2021 On-Site Installation Evaluation Report

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Executive Summary

On February 26, 2021, Secretary of Defense Austin directed On-Site Installation Evaluations (OSIEs) at select installations. OSIEs focus on an installation's prevention capabilities and ability to effectively address risk for sexual assault, harassment, and suicide. They were designed to provide early detection of risk factors so leaders can take corrective actions and enhance prevention.[1] OSIEs aim to provide insights on risk and protective factors on the ground, what works, what does not, how the Department can improve efforts more comprehensively, and support efforts to implement the approved recommendations of the Independent Review Commission on Sexual Assault in the Military (IRC). An additional purpose of the inaugural OSIEs was to pilot a process and metrics to establish an enduring installation evaluation capability that can be replicated in subsequent evaluations.

Methods:

Based on the results from a force-wide climate survey in 2021, 20 sites with high risk or protective percentile scores were selected for OSIEs. Of these, 13 OSIEs were completed July through September 2021 (hereafter referred to as Part 1). Seven site visits were delayed due to mission requirements of the units of interest and were subsequently completed November 2021 through January 2022 (hereafter referred to as Part 2). Within each installation, the units with the highest risk or protective percentile scores on the installation were evaluated, in addition to the helping agencies[2] and prevention personnel that supported these units.

On-site evaluations verified installation self-assessed compliance with sexual assault, sexual harassment, and integrated violence prevention policy and prevention best practice. In addition, evaluations assessed prevention capabilities of installations and units of interest.

This report summarizes findings and recommendations for the 20 sites that completed OSIEs:

Part 1 Sites:

- Army Reserve Center, Fraser, MI
- Dyess Air Force Base
- Fort Bliss
- Fort Custer (National Guard)
- Fort Polk
- Joint Base Elmendorf-Richardson
- Laughlin Air Force Base
- Naval Station Norfolk
- Naval Support Activity Saratoga Springs
- Marine Corps Air Station Miramar
- Marine Corps Base Camp Pendleton
- Marine Corps Base Hawaii
- Vandenberg Space Force Base

Part 2 Sites:

- Kentucky National Guard
- Naval Station Rota, Spain
- U.S. Army Garrison Ansbach (Urlas Training Area), Germany

[1] As used in this report, the term "leaders" is defined by DoDI 6400.09: "A Service member or DoD civilian personnel in a professional position of leadership.

[2] As used in this report, the term "helping agencies" refers to agencies responsive to needs of the military community.

- U.S. Army Garrison Bavaria (Hohenfels-Grafenwhoer), Germany
- U.S. Army Garrison Rheinland-Pfalz (Smith Barracks), Germany
- U.S. Army Garrison Rheinland-Pfalz (Kaiserslautern), Germany
- U.S. Army Garrison Stuttgart (Panzer Kaserne), Germany

Part 1 Findings:

OSIE teams identified unique needs and strengths at Part 1 OSIE sites; however, sites had common gaps in prevention capabilities and compliance, which culminated in the following findings:

- At the ground level, there is a pervasive misunderstanding of what prevention is, how to do it, and what it takes to do it well. The lack of understanding manifests itself distinctly and at different levels.
- Self-assessment is an invalid method to assess prevention capabilities until prevention competence increases among prevention personnel and leaders at the command and installation level.
- Policy compliance does not necessarily translate into policy and program effectiveness.
- Assessments of prevention capabilities found deficiencies across all sites and all assessed areas, with the most significant gaps in prioritization and quality implementation of prevention efforts.
- Although leaders have a genuine desire to prevent harmful behaviors, they are not accurately identifying and addressing the needs of the most at-risk groups or accurately perceiving the level of support they are providing for violence prevention.
- Integrated prevention and coordinated services are needed.

Part 2 Findings:

Of the 20 OSIEs, Part 2 sites evidenced the most positive climate (Kentucky National Guard) and the most areas of concern (U.S. Army Garrison Germany sites and Naval Station Rota). For example, at Kentucky National Guard, OSIE teams found a cohesive environment, motivation to improve prevention, and a positive work environment. Soldier wellbeing was found to be a part of the mission. As a result, the following findings and recommendations are site-specific:

- At Naval Station Rota, OSIE teams found that mission requirements were prioritized above and at the expense of the Sailors' wellbeing. This finding was consistently reported across personnel, settings, and helping agencies.
- At Naval Station Rota and U.S. Army Garrison Germany sites, OSIE teams found that the geographically dispersed leadership and support services created challenges for leadership accountability and access to resources.
- A primary focus of the OSIEs was on the prevention capabilities of the sites. In assessing these capabilities, teams found that the climate of the organization served as an inhibitor or enabler for prevention of sexual assault, harassment, and suicide.

Characteristics of Promising Sites:

OSIEs assessed two installations with high protective percentile scores, as well as units with high protective percentile scores that were located in two installations with overall high risk percentile scores. Through these assessments, OSIE teams identified the following characteristics that distinguished promising sites:

- Accurate Understanding
  - Leaders accurately perceived the needs of the most at-risk Service members.
  - Service members believed their leaders understood and were concerned about their needs, such as challenges with childcare and housing.
- Transparency

  - Prevention personnel and leaders self-identified gaps in prevention capabilities and policy compliance.
- Shared Values
  - Leaders throughout the chain of command communicated and reinforced that Service members' wellbeing was part of the mission.

Recommendations:

OSIE recommendations for Office of the Under Secretary of Defense for Personnel and Readiness (OSD) and the Military Departments and Services support policy improvement. Recommendations for these OSIE sites are offered to address identified gaps in compliance and prevention capabilities. Of note, OSIE findings underscore many of the approved recommendations of the Independent Review Commission (IRC) on Sexual Assault in the Military. Therefore, continuing to implement approved IRC recommendations in many cases will address OSIE findings. Additionally, findings will allow the Department to tailor the tools and resources being implemented. Pertinent IRC recommendations are not restated.

Recommendations for Part 1 are:

- OSD should revise and develop policies that support a dedicated primary prevention workforce and institutionalize OSIEs to ensure enterprise-wide policy compliance and program evaluation.
- The Military Departments and the National Guard Bureau in coordination with the Departments of the Army and Air Force, should issue prevention policies and conduct reassessments of OSIE compliance.
- Installation leaders at Part 1 OSIE sites should:
  - Enhance authentic engagement and responsiveness to military community's needs by establishing a data-sharing forum to share prevention-related data across the military community.
  - Reinforce healthy climates by establishing methods to incentivize behaviors that contribute to a healthy climate; hold subordinate leaders appropriately accountable for behaviors that do not.
  - Define local prevention system though local policy, instruction, or order, to establish clear roles, resourcing, expectations for collaboration, and training for prevention personnel and leaders.
  - Enhance military community engagement and help-seeking by developing a plan to identify and address Service member and DoD civilian employee resistance to violence prevention efforts and/or challenges accessing support.

Recommendations for Part 2 are:

- OSD should address gaps in support to Service members and guidance to commands/units following suicide attempts or ideation. A gap in enterprise-wide guidance and supporting resources exists regarding how to support a Service member after a suicide attempt or ideation. This lack of guidance and resources may be exacerbated in OCONUS and remote locations.
- OSD should conduct follow-up visits to selected sites in U.S. Army Garrison Germany to assess implementation of approved recommendations and identified areas of concern.
- U.S. Army Garrison Germany should improve harassment prevention and response and define the local prevention system though local policy, instruction, or order, to establish clear roles, resourcing, expectations for collaboration, and training for prevention personnel and leaders.
- Department of Navy (DON) should improve communication and reassess resourcing and requirements for the destroyer squadron supporting Naval Station Rota and make adjustments that enable the ships to prioritize the Sailors' wellbeing both at sea and in port.

OSD will track execution of implementation and report progress in quarterly climate reports.

Background

After a decade of steady progress in addressing sexual assault in the military, Department of Defense (DoD) data over the past two years highlighted persistent challenges across areas of violence and climate throughout the force. In response to these data, DoD promulgated significant changes in prevention strategies. The *Report of the Fort Hood Independent Review Committee*[3] highlighted the importance of these updated strategies and underscored the need to assess the whole military community across harmful behaviors such as substance use, domestic abuse, and suicide, rather than assessing sexual assault and harassment in isolation. The report's findings, subsequently reinforced by the work of the Independent Review Commission (IRC) on Sexual Assault in the Military, highlighted five points of failure that warranted Department-wide action.

As outlined in Figure 1, these findings included the Department's lack of:

- **Visibility** of policy compliance and program implementation at the local level, which impedes comprehensive oversight;
- **Priority** for early detection of risk, which keeps the Department in a reactive stance towards interpersonal and self-directed violence;
- Leaders and prevention personnel who understand prevention and as a result are **prepared** to proactively address climate factors that give rise to violence;
- Effective **implementation** of prevention activities that meaningfully engage the military community; and
- A feedback mechanism to **improve** policies and programs based on lessons learned and best practices at the ground level.

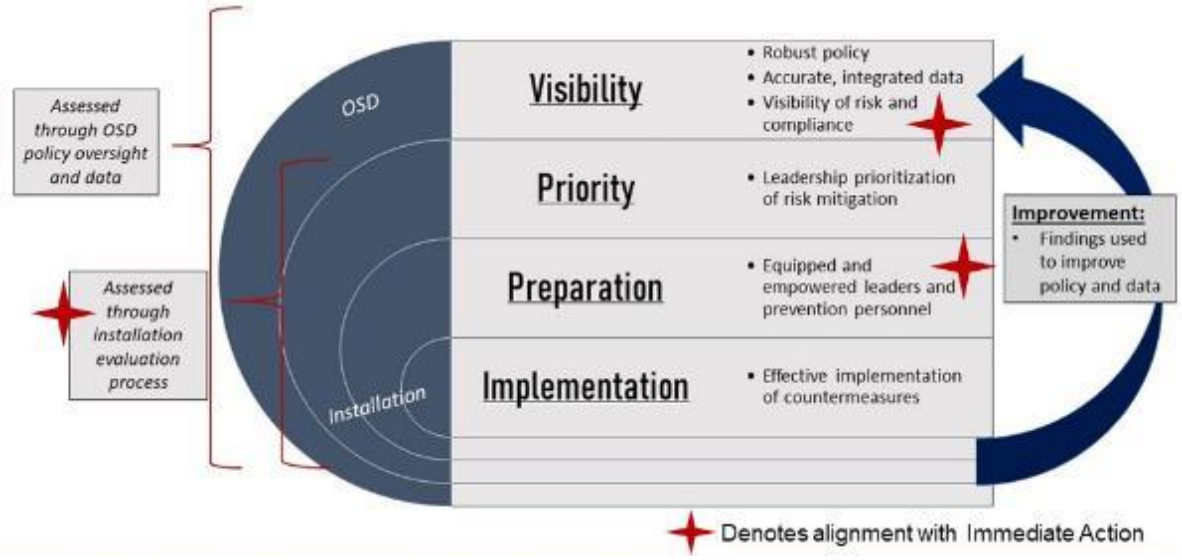


Figure 1: On-Site Installation Evaluation Framework

To remedy these oversight issues and ensure a broad base understanding and compliance with Department policies, on February 26, 2021, Secretary of Defense Austin directed three immediate actions to address sexual assault and harassment in the military. These actions address the points of failure highlighted by the Fort Hood report, function in concert with the approved IRC recommendations, and provide the Department a springboard to close the gap between Departmental policy and execution on the ground.

[3] Fort Hood Independent Review Committee. (2020). *Report of the Fort Hood Independent Review Committee*. https://www.army.mil/e2/downloads/rv7/forthoodreview/2020-12-03_FHIRC_report_redacted.pdf

These actions included a broad policy compliance check, the assessment and development of prevention capabilities at each installation, and an effort to enhance the Department's command climate efforts. This last requirement included the use of a redesigned command climate survey (Defense Organizational Climate Survey 5.0 [DEOCS]), with specific metrics to gauge risk and protective factors aligned with healthy/unhealthy climates, which will be used to inform quarterly command climate updates to leadership and On-Site Installation Evaluations (OSIEs) at select installations.

OSIEs and quarterly command climate reporting are designed to provide early detection of risk factors so leaders can take corrective actions and enhance prevention. OSIEs aim to provide insights on risk and protective factors on the ground, what works, what does not, and how the DoD can improve efforts more comprehensively. OSIEs focus on an installation's prevention capabilities and the ability to effectively address risk for sexual assault, harassment, and suicide.

In 2021, 20 sites were selected for OSIEs. Of these, 13 OSIEs were completed July through September 2021 (hereafter referred to as Part 1). Seven site visits were delayed due to mission requirements (e.g., support of Afghan refugees) and subsequently completed November 2021 through January 2022 (hereafter referred to as Part 2). Within each installation, the units with the highest risk or protective factor scores on the installation were evaluated, in addition to the helping agencies and prevention personnel that supported these units.

Key Considerations for 2021 OSIEs

- Towards the development of a standardized OSIE method, the inaugural 2021 OSIEs served as a **pilot** to establish prevention metrics and an evaluation process.
- The results serve as a **baseline** for prevention capabilities at the ground level as the Department initiates implementation of the approved recommendations of the Independent Review Commission.
- Based on recent prevention initiatives, OSIE teams expected prevention capabilities would be **early in development.**

Based on findings from the OSIEs, this report will provide an overview of the methodology used for site selection and on-site evaluation, a summary of findings, and recommendations. As outlined in the OSIE Framework, OSIEs also function as a feedback loop to improve Department-level policies and programs based on findings on the ground. Therefore, some actions will be unique to each installation assessed and some will support policy improvements at the DoD, Military Department, and Service levels.

Methodology

The focus of the OSIEs is on <u>integrated, primary prevention for the military community</u>. These definitions guided the methods used to identify sites and develop metrics.	
Primary Prevention	Stopping harmful acts before they occur. Can be implemented for an entire group or population without regard to risk (universal primary prevention) or can be implemented for individuals, groups, or a population that is at risk (selected primary prevention). Primary prevention activities can target: 1. Influencers, such as leaders who set a climate and shape norms, but may not be present when harmful acts occur;

	2. Bystanders, who may be present when harmful acts occur; 3. Individuals, who may commit harmful acts; or, 4. Individuals who may be affected by harmful acts.
Integrated Prevention	Taking action to decrease harmful behaviors and lessen the chances of these behaviors negatively impacting readiness and retention in a way that: 1. Incorporates values of inclusivity, connectedness, dignity and respect (access, equity, rights, and participation)—including the elevation of service member and family member voice—to inform plans, processes, and trainings; 2. Recognizes and adjusts plans, processes, and trainings to consider and be responsive to climate issues and populations that have been disproportionately impacted by harmful acts; 3. Intentionally seeks to align and find common operating principles across prevention efforts and offices (e.g., equal opportunity, suicide, sexual assault); and, 4. Incorporates multiple lines of effort across individual, interpersonal, organizational ecological levels.
Military Community	All individuals (e.g., Service members, DoD civilian employees, dependents) who live and work together in the same geographic area, such as a DoD installation. Military community exists based on relationships and the potential to interact with one another regardless of Service affiliation and chain of command.

The goal of this first round of OSIEs was to pilot a process and metrics to establish an enduring installation evaluation capability that can be replicated in subsequent evaluations conducted by the OSD. Thus, there were two parts to this effort: site identification and on-site evaluation.

Identification of OSIE Sites

To support identification of installations for the 2021 evaluations, the Under Secretary of Defense (Personnel and Readiness (USD[P&R]) directed a force-wide DEOCS to be completed.[4] The DEOCS was selected as the primary data source for the 2021 OSIEs because it serves as the most timely and sensitive DoD-wide measure of command climate.

The redesigned DEOCS is comprised of 19 factors, nine of which depict risk factors and 10 of which depict protective factors for readiness detracting behaviors, such as sexual assault, harassment, and suicide. However, for the purposes of this analysis, transformational leadership ratings, passive leadership ratings, and toxic leadership ratings are treated as separate factors for the unit/organization leader, commander, and the Senior Non-Commissioned Officer (NCO), if applicable. As a result, this analysis includes 22 total factors: 11 risk and 11 protective.

[4] In a February 2018 Under Secretary of Defense for Personnel and Readiness (USD[P&R]) memorandum, the Office of People Analytics (OPA), Defense Human Resources Activity (DHRA) was charged to revitalize and modernize the DEOCS. The redesign included three action areas; 1) build a new survey administration system; 2) redesign the survey content; and 3) build a unit commander dashboard for displaying DEOCS results. OPA employed a data-driven process to redesign the DEOCS, guided by the understanding that DEOCS should serve as a tool for commanders to provide reliable and actionable information on risk and protective factors that allow them to take immediate steps to improve the climate in their unit. The updated DEOCS 5.0 launched on January 4, 2021 and measures 19 risk and protective factors.

Table 1: Risk and Protective Factors from DEOCS 5.0

DEOCS 5.0 Risk Factors	DEOCS 5.0 Protective Factors
Alcohol Impairing Memory	Cohesion
Binge Drinking	Connectedness
Stress	Engagement and Commitment
Passive Leadership	Fairness
Toxic Leadership	Inclusion
Racially Harassing Behaviors	Morale
Sexually Harassing Behaviors	Safe Storage for Lethal Means
Sexist Behaviors	Work-Life Balance
Workplace Hostility	Leadership Support
	Transformational Leadership

In total, 962,194 respondents across 10,032 units and 1,367 installations completed DEOCS from January through June 2021. To assess the climate of military communities, using DEOCS data collected at the unit level, OSD analysts aggregated to the installation level using mapping provided by the Services. OSD then categorized installations within Service branch according to their protective percentile score and risk percentile score. Using these protective and risk percentile scores, OSD identified military installations that were outliers in terms of risk and protective factors for further evaluation.

For the 2021 OSIEs, OSD selected 18 sites with high risk percentile scores and two sites with high protective percentile scores. Reserve Component sites were overrepresented among locations with high protective percentile scores, so two promising and one high risk Reserve Component sites were selected for OSIEs.

For Active Component sites, OSD selected the three installations with the highest risk percentile scores for Army, Air Force, Navy, and Marine Corps. Because the Space Force is a small Service and installations had moderate, but not high, risk percentiles, one Space Force installation was selected for participation. In two cases (Navy and Air Force) one of the top three installations selected for site visits had COVID-related travel restrictions that prevented OSIEs from being conducted. In those cases, the information was shared with the Military Service to determine what additional action was needed. OSD then selected four additional installations for site visits that were in the highest percentiles for the Total Force.

The following 13 sites were evaluated July through September 2021 and are included as Part 1:

- Army Reserve Center, Fraser, MI
- Dyess Air Force Base
- Fort Bliss
- Fort Custer (National Guard)
- Fort Polk
- Joint Base Elmendorf-Richardson
- Laughlin Air Force Base
- Naval Station Norfolk
- Naval Support Activity Saratoga Springs

- Marine Corps Air Station Miramar
- Marine Corps Base Camp Pendleton
- Marine Corps Base Hawaii
- Vandenberg Space Force Base

Due to operational requirements of the units of interest, the following seven sites were evaluated November 2021 through January 2022 and are included as Part 2:

- Kentucky National Guard
- Naval Station Rota, Spain
- US Army Garrison Ansbach (Urlas Training Area), Germany
- US Army Garrison Bavaria (Hohenfels-Grafenwhoer), Germany
- US Army Garrison Rheinland-Pfalz (Smith Barracks), Germany
- US Army Garrison Rheinland-Pfalz (Kaiserslautern), Germany
- US Army Garrison Stuttgart (Panzer Kaserne), Germany

On-Site Evaluation

The purpose of the site visits was to determine, using standardized metrics, if the installation's prevention capabilities were ready and able to address the risk detected on the DEOCS. Where site visits determined that the installation's prevention capabilities were ready and able, the evaluations highlighted actions that could be replicated elsewhere, and where the installation's prevention capabilities were not ready and able, this report offers recommendations for concrete actions that can be taken to strengthen prevention activities to reduce risk and enhance protective factors.

The scope of the site visits were the units within each installation that had the highest risk or protective percentile scores on the DEOCS as well as the helping agencies and leadership, typically at the installation level or within a higher-level command, that supported those units' prevention and response efforts. At large sites, site visits assessed only a small portion of the total military community. At small sites, site visits may have included the majority of the military community.

Each four-day OSIE was led by multi-disciplinary evaluation teams, which included an OSD O-6/GS-15 (or higher) team lead and staff from OSD policy offices (including the Sexual Assault Prevention and Response Office [SAPRO], the Office of Diversity, Equity, and Inclusion [ODEI], and the Violence Prevention Cell [VPC]), with support from RAND personnel, who collected data for new prevention metrics.

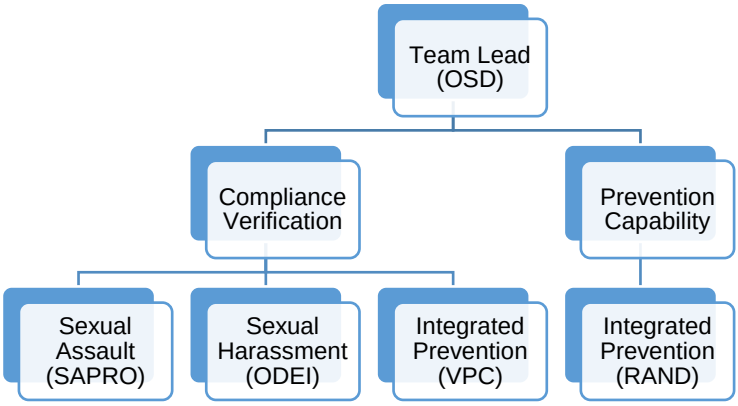


Figure 2: OSIE Site Visit Team

Compliance Assessment Methods:

Each policy office developed and applied specific methods to assess the accuracy of the site's self-assessed compliance with existing policy guidance.

SAPRO assessment of DoDI 6495.02, "Sexual Assault Prevention and Response: Program Procedures" and PTDO USD(P&R) Memorandum, Revisions to Monthly Case Management Group Meetings for Adult Sexual Assault Cases, dated November 13, 2019. The purpose of the SAPRO assessment was two-fold: (1) Determine if the responses provided in the self-assessment align with responses provided to on-site interviews and supporting documents submitted for the requests for information; (2) Determine policy compliance with Department of Defense Sexual Assault Prevention and Response policies and memos (DoDI 6495.02 Vol 1 and USD(P&R) Memorandum, Revisions to Monthly Case Management Group Meetings for Adult Sexual Assault Cases). There were four categories of alignment and compliance:

- ***Victim Assistance:*** Encompasses activities conducted by Sexual Assault Prevention and Response (SAPR) personnel and the Commander aimed at ensuring the victim is aware of and has access to all SAPR procedures, resources, and services.
- ***Reporting:*** Ensures that Service members are aware of reporting options and that all installation personnel are aware that the Sexual Assault Response Coordinator (SARC) or SAPR Victim Advocate (VA) should be notified. This includes victim preference (or declination) to participate in the prosecution or investigation of subject, this includes both military and civilian legal systems.
- ***Program/Policy:*** Describes general SAPR program, such as Case Management Group, confidentiality, retention of DD Form 2910 (Victim Reporting Preference Statement), and SARC main duties.
- ***Training:*** Ensures SAPR required training is being presented in accordance with SAPR policies, including retaliation/reprisal. Also responsibility to track individual attendance at required training.

