

A Community Capacity Response to Family Violence in the Military*

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Military bases vary by a number of dimensions, including the nature of their mission and the demographic composition of the base population, geographic location, and characteristics of the host community. They also differ in their ability to achieve positive community results, such as the success with which military families live free from intrafamilial violence and abuse. Community results are "aggregate, broad-based outcomes that reflect the collective efforts of individuals and families who live within a specified area" (Bowen, Martin, Mancini, & Nelson, 2000, p. 9). Rates of domestic violence on a military base are an indicator of family adaptation, which reflects the aggregate ability of family members to successfully manage their relationships as a family unit in the context of military requirements and family life demands.

Despite the significant level of funding and program efforts to address issues of family violence in the military, available data suggest that child abuse and neglect and spouse abuse remain significant issues among military families. Although comparisons between military and civilian surveillance systems in estimating the incidence and prevalence of family violence suffer from a number of methodological challenges, overall rates of family violence in the military appear generally comparable to civilian rates perhaps lower for child maltreatment and higher for severe forms of spousal aggression (Brewster, 2000; Brannen & Hamlin, 2000; Heyman & Neidig, 1999).

This chapter describes a model of community capacity that is becoming a cornerstone of the U.S. Air Force Family Advocacy Division (FAD) efforts to prevent child and spouse maltreatment. FAD recently revised its program standards and training program for its outreach managers with the goal to strengthen families

through community based prevention efforts. The community capacity practice model that has emerged embraces families within their social context. The model focuses on the nexus between formal and informal networks of social care as targets of intervention and prevention activities. This community centered approach to practice augments current Air Force (AF) treatment initiatives for offenders and victims of family violence and is consistent with social work's renewed interest in communities as systems of social care (Ewalt, Freeman, & Poole, 1998; Sviridoff & Ryan, 1997). After reviewing the background for the Air Force initiative, we describe the major assumptions and concepts of the community capacity model and discuss its implications for informing community practice.

THE CONTEXT

Efforts to respond to family violence in the military paralleled efforts in the civilian sector. Base-level medical personnel initiated child abuse programs in the 1970s in the context of civilian reports calling for countermeasures to child abuse and neglect. These early initiatives focused primarily on the medical needs of the child and disciplinary action against the perpetrator. During the 1970s, each service developed independent program responses to the problem of child abuse and neglect (see Bowen, 1984, for a review of these early initiatives). The Air Force was a leader in these early efforts, and it established an Air Force-wide Child Advocacy Program in April 1975.

In the context of federal evaluations calling for more consistent policies between service branches in the organization and management of child abuse and neglect programs, federal and state legislation addressing the larger issue of domestic

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violence, and a spate of conferences sponsored by the services focusing on the challenges faced by military families, the Department of Defense (DOD) issued a policy directive in May 1981 establishing a DOD-wide Family Advocacy Program (FAP). Under this mandate, each service was instructed to develop a comprehensive response to family violence, including both child abuse and neglect and spouse abuse. Congressional funding for the DOD program grew from \$5 million in fiscal year 1982 to \$125 million in fiscal year 1995. Funding for the program has remained relatively flat since 1995 in the context of personnel reductions, the concurrent shift from quality-of-life programs to weapon modernization, and the change from a population-based model for funding to a workload model (see Nelson, 1999). The end of growth in congressional support for the FAP has challenged the services to find new and more efficient strategies for addressing family violence.

Prevention services have been an important component of family advocacy initiatives in the military services. Yet, in the past, these initiatives have been more psychoeducational in orientation than community centered. A psychoeducational approach to prevention services focuses attention on addressing deficits and problems within families rather than on deficiencies in the social context in which families are embedded. In comparison, a community-centered approach to prevention services focuses attention on family assets and strengths and attempts to promote family adaptation by reducing risks and by increasing assets in the social environment. Community-based prevention activities include advocacy and social change, citizen involvement, resource mobilization, and collective action (Rothman, 1999). The community capacity model described in the section below is consistent with the view of communities as systems of social care.

