation Management Command (IMCOM) website at **http://imcom.army.mil/hq/**. Here, one finds the basic structure of IMCOM management as well as current news items about service members and their families. Probably most important to readers of this newsletter, particularly non-military readers, is the link to the MWR — Morale Welfare and Recreation. This website **http://www.armymwr.com/** provides information about entertainment, recreation and installation-specific topics.

■ Army One Source **https://www.myarmyonesource. com/default.aspx** is a valuable resource for Army families. It directs the user to information on family programs, health care, child and youth services, and many other Army programs.

■ Another popular resource that has been developed to allow beneficiaries to access to services outside the military environment is Military One Source. **http://www. militaryonesource.mil/MOS/f?p=MOS:HOME:0**. This program supports the service member and family in a wide variety of areas including deployment, parenting, financial management, education, child care, spouse employment, benefits, counseling, and many others.

■ The Department of Veterans Affairs (VA) also offers some services to active duty service members, National Guard, and Reserves as well as their family members. This website provides a starting point for accessing possible VA services in different locales. Services may vary by location. **http://www.va.gov/land-ing2_vetsrv.htm.**
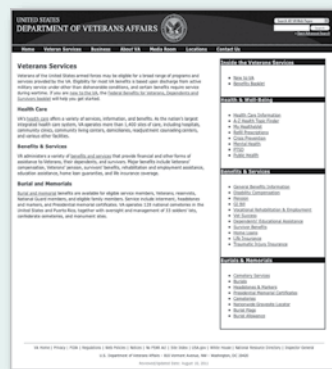
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