To conduct the validation, self-assessment questions were sent to OSIE sites, which included questions addressing Sexual Assault Prevention and Response Programs in these four categories. The self-assessments were validated through on-site interviews and checklist/document reviews.

On-site interviews were mostly conducted face-to-face, while stakeholders who were not on-site were interviewed via teleconference. If no self-assessment was submitted, a validation was not performed, but there was a review of interview questions and documents. Acceptable documentation provided demonstrative support to responses.

Validation was determined by calculating overall and key category alignment and policy compliance by cross-walking responses to self-assessment questions with responses to interview questions and requested documents. Alignment was scored in the following way: 0 = No alignment, 1 = Partial alignment, and 2 = Complete alignment. Policy compliance was validated by cross-referencing responses and requested documents with DoDI 6495.02 and OUSD (P&R) Memorandum, "Revisions to the Monthly Case Management Group Meetings for Adult Sexual Assault Cases", November 13, 2019. Compliance was scored in the following way: 0 = No compliance, 1 = Partial compliance, and 2 = Full compliance. The overall average and key category scores were computed by determining the numerical total and dividing by the number of main questions.

ODEI assessment of sexual harassment requirements in DoDI 1020.03, "Harassment Prevention and Response in the Armed Forces". To develop methods for the validation of the sexual harassment requirements in DoDI 1020.03, ODEI identified specific elements in DoDI 1020.03 for the sites to provide a self-assessment. During the site visits, for any area on the self-assessment that was identified as non-compliant, the ODEI representative would discuss the site's barriers to compliance and explore possible resolutions.

In addition to the self-assessment, ODEI used a questionnaire during the site visits to probe further into the elements on the self-assessment, as well as discuss other practices or procedures that the site was or was not using. This questionnaire also explored what the site was doing for prevention activities.

To develop a compliance score, ODEI relied on the self-assessment unless during the interview something came up that indicated their self-assessment might not be accurate. For example, if they indicated on the self-assessment that the required trainings were occurring, but during the interview someone mentioned that they had not been trained in five years, ODEI representatives revisited the requirement with the interviewee to determine whether or not the requirement was met.

VPC assessment of DoDI 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm" compliance checklist and Prevention Plan of Action (PPOA) self-assessment. To develop the methods for the validation of the Prevention Plan of Action self-assessment and the compliance checklist for DoDI 6400.09, the VPC reviewed Military Department and National Guard Bureau submissions for the Secretary of Defense Immediate Action 1. These reports found that most installations were not fully aligned or in full compliance with the prevention requirements as outlined in Department guidance. The reports also suggested that prevention self-assessment scores may be inflated. Given these findings, the VPC determined to focus the validation effort on evaluating whether or not the prevention self-assessments were accurate ("confidence in self-assessment") rather than assessing compliance, as the Service reports already suggested significant gaps in compliance.

To determine level of confidence in the prevention self-assessments, the VPC selected a sample of items from each tool. Based on the Immediate Action 1 finding that most sites would be early in their prevention capabilities, VPC selected items that represented foundational prevention capabilities: prevention personnel, leadership, collaboration, quality implementation, and evaluation of prevention activities. VPC developed, piloted, and refined interview questions to assess these areas.

During site visits, VPC representatives gathered information during interviews with prevention personnel, leaders, and other staff. VPC representatives then completed worksheets that captured their assessment of the validity of the site self-assessment. An independent rater from the OSD (P&R) Office of Force Resiliency then reviewed the notes and assessment to make a final determination, identify strengths, gaps, and actions.

Integrated Prevention Assessment Methods:

OSD, in collaboration with RAND, identified nine dimensions to guide the assessment of prevention capabilities for the OSIEs. These dimensions were identified by an analysis of the focus areas not covered by existing DoD compliance checklists and DoD assessment tools to enforce relevant prevention policies and the OSIE framework described in Figure 1.

OSD prioritized three domains of focus for the development of new metrics:

- ***Healthy & Protective Environment***: Research shows that command climates can positively or negatively impact behaviors such as sexual assault and harassment
- ***Integrated Prevention***: Effective prevention targets a mix of risk and protective factors that are both common across problem areas as well as unique to specific harmful behaviors
- ***Stakeholder Engagement***: Outcomes can be improved when multiple stakeholders have genuine involvement in prevention activities

Three additional domains were added from the OSIE framework:

- ***Priority***: Higher-level leadership sets the tone and sustains consistent focus on harmful behaviors
- ***Preparation***: Prevention personnel and intermediate leadership are equipped with the ability, and exist within a structure, that incentivizes and supports addressing harmful behaviors

- ***Implementation***: Approach aligns with best practices and is done well (i.e., with high quality)

Crossing the three domains from OSIE framework (columns in Figure 3) with the three aforementioned domains (i.e., focus area) in existing compliance checklists and assessment tools (rows in Figure 3) yielded a matrix of nine dimensions to be included in the assessment.

		OSIE FRAMEWORK AREA		
		PRIORITY	PREPARATION	IMPLEMENTATION
FOCUS AREAS	HEALTHY & PROTECTIVE ENVIRONMENT	Leaders prioritize fostering a protective environment by their actions and communications.	Leaders have the requisite knowledge, skills, abilities (KSAs) and access to training to develop those KSAs.	Leaders employ practices known to support a protective environment.
	INTEGRATED PREVENTION	Leaders prioritize prevention activities.	Leaders and prevention personnel have the requisite KSAs to carry out prevention successfully.	Prevention activities target risk and protective factors across multiple negative behaviors and evaluated.
	SERVICE MEMBER ENGAGEMENT	Leaders prioritize engaging stakeholders.	Prevention personnel have the resources and requisite KSAs to engage stakeholders effectively.	Stakeholders are genuinely engaged in prevention activities across multiple planning stages.

Figure 3: Prevention Capabilities Assessed in OSIEs

To assess these nine dimensions, site visit teams collected measures from various personnel before and during each OSIE. Using all measures, the site team made binary ratings on a series of data elements (present or absent), which were combined to establish whether various subdimensions were sufficient. A maturity score was then calculated for each dimension. A maturity score represents a progression and achievement in a particular domain or discipline so that a higher score suggests more advanced practice on agreed upon standards. The maturity scores on the nine dimensions were informed by the number of sufficient corresponding subdimensions. More details on the development, validation, and application of these metrics is found in Appendix B. Scores on the nine dimensions and subdimensions for each site are found in the site profiles in Appendix C and D.

Other Data Sources

To provide additional context for the findings, available installation-level 2018-2020 data for each OSIE site were compiled and are summarized in the site profiles (Appendix C and D). Specifically, these additional data describe the location and illustrate whether the OSIE sites (selected based on their 2021 DEOCS scores) also had been identified as high risk or promising based on other DoD data. If not previously detected, either for risk or promise, identification for the OSIE may indicate either a new climate issue or may suggest that the DEOCS is assessing climate issues in ways not detected by other DoD data sources. Given the focus of the OSIEs on interpersonal and self-directed violence prevention, the following data sources were included in site profiles (Appendix C and D), when available:

Sexual Assault Reporting Data

Reports of sexual assault are tracked by SAPRO in the Defense Sexual Assault Incident Database (DSAID) and are presented for each FY and installation selected for an OSIE site visit. Notably, reports are grouped by the location where a victim made a report, which is not necessarily the location where the incident occurred. An alleged incident of sexual assault may have occurred elsewhere, including the civilian sector and/or prior to entering military Service.

Sexual Assault and Sexual Harassment Risk Data

Using data from the *2018 Workplace and Gender Relations Survey of Active Duty Members* and administrative personnel data, the Office of People Analytics (OPA) estimated sexual assault and sexual harassment prevalence rates for installations and ships with more than 50 Service members, and then grouped locations into risk categories, from lowest risk to highest risk. Using these analyses, the estimated prevalence rates of sexual assault and sexual harassment for men and women at each OSIE site are presented.

Sexual Harassment Complaint Data

The Office of Diversity, Equity, and Inclusion (ODEI) collects data on the number of formal, informal, or anonymous complaints of sexual harassment received at the installations of interest during the FY. Formal complaints are submitted in writing and are determined to warrant an investigation. Informal complaints are allegations, made either orally or in writing, that is not submitted as a formal complaint, and are resolved at the lowest level. Anonymous complaints are allegations received by a commanding officer from an unknown or unidentified source.

Suicide Attempts and Completion Data

Data on suicide attempts and deaths are tracked by the Armed Forces Medical Examiner and compiled by the Defense Suicide Prevention Office (DSPO). The number of suicide deaths are presented by calendar year, and are grouped into installations based on the unit information of the Service member. Location reflects where the deceased Service member's unit is assigned and not the location of death.

Domestic and Intimate Partner Violence Case Data

To support the Family Advocacy Program, the Defense Manpower Data Center tracks data on incidents that meet the Department of Defense definition for "domestic abuse," which is domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile. Incidents reported at the installations selected for OSIE site visits during the FY are included.

Results from Part 1 Sites

Sites Identified

The following table summarizes the sites identified by OSIEs, the risk and protective percentile score for each installation, and the units of interest that participated in the OSIE. Units of interest are the units within the installation that had the highest risk or protective percentile scores among units assigned to each installation. In most cases, compliance assessments involved installation-level assets that supported the units of interest as well as other units on the installation; whereas, the integrated prevention assessment is based primarily on the units of interest, which likely represents the areas of greatest concern and need within the military community.

Table 2: DEOCS Scores for Identified Units at Part 1 Installations

Part 1 Installations	Risk Percentile Score	Protective Percentile Score	Units of Interest
Fort Custer (National Guard)	95	8	– 1463d Transportation Company
Naval Support Activity Saratoga Springs	94	10	– Nuclear Power Training Unit
Fort Polk	93	7	– B Company, 710th Brigade Support Battalion – D Company, 710th Brigade Support Battalion – A Troop, 3d Squadron, 89th Cavalry Regiment – B Company, 2d Battalion, 2d Infantry Regiment
Fort Bliss	92	4	– H Company, 501st Brigade Support Battalion – A Battery, 2d Battalion, 3d Field Artillery Regiment – A Company, 1st Battalion, 36th Infantry Regiment – 153d Quartermaster Company – 745th Medical Detachment (promising unit) – 3d Battalion, 410th Engineer Regiment, Brigade Engineer Battalion (promising unit) – 1st Battalion, 360th Infantry Regiment, Brigade Maneuver Battalion (promising unit)
Naval Station Norfolk	84	16	– USS New York – USS Gravely – USS James E. Williams
Marine Corps Base Hawaii	80	18	– Headquarters, 3d Marine Regiment, 3d Marine Division
Joint Base Elmendorf-Richardson	77	17	– B Troop, 1st Squadron, 40th Cavalry Regiment – 241st Quartermaster Company – C Company, 725th Brigade Support Battalion – C Troop, 1st Squadron, 40th Cavalry Regiment
Marine Corps Air Station Miramar	77	20	– Marine Fighter Attack Squadron 314 – Marine Wing Support Squadron 373
Laughlin Air Force Base	76	30	– 47th Security Forces Squadron
Marine Corps Base Camp Pendleton	75	22	– Security Battalion – Combat Logistics Battalion 15, 1st Marine Logistics Group – 15th Marine Expeditionary Unit
Dyess Air Force Base	67	19	– 317th Maintenance Group – 7th Maintenance Group – 7th Operations Group (promising unit)

Vandenberg Space Force Base	39	50	– 30th Healthcare Operations Squadron – 30th Comptroller Squadron
Army Reserve, Fraser, MI	5	96	– Detachment 3, EUCOM Joint Analysis Center (promising unit)

Findings

Table 4 below provides an overview of the OSIE findings by site. Across the Part 1 OSIEs, one cross-cutting foundational finding is reflected in the other themes.

- **At the ground level, there is a pervasive misunderstanding of what prevention is, how to do it, and what it takes to do it well**. The lack of understanding manifests itself distinctly and at different levels.

Leaders do not understand prevention enough to ensure that there are enough personnel and time devoted to it. They also cannot effectively hold subordinates accountable because they do not know how prevention is operationalized. Among personnel selecting and implementing prevention, the lack of understanding is manifested in choice of prevention activities that are suboptimal and an absence of program evaluation. Among the end users of prevention – the military community – Service members and DoD civilian employees have become resistant to participating in activities because they are repetitive and unengaging. True evidence-based prevention would not only convey better information and develop skills, but such approaches are engaging by design.

Importantly, although some pockets of prevention capabilities were identified, the demand was greater than these leaders and personnel could support and too few pockets of these capabilities existed to create a collective effort that could affect change at a unit or installation level.

The following reflect additional findings related to compliance and prevention capabilities:

- **Self-assessment is an invalid method to assess prevention capabilities until prevention competence increases among prevention personnel and leaders at the command and installation level.**

OSIEs found an inverse association between prevention capability and self-assessed prevention compliance and quality. At promising sites and sites that had a dedicated prevention workforce, self-ratings were accurately low; whereas, at sites with no prevention staff, self-ratings were inaccurately high. Therefore, a key, initial step towards building prevention capability is having personnel and leaders at the ground level equipped and empowered to identify areas for improvement.

- **Policy compliance does not necessarily translate into policy and program effectiveness.** Although OSIEs identified many areas of compliance, assessment of prevention capabilities found significant gaps. The disparate findings across assessments reinforces that compliance does not translate into prevention effectiveness.

Taken together, compliance assessments suggest response requirements for sexual assault and sexual harassment are largely met but prevention requirements are not. Assessing effectiveness of sexual assault policies would go beyond compliance and evaluation of SARC and SAPR VA initial and subsequent victim encounter competencies, and instead more holistically determine effectiveness of the system.

- **Assessments of prevention capabilities found deficiencies across all sites and all assessed areas, with the most significant gaps in prioritization and quality implementation.**

Organizational factors played a key role in implementation of prevention and response programs. High stress, high operational tempo, limited time, and multiple vacancies were noted in several OSIE sites, which limited

quality implementation of prevention and response programs. In most sites, sexual assault and harassment personnel are charged with prevention, but they have limited time and training to lead prevention efforts.

- **Although leaders have a genuine desire to prevent harmful behaviors, they are not accurately identifying and addressing the needs of the most at-risk groups or accurately perceiving the level of support they are providing for violence prevention.**

OSIEs found a disconnect between the understanding and priorities of leaders and the most at-risk groups (e.g., female Service members, junior enlisted). For example, leaders underestimated the effect that challenges with basic needs (e.g., childcare, quality housing) had on perceptions of healthy climate. Within an at-risk site, the difference between at-risk and promising units was the unit leaders' concern and understanding of these needs.

OSIEs also found differences in the support leaders believed they were providing to prevention and objective (priority metrics) and subjective (prevention personnel) assessments of that support. This was likely due to leaders' understanding of prevention as noted in the foundational finding.

- **Integrated prevention and coordinated services are needed.**

In many cases the "military community" is not defined by geographic area but by chain of command, typically in non-deployed status; this leaves gaps and seams in sites with complex organizational structures for prevention and response policies and programs among Service members, and DoD civilian employees who live and work in the same community but are not in the same chain of command. This is further complicated when the leaders who have responsibility for the installation do not have authority to influence all of it, which creates uncoordinated and non-cohesive prevention, confusing avenues for help-seeking, and seams for response.

Similarly, a Service-centric view of climate lacks visibility when a unit from another Service negatively influences the military community's climate or when a unit from a Service with a healthy climate is attached to an installation with units experiencing unhealthy climates. Even within installations with non-complex organizational structures, stove pipes among helping agencies create confusing avenues for help-seeking and challenge integrated prevention planning, implementation, and evaluation.

Specific characteristics of the environment (e.g., remote location, onboard ship) presented unique challenges for help-seeking, including when local resources were not acceptable or sufficient for Service members or there were limited alternatives, which could lead to feelings of being trapped and hopeless.

Table 3: OSIE Part 1 Site Findings by Area

SITE	SEXUAL ASSAULT COMPLIANCE	SEXUAL HARASSMENT COMPLIANCE	PREVENTION POLICY CONFIDENCE	PREVENTION QUALITY CONFIDENCE
Fort Bliss	86%	98%	Partial	Partial
Fort Custer (National Guard)	97%	100%	Partial	Partial
Fort Polk	97%	100%	Low	Partial
Army Reserve Center, Fraser, MI	13%	21%	Not Available	Partial
Naval Station Norfolk	95%	100%	Low	Partial
Naval Support Activity Saratoga Springs	77%	100%	Low	Low
Marine Corps Base Camp Pendleton	100%	100%	Partial	Partial
Marine Corps Base Hawaii	98%	100%	Partial	Partial
Marine Corps Air Station Miramar	89%	100%	Low	Low
Dyess Air Force Base	92%	100%	Partial	High
Joint Base Elmendorf-Richardson	96%	98%	Partial	Partial
Laughlin Air Force Base	91%	100%	Partial	Low
Vandenberg Space Force Base	92%	100%	Partial	Partial