COMMUNITY CAPACITY MODEL

The community capacity model includes three major components: (1) formal networks, (2) informal networks, and (3) community capacity. From the perspective of the model, variation in rates of family violence across AF bases, as well as across time for any single base community, are

explained by how successfully formal and informal networks of social care operate and interact with one another in the generation of community capacity. Community capacity, which reflects the level of social organization in the community, is hypothesized as the link between community networks and community results, which include rates of family violence. Social care is defined as including tangible, informational, and socioemotional support for military members and their families. The level of social care available to members and families through the combined forces of these networks can range from high to low. Each component of the model is elaborated in the following discussion, including a discussion of the hypothesized linkages between these components and between community capacity and family violence.

FORMAL AND INFORMAL NETWORKS OF SOCIAL CARE

Three networks of formal and informal social care are identified: (1) unit leaders, (2) informal community connections, and (3) community agencies. Formal networks, which include unit leaders and base agencies, reflect the policies and systems of social care operating under military authority as instruments of socialization, support, and social control. Unit leaders provide social care by promoting connections between members and families in their units, helping members and families balance work and family demands and, when needed, helping members and families access and secure support services. Base agencies promote social care by demonstrating a customer and strengths-based orientation in their coordination and delivery of intervention and prevention services to members and families.

Bowen and Martin (1998) refer to these formal networks as the community's central social power station. This power station includes turbines in the form of leadership, policies, norms of social responsibility, and various human service programs generating resources for direct access, as well as power and resources for promoting informal community connections. The effectiveness of formal networks of social care depends, in part, on securing necessary input and participation from community members.

Informal networks, which include informal community connections, are voluntary and less-organized networks of personal and collective relationships and group associations, such as unit-based support groups and relationships with work associates, neighbors, and families. Mutual exchanges and reciprocal responsibilities constitute the cornerstones of informal network construction. Informal network members promote social care by reaching out to make connections with one another, exchanging information and resources, and when needed, helping others secure support from community programs and support services.

Bowen and Martin (1998) describe these networks as substations of social care in the community, which have turbines in the form of trust, commitments and obligations, information exchanges, positive regard and mutual respect, and norms of shared responsibility and social control. As compared to formal networks, informal networks play a more active role in the day-to-day life of members and families—they typically operate as the first level of social care when members and families need support and assistance.

From the perspective of intervention and prevention planning, an important function of formal networks is to strengthen informal community connections. Formal networks may grow at the expense of informal networks. For example, community agencies may plan and sponsor events for community members that community members are capable of planning and sponsoring for themselves. When unit leaders and base agencies perform functions the informal community is capable of providing for itself (i.e., overfunctioning), informal community networks may be diminished. When the system of formal and informal networks is fully operative and complementary in a base community, a protective and resilient web of support surrounds and sustains members and families.

As the first line of support for military members and families, unit leaders play a particularly important role in the community network—they stand between informal networks on one side and base agencies on the other. In many respects, the unit is synonymous with community in the Air Force, and the identity of members and families typically comes more from the unit than

from the resident installation or the local civilian community (Bowen, Martin, & Mancini, 1999).

The operation of formal and informal networks may vary as a consequence of the mission, size, location, and demographic composition of the base community. For example, the location and size of the base community may influence the range and quality of community support services, as well as the ease with which members and families who live off base can attend on-base activities and events. The operation of informal networks may be seriously constrained at bases embedded in large metropolitan areas, and where members are dispersed from one another across a wide geographic area.

COMMUNITY CAPACITY

From the perspective of the community capacity model, the concept of community capacity is the link between the operation of formal and informal networks of social care in the base community and community results. Community capacity involves two components assumed to mutually reinforce each other over time. First, community capacity reflects the extent to which unit leaders, base agencies, and community members demonstrate a sense of *shared responsibility* for the general welfare of the community and its members. When network members share responsibility for the general welfare, they invest their time and energy in making the community a better place to live, work, and play, and work together to promote the common good.

In addition to feelings of shared responsibility, unit leaders, base agencies, and community members demonstrate *collective competence* in taking advantage of opportunities for addressing community needs and confronting situations threatening the safety and well-being of community members. They pull together in the context of opportunity, adversity, or positive challenge to identify community needs and assets, define common goals and objectives, set priorities, develop strategies for collective action, implement actions consistent with agreed-upon strategies, and monitor results.