Table 4: Part 1 Site Prevention Capability – Prioritization

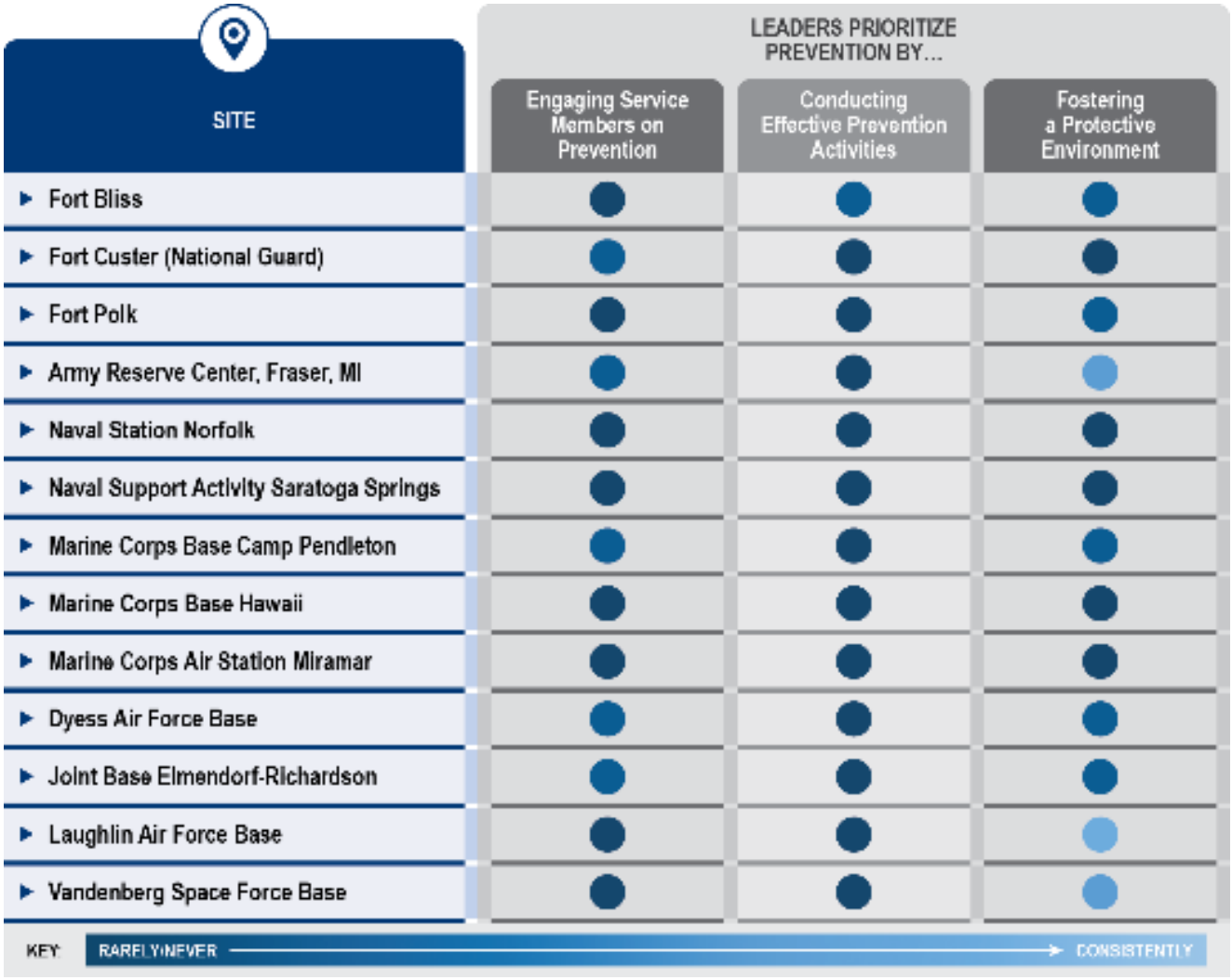


Table 5: Part 1 Site Prevention Capability – Preparation

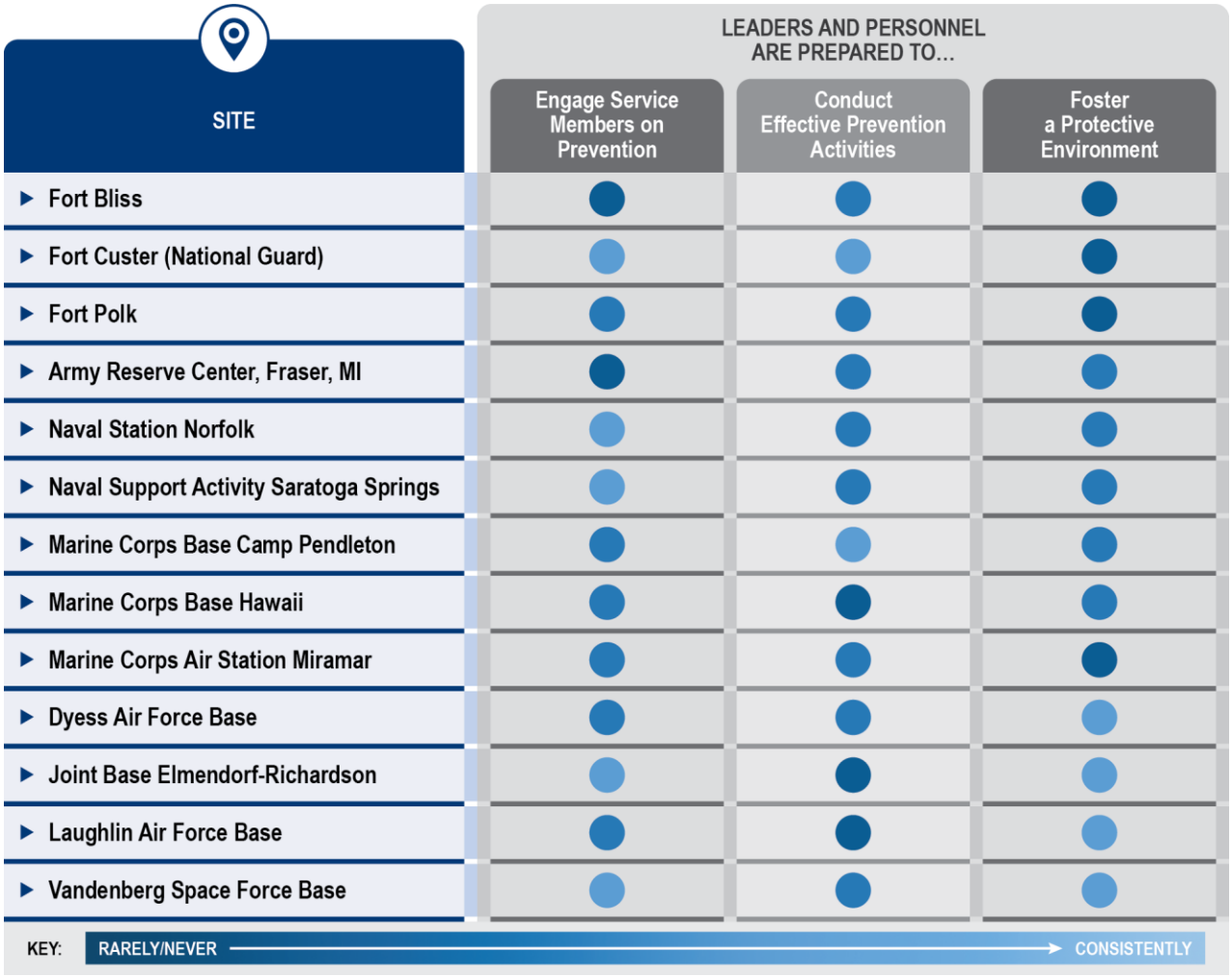
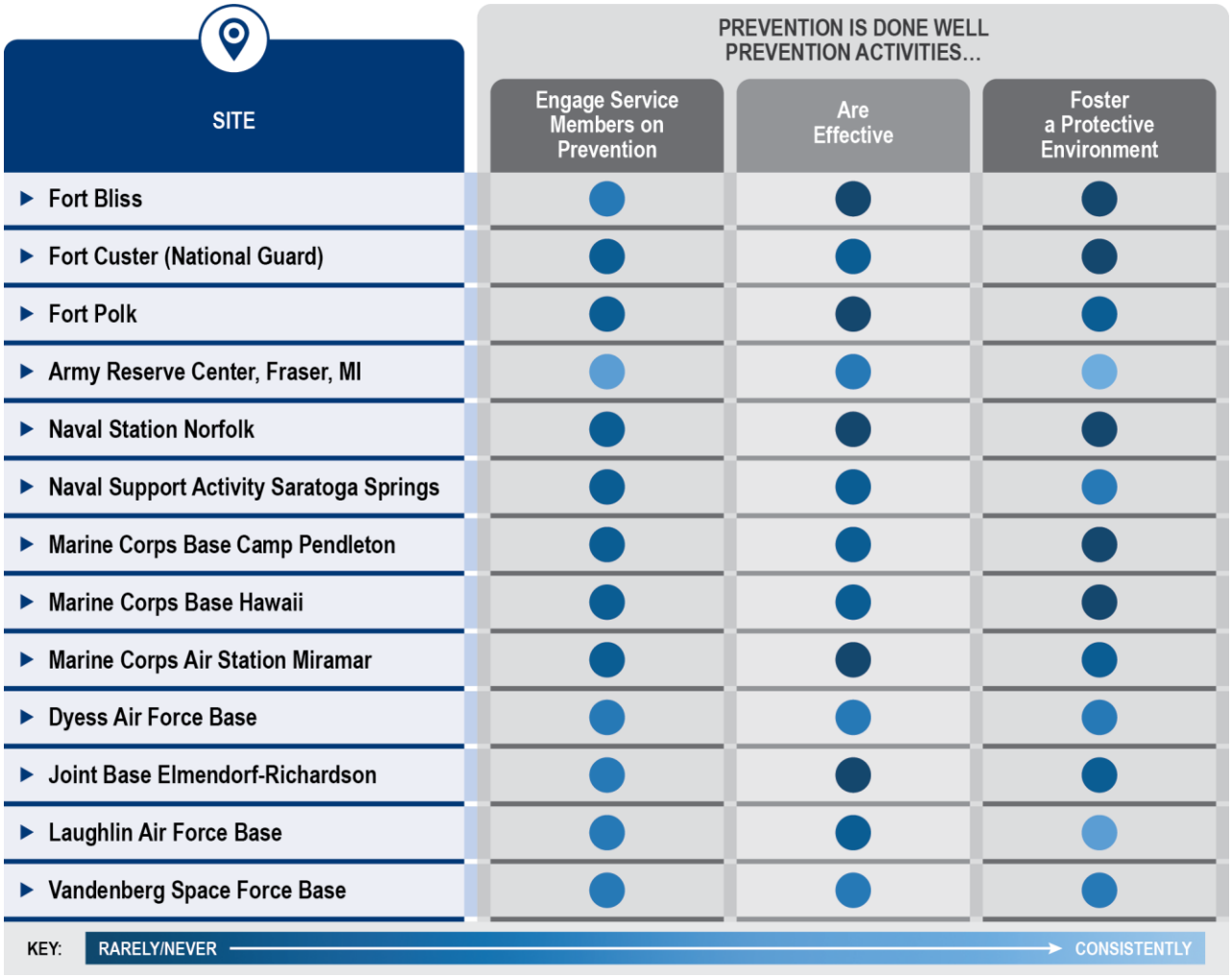


Table 6: Part 1 Site Prevention Capability – Effectiveness



Results from Part 2 Sites

Sites Identified

The following table summarizes the risk and protective percentile score for each installation, and the units of interest that participated in the OSIE for Part 2 sites. Units of interest are the units within the installation that had the highest risk or protective percentile scores among units assigned to each installation. In most cases, compliance assessments involved installation-level assets that supported the units of interest as well as other units on the installation; whereas, the integrated prevention assessment is based primarily on the units of interest, which likely represents the areas of greatest concern and need within the military community.

Table 7: DEOCS Scores for Identified Units at Part 2 Installations

Part 2 Installations	Risk Percentile Score	Protective Percentile Score	Units of Interest
USAG Ansbach (Urlas Training Area)	96	2	– 5th Battalion, 4th Air Defense Artillery Regiment

USAG Rheinland-Pfalz (Smith Barracks)	93	14	– 240th Quartermaster Company
USAG Bavaria (Hohenfels-Grafenwhoer)	92	7	– 527th Military Police Company
Naval Station Rota	91	10	– USS Roosevelt – USS Porter – USS Ross – USS Arleigh Burke
USAG Stuttgart (Panzer Kaserne)	86	13	– 554th Military Policy Company – Forward Support Company, 1st Special Forces Battalion, 10th Special Forces Group
USAG Rheinland-Pfalz (Kaiserslautern)	75	12	– 66th Transportation Company
Kentucky National Guard (Tompkinsville, KY)	15	98	– A Battery, 1st Battalion, 623d Field Artillery Regiment (promising unit)

Findings

The OSIEs summarized in this report included units of interest at six OCONUS sites and one promising site. Of the 20 sites visits, these sites evidenced the most positive climate (Kentucky National Guard) and the most areas of concern (U.S. Army Garrison Germany sites and Naval Station Rota). Indicators of positive climate in Kentucky National Guard included a cohesive environment, motivation to improve prevention, and a positive work environment. The OSIE team observed that Soldiers came first. The Kentucky National Guard leadership throughout the organization felt Soldier wellbeing was part of the mission, not an adjacent effort that was secondary. Indicators of concern in Germany and Naval Station Rota included evidence that command climates tolerated harmful behaviors and an inability to access resources due to mission requirements or geographic dispersion of services.

- **Mission at the expense of people.** At Naval Station Rota, OSIE teams found that mission requirements were prioritized above and at the expense of the Sailors' wellbeing. This finding was consistently reported across personnel, settings, and helping agencies. Sailors reported experiencing bullying, mental health issues, sexual harassment, and relationship problems for which they could not seek help due to mission requirements.

Given climate challenges observed during the initial Naval Station Rota OSIE, OSD suggested the Navy conduct a follow-on visit. Within two weeks of this suggestion, a Navy team, led by a Flag Officer, was on-site to better understand the identified challenges. To ensure transparency and accountability, the Navy requested participation from the Department of Navy and OSD subject matter experts.

Navy's two follow-on visits resulted in recommendations to address training, manpower, accountability, and resourcing concerns. Department of Navy leadership provided additional recommendations aimed at developing leaders with the needed skills for fostering healthy climates and cultures.

Additionally, the Secretary of the Navy recently visited Naval Station Rota and held roundtable discussions with Sailors and Marines afloat and ashore to gain further insight into the challenges facing Forward Deployed Naval Forces. The biggest threat factor is an extremely high operational tempo that must be addressed with additional capacity in theater.

OSD also identified problems upstream that were contributing to the problems on the ships. Specifically, site visitors found an imbalance between what leaders are requiring and what support they are providing and resourcing. The ships were responding to this imbalance in different ways as identified by the site visit teams. This issue was exacerbated by poor communication between the destroyer squadron and the ships. As a

result, the OSIE teams directed its recommendations to Department of Navy and the destroyer squadron rather than to Naval Station Rota and the units of interest.

- **Remote location challenges accountability and access to resources.** At Naval Station Rota and the U.S. Army Garrison Germany sites, OSIE teams found that the geographically dispersed leadership and support services created challenges for appropriate leadership accountability and access to resources.

In many cases, Service members reported individuals who were contributing to toxic climates and harassment; but, these leaders were not held appropriately accountable for their actions and in some cases were promoted. In U.S. Army Garrison Germany sites, OSIE teams found that this resulted in localized harassment, particularly of the most at-risk Service members; however, these Soldiers had few options to seek help due to their geographical isolation and lack of immediate oversight of these problematic leaders. In other U.S. Army Garrison Germany sites, the lack of resources led to suboptimal suicide prevention practices that may have been perceived as a last resort to keep Soldiers safe but created substantial distress to the unit who observed and endured these practices. As a result of these findings, OSD requested a follow-up visit, in partnership with Department of Army, to Ansbach, Bavaria, and Stuttgart to assess implementation of the OSIE recommendations and reassess areas of concern.

- **Climate as an enabler or inhibitor of prevention capabilities.** A primary focus of the OSIEs was on the prevention capabilities of the sites. In assessing these capabilities, teams found that the climate of the organization served as an inhibitor or enabler for prevention of sexual assault, harassment, and suicide.

As in the first 13 OSIEs, prevention capabilities in the 7 additional sites were assessed to be low, with multiple areas for improvement and growth. The positive workplace climate, motivation for prevention, and spirit of innovation identified at the Kentucky National Guard suggested the organization was ready and willing to make changes to improve prevention efforts. The unhealthy climate at Naval Station Rota and across U.S. Army Garrison Germany sites suggested even with additional prevention supports, forward movement would be limited without also addressing the climate in which the health and wellbeing of the Sailors and Soldiers was not prioritized.

Table 8: OSIE Part 2 Site Findings by Area

SITE	SEXUAL ASSAULT COMPLIANCE	SEXUAL HARASSMENT COMPLIANCE	PREVENTION POLICY CONFIDENCE	PREVENTION QUALITY CONFIDENCE
Naval Station Rota	83%	100%	Low	Low
Army National Guard, Tompkinsville, KY	94%	100%	Low	High
USAG Ansbach (Urlas Training Area)	88%	100%	Not Available	Not Available
USAG Rheinland-Pfalz (Smith Barracks/ Kaiserslautern)	84%	100%	Low	Partial
USAG Bavaria (Hohenfels-Grafenwhoer)	78%	100%	Low	Low
USAG Stuttgart (Panzer Kaserne)	51%	100%	Low	Partial

Table 9: Part 2 Site Prevention Capability – Prioritization

SITE	PREVENTION IS PRIORITIZED LEADERS PRIORITIZE PREVENTION BY...		
	Engaging Service Members on Prevention	Conducting Effective Prevention Activities	Fostering a Protective Environment
Naval Station Rota	●	●	●
Army National Guard, Tompkinsville, KY	●	●	●
USAG Ansbach (Urlas Training Area)	●	●	●
USAG Rheinland-Pfalz (Smith Barracks/Kaiserslautern)	●	●	●
USAG Bavaria (Hohenfels-Grafenwhoer)	●	●	Not Available
USAG Stuttgart (Panzer Kaserne)	●	●	●

KEY: RARELY/NEVER → CONSISTENTLY

Table 10: Part 2 Site Prevention Capability – Preparation

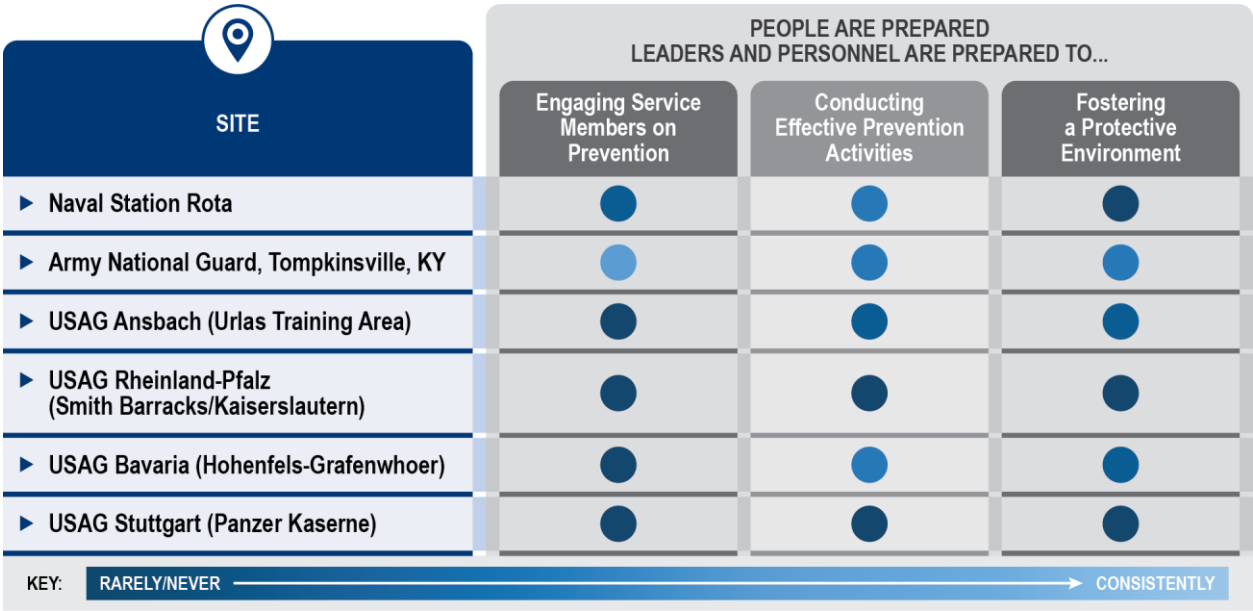
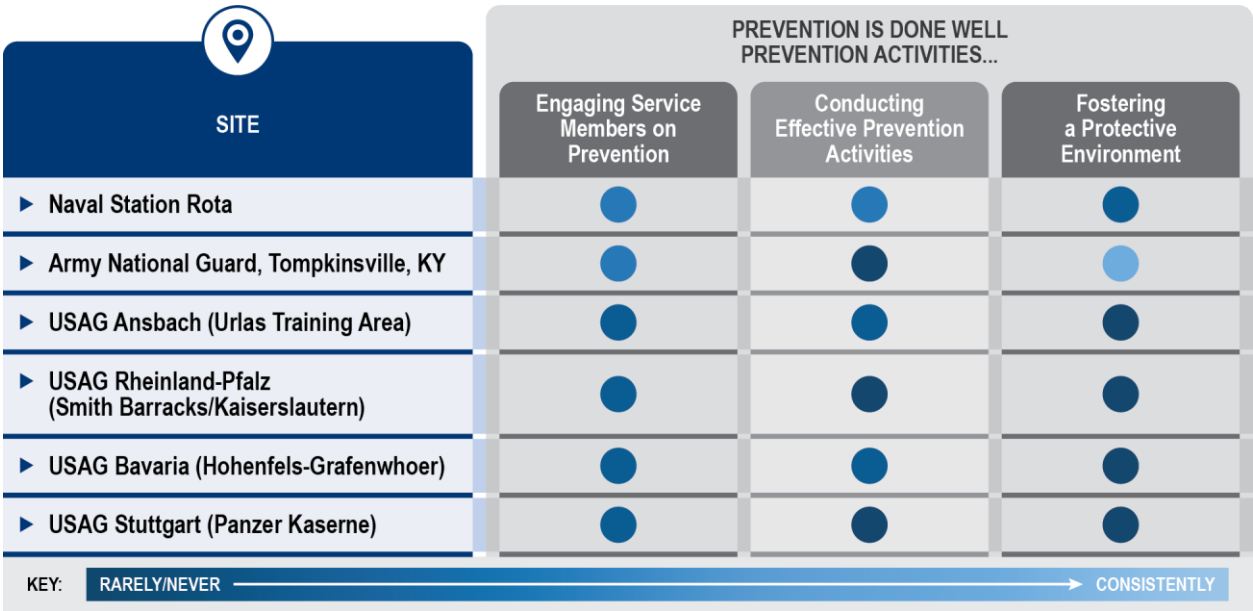


Table 11: Part 2 Site Prevention Capability – Effectiveness



Characteristics of Promising Sites

OSIEs assessed two installations with high protective factor scores, as well as units with high protective factor scores that were located in two installations (Dyess Air Force Base and Fort Bliss) that had overall high risk percentile scores. OSIEs found that prevention capabilities were consistently early in development across at-risk and promising sites. However, a few characteristics emerged that distinguished at risk from promising units.

- Accurate Understanding: Leaders accurately perceived the needs of the most at-risk Service members. Service members believed their leaders understood and were concerned about their needs, such as challenges with childcare and housing.
- Transparency: Prevention personnel and leaders self-identified gaps in prevention capabilities and policy compliance.
- Shared Values: Leaders throughout the chain of command communicated and reinforced that Service members' wellbeing was part of the mission.

In addition to these characteristics, OSIE teams identified some early, but promising practices (e.g., Operation Iron Clad at Fort Bliss), pockets of prevention expertise, and many collaborative forums that could be leveraged to build prevention capabilities. Where possible, these promising efforts are highlighted in the site profiles in Appendix C and D.

Lessons Learned

In addition to these key findings, the following lessons learned will be incorporated into future site visits. The Department has taken action in each of these areas.

- More preparation time for the selected sites (optimally six to eight weeks) and support from the Military Department, Service, or National Guard Bureau for logistics, such as a Service liaison (not from the office or program being evaluated) serving on the OSIE team, would have enhanced the quality of the data collected and decreased the disruption that the site visits created.
- The volume of requested information was overwhelming to many sites, took a substantial amount of time to collect, and in some cases did not contribute meaningfully to the assessment.
- Refining climate assessments by establishing benchmarks for the DEOCS, re-assessing factor scoring, and using multiple data sources to identify sites will enhance confidence that identified sites are truly hot spots and bright spots that require evaluation.
- DoD environment is fluid and requires agile prevention and oversight methods that can function optimally in this environment.
- On-site assessment of sexual assault and sexual harassment policy and program effectiveness is needed.
- OSD must outline the full OSIE process and feedback mechanisms. As part of the pilot process, OSD identified multiple areas in the process that could be strengthened with additional guidance. In particular, communication and coordination around critical issues identified, follow-on visits, and the feedback loop to senior leaders for recommended actions and findings.
- OSIEs require on-site assessment. Due to the rising COVID rates in the U.S. and Europe in January 2022 and the potential impact to the health of the sites and site visitors, as well as the associated logistical challenges (e.g., OSIE teams would require COVID testing every 72 hours while in Germany), OSD leaders decided to conduct a virtual pilot of the OSIEs with Germany sites. While the teams collected important information, they faced substantial technological challenges, lacked the opportunity to experience and assess the context and setting of the sites directly, and believed the level of candor of the focus group attendees was thwarted due to the virtual format.

Recommendations

The 2021 OSIEs assessed three points of failure in the OSIE Framework (Figure 1) – **priority, preparation, and implementation**. The OSIE Framework also highlights the need for findings on the ground to lead to **improvements** in data, policy, and programs at the strategic levels of the Department. As such, OSIE

recommendations for OSD and the Military Departments and Services support policy improvement and address identified gaps in compliance, priority, preparation, and implementation.

It is critical to note that OSIE findings underscore approved IRC recommendations (e.g., establishing a dedicated prevention workforce, leadership competencies, tools to get pulse of climate between DEOCS, no wrong door, enhanced SARC/SAPR VA competencies, and response system improvements). As such, continuing to implement approved IRC recommendations in many cases will address OSIE findings. For parsimony, this report does not restate IRC recommendations pertinent to OSIE findings. The recommended action for OSIE site-specific findings are outlined in Appendix C and D.

For OSD:

- **Revise and develop policies to support a dedicated primary prevention workforce.** Dedicated prevention professionals will continue to work with all violence prevention stakeholders, but should be empowered and equipped through policy to lead these efforts for the entire military community. To support implementation of approved IRC recommendations 2.1 and 2.2, the Prevention Collaboration Forum should develop policy that outlines roles, responsibilities, and competencies for prevention personnel and leaders. Newly developed policy should underscore that the dedicated primary prevention workforce plans, coordinates, and evaluates prevention efforts for the entire military community (e.g., Service members, DoD civilians, dependents) as all contribute to an organization's climate.
- **Institutionalize OSIEs.** OSIEs provided OSD visibility of program and policy compliance and quality. OSD should conduct OSIEs on a biennial basis using the updated OSIE dashboard to guide site selection. USD(P&R) should develop OSIE guidance with standardized metrics and preparation for site visitors so methods can be replicated across site visits. OSIE guidance should incorporate lessons learned from this pilot, measures of accountability to track and evaluate implementation of OSIE recommendations, and processes to coordinate with and not duplicate other oversight efforts such as compliance inspections.
- **OSD should address gaps in support to Service members and guidance to commands/units following suicide attempts or ideation.** A gap in enterprise-wide guidance and supporting resources exists regarding how to support a Service member after a suicide attempt or ideation. This lack of guidance and resources may be exacerbated in OCONUS and remote locations.
- **OSD should conduct follow-up visits to assess implementation of recommendations:** No later than Fall 2022, in collaboration with Department of Army, the OSIE team should assess implementation and impact of recommendations to address areas of concern in U.S. Army Garrison Germany sites.

For Military Departments and National Guard Bureau (NGB):

- **Issue prevention policy and re-assess compliance.** Military Departments, Services, and NGB in coordination with the Secretaries of the Army and the Air Force should develop specific instruction for implementation of DoDI 6400.09. This policy should include clear definitions of the prevention infrastructure – data, policy, resources – to achieve a unified, comprehensive approach within the complexities of the military community (e.g., chain of command, different Service, deployed status, high operational tempo, time-limited or enduring risk), within their respective organizations. Following the issuance of this guidance, the Secretaries of the Military Departments should develop checklists and re-assess compliance with DoDI 6400.09 at OSIE sites using prevention Subject Matter Experts (internal or external).

For Part 1 OSIE Sites:

- **Enhance authentic engagement and responsiveness to military community's needs.** The cornerstone of an integrated approach is a comprehensive prevention plan executed and evaluated by leaders and prevention stakeholders. As an initial step towards this plan, establish a data-sharing forum, such as a new or existing working group, to share prevention-related data across the military community.
    - The forum should establish methods to understand the needs of the military community, to include the perspectives of specific at-risk groups (e.g., female Service members, junior enlisted, junior leaders) and their needs (e.g., childcare, housing).
    - The forum should develop processes to share data among DoD agencies providing support to at-risk groups, host and tenant organizations, losing/gaining units in deployed status, and other DoD organizations to enhance leaders' visibility of climate issues to enable proactive action and prevention planning.
    - Leaders should reinforce and hold subordinates and relevant DoD agencies accountable for communication, collaboration, and sharing prevention-related data and information.
- **Reinforce healthy climates.** Establish methods to incentivize behaviors that contribute to a healthy climate (e.g., regularly checking in with Service members about stress and basic needs) and hold subordinate leaders appropriately accountable for behaviors that do not contribute to a healthy climate. Develop a plan that documents the methods and how they will be tracked and evaluated (e.g., incorporated into performance evaluation feedback sessions).
- **Define the local prevention system.** Though local policy, instruction, or order, establish clear roles, resourcing, expectations for collaboration, and training for prevention personnel and leaders as it pertains to primary prevention of interpersonal and self-directed violence. This effort should be inclusive of the military community and may require coordination and collaboration across different commands or Services.
- **Enhance military community engagement and help-seeking.** Develop a plan to identify and address Service member and DoD civilian employee resistance to violence prevention efforts and/or challenges accessing support.
- **Address compliance deficiencies.** Address sexual assault and harassment compliance gaps identified and report back on what actions were taken.

For Part 2 OSIE Sites:

- **U.S. Army Garrison Germany sites should improve harassment prevention and response:** To mitigate ongoing harassment, Garrison leadership should communicate with unit leadership regularly to understand the factors contributing to harassment and improve prevention efforts at geographically dispersed units, with a specific focus on improving a climate of harassment affecting junior enlisted women. Appropriate action should be taken to stop individuals from perpetrating harassment. Consideration should be given to the physical location of prevention personnel such as the MEO and how it may impact reporting. The MEO office should be moved outside of the headquarters building to encourage greater reporting of harassment.
- **U.S. Army Garrison Germany sites should define the local prevention system:** Given the geographically dispersed command structure, local policy or instruction should be established to identify clear roles, resourcing, expectations for collaboration, and training for prevention personnel and leaders as it pertains to primary prevention of interpersonal and self-directed violence. This effort should be inclusive of the military community and may require coordination and collaboration across different commands or Services.

- **DON should align resourcing and requirements for Naval Station Rota:** DON should reassess resourcing and requirements for the destroyer squadron supporting Naval Station Rota and make adjustments that enable the ships to prioritize the Sailors' wellbeing both at sea and in port.
- **DON should improve communication for Naval Station Rota:** DON should identify, pilot, and evaluate a leadership initiative to improve communication between the destroyer squadron supporting Naval Station Rota and the subordinate commands. Plans should also be developed to increase communication between the destroyer squadron and Naval Station Rota leadership to ensure best access to prevention personnel and services.
- **Address compliance deficiencies.** Address sexual assault and harassment compliance gaps identified and report back on what actions were taken.

USD(P&R) will track execution of implementation and report progress in the quarterly climate reports to the Deputy's Workforce Council.

Appendix A: Site Selection Methodology

Background

Secretary of Defense Austin issued the Memorandum, "Immediate Actions to Counter Sexual Assault and Harassment and the Establishment of a 90-Day Independent Review Commission on Sexual Assault in the Military," February 26, 2021, which directed immediate actions to address sexual assault and harassment. Immediate Action 2 directed the USD(P&R) to conduct on-site installation evaluations and to provide quarterly command climate updates.

To support identification of installations for the 2021 evaluations, USD(P&R) directed a force-wide Defense Organizational Climate Survey (DEOCS) to be completed by June 2021. The DEOCS was selected as the primary data source for the 2021 installation evaluations because it serves as the most timely and sensitive Department of Defense (DoD)-wide measure of command climate and because other relevant data, such as the Workplace Gender Relations Surveys and Status of Forces Surveys, were delayed due to COVID, which precluded timely data from those data sources being included in the 2021 OSIE.

DEOCS 5.0 is comprised of 19 factors, nine of which depict risk factors and 10 of which depict protective factors for readiness detracting behaviors, such as sexual assault, harassment, and suicide. However, for the purposes of this analysis, transformational leadership ratings, passive leadership ratings, and toxic leadership ratings are treated as separate factors for the unit/organization leader, commander, and the Senior Non-Commissioned Officer (NCO), if applicable. As a result, this analysis includes 22 total factors[5]: 11 risk and 11 protective (see page 6).

Data Transfer

All DEOCS data files are produced through an automated process. Each time data files are transferred to other systems, files are validated by confirming that record counts match; in addition, individual values are compared to the original file for select number of registrations. All variables are verified to ensure they are transferred properly and contain valid values.

Data Ingestion and Inclusion/Exclusion Criteria

The Department ingested DEOCS 5.0 data into Advana across four data file transfers: January-March data was comprised of 237,104 survey respondents, April data was comprised of 482,745 respondents, May-June 8th data was comprised of 211,794 respondents, and June 9-30th was comprised of 30,551 respondents. In total, the Department received DEOCS 5.0 surveys from 962,194 respondents across 10,032 units and 1,367 installations. Table A1 shows the total survey counts by component and Service branch.

Table A1: DEOCS 5.0 Survey Respondents, by Component and Branch, January-June 2021

Service Branch	Active Duty	Reserve	Total
Army	262,469	50,755	316,520
Navy	147,491	9,418	158,230
Air Force	127,364	16,807	146,063

[5] As of May 2021, Workplace Hostility factor scores have been removed from unit/organization reports while the DEOCS team evaluates the most appropriate method to report results for this factor. Therefore, to align with unit/organization reports, this factor score has also been removed from the OSIE dashboard. However, this factor score is still included in the computation of Installation Risk Percentile Scores to ensure all DEOCS risk factors contribute to the composite metric.

Marine Corps	88,051	16,783	104,834
National Guard	--	151,053	151,053
Space Force	2,730	--	2,730
Coast Guard	9,670	246	9,916
Joint Service	--	--	17,601
DoD	--	--	55,247
Total	637,775	245,062	962,194
Note: Active Duty and Reserve counts may not sum to Total.			

Matching Units with Installations. Using data collected from the Services and Department-level unit and property databases, the Department matched 9,243 out of 10,032 units with their respective installations for a match rate of 92%.

Installations for On-Site Evaluation

The Department employed a multi-measure approach in identifying military installations that are outliers in terms of risk and protective factors. The identified locations were selected for an on-site evaluation (methods for selecting the on-site installations are described on page 11 above).

Installation Protective and Risk Percentile Scores. Using DEOCS 5.0 data collected at the unit level, the Department aggregated to the installation level using mappings provided by the Services. The Department then categorized installations within each Service according to their Protective Percentile Score and Risk Percentile Score.[6] This was useful for reducing the total number of installations in each Service into more manageable groupings for closer inspection.

Computing Percentile Scores. The Department calculated Protective and Risk Percentile Scores in four steps. To help illustrate this computational process, Table A2 presents an example of anonymized Installation X with survey results from the 399 respondents across five units (three Army and two Air Force).

Table A2: Survey Respondents Completing DEOCS 5.0 at Installation X (Example)

Unit Name	Component	Service	Number of Respondents
Unit A	Active	Air Force	189
Unit B	Active	Air Force	105
Unit C	Reserve	Army	57
Unit D	Reserve	Army	27
Unit E	Reserve	Army	21
Total			399

[6] Protective and Risk Percentile Scores were strongly negatively correlated across installations (r = -0.85). This result was expected given that higher Protective Percentile Scores correspond to more positive outcomes and less negative outcomes, and lower Risk Percentile Scores correspond to less positive outcomes and more negative outcomes.

Step 1: The Department computed an average unit score for each factor, ranging from -1 to 1, by weighting the proportion of responses in each category. Specifically, each negative category for a protective factor is assigned a value of -1 (e.g., non-cohesive organization, low connectedness, etc.), each neutral category is assigned a value of 0 (e.g., neutral, moderate, etc.), and each positive category is assigned a value of 1 (e.g., cohesive organization, high connectedness, etc.). For risk factor scores, the Department uses the opposite coding structure: each negative category is assigned a value of 1 (e.g., frequent binge drinking, passive NCO leadership etc.), each neutral category is assigned a value of 0 (e.g., some binge drinking, neutral, etc.), and each positive category is assigned a value of -1 (e.g., no binge drinking, non-passive leadership, etc.).[7]

Installation X (Example): One hundred eighty-nine respondents completed the survey in Unit A, the most of any of the five units at Installation X. For the factor Cohesion, this unit had a non-cohesive score of 12.2%, a neutrally cohesive score of 14.9%, and a cohesive score of 72.9%. As a result, the composite Cohesion factor score for Unit A is 0.61 (-1* .122 + 0*.149 + 1*.729 = 0.61). The Department repeated this calculation for all Protective and Risk factors for this unit as shown below in Table A3.

Table A3: Factor Score Calculation for Unit A at Installation X (Example)

Factors	Factor Response Category			Factor Score
	A	B	C	
Protective Factors				
Cohesion	72.9%	14.9%	12.2%	0.61
Connectedness	81.5%	10.6%	7.8%	0.74
Engagement & Commitment	78.8%	15.0%	6.2%	0.73
Fairness	56.0%	21.8%	22.3%	0.34
Inclusion	69.8%	14.1%	16.1%	0.54
Morale	47.5%	36.6%	15.9%	0.32
Safe Storage for Lethal Means	65.7%	3.4%	30.9%	0.35
Work-life Balance	86.8%	7.9%	5.3%	0.81
Leadership Support (Immediate Supervisor)	77.7%	11.6%	10.7%	0.67
Transformational Leadership (Commander)	68.1%	24.4%	7.5%	0.61
Transformational Leadership (Senior NCO)	66.0%	31.0%	3.0%	0.63
Risk Factors				
Alcohol Impairing Memory	0.0%	2.8%	97.2%	-0.97
Binge Drinking	6.7%	29.6%	63.7%	-0.57
Stress	31.7%	--	68.3%	-0.37
Passive Leadership (Commander)	8.5%	27.1%	64.4%	-0.56
Passive Leadership (Senior NCO)	2.5%	33.0%	64.5%	-0.62
Toxic Leadership (Immediate Supervisor)	8.5%	11.0%	80.5%	-0.72

[7] For factors with only two response categories, each positive category is assigned a value of 3 (e.g., no presence of racially harassing behaviors, no presence of sexist behaviors) and each negative category is assigned a value of 1 (e.g., presence of racially harassing behaviors, presence of sexist behaviors).

Toxic Leadership (Senior NCO)	2.0%	30.7%	67.3%	-0.65
Racially Harassing Behaviors	19.0%	--	81.0%	-0.62
Sexist Behaviors	6.3%	--	93.7%	-0.87
Sexually Harassing Behaviors	24.9%	--	75.1%	-0.50
Workplace Hostility	88.4%	--	11.6%	0.77
Note: Stress, Racially Harassing Behaviors, Sexist Behaviors, Sexually Harassing Behaviors, and Workplace Hostility do not have neutral categories. Factor Scores range from -1 to 1. 'A' response is favorable for Protective factors and unfavorable for Risk factors; 'B' response is neutral; 'C' response is unfavorable for Protective factors and favorable for Risk factors.				

Step 2: Next, the Department weights and aggregates all unit-level factor scores to the installation-level according to the number of DEOCS respondents in each unit.[8] This process ensures that the responses of each survey taker in an installation (regardless of unit) are allocated equal weight in the calculation of the overall factor score of the installation.

Installation X (Example): As shown in Table A4, nine times as many Service members in Unit A completed the DEOCS 5.0 as compared with Unit E (n=21). As a result, the factor score for Unit A was weighted nine times as heavily as Unit E. Because of the way scores happen to be distributed across units, the unweighted and weighted factor scores for Cohesion are equivalent (0.72). However, for Alcohol Impairing Memory, the weighted factor score is considerably lower than the unweighted score (-0.94 vs. -0.87).

Table A4: Unit Weights for Cohesion Factor at Installation X (Example)

Unit Title	Factor Score (Unweighted)	Number of Respondents	Unit Weight	Factor Score (Weighted)
Cohesion				
Unit A	0.61	189	2.37	1.44
Unit B	0.89	105	1.32	1.16
Unit C	0.83	57	0.71	0.59
Unit D	0.87	27	0.34	0.29
Unit E	0.38	21	0.26	0.10
Installation X Cohesion Factor Score	0.72		1.00	0.72
Alcohol Impairing Memory				
Unit A	-0.97	189	2.37	-2.30
Unit B	-0.99	105	1.32	-1.30
Unit C	-0.85	57	0.71	-0.60
Unit D	-0.79	27	0.34	-0.27
Unit E	-0.76	21	0.26	-0.20

[8] Specifically, we weight each of an installation's factor scores by the number of respondents per factor per unit. As such, unit weights could vary slightly for different factors if slightly greater or fewer respondents in a unit completed the items comprising each factor.

Installation X Alcohol Impairing Memory Factor Score	-0.87		1.00	-0.94

Step 3: After computing scores for each of the factors across all the installations, the Department computes percentile scores by comparing an installation's score on a given factor to the factor scores of all other installations. We standardize installation scores before averaging across factors because the DEOCS factors have very different factor score distributions. For example, only 2% report (SD = 2%) "frequent memory loss due to alcohol" whereas 83% report a "presence of workplace hostility" (SD = 11%). Thus, converting to percentiles ensures that no risk or protective factor disproportionally contributes to the protective and risk composite measures.

Installation X (Example): There are 1,367 installations with Cohesion factor score data. Of this total, there are 887 installations with Cohesion factor scores lower than Installation X's score of 0.72, and 479 installations with Cohesion factor scores greater than 0.72. Thus, Installation X ranks in the 65th percentile on Cohesion. Similarly, for Alcohol Impairing Memory, there are 259 installations with factor scores lower than Installation X's score of -0.94, and 1,107 installations with Alcohol Impairing Memory factor scores greater than -0.94. As such, Installation X ranks in the 19th percentile on Alcohol Impairing Memory. The Department repeated this ranking calculation for all protective and risk factors, so that each installation has a percentile score on each factor (see Table A5).

Table A5: Converting from Factor Scores to Protective and Risk Percentile Scores for Installation X (Example)

	Total Number of Installations	Installation X Factor Score	Installation X Percentile Score
Protective Factors			
Cohesion	1,367	0.72	65
Connectedness	1,367	0.73	65
Engagement & Commitment	1,367	0.71	72
Fairness	1,367	0.44	52
Inclusion	1,367	0.61	52
Morale	1,367	0.38	64
Safe Storage for Lethal Means	1,367	0.26	81
Work-life Balance	1,367	0.73	85
Leadership Support (Immediate Supervisor)	1,367	0.75	47
Transformational Leadership (Commander)	1,367	0.68	43
Transformational Leadership (Senior NCO)	1,356	0.67	42
Risk Factors			
Alcohol Impairing Memory	1,367	-0.94	19
Binge Drinking	1,367	-0.56	32
Stress	1,367	-0.37	43

Passive Leadership (Commander)	1,367	-0.66	49
Passive Leadership (Senior NCO)	1,356	-0.68	49
Toxic Leadership (Immediate Supervisor)	1,367	-0.73	27
Toxic Leadership (Senior NCO)	1,356	-0.65	32
Racially Harassing Behaviors	1,367	-0.64	44
Sexist Behaviors	1,367	-0.89	26
Sexually Harassing Behaviors	1,367	-0.44	58
Workplace Hostility	1,367	0.68	61
Note: Because not all units contain senior non-commissioned officers (NCO), these factors on the DEOCS were omitted for some installations.			

Step 4: Finally, the Department computes a Protective Percentile Score for each installation by calculating the average score (equally weighted) across the 11 protective factors percentiles. Similarly, the Department computes a Risk Percentile Score for each installation by calculating the average score across the 11 risk factors percentiles. Thus, both Protective and Risk Percentile Scores can range from 0 to 100.

Installation X (Example): As shown in Table A5, Installation X's 11 Protective percentiles scores are averaged to create the Protective Percentile Score of 61. Likewise, Installation X's 11 Risk percentiles scores are averaged to create the Risk Percentile Score of 39.

Further Analysis. Once installations have been identified according to their Protective and Risk Percentile Scores, a more granular evaluation approach can be undertaken. This includes 1) examining individual factors comprising the percentiles to determine whether some installations score especially low or high on a few protective or risk factors; 2) considering the distribution of Protective and Risk Percentile Scores across units to determine the potential influence of unit-level microclimates; and 3) analyzing demographic differences (e.g., men vs. women, non-Hispanic White vs. minority, enlisted vs. officer, etc.) across factors.

Suppression Rules

To protect the anonymity of survey respondents, data from units with fewer than 16 total respondents and units with fewer than five respondents for any given factor are not included in this analysis. In addition, installations with fewer than 16 respondents in a demographic group are suppressed from data visualizations. However, data suppressed at the unit-level are included in the calculation of installation-level Protective and Risk Percentile Scores by combining these results with the results of other units at the same installation. This level of aggregation addresses concerns regarding small sample size and therefore any concerns regarding anonymity.

Background on DEOCS 5.0

The redesigned DEOCS 5.0 assesses 19 protective and risk factors that can impact a unit/organization's climate and ability to achieve its mission.

Protective Factors are attitudes, beliefs, and behaviors associated with positive outcomes for organizations or units. Higher favorable scores on protective factors are linked to a higher likelihood of positive outcomes, such as improved performance or readiness and higher retention, and are also linked to a lower likelihood of negative outcomes, such as suicide, sexual harassment, and sexual assault. The DEOCS 5.0 identifies 10

Protective Factors. However, for the purposes of this analysis, transformational leadership ratings for the unit/organization leader and the Senior NCO, if applicable, are treated as two separate factors.

- **Cohesion** assesses whether individuals in a workplace care about each other, share the same goals, and work together effectively. Cohesive organizations are linked to improved readiness and retention, and a lower likelihood of sexual assault, sexual harassment, and suicide.
- **Connectedness** measures perceptions of closeness to a group and satisfaction with one's relationship to others in the group. Higher connectedness is linked to a lower likelihood of suicidal ideation and improved readiness and retention.
- **Engagement & Commitment** measures one's vigor, dedication, and absorption in work and commitment to the job and organization. Higher levels of engagement and commitment are linked to higher levels of readiness, performance, and retention, and a lower likelihood of suicide.
- **Fairness** is the perception that organizational policies, practices, and procedures, both formal and informal, regarding information sharing, job opportunities, promotions, and discipline are based on merit, inclusion, equality, and respect. Fair organizations are linked to higher retention and readiness and lower levels of racial and ethnic discrimination and harassment and sexual harassment.
- **Inclusion** indicates whether organization members feel valued and respected by their peers and leadership, and if they feel involved in decision-making and information-sharing. Inclusive organizations are linked to lower rates of discrimination and higher readiness and retention.
- **Morale** measures whether organizations or units complete tasks with enthusiasm and confidence in the mission. Organizations with high morale are linked to improved readiness, higher retention, and a lower likelihood of sexual assault.
- **Safe Storage for Lethal Means** measures how often one keeps objects that can be used to hurt themselves or others, such as firearms and medication, safely stored in their living space. Keeping lethal means safely stored more often is linked to a lower likelihood of suicide.
- **Work-Life Balance** measures one's perception that the demands of their work and personal life are compatible. A work-life balance is linked to higher retention, improved readiness, and a lower likelihood of suicidal ideation.
- **Leadership Support** is the perception of support for individual goals (including career goals), perceptions about leadership communication, and trust in leadership. Respondents rate their immediate supervisor on this factor. Organizations with supportive leaders are linked to improved readiness, higher retention, and a lower likelihood of suicidal ideation, sexual assault, and sexual harassment.
- **Transformational Leadership** is a leadership style that inspires staff by providing motivation and meaning to their work, giving attention to individuals' unique needs, and directing their focus to higher goals, such as those of the mission. Respondents rate their unit/organization leader and their Senior NCO, if applicable, on this factor. Organizations with transformational leaders are linked to improved job performance, job satisfaction scores, and leadership satisfaction scores.

Risk Factors are attitudes, beliefs, and behaviors associated with negative outcomes for organizations or units. Higher unfavorable scores on risk factors are linked to a higher likelihood of negative outcomes, such as suicide, sexual harassment, and sexual assault and are also linked to a lower likelihood of positive outcomes, such as higher performance, readiness, and retention. The DEOCS 5.0 identifies nine Risk Factors. However, for the purposes of this analysis, passive leadership ratings and toxic leadership ratings for the unit/organization leader and the Senior NCO, if applicable, were treated as separate factors.

- **Alcohol Impairing Memory** measures how often, during the last 12 months, one was unable to remember what happened the night before due to drinking alcohol. Frequent memory loss due to alcohol is linked to a higher likelihood of sexual assault, sexual harassment, and suicide.