As defined above, community capacity represents behaviors and action rather than the potential for action. When community capacity is

high, military members and families have access to resources and opportunities to respond successfully to duty requirements and mission demands; develop community identity and pride; meet individual and family needs and goals; participate meaningfully in community life; solve problems and manage conflicts; and affirm and maintain stability and order in personal, family, and work relationships.

NETWORKS AND COMMUNITY CAPACITY

Community capacity springs from the actions and interactions *within* and *between* base and unit leaders, community members, and base agencies—a social energy that flows from the union between formal and informal community networks. As such, community capacity is distinct from the processes from which it emerges—the fund of capacity is more than the sum total of actions in formal and informal networks. The *bonding* (within) and *bridging* (between) activities by these formal and informal networks of social care associated with high community capacity provide the cornerstones for achieving community results associated with low rates of family violence. In his book *Bowling Alone*, Robert Putnam (2000) credits the concepts of *bonding* and *bridging* of social networks to Gittel and Vidal (1998).

Bonding, which Putnam (2000) describes as "sociological superglue" (p. 23), captures the cohesion, trust, and positive regard within groups, such as within informal networks of social care. Putnam describes *bridging* as the "sociological WD-40" (p. 23), or the strength of ties among individuals across groups, such as the working relationships between unit leaders and representatives of base agencies. The ongoing processes of bonding and bridging among members from various segments of the community form a complex union that powers community capacity and provides a means to achieve community results. In their earlier analysis of community networks, Bowen, Martin, et al. (2000) refer to *bonding* and *bridging* activities as first-level, second-level, and third-level effects.

COMMUNITY CAPACITY AND FAMILY VIOLENCE

From an epidemic model of community effects, the relationship between community

capacity and rates of family violence is not necessarily linear. Community capacity may have upper and lower threshold effects in its relationship to family violence. Above a certain level of community capacity, further increases in capacity may not be associated with additional decreases in family violence rates. On the other hand, once community capacity declines below a certain level, rates of family violence may increase precipitously. This is consistent with Crane's (1991) epidemic model of community effects in which problems spread like a contagion once a certain level of community vulnerability is reached. Of course, these upper and lower break points partly depend on the combination of demands and stressors faced by the base community.

The influence of community capacity on the community results achieved by individuals and families at any single point in time may vary over the work and family life course (Bowen, Richman, & Bowen, 2000). Families may need community capacity to be particularly high during the more demanding stages of work and family careers for example, when they are juggling early career demands, raising young children, and struggling with limited finances. Air Force families may need community capacity to be high in times of peak operational demands, such as during large-scale deployments.

IMPLICATIONS FOR COMMUNITY PRACTICE

In the community capacity model, formal and informal networks of social care are the leverage points in influencing rates of family violence. As these networks merge through *bonding* and *bridging* activities into an integrated and supportive system of social care, the capacity of the community increases. The sense of shared responsibility and collective competence among formal and informal networks that define high community capacity provides members and families with both a base of support and a safety net in managing the demands and stressors associated with work, family, and community roles. Unit leaders and community agencies play a key role in AF communities as mechanisms of social care and as builders of informal community connections.

Individuals and families become vulnerable, particularly to the unique stressors and demands of military life, when they lack informal connections with other members and families. These informal connections are seen as the first level of social care for members and families. Recent findings from the *Communities in Blue* report suggest that while the "instinct of community" is present in AF communities, especially in situations of adversity and positive challenge, many AF members and families perceive a decline in the military norm of "taking care of our own" (Bowen et al., 1999, p. 21). Many AF members and families reported few concrete ties to the AF community, as well as an attitude and behavioral shift toward individual identity, autonomy, and self-reliance.