- **Binge Drinking** measures how often one consumes four or more drinks (for females) and five or more drinks (for males) on one occasion. Frequent binge drinking is linked to a higher likelihood of sexual assault, sexual harassment, and suicide.
- **Stress** measures the feeling of emotional strain or pressure. Higher levels of stress are linked to higher likelihood of suicide and suicidal ideation, and lower levels of readiness and retention.
- **Passive Leadership** is a leadership style that avoids and neglects mistakes or problems until they can no longer be ignored. Respondents rate their unit/organization leader and their Senior NCO, if applicable, on this factor. Organizations with passive leaders are linked to lower levels of readiness and retention and a higher likelihood of sexual harassment.
- **Toxic Leadership** behaviors include disregard for subordinate input, defiance of logic or predictability, and self-promoting tendencies. Respondents rate their immediate supervisor and their Senior NCO, if applicable, on this factor. Organizations with toxic leaders are linked to lower organizational commitment, lower retention, and higher likelihood of sexual assault and suicide.
- **Racially Harassing Behaviors** describe unwelcome or offensive experiences of organization members based on their race or ethnicity. The presence of racially harassing behaviors in organizations is linked to higher rates of policy-defined racial/ethnic harassment, sexual assault, and suicide, as well as lower levels of readiness and retention.
- **Sexually Harassing Behaviors** assesses the presence of unwelcome sexual advances, requests for sexual favors, and offensive comments or gestures of a sexual nature. The presence of sexually harassing behaviors in organizations is linked to a higher likelihood of legally-defined sexual harassment (in which the behaviors are sufficiently persistent and severe), gender discrimination, sexual assault, racial/ethnic harassment/discrimination, suicide, and lower levels of readiness.
- **Sexist Behaviors** describe situations where someone is mistreated or excluded based on their sex or gender. The presence of sexist behaviors in organizations is linked to higher rates of policy-defined gender discrimination (in which the experiences harmed or limited their career) and sexual assault and harassment, as well as lower levels of readiness and retention.
- **Workplace Hostility** measures the presence of aggressive behaviors directed at another individual while at work. This aggression includes physical intimidation, verbal intimidation, spreading rumors or negative comments about a person to undermine their status, and persistent criticism of work or effort. Organizations with workplace hostility are linked to lower performance, lower levels of readiness, and a higher likelihood of sexual harassment, sexual assault, and racial/ethnic discrimination.

For more information on the DEOCS 5.0, see https://www.defenseculture.mil/Assessment-to-Solutions/A2S-Home/

Appendix B: Integrated Prevention Metric Development, Validation, and Scoring

Based on an analysis of the requirements in DoDI 6400.09 and the elements of the On-Site Installation Evaluation (OSIE) Framework (priority, preparation, and implementation), the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)), in coordination with RAND, developed nine new metrics to assess prevention capabilities associated with specific focus areas in DoDI 6400.09: Healthy and protective environments, integrated prevention, and stakeholder engagement.[9]

Table B1: Nine Dimensions Targeted for the On-Site Installation Evaluation

		OSIE FRAMEWORK		
		PRIORITY	PREPARATION	IMPLEMENTATION
Focus Areas	HEALTHY & PROTECTIVE ENVIRONMENT	1 Leaders prioritize fostering a protective environment by their actions and communications.	4 Leaders have the requisite knowledge, skills, abilities (KSAs) and access to training to develop those KSAs.	7 Leaders employ practices known to support a protective environment
	INTEGRATED PREVENTION	2 Leaders prioritize prevention activities.	5 Leaders and prevention personnel have the requisite KSAs to carry out prevention successfully.	8 Prevention activities target risk and protective factors across multiple negative behaviors and evaluated.
	STAKEHOLDER ENGAGEMENT	3 Leaders prioritize engaging stakeholders.	6 Prevention personnel have the resources and requisite KSAs to engage stakeholders effectively.	9 Stakeholders are genuinely engaged in prevention activities across multiple planning stages.

These areas are referred to as core dimensions. Given the breadth of these nine dimensions, each one was divided into multiple subdimensions, which are narrower in focus. These subdimensions were worded as positive statements (e.g., Leaders consistently deter negative behaviors) so they would represent a high-quality standard to which installations should aspire. Under each subdimension are even narrower "data elements." An overall score for each of the nine dimensions starts at the data element level. Each data element, also worded as a positive standard to achieve, is judged to be either "present" or "absent" by considering multiple data sources collected at the site. A scoring rubric was created so that a certain number of data elements rated as "present" are needed for the subdimension to be considered "present." The number of data elements varies for each subdimension and thus the number of "present" data elements needed also varies by subdimension. Figure B1 shows an example for Core Dimensions 1 (Healthy & Protective Environment – Priority) and its subdimensions. This dimension has five subdimensions and the two data

[9] Information collection for these metrics were approved by Office of Management and Budget (OMB Control Number 0704-0610).

elements are shown for Subdimension 1.2. In the scoring rubric, both data elements (1.2.1 and 1.2.2) need to be rated as present for Subdimension 1.2 to be present.

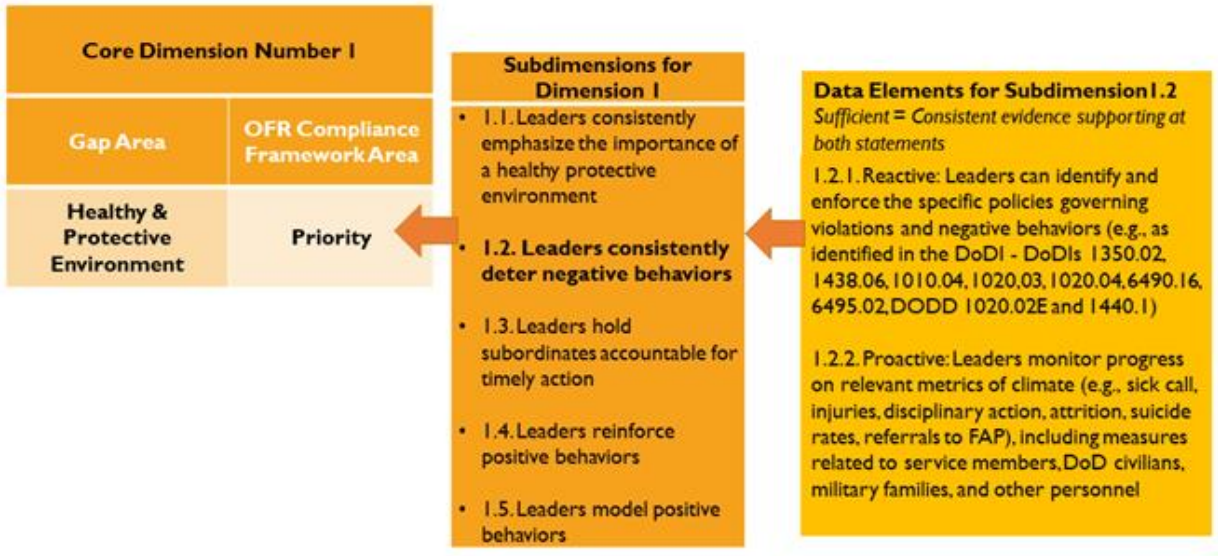


Figure B1. Example of the Link between Data Elements, Subdimensions, and Core Dimensions

Once it is determined which subdimensions are present and absent, then a Maturity Score is used to determine the final score for the Core Dimension. Table B2 below shows the Maturity Scoring for each Core Dimension. Although a six-point scale is used to reflect the range of maturity, the exact makeup of the scoring rubric for each core dimension varies by the number of subdimensions. Typically, the highest level of maturity not only has all the subdimensions present, but also an additional requirement for a more robust presence of those subdimensions.

Background on Maturity Scoring

RAND developed a structured maturity scoring system tailored to each core dimension. In its simplest form, a maturity model is a set of characteristics, attributes, indicators, or patterns that represent progression and achievement in a particular domain or discipline. The artifacts that make up the model are typically agreed upon by the domain or discipline and are validated through application and iterative recalibration. A maturity model allows an organization or industry to have its practices, processes, and methods evaluated against a clear set of artifacts that establish a benchmark. These artifacts typically represent best practice and may incorporate standards or other codes of practice that are important in a particular domain or discipline. By having the ability to benchmark, organizations can use maturity models to determine their current level of achievement or capability and then apply these models over time to drive improvement. However, when used in a broader sense, maturity models can also help organizations benchmark their performance against other organizations in their domain or industry, and help an industry determine how well it is performing by examining the achievement or capability of its member organizations. Architecturally, maturity models typically have “levels” along an evolutionary scale that defines measurable transitions from one level to another. The corresponding attributes define each level; in other words, if an organization demonstrates these attributes, it is said to have achieved both that level and the capabilities that the level represents. Having measurable transition states between the levels enables an organization to use the scaling to:

- Define its current state;
- Determine its future, more “mature” state; and

- Identify the attributes it must attain to reach that future state

RAND tailored the general maturity approach, developing a specific scoring method for each individual dimension (see Table B2). Thus, rather than one overall, generic scoring system, the maturity approach focused on the specifics of each dimension. This approach was based on an assessment process OSD and RAND used in a Department of Defense project rating the sexual assault prevention capabilities of U.S. Military Service Academies (Acosta et al., In Review).

In general, for each dimension, a higher maturity rating indicated a greater number of subdimensions that were rated as present (which were driven by the number of data elements present). For example, there are five subdimensions for Dimension 1 (Healthy & Protective Environment – Priority). A site could achieve a Maturity Score of 2 by having any three subdimensions present. This scoring method was chosen because it assigns a higher score for more subdimensions present, while also allowing sites to express their level of maturity in different ways. For many of the dimensions, to obtain the highest score, a site needs to show consistent evidence that the subdimensions (and their underlying data elements) have been maintained over the past two years despite competing priorities.

As implemented, the maturity model can serve three purposes: it will allow DoD and others to understand the current capabilities of the sites, it may help sites identify ways to strengthen their prevention efforts, and it may permit comparison, both within and across sites.

Table B2: Link between Data Elements, Subdimensions, and Maturity Scoring

Dimension Maturity Scoring	Subdimensions (total # of data elements needed to rate Subdimension as 'present'/total # data elements)
1. Healthy & Protective Environment – Priority	
Maturity Score: 5-Present in all 5 and consistent evidence that presence has been maintained over the past two years despite competing priorities 4-Present in all 5 subdimensions 3-Present in 4 out of 5 subdimensions 2-Present in 3 out 5 subdimensions 1-Present in 1 or 2 out of 5 subdimensions 0-None are Present	1.1. Consistently emphasize the importance of a healthy protective environment (3/4) 1.2. Consistently deters negative behaviors (2/2) 1.3. Leaders hold subordinates accountable for timely action (2/2) 1.4. Leaders reinforce positive behaviors (1/1) 1.5. Leaders role model positive behaviors (1/1)
2. Integrated Prevention – Priority	
Maturity Score: 5-Present in all 4 subdimensions and consistent evidence that sufficiency has been maintained over time despite competing priorities 4-Present in all 4 subdimensions 3-Present in 3 out of 4 subdimensions 2-Present in 2 out 4 subdimensions 1-Present in 1 out of 4 subdimensions	2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates (2/2) 2.2. Leaders hold prevention personnel accountable for sustained integrated prevention (2/2) 2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) (2/2) 2.4. Leaders prioritize data and evaluation related to prevention (2/2)
3. Stakeholder Engagement – Priority	

Maturity Score: 5-Present in 3 out of 3 subdimensions, including support from the data call, and consistent evidence that presence has been maintained over time despite competing priorities 4-Present in 3 out of 3, including support from the data call 3-Present in 3 out of 3 subdimensions 2-Present in 2 out of 3 subdimensions 1-Present in 1 out of 3 subdimensions 0-None are Present	3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities (1/1) 3.2. Leader communications stress the importance of stakeholder engagement (1/1) 3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement (2/2)
4. Healthy & Protective Environment – Preparation	
Maturity Score: 5-Present in all 4 subdimensions, plus mean of data element 2.1.1 is greater than 4.0 4-Present in 4 out 4 subdimensions 3-Present in 3 out of 4 subdimensions 2-Present in 2 out of 4 subdimensions 1-Present in 1 out of 4 subdimensions 0-None are Present	4.1 Leaders are knowledgeable and skilled in building a protective environment** 4.2 Established or systematic processes/structure to support healthy climate 4.3 Leaders and subordinates maintain present connections (3/4) 4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations (2/2) **This data element is scored via a survey = overall mean score above 3.0 for the eleven leader survey items
5. Integrated Prevention – Preparation	
Maturity Score: 5-Present in all 5 subdimensions 4-Present in 4 of the 5 subdimensions 3-Present in 3 out of 5 subdimensions 2-Present in 2 out of 5 subdimensions 1-Present in 1 out of 5 subdimensions 0-None are Present	5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention (2/3) 5.2. Leaders are knowledgeable and skilled in primary prevention** 5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention (2/2) 5.4. Collaborative structure exists to support integrated primary prevention (2/2) 5.5. Continuity of prevention staff and effective prevention activities are maintained over time (2/2) **This data element is scored via a survey = overall mean score above 3.0 for the eight leader survey items
6. Stakeholder Engagement - Preparation	
Maturity Score: 5-Present in all 4 subdimensions and mean of 8.1 OR 8.2 is greater than 4 4-Present in all 4 subdimensions 3-Present in 3 out of 4 subdimensions 2-Present in 2 out of 4 subdimensions 1-Present in 1 out of 4 subdimensions 0-None are Present	6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement** 6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement^^ 6.3. Stakeholders are knowledgeable about prevention (2/2) 6.4. Sufficient resources exist to conduct stakeholder engagement (1/1) **This data element is scored via a survey = overall mean score above 3.0 for the four leader survey items ^^ This data element is scored via a survey = overall mean score above 3.0 for the six prevention survey items

7. Healthy & Protective Environment – Implementation	
Maturity Score: 5-Present in all 5 subdimensions 4-Present in 4 of the 5 subdimensions 3-Present in 3 out of 5 subdimensions 2-Present in 2 out of 5 subdimensions 1-Present in 1 out of 5 subdimensions 0-None are Present	7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors (2/2) 7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates (2/3) 7.3. Leaders proactively monitor the stress levels of subordinates (2/2) 7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) (2/2) 7.5. Positive behaviors are rewarded/recognized (1/1)
8. Integrated Prevention - Implementation	
Maturity Score: 5-Present in all 5 subdimensions 4-Present in 4 of the 5 subdimensions 3-Present in 3 out of 5 subdimensions 2-Present in 2 out of 5 subdimensions 1-Present in 1 out of 5 subdimensions 0-None are Present	8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) (3/4) 8.2. Prevention approach is comprehensive (3/4) 8.3. Prevention approach is evaluated (3/3) 8.4. Prevention approach is continuously improved (2/2) 8.5. Resistance to the prevention approach is monitored and addressed (2/3)
9. Stakeholder Engagement - Implementation	
Maturity Score: Score based on the following scale: • NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. • INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. • INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. • PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. • COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	9.1 Level of collaboration

Subdimensions

Core dimensions were designed to be broad categories. In contrast, subdimensions were designed to address narrower topics. Striking a balance between breadth and parsimony, there are 3 to 5 subdimensions in each core dimension, except for Core Dimension 9 (Stakeholder Engagement-Implementation), which has one

subdimension. Subdimensions were chosen for their theoretical connection to the dimension, their support in the research literature, and their focus on a narrower aspect of the core dimension. Below is a summary of the subdimensions used to assess each of the nine core dimensions and relevant references supporting their inclusion.

Subdimensions for Dimension 1: Healthy & Protective Environment-Priority

This dimension contains five subdimensions that aim to assess the extent to which leaders prioritize a healthy and protective environment and sets the tone to sustain a focus on a protective environment.

Subdimensions		References
1.1	Leaders consistently emphasize the importance of a healthy protective environment	Crittendon & Hope, 2017, pp.18-21; Hoover, Randolph, Elig, & Klein, 2001, pp. 31-33; Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp. 4-18
1.2	Leaders consistently deter negative behaviors	Cook, Jones, Lipari, & Lancaster, 2005; Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp. 4-16
1.3	Leaders hold subordinates accountable for timely action	Jones & Bullis, 2003, pp. 24-25
1.4	Leaders reinforce positive behaviors	Jones & Bullis, 2003, pp. 21-40
1.5	Leaders role model positive behaviors	Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp.2

Subdimensions for Dimension 2: Integrated Prevention-Priority

This dimension contains four subdimensions that aim to assess the extent to which leaders prioritize integrated primary prevention and sets the tone to sustain a focus on a prevention.

Subdimensions		References
2.1	Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates	Noonan et al., 2009; Kreuter, Lezin, & Young, 2000; McCartan, Kemshall, & Tabachnick, 2015; Campbell & Wasco, 2005; Patton, 2010
2.2	Leaders hold prevention staff accountable for sustained integrated prevention	Thompson, Taplin, McAfee, Mandelson, & Smith, 1995; Nation et al., 2003; McIntosh, Filter, Bennett, Ryan, & Sugai, 2010
2.3	Leaders reinforce best practice prevention processes (sufficient dose, theory-based, evaluated, trained deliverers, interactive content)	Kratochwill, Volpiansky, Clements, & Ball, 2007; Hawkins, Shapiro, & Fagan, 2010; Mihalic & Irwin, 2003; McDonald, Charlesworth, & Graham, 2015; Murnieks, Allen, & Ferrante, 2011
2.4	Leaders prioritize data and evaluation related to prevention	DeGue et al., 2012; Brubaker, 2009; Provost & Fawcett, 2013; Mandinach, 2012; Sable, Danis, Mauzy, & Gallagher, 2006

Subdimensions for Dimension 3: Stakeholder Engagement-Priority

This dimension contains three subdimensions that aim to assess the extent to which leaders prioritize stakeholder engagement and sets the tone to sustain a focus on stakeholder engagement to inform primary prevention.

Subdimensions		References
3.1	Leaders and prevention personnel use stakeholder engagement to inform priorities	Ahmed & Palermo, 2010; Dills, Fowler, & Payne, 2016; Goodman et al., 2017; Hood et al., 2010
3.2	Leader communications stress the importance of stakeholder engagement	Ahmed & Palermo, 2010; Jolibert & Wesselink, 2012
3.3	Leaders and prevention staff provide positive reinforcement for stakeholder engagement	Hood et al., 2010

Subdimensions for Dimension 4: Healthy & Protective Environment-Preparation

This dimension contains four subdimensions that aim to assess the extent to which leaders and prevention staff are equipped—with skills and knowledge—and empowered with a clear line of sight across the chain of command to maintain a healthy and protective environment.

Subdimensions		References
4.1	Leaders are knowledgeable about and skilled at building a protective environment	Cook, Jones, Lipari, & Lancaster, 2005, pp. 9-10
4.2	Established or systematic processes/structure support a protective environment	Crittendon & Hope, 2017, pp. 20-29
4.3	Leaders and subordinates maintain sufficient connections	Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp. 4 & 17
4.4	Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations	Hoover, Randolph, Elig, & Klein, 2001, pp. 32-33

Subdimensions for Dimension 5: Integrated Prevention-Preparation

This dimension contains five subdimensions that aim to assess the extent to which leaders and prevention staff are equipped—with skills and knowledge—and empowered with a clear line of sight across the chain of command to sustain high-quality integrated primary prevention.

Subdimensions		References
5.1	Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention	Kratochwill, Volpiansky, Clements, & Ball, 2007; Hawkins, Shapiro, & Fagan, 2010; Mihalic & Irwin, 2003; McDonald, Charlesworth, & Graham, 2015; Murnieks, Allen, & Ferrante, 2011
5.2	Leaders are knowledgeable and skilled at primary prevention	Kratochwill, Volpiansky, Clements, & Ball, 2007; Hawkins, Shapiro, & Fagan, 2010; Mihalic &

		Irwin, 2003; McDonald, Charlesworth, & Graham, 2015; Murnieks, Allen, & Ferrante, 2011
5.3	Prevention personnel are dedicated, knowledgeable and skilled in primary prevention	Kratochwill, Volpiansky, Clements, & Ball, 2007; Hawkins, Shapiro, & Fagan, 2010; Mihalic & Irwin, 2003; McDonald, Charlesworth, & Graham, 2015; Murnieks, Allen, & Ferrante, 2011
5.4	Collaborative structure exists to support integrated primary prevention	DeGue et al., 2012; Brubaker, 2009; Provost & Fawcett, 2013; Mandinach, 2012; Sable, Danis, Mauzy, & Gallagher, 2006
5.5	Continuity of prevention staff and effective prevention activities are maintained over time	Dills, Fowler, & Payne, 2016; Wandersman & Florin, 2003; Lundgren & Amin, 2015; Bond & Hauf, 2004; McMahon, Postmus, & Koenick, 2011

Subdimensions for Dimension 6: Stakeholder Engagement-Preparation

This dimension contains four subdimensions that aim to assess the extent to which leaders and prevention staff are equipped—with skills and knowledge—and empowered with a clear line of sight across the chain of command to sustain stakeholder engagement efforts to inform primary prevention.

Subdimensions		References
6.1	Leaders have the skills and knowledge needed to conduct stakeholder engagement	SAMHSA, 2021
6.2	Prevention staff are dedicated, knowledgeable and skilled in conducting stakeholder engagement	Scaccia et al., 2015; Powell et al., 2015; SAMHSA, 2021
6.3	Stakeholders are knowledgeable about prevention	Desai, 2018
6.4	Sufficient resources exist to conduct stakeholder engagement	Noonan et al., 2009; Krug, Mercy, Dahlberg, & Zwi, 2002; García-Moreno et al., 2015; Hawkins, Shapiro, & Fagan, 2010

Subdimensions for Dimension 7: Healthy & Protective Environment-Implementation

This dimension contains five subdimensions that aim to assess the extent to which actions taken by leaders and prevention staff are aligned with best practices for building a healthy and protective environment and are done well (i.e., with high quality).

Subdimensions		References
7.1	Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors	Crittendon & Hope, 2017, pp.18-21

7.2	Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates	Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp.4-16, 18
7.3	Leaders proactively monitor the stress level of subordinates	Hoover, Randolph, Elig, &. Klein, 2001, pp. 4
7.4	Leaders and service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure)	Cook, Jones, Lipari, & Lancaster, 2005 Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018
7.5	Positive behaviors are rewarded/recognized	Jones & Bullis, 2003, pp. 21-40

Subdimensions for Dimension 8: Integrated Prevention-Implementation

This dimension contains five subdimensions that aim to assess the extent to which actions taken by leaders and prevention staff are aligned with best practices for integrated primary prevention and are done well (i.e., with high quality).

Subdimensions		References
8.1	Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures)	Gidycz, Wyatt, Galbreath, Axelrad, & McCone, 2018
8.2	Prevention approach is comprehensive	Brofenbrenner, 1992, 2005; Casey & Lindhorst, 2009; Banyard, Eckstein, & Moynihan, 2010; Prochaska & Prochaska, 2011; Vladutiu, Martin, & Macy, 2011
8.3	Prevention approach is evaluated	Chinman et al., 2016; 2018; Francisco, Paine, & Fawcett, 1993
8.4	Prevention approach is continuously improved	Chinman et al., 2016; 2018; Francisco, Paine, & Fawcett, 1993
8.5	Resistance to the prevention approach is monitored and addressed	Nation et al., 2003; Rich, Utley, Janke, & Moldoveanu, 2010

Subdimension for Dimension 9: Stakeholder Engagement-Implementation

This dimension contains one subdimension that aims to assess the extent to which actions taken by leaders and prevention staff are aligned with best practices for stakeholder engagement and are done well (i.e., with high quality).

Subdimensions		References
9.1	Level of collaboration ranging from none, to inform (sharing information, lowest level) to collaborate (sharing decision making and implementation, highest level)	International Association for Public Participation, 2021

Data elements

Data elements are the most narrowly constructed component to the scoring rubric. Each data element represents one aspect of the subdimension to which they are connected. They are intended to be rated as either present or absent. Multiple data sources were used to score each data element as present or absent, including:

- Discussions and interviews with various service members at each site
- Surveys of competencies to conduct high quality prevention administered to prevention personnel and leadership
- Table-top exercise in which prevention personnel respond to a hypothetical scenario to assess their coordination
- Data call of various prevention activities and documentation of prevention workforce

Facilitated Group Discussions and Interviews

At each site's three-day visit, discussions and interviews were held with five categories of service members including:

1. Installation commander and command team;
2. Leaders (O4-O5; O6; E7-E9);
3. Subordinates and Stakeholders (O1-O3; E1-E4; E5-E6);
4. Prevention Personnel (community/support services personnel; Chaplains; Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates; Mental and Physical Health Professionals);
5. Prevention Support (Family Readiness Group/Key Spouse personnel; Family Advocacy Program personnel; Military Equal Opportunity [MEO] and Equal Employment Opportunity [EEO] personnel; and Inspector General [IG] and law enforcement).

To guide these discussions, seven different discussion protocols were developed, all linked to specific data elements, subdimensions, and core dimensions. While overlapping, each discussion protocol emphasized different subdimensions. Different service members were asked somewhat different questions based on their rank and job function. In addition, there were more questions to be asked than there was time available at the site visits, thus certain questions were specifically allocated to certain service member groups. For example, as shown in Table B3, the discussion protocols that targeted Installation Command focused on priorities. These questions were chosen because of commanders' role in establishing priorities. E1-E4 Service members were allocated questions about priorities, but to assess their perceptions of commander priorities from the lower ranks. Service members who are prevention personnel were specifically asked questions from the three core dimensions involving Integrated Prevention, whereas prevention support personnel were asked questions about the Healthy & Protective Environment and Stakeholder Engagement dimensions. Another factor in determining which questions a Service member received was assigning different ranks a label of "leader" or "stakeholder and subordinate." This somewhat artificial designation was made with the realization that most Service members are *both* a leader and a subordinate to someone and that there were more questions that need to be answered than there was time available from any one Service member.

Table B3: Link between Service Members and the Nine Core Dimensions

Nine Core Dimensions		
Healthy & Protective Environment	**Integrated Prevention**	**Stakeholder Engagement**

Discussion Protocol Service Members Groups	Priority (1)	Prep[1] (4)	Imp[2] (7)	Priority (2)	Prep[1] (5)	Imp[2] (8)	Priority (3)	Prep[1] (6)	Imp[2] (9)
Installation Command									
Commanding general and command team	x			x		x			
Stakeholder and Subordinates									
E1-E4	x			x			x		
E1-E4		x	x		x	x		x	x
E5-E6		x	x		x	x		x	x
O1-O3	x			x			x		
Leaders									
E7-E9		x	x		x	x		x	x
O4-O5	x			x			x		
O6	x			x			x		
Prevention Personnel									
Community Support Services				x					
Chaplains				x					
Sexual assault response coordinators, victim advocates,				x					
Mental and Physical Health Professionals/				x					
Prevention Support									
MEO and EEO staff	x						x		
FRG/SFRG/FRP/ Key Spouse staff	x						x		
Family Advocacy Program staff	x						x		
Law Enforcement/IG	x						x		

Note: Colored cells with Xs show the nine core dimensions that each Service member was asked about.

Surveys of Prevention Competencies

Competent practitioners are critical for effective prevention. Although the importance of having a well-trained staff has been emphasized in the prevention science literature, most individuals tasked with the primary prevention of sexual assault are not adequately trained to do so (e.g., school staff, professionals trained in

sexual assault response). Prevention practitioners responsible for implementing sexual assault prevention must possess certain core competencies, or knowledge and skills essential for job performance, in order to achieve optimal outcomes. These competencies include those needed for any primary prevention effort in addition to those specific to sexual assault prevention. An existing assessment tool, which was designed for injury and violence prevention practitioners, was tailored to reflect sexual assault prevention-specific competencies as informed by the literature (O'Neil, Acosta, Chinman, Tharp, Fortson, In Review). The criterion validity of the newly tailored measure was tested with 33 individuals who had varying levels of expertise with sexual assault prevention. These individuals were categorized into three groups based on self-rated sexual assault prevention expertise (low, medium or high) in order to assess group differences. As expected, the high expertise group rated higher knowledge in all the competencies than the medium and low expertise groups. For this project, two versions of this survey were developed. The first targeted any service member who has a role in prevention (called prevention personnel and prevention support, see Table B3). This survey was identical to the one developed by O'Neil et al. The second survey was intended for Service members identified as leaders. For this survey, items were revised to emphasize responsibilities that focused on oversight, priority setting, and consumption of prevention evaluation data. In both surveys, items were statements of various competencies and respondents were asked to rate themselves on a Likert scale of how much knowledge they had of that competency, from 1=No Knowledge to 5=Extensive Knowledge. For example, military and civilian unit and installation leaders were asked if they, "Understand the policies on prevention topics, including integrated primary prevention, harassment, sexual assault, substance abuse, suicide, self-harm, etc." Prevention personnel and supports were asked whether they could "Define prevention and describe the associated core concepts such as primary, secondary, and tertiary prevention." The former question emphasizes knowledge at a higher level; the latter emphasizes more detailed knowledge.

The leaders survey is split into three sections: 1) Healthy & Protective Environment (11 items), 2) Integrated Prevention (eight items), and 3) Stakeholder Engagement (four items). Each section's items are averaged together to form scores that were used in scoring various subdimensions (see Appendix A). The prevention personnel and support survey has two sections: 1) Integrated Prevention (18 items), and 2) Stakeholder Engagement (six items). Similar to the leader survey, the items in these sections were averaged together into a section score that was used to determine various subdimensions (see Appendix 1).

Table-top Exercise

Table-top exercises have been used for many years to test communities' emergency preparedness and response capabilities (Agboola, McCarthy, Biddinger, 2013; Chandra et al., 2015; Frahm et al., 2014; Klima et al., 2012). This type of exercise was adapted to determine where strengths and weaknesses may lie with respect to integrated prevention planning and capacity at each site. Just like in emergency preparedness where the exercise brings together individuals from multiple agencies that have a roll (e.g., FEMA, local fire and police departments), the benefit of this data collection mechanism is that it reveals how individuals would conduct their work, especially with regard to coordination between partners, in real time. The exercise targets four areas known to be critical for effective prevention, especially in military settings: partnerships, stakeholder engagement, use of data to inform and evaluate prevention activities, and communication up and down the chain of command.

At each site visit, about one-and-a-half to two hours is set aside for the exercise. All prevention personnel, along with MEO and EEO personnel, are invited to attend. A hypothetical scenario is presented that involves a series of incidents involving fighting, alcohol use, and a sexual assault. Then the attendees are asked to respond as if the scenario had happened at their site. A sample question in each of the four focus areas are below:

- *Partnerships* - What are you going to do to help to prevent future similar situations from occurring, if anything? Who are you going to work with?
- *Stakeholder Engagement* - What other groups, personnel, or others should be considered?
- *Use of Data* – Did you have any relevant data or information to base your decisions about needed prevention actions/next steps? How would you continue to monitor the situation moving forward?
- *Communication* - How/who will you communicate with the chains of command at the two units? At what point, if at all, will you engage the installation commander? What level of priority would future prevention efforts like this be given?

All the questions from this exercise are linked to specific data elements (see Appendix A).

Data Call

Each site was sent three data collection forms ahead of the site visit asking about specific prevention information, including:

1. Flagship prevention effort – Initially developed for use with the Military Service Academies (Acosta et al., Under Review), each site is asked to identify one effort that is particularly important and provide the following details:
    - Content Area (e.g., sexual assault, alcohol)
    - Target population (i.e., who and how many are exposed to the effort)
    - Level of evidence rating using Centers for Disease Control and Prevention (CDC) levels of evidence
    - Timeline of past and future implementation
    - Dosage (i.e., duration, frequency, and amount) of the effort for the target population
    - Reach of the effort (i.e., how many people)
    - Process evaluation details and results, if any
    - Outcome evaluation details and results, if any
    - Quality improvement activities (i.e., use data to make improvements to the program), if any
2. Prevention workforce – Each site is asked to provide the number of personnel authorized to and assigned to support one of five areas (Integrated Primary Prevention, Suicide, Sexual Harassment, Sexual Assault, Domestic Abuse, Child Abuse, or Problematic Sexual Behavior in Children and Youth). Sites are also asked for the percent of these personnel that are dedicated full-time to the mission area, and for some information on training and professional development for these personnel.
3. Evaluation and integration questions – Each site was asked a series of questions about any evaluations that had been completed on prevention efforts and about any actions taken specifically to integrate prevention activities.

Data Collection Process

OSD set up a three-day site visit for each site. The Data Call forms are sent about two weeks ahead to the site and then returned to the OSIE team. The target population for the assessments is the command team, enlisted and officers from the units of risk identified by the DEOCS, and prevention personnel and supports. The site visit involves a series of discussion groups, interviews, and a Tabletop exercise with the categories of service members listed in Table B3. For the enlisted and officers in the Stakeholder and Subordinates and Leaders categories from Table B3, groups are held for each rank category, split by gender given the sensitivity of the subject matter. At a subset of sites, there are also units that scored positively on the DEOCS, indicating that members in those units were receiving some level of protection from harmful behaviors. At those sites, a separate set of enlisted and officer discussions are held for the risk and protection units.

Each site was visited by a team ranging from four to eight team members. For each discussion group or interview, there was a minimum of two team members present—one who asked the questions and another to take detailed notes. For the Tabletop exercise, there were often one to two team members asking questions, one to two notetakers, and another writing key information on a whiteboard in real time.

Maturity Scoring: A Focus on Data Elements

As described above, the goal of the data collection is to determine which data elements were present or absent. Once the site visits are complete, all the notetakers uploaded their notes to a central site and all team members reviewed those notes. Based on that review, each team member rated each data element on their own. Each team member also wrote out open-ended responses in three categories—1) strengths the site displayed that could be further leveraged, 2) areas in need of improvement, and 3) overall takeaways. Then the team met as a group and came to a consensus on a final score for each data element and a final version of the open-ended responses. Once the data elements were scored, the team used the maturity scoring guidance, described above, to arrive at subdimensions and then ultimately, dimension scores.

How Data Elements Are Scored

The group discussions (including the Tabletop) served as a primary means to generate information that was used by the team to rate each data element. The use of discussion groups in this way was based on an assessment approach developed by RAND called the Program Performance Interview. In this approach, whole units (in this case, sites) respond to a series of questions about their activities. Although such units consist of individual people with varying abilities, ratings are made at the site level because they operate as a whole (Chinman, Acosta, et al., 2016; Chinman, Hunter, et al., 2008; Chinman, Tremain, et al., 2009). Then, raters apply scores to the responses using a standardized set of criteria.

Discussions were not the only data source, however. Data call and competency surveys also were used to rate each data element. Thus, the task of each team was consider all the relevant data available to them to rate each data element. While there were not concrete decision rules about how to rate the data elements, several directions were provided to guide the ratings. First, teams were instructed to weigh all the data points available and draw a conclusion from the "preponderance of the evidence." Teams were told that for a data element to be rated "present" it had to be *consistently* present—i.e., with most service members most of the time. For example, if there was one E7 who established a health and protective environment with his/her immediate subordinates, but most others at a site did not, then this situation would yield an "absent" rating.

It is very common for various data sources to lead to different conclusions. In those cases, teams were asked to use the following guidance on how to address instances where data points conflict:

- Multiple indicators. Are there different data sources that provide evidence for presence of a data element?
- Multiple people. Are there multiple people who provide responses to questions that provide evidence for presence of a data element?
- Strength of data source. It is possible that one data source presents very strong evidence (i.e., installation commander strongly indicates)?
- Persistence of evidence. Does the data source indicate that the supporting evidence only occurs very infrequently or only recently began? If so, that would not suggest presence of a data element.
- Congruence of evidence. Are there different data sources that provide evidence in the same direction (favors presence of a data element)? Do data sources conflict (does not favor presence of a data element)?

Data Collection and Data Element Scoring Training

OSIE team members received a full day training on how to collect the data and how to score the data elements. Trainers provided multiple examples and provided the above guidance. In addition, a hypothetical military installation was presented, and all attendees were required to score each data element. While there is some subjectivity inherent in rating these data elements, the use of a consensus process across multiple team members helps ensure the information is reliable and accurate.

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Appendix C: Part 1 Site-Specific Findings

Fort Bliss (El Paso, TX) 58
Fort Custer (Augusta, MI) 72
Fort Polk (Leesville, LA) 85
U.S. Army Reserve Center (Fraser, MI) 98
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Marine Corps Base Hawaii (Kaneohe Bay, HI) 151
Marine Corps Air Station Miramar (San Diego, CA) 164
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Laughlin Air Force Base (Del Rio, TX) 190
Joint Base Elmendorf-Richardson (Anchorage, AK) 203
Vandenberg Space Force Base (Santa Maria, CA) 216

Fort Bliss (El Paso, TX)

Fort Bliss, located in El Paso, TX, has a population of approximately 28,000. An addendum to the 2018 *WGRA* found that Fort Bliss has lower than average prevalence of sexual assault for both men and women, as compared to the overall DoD population, but higher estimated risk of sexual harassment for women, and average estimated risk of sexual harassment for men. Available data related to other harmful behaviors is summarized in the table below.

Table C1: Fort Bliss Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[10]		17	11	11
Number of Substantiated Domestic Abuse Incidents[11]		152	137	196
Number of Unrestricted Reports of Sexual Assault		124	155	118
Number of Restricted Reports of Sexual Assault		27	39	36
Estimated Sexual Assault Prevalence Rate[12]	Men	0.6%	-	-
	Women	5.3%	-	-
	Men	6.3%	-	-

[10] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[11] Family Advocacy Program (FAP) data is organized by calendar year.
[12] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault.
https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

Estimated Sexual Harassment Risk[13]	Women	27.9%	-	-
Number of Formal Complaints of Sexual Harassment		13	10	10
Number of Informal Complaints of Sexual Harassment		6	23	24
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

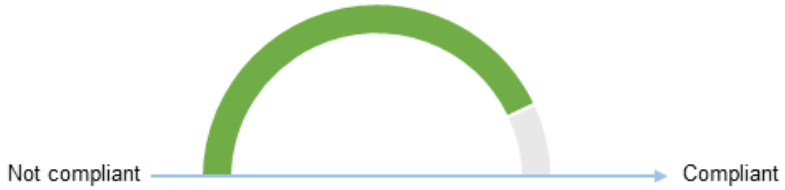
Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD (P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD (P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

[13] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

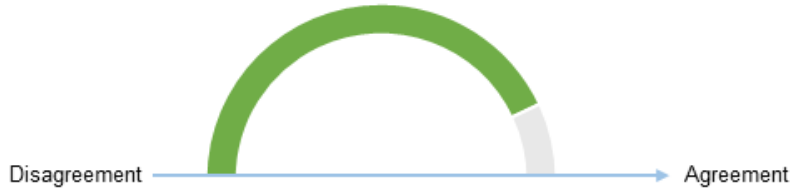
SEXUAL ASSAULT PREVENTION AND RESPONSE

Overall program compliance



Compliance by program area

Overall agreement of DoD and site compliance assessment



Agreement by program area

Strengths to leverage

- Recent implementation of Operation Ironclad (to influence positive change, multiple initiatives are supporting the prevention of sexual assault and harassment) has the potential for successful prevention efforts.
- Strong senior leader emphasis on the CMG process.
- 24-hour sexual assault hot line where the caller gets a live SARC 7/24 hour. There is also a CG hotline where the caller gets to a file complaint/ comment with an O-5 duty officer or leave a voicemail that reports back to the CG

Areas for improvement

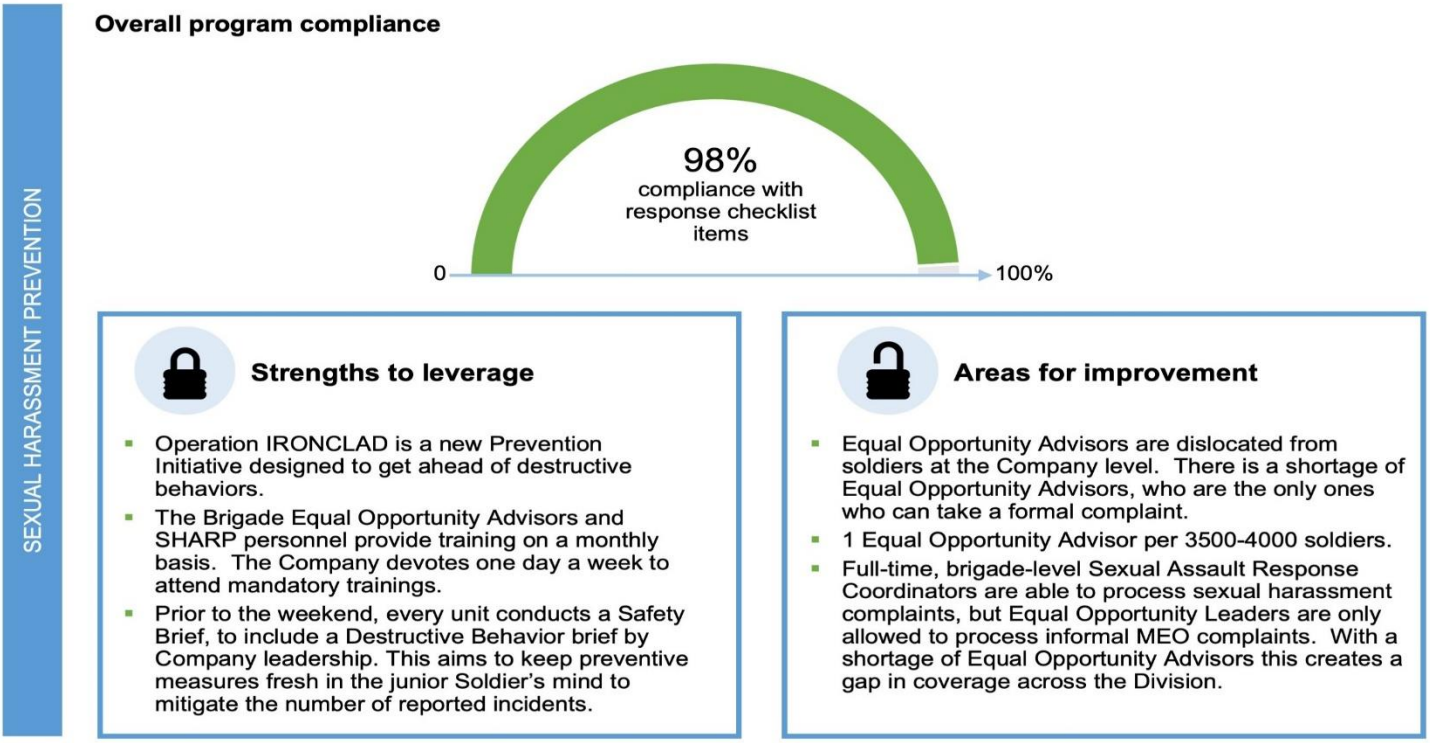
- Limited understanding/emphasis on the CATCH Program at all levels and focuses on informing victims only during the intake process.
- No evidence that SARCs have conducted ongoing assessments of the consistency and effectiveness of the SAPR program within the assigned area of responsibility and reported these observations to the command/installation commander.
- A review of records management is needed (e.g., per the Bliss SOP numerous documents being maintained indefinitely).

Compliance areas that require attention

All Sexual Assault Prevention and Response (SAPR) personnel should be fully proficient in all aspects of the DoD Catch a Serial Offender (CATCH) Program. In addition, all SAPR personnel, programs, and resourcing should be regularly assessed for effectiveness and updates should be provided to leadership at quarterly Case Management Group reviews, in accordance with DoDI 6495.02.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

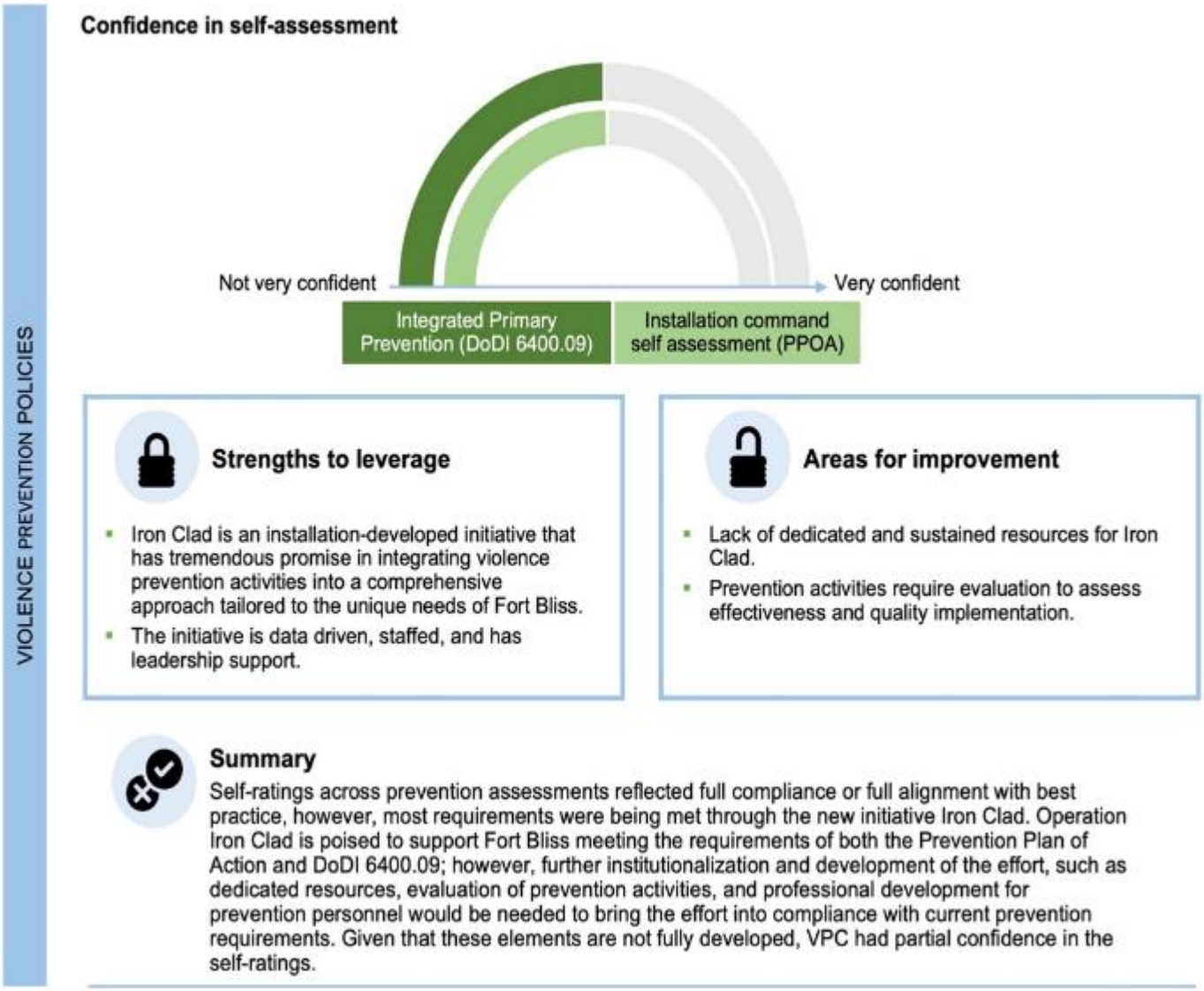


Compliance areas that require attention

It was unclear if Fort Bliss's sexual harassment training had been reviewed and approved by Defense Equal Opportunity Management Institute, as required by DoDI 1020.03.

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Fort Bliss prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Leadership hopes to move away from lecture-based prevention.
- Ironclad asks Service members for prevention ideas via "The Forge."
- Leadership regularly reviews harmful behaviors (e.g., Sexual Assault Review Board).
- Leadership is seeking more data on prevention evaluation.
- Promising initiatives like Golden Triangle calls between Service members' contacts and Green Platoon's onboarding system should be evaluated.

Areas for improvement

- The installation does not have sufficient staffing dedicated to, or trained in, prevention.
- Fort Bliss should translate lessons from reviews of harmful behaviors into evidence-based prevention.
- Leaders often disregard the time female Service members spend on domestic labor, particularly childcare for single parent households.
- Service members believe "Mission First" is still prioritized over "People First" and prevention.
- While large-scale data is being sought (e.g., Behavioral Health Assessment), individual prevention activities are not evaluated.

KEY TAKEAWAYS

1. The recently started Ironclad initiative has an infrastructure for integrated prevention and has promise provided it continues to develop and remains a leadership priority. At present, it has not generated verifiable results.

2. Leadership's vision of Ironclad is not universally shared, especially among the lower ranks. Many Service members feel their input is not valued or used (despite efforts to solicit it) and prevention efforts, while improving, are still regarded as repetitive, unengaging, and do not appear to be evidence based.

3. Compared to units of risk, units of protection have leaders who are perceived to care and engage more with Service members (especially women caring for other women), come from smaller tight-knit units, have been together longer, and have more predictable workflow. Units of risk show disregard for members' family concerns.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 1: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✓
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✓
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members who are alleged to have perpetrated reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 2: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 3: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 4: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 5: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	⊗
5.1.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✗
5.1.2. Learning community is considered a safe place to innovate and participants trust one another	✗
5.1.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.2. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	●
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	●

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	

Dimension 6: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	⊗
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✓
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✗
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	⊗
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✗
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✗
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	⊗
7.3.1. Leaders check in regularly with subordinates about their stress levels.	✗
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	✗
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	⊗
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	⊗

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 8: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✗
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✗
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 9: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 2 – Involve**

Fort Custer (Augusta, MI)

Fort Custer, located in August, MI, has a population of approximately 1,200. As a National Guard site, not all data on harmful behaviors was available at the OSD level for Fort Custer, but data on sexual harassment complaints are presented below.

Table C2: Fort Custer Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[14]		-	-	-
Number of Substantiated Domestic Abuse Incidents[15]		-	-	-
Number of Unrestricted Reports of Sexual Assault		-	-	-
Number of Restricted Reports of Sexual Assault		-	-	-
Estimated Sexual Assault Prevalence Rate[16]	Men	-	-	-
	Women	-	-	-
Estimated Sexual Harassment Risk[17]	Men	-	-	-
	Women	-	-	-
Number of Formal Complaints of Sexual Harassment		0	0	0
Number of Informal Complaints of Sexual Harassment		1	2	5
Number of Anonymous Complaints of Sexual Harassment		0	0	2

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the State is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

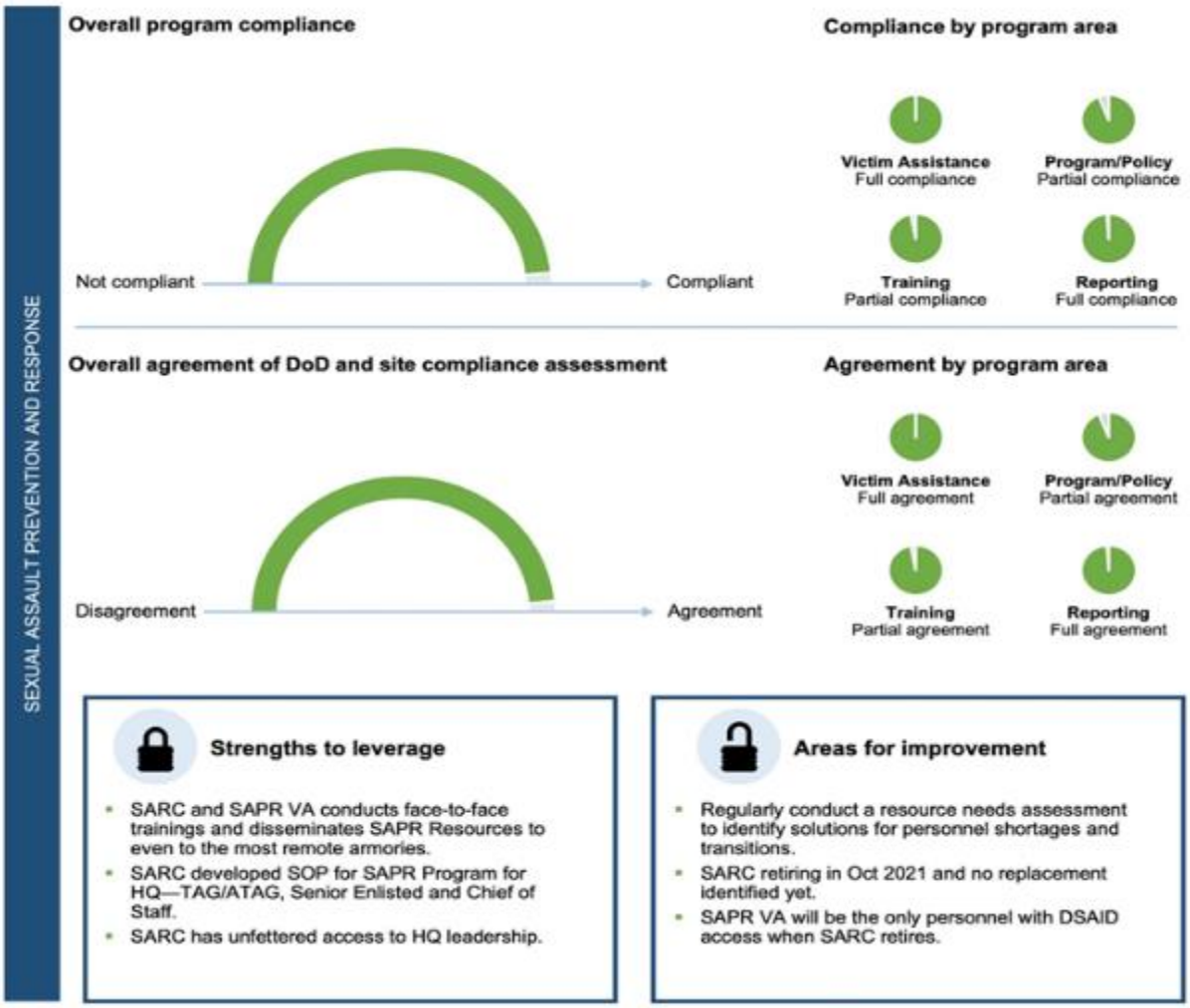
The first figure below demonstrates the extent to which the State was compliant with DoDI 6495.02 and November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same for key program areas.

[14] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[15] Family Advocacy Program (FAP) data is organized by calendar year.

[16] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[17] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

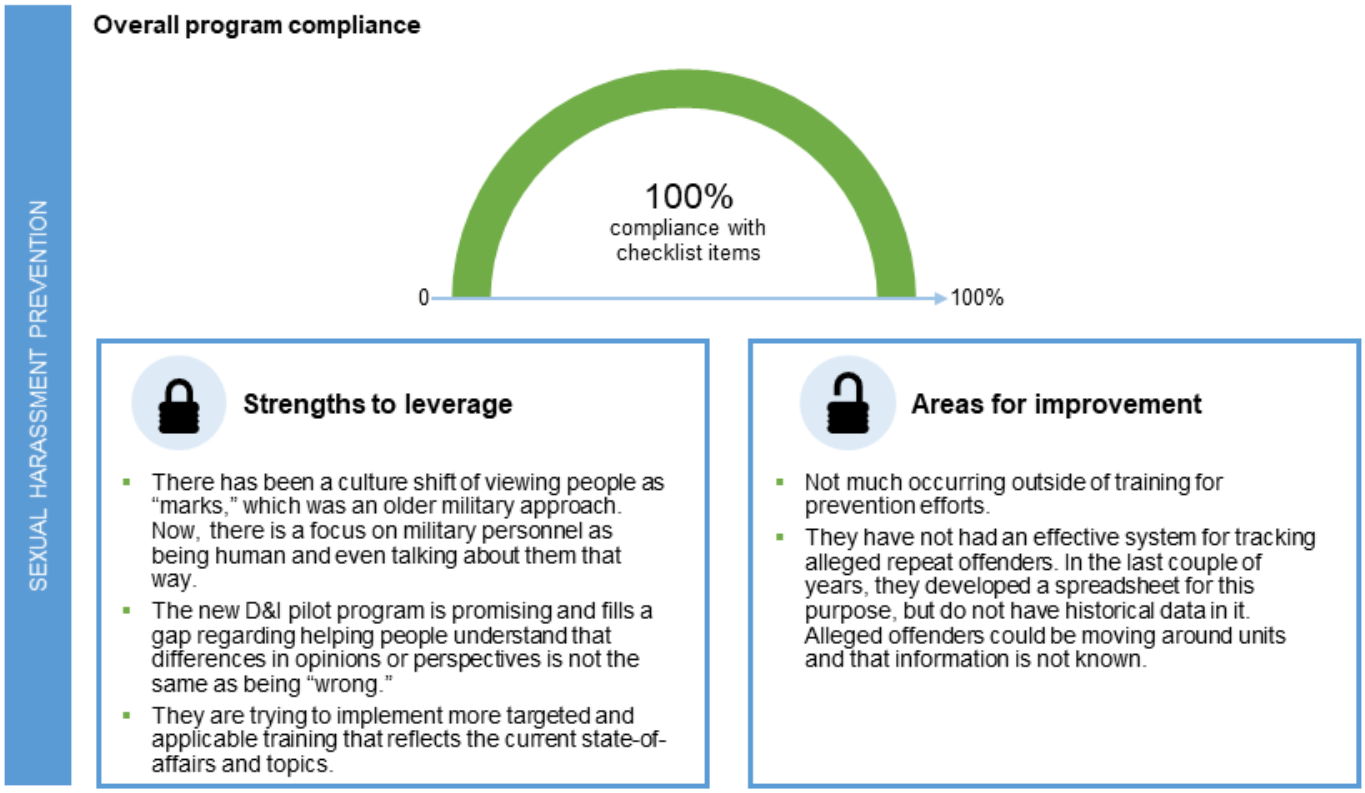


Compliance areas that require attention

Fort Custer should regularly conduct needs assessments to identify solutions for personnel shortages and transitions. The State SARC is retiring in October 2021, and no replacement has been identified yet. The SAPR VA will be the only personnel with Defense Sexual Assault Incident Database (DSAID) access when the SARC retires.

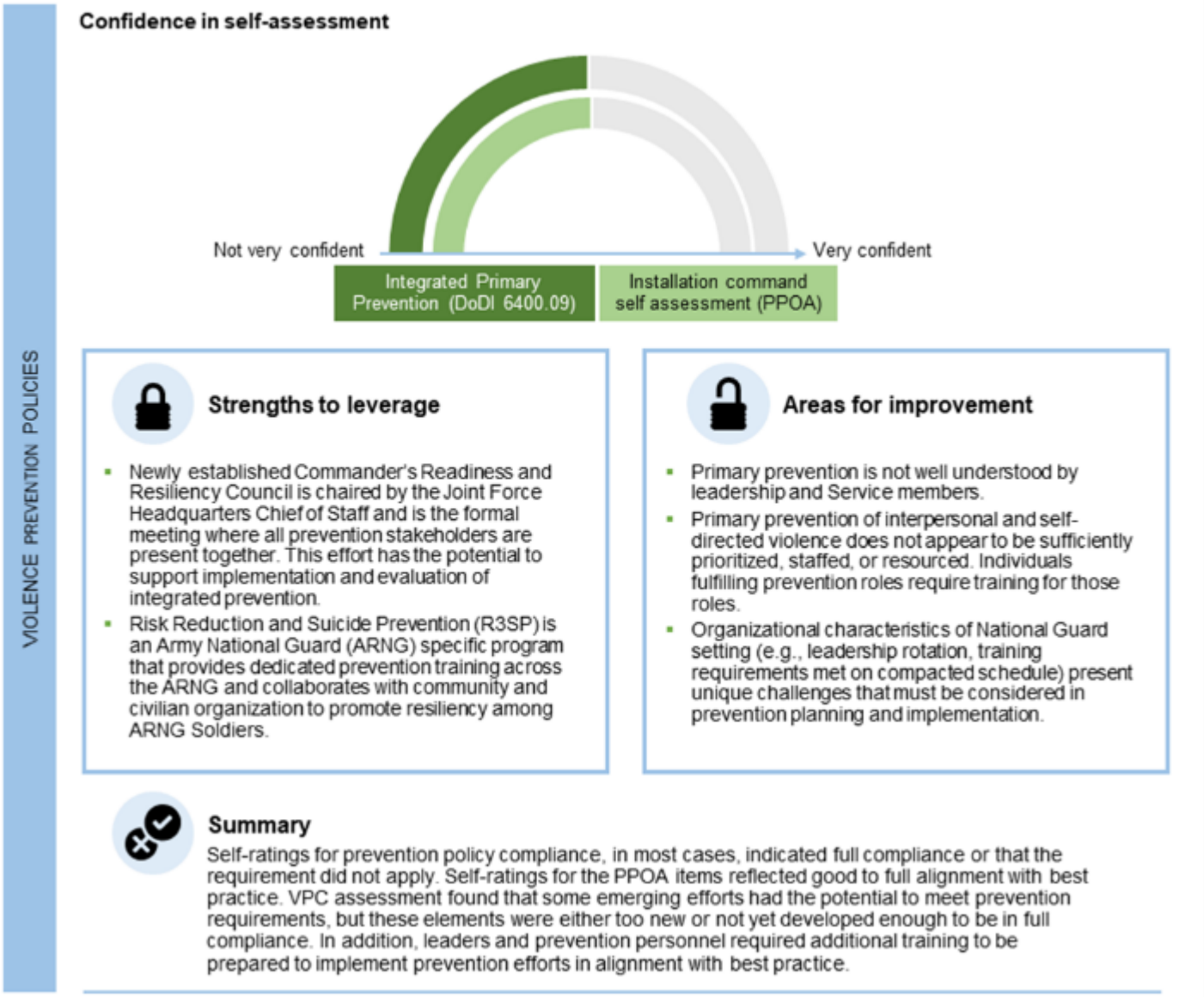
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the State was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

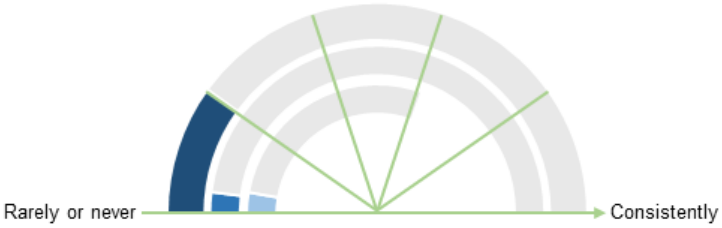
The State did not complete a self-assessment of compliance with DoDI 6400.09 or a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. As a result, the OSIE team could not conduct a separate on-site assessment of the same areas, and there are no ratings in the figure below, which is intended to show the OSIE team's level of confidence in the State's self-assessment, based on the extent to which the State's self-assessment aligned with the findings of the OSIE team's on-site assessment. However, strengths and areas for improvement are noted in the figure below.



Assessing State Prevention Capability

What prevention capabilities help Fort Custer prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect States' prevention capability were consistently present at the State.

PREVENTION IS PRIORITIZED



Leaders prioritize....

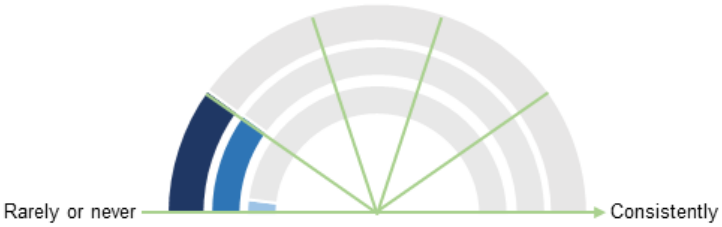
Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL



Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- The JFHQ has a Commander's Ready and Resilient Council made up of key leaders and prevention staff who meet quarterly to review data and collaborate on prevention.
- JFHQ prevention staff are experienced, work together on prevention efforts, seem passionate about their roles, and genuinely want to help.
- JFHQ has at times engaged soldiers in prevention planning or implementation. Within the unit of interest, there is a strong sense of camaraderie and social support among some peers, and some leaders check in on their soldiers even between drill weekends.

Areas for improvement

JFHQ:

- Lacks a domestic violence prevention program.
- Prevention staff are unable to meet needs statewide. Staff turnover is disruptive. There is a lag to hire new staff making it difficult for a smooth transition between staff.
- Prevention programming occurs only once-a-year and is not evaluated.

At Fort Custer and the 1463rd:

- Some soldiers are not able to get mental health needs addressed and report a lack of leadership support.
- Leaders lack the abilities to promote a protective, healthy environment.
- Unit leadership lacks diversity (e.g., currently there are no women officers).

KEY TAKEAWAYS

1. JFHQ leaders have a documented prevention line of operation, use data to monitor issues, and work regularly with prevention staff to address a range of unhealthy behaviors; however, this approach is not apparent at the 1463rd.
2. Prevention activities are constrained. Infrequent drills limit soldier availability. Understaffed and distant JFHQ prevention services (more than an hour away) make it difficult for JFHQ prevention staff to regularly visit the 1463rd to offer prevention services.
3. While some soldiers from the 1463rd reported feeling supported by peers and leaders, others perceived that leaders ignore or do not take psychological or other personal needs seriously, and that soldiers that report needs face negative repercussions.

Detailed Data Used to Score the State Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each State across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 10: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗

1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗
1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	⊗
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	✗

Dimension 11: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	⊗
2.1.1. Leaders express that prevention efforts integrated across all levels are important	✗
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	✗
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	⊗
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	✗
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	✗
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	⊗
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	✗
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	✗
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	⊗
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	✗
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	✗

Dimension 12: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score
3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 13: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	

4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	✗
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 14: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.2.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.2.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.2.3. Learning community prioritizes improving measurable Service member outcomes	✓
5.3. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗

5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	

Dimension 15: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	

6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Dimension 16: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	⊗
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✗
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✗
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	⊗
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✗
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✗
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	⊗
7.3.1. Leaders check in regularly with subordinates about their stress levels.	✗
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	✗
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	⊗
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗

7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	

Dimension 17: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	
8.1.1. Prevention programming across offices is not duplicative	
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the State (e.g., lethal means).	
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the State (e.g., lethal means)	
8.2.2. Targets across the continuum of harm	
8.2.3. Targets across career lifecycle	
8.2.4. Targets across socio-ecological level	
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	
8.3.2. Prevention personnel brief leaders on results of evaluation	
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	

8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 18: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Fort Polk (Leesville, LA)

Fort Polk, located in Leesville, LA, has a population of approximately 10,000. An addendum to the 2018 *WGRA* found that Fort Polk has lower than average prevalence of sexual assault and sexual harassment for both men and women, as compared to the overall DoD population, but higher estimated risk of sexual harassment for men. Fort Polk also has fewer reports of sexual assault and complaints of sexual harassment than the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C3: Fort Polk Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[18]		*	*	*
Number of Substantiated Domestic Abuse Incidents[19]		47	52	40
Number of Unrestricted Reports of Sexual Assault		43	59	47
Number of Restricted Reports of Sexual Assault		3	4	3
Estimated Sexual Assault Prevalence Rate[20]	Men	0.6%	-	-
	Women	4.8%	-	-
Estimated Sexual Harassment Risk[21]	Men	8.0%	-	-
	Women	21.7%	-	-
Number of Formal Complaints of Sexual Harassment		8	5	6
Number of Informal Complaints of Sexual Harassment		4	2	6
Number of Anonymous Complaints of Sexual Harassment		0	0	1

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

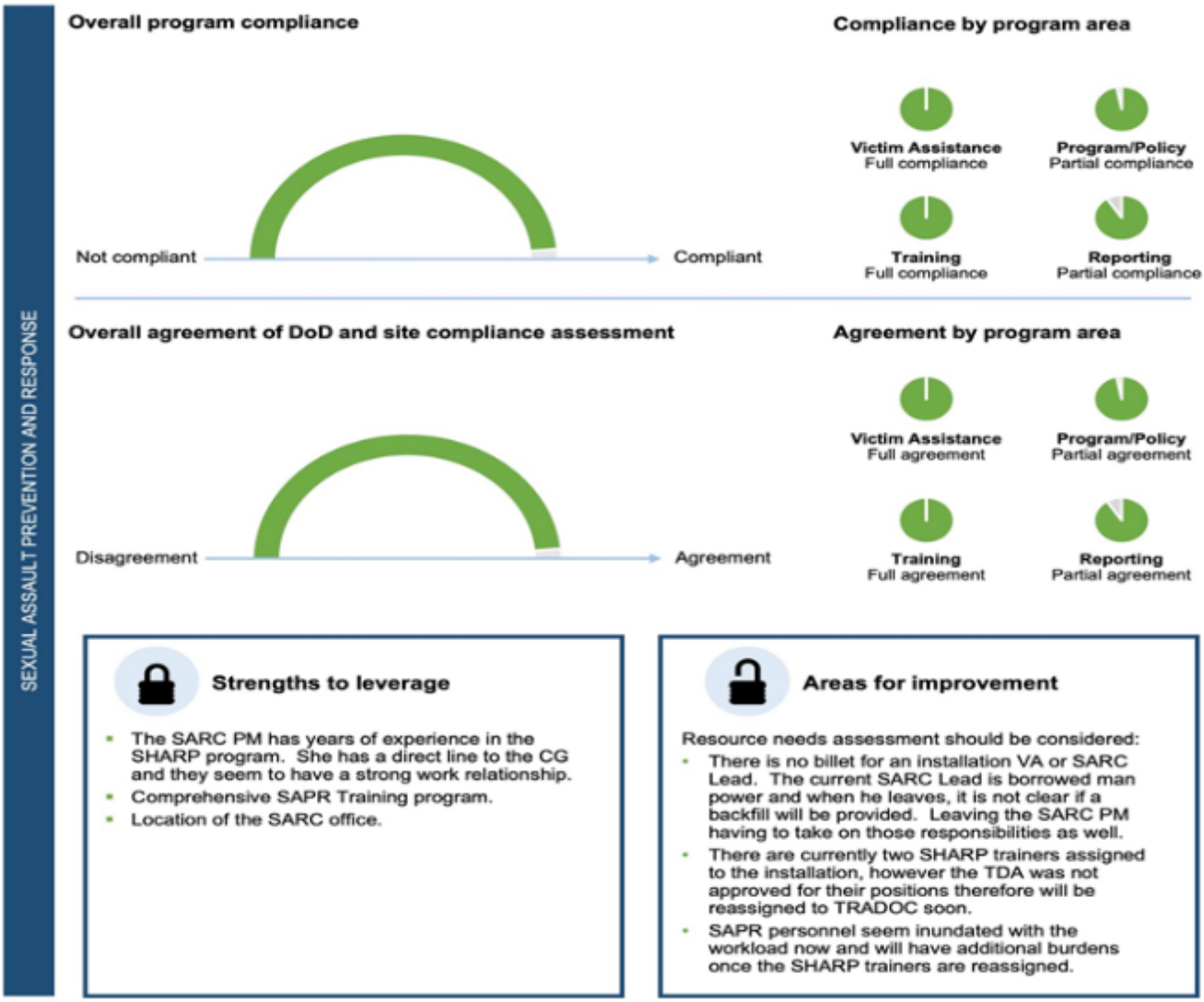
The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

[18] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[19] Family Advocacy Program (FAP) data is organized by calendar year.

[20] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[21] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

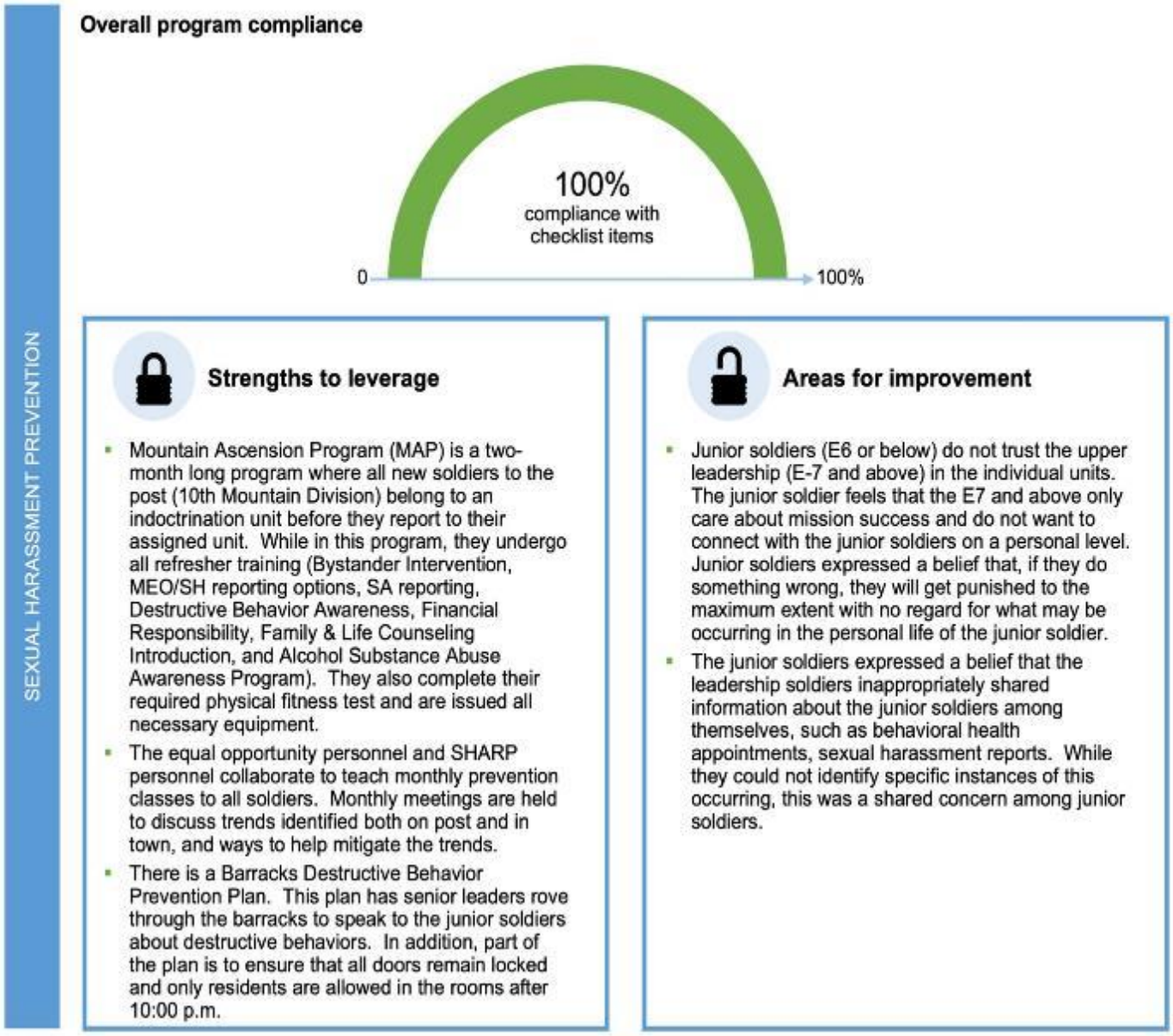


Compliance areas that require attention

Fort Polk should regularly conduct a resource needs assessment to identify solutions for personnel shortages and transitions, such as having enough billets or billets not being filled.

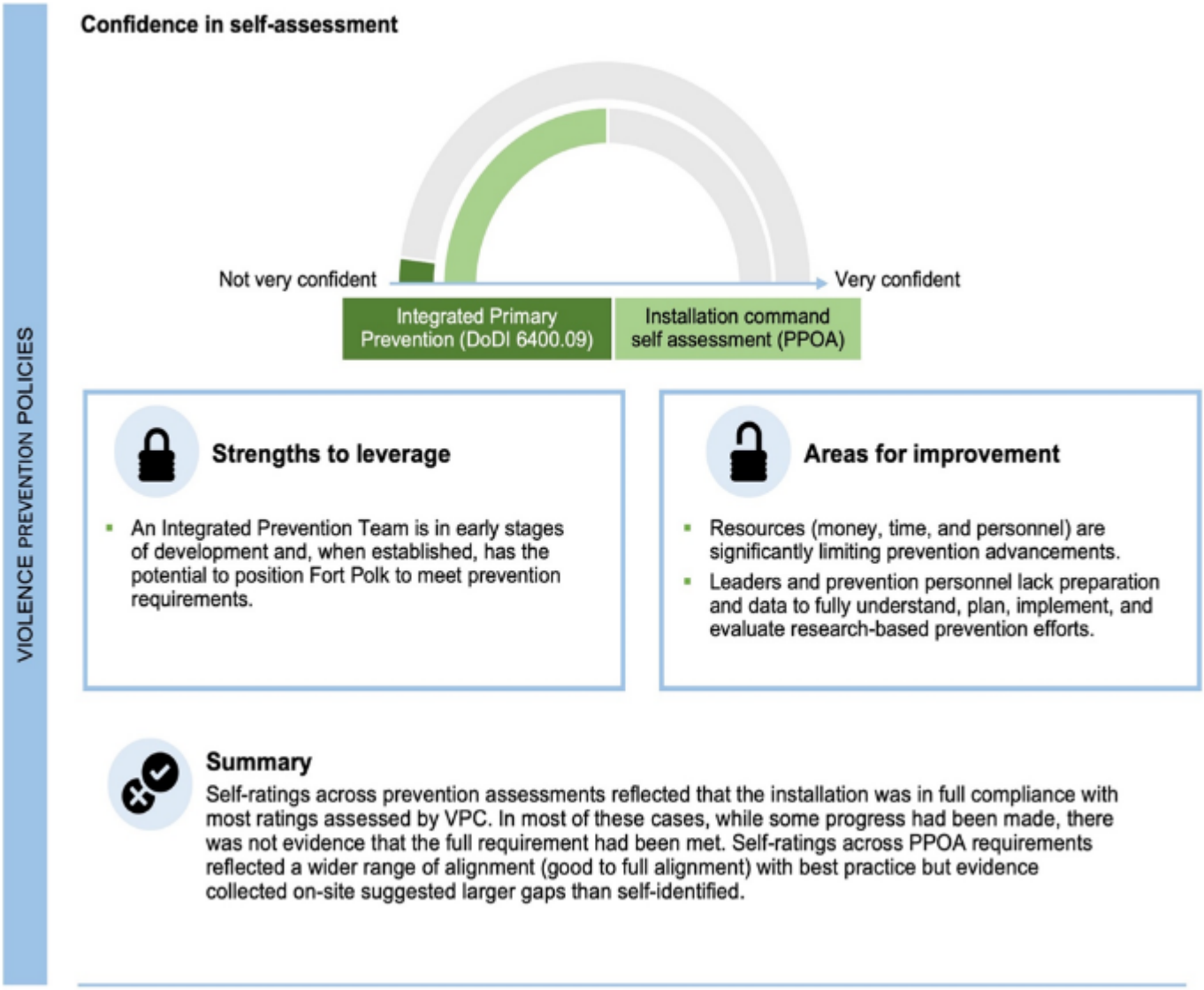
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Fort Polk prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Prevention personnel are dedicated to and passionate about their mission. They understand installation problems and potential solutions and can be a valuable prevention resource.
- Chaplains are an essential prevention resource due to their ability to maintain confidentiality.
- Soldiers are well-integrated into a culture of "looking out" for fellow soldiers and many support each other on personal issues.
- Service members are willing to create a protective environment and establish best practices for preventing harmful behaviors but need more guidance on how.

Areas for improvement

- Many junior enlisted soldiers are hesitant about coming forward or seeking services out of fear that they will lose leadership responsibilities or be perceived as unable to perform job duties.
- Behavioral health, chaplains, and other prevention personnel lack needed resources for prevention.
- Lack of training for junior officers (O1-O3) and NCOs (E5-E6) on how to create a protective environment and respond to problem behavior.
- Lack of rewards and incentives for innovative prevention activities.
- Due to the location, Service members must request time off to access sexual assault response resources, raising concerns about confidentiality of reporting.

KEY TAKEAWAYS

1. There are a lack of healthy entertainment options and amenities both on and off the installation, in part due to Fort Polk's remote, rural location. Shortages of barracks space and run-down family housing also contribute to perceptions that leadership is unconcerned about soldier welfare.

2. Senior leaders rely on platoon sergeants and squad leaders to foster protective environments and deter harmful behaviors, but the quality of these lower-level leaders varies widely and they are not sufficiently trained for these roles.

3. The work of prevention personnel is consistently hampered by resource and coordination constraints, a lack of leadership training, and a general lack of understanding of what's needed to prevent vs. respond to harmful behaviors.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked in Table C4 with either ✓ if met or ✗ if NOT met).

Dimension 19: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✗
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✓
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✓
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✓
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	⊗
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	✗

Dimension 20: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	⊗
2.1.1. Leaders express that prevention efforts integrated across all levels are important	✓
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	✗
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	⊗
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	✗
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	✗
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	⊗
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	✗
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	✗
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	⊗
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	✗
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	✗

Dimension 21: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 22: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	

Dimension 23: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	
5.3.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	
5.3.2. Learning community is considered a safe place to innovate and participants trust one another	
5.3.3. Learning community prioritizes improving measurable Service member outcomes	
5.4. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 24: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	●
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	●
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 26: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✓
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 27: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

U.S. Army Reserve Center (Fraser, MI)

U.S. Army Reserve Center, located in Fraser, MI, has a population of approximately 1,200. As a Reserve site, not all data on harmful behaviors was available, but data on sexual harassment complaints is presented below.

Table C4: U.S. Army Reserve Center (Fraser, MI) Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[22]		-	-	-
Number of Substantiated Domestic Abuse Incidents[23]		-	-	-
Number of Unrestricted Reports of Sexual Assault		-	-	-
Number of Restricted Reports of Sexual Assault		-	-	-
Estimated Sexual Assault Prevalence Rate[24]	Men	-	-	-
	Women	-	-	-
Estimated Sexual Harassment Risk[25]	Men	-	-	-
	Women	-	-	-
Number of Formal Complaints of Sexual Harassment		0	0	0
Number of Informal Complaints of Sexual Harassment		0	0	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

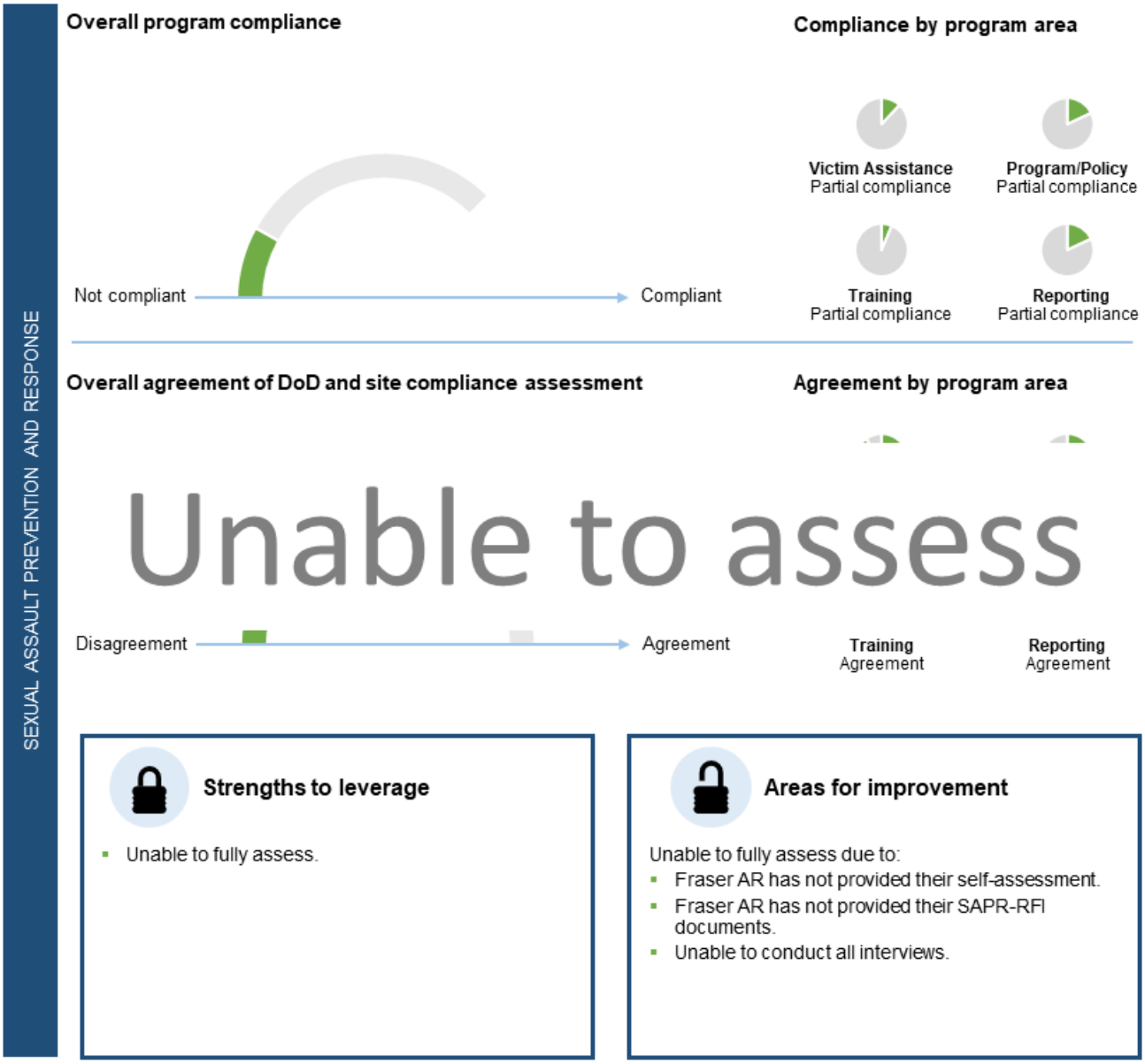
The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). The OSIE team was unable to assess the U.S. Army Reserve Center (Fraser, MI) in the area of agreement of DoD and site compliance assessment. The areas for improvement (below) provide further detail on these challenges.

[22] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[23] Family Advocacy Program (FAP) data is organized by calendar year.

[24] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[25] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.



Compliance areas that require attention

The OSIE team was unable to fully assess the Army Reserve Training Center because they have not provided their self-assessment or documents in response to SAPR's request for information. Additionally, the OSIE team is re-engaging with on-site leads to schedule interviews (e.g., Case Management Group Chair, Lead SAPR VA).

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

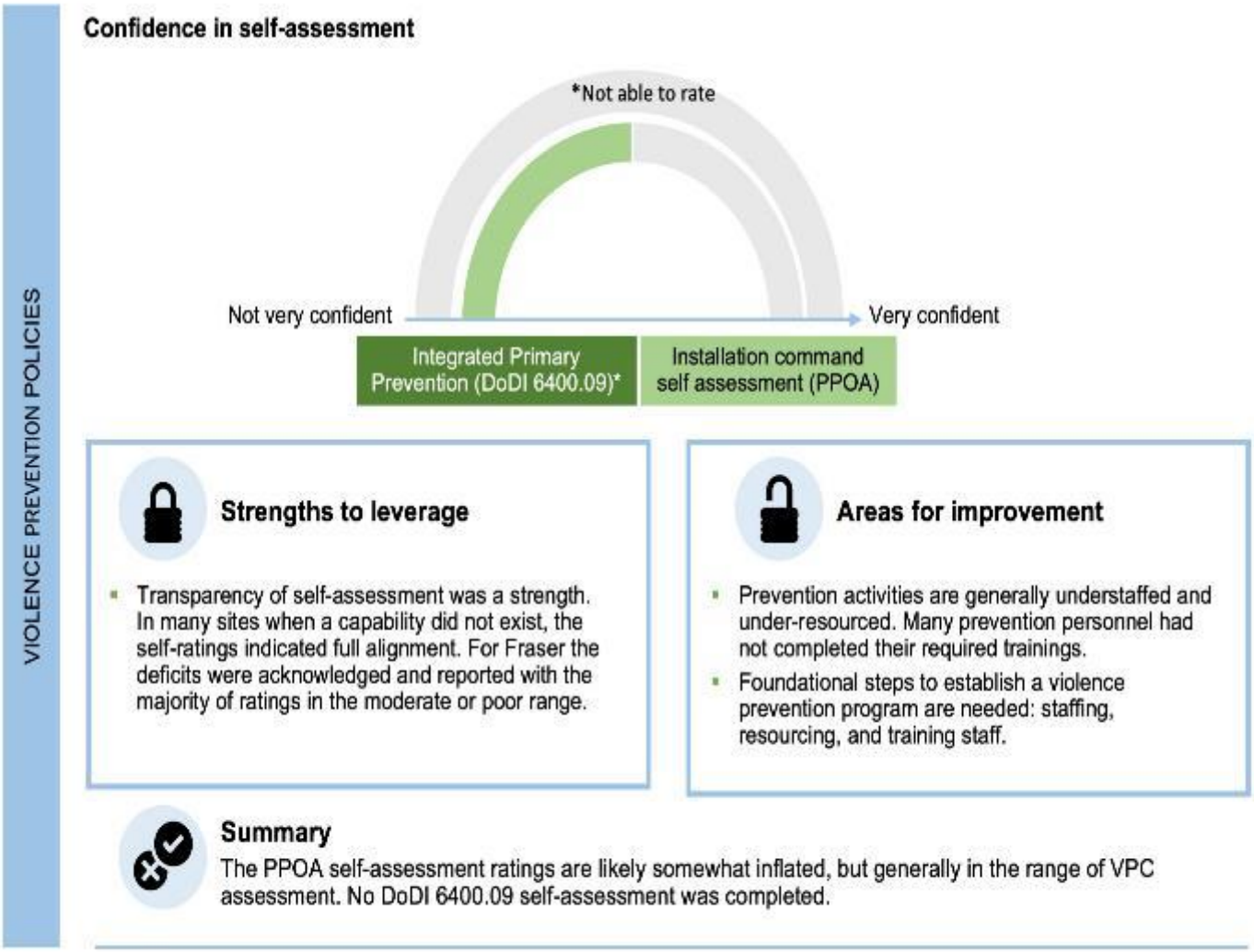
The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

Compliance areas that require attention

The Equal Opportunity Leader (EOL) at the Army Reserve Center has not received the requisite training, and is not involved in assessing the survey results for Equal Opportunity-related topics. In addition, there is no system for tracking complaints, which means there is no historical data available and no tracking of repeat alleged offenders. Finally, there is no formal tracking system of Service members who receive training, so there is no way to identify if some Service members are skipping the training altogether.

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment. A self-assessment of compliance with DoDI 6400.09 was not completed by the installation, thus the OSIE team's confidence in this self-assessment could not be rated (as noted in the figure below).



Assessing Installation Prevention Capability

What prevention capabilities help the Army Reserve Center prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Unit members know each other well and most have long tenure in the unit. A culture of openness and looking after one another contributed to the protective environment.
- The unit provides certificates of appreciation to prevention program presenters, and the MIRC (Military Intelligence Readiness Command) recognizes prevention efforts.
- Some unit leaders check in with subordinates throughout the month, not just drill weekends.
- Prevention personnel collect program data and a pilot suicide prevention program is being evaluated.
- MIRC team regularly monitors cases of suicidal ideation and sexual assault through Commander's Critical Incident Reports (CCIRs) and a Sexual Assault Review Board (SARB).

Areas for improvement

- Underfunding of prevention results in insufficient staff, vacant positions, and a lack of capacity for evaluation and stakeholder engagement.
- Leaders were not able to articulate specific benchmarks or goals for prevention efforts.
- Some unit-level prevention personnel lack initial or ongoing training due to limited reserve component training time and funding, and higher priorities for other types of training courses.
- The Psychological Health Program is not well known at the soldier level, and not consistently staffed and funded at the USARC level.

KEY TAKEAWAYS

1. The unit has many unique factors that promote a protective environment. It is a small military intelligence unit with TS clearances, and has a more mature, higher-ranking population with professional backgrounds.
2. Most prevention support is provided by the MIRC (at Ft Belvoir, VA) and by U.S. Army Reserve Command (USARC, at Ft Bragg, NC).
3. Strong collegial relationships were reported among unit members which helped facilitate timely support to meet unit needs.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 28: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✓