In the context of these findings, formal networks must be careful not to take over the role of informal networks or *overfunction* in responding to the support needs of members and families. As a system of social care, formal and informal networks are inextricably connected-formal systems must work to strengthen rather than to replace informal networks as the primary systems of social care for members and families. Considerable untapped opportunities are present in AF communities for formal networks of social care to develop partnerships and microcollaborations to strengthen informal networks. From this perspective, members and families are viewed as assets waiting to be deployed rather than as needs waiting to be met-the cornerstones in community building efforts. The FAP's history and mission in the Air Force is entirely consistent with a community capacity building perspective. From the perspective of the community capacity model, the FAP can strengthen its role in building community capacity by (1) forming partnerships with unit leaders, (2) strengthening its interface with informal community networks, and (3) adopting a more collaborative approach in its work with other community agencies. The FAP is in a position of leadership among base communities in efforts to engage unit leaders, members and families, and agency personnel in building a community culture of inclusiveness and shared responsibility for the general welfare.

Research is currently under way to examine key hypotheses from the community capacity model. In a recent investigation with a purposive

sample of married active duty AF members, informal community linkages showed a strong and significant association with community capacity (Bowen, Martin, Mancini, & Nelson, in press). Active duty members reported a greater sense of shared responsibility and collective competence among community members when they felt there was greater community participation in base events and when they felt members and families experienced ease in connecting with others in the base community. Additional research is needed to test linkages between concepts in the model, as well as to evaluate community initiatives consistent with the model.

References

- Bowen, G. L. (1984). *Military family advocacy: A status report*. *Armed Forces & Society*, 10, 583-596.
- Bowen, G. L., & Martin, J. A. (1998). Community capacity: A core component of the 21st century military community. *Military Family Issues: The Research Digest*, 2(3), 1-4.
- Bowen, G. L., Martin, J. A., & Mancini, J. A. (1999). *Communities in blue for the 21st century*. Fairfax, VA: Caliber Associates.
- Bowen, G. L., Martin, J. A., Mancini, J. A., & Nelson, J. P. (2000). Community capacity: Antecedents and consequences. *Journal of Community Practice*, 8(2), 1-21.
- Bowen, G. L., Martin, J. A., Mancini, J. A., & Nelson, J. P. (in press). Civic engagement and sense of community in the military. *Journal of Community Practice*.
- Bowen, G. L., Richman, J. M., & Bowen, N. K. (2000). Families in the context of communities across time. In S. J. Price, P. C. McKenry, & M. J. Murphy (Eds.), *Families across time: A life course perspective* (pp. 117-128). Los Angeles: Roxbury Publishing Company.
- Brannen, S. J., & Hamlin, E. R. II. (2000). Understanding spouse abuse in military families. In J. A. Martin, L. N. Rosen, & L. R. Sparacino (Eds.), *The military family: A practice guide for human service providers* (pp. 169-183). New York: Praeger.
- Brewster, A. L. (2000). Responding to child maltreatment involving military families. In J. A. Martin, L. N. Rosen, & L. R. Sparacino (Eds.), *The military family: A practice guide for human service providers* (pp. 185-196). New York: Praeger.
- Crane, J. (1991). The epidemic theory of ghettos and neighborhood effects on dropping out and teenage childbearing. *American Journal of Sociology*, 96, 1226-1259.
- Ewalt, P. L., Freeman, E. M., & Poole, D. L. (Eds.). (1998). *Community building: Renewal, wellbeing, and shared responsibility*. Washington, DC: NASW Press.

- Gittel, A., & Vidal, A. (1998). *Community organizing: Building social capital as a development strategy*. Thousand Oaks, CA: Sage Publications.
- Heyman, R. E., & Neidig, P. H. (1999). A comparison of spousal aggression prevalence rates in U.S. Army and civilian representative samples. *Journal of Consulting and Clinical Psychology, 67*, 239-242.
- McKnight, J. L. (1997). A 21st-century map for healthy communities and families. *Families in Society, 78*, 117-127.
- Nelson, J. P. (1999). Development and evolution of the Family Advocacy Program in the Department of Defense. In J. G. Daly (Ed.), *Social work practice in the military* (pp. 51-66). New York: Haworth Press.
- Putnam, R. D. (2000). *Bowling alone*. New York: Simon & Schuster.
- Rothman, J. (Ed.). (1999). *Reflections on community organization: Enduring themes and critical issues*. Itasca, IL: F. E. Peacock.
- Sviridoff, M., & Ryan, W. (1997). Community-centered family service. *Families in Society: The Journal of Contemporary Human Services, 78*, 128-139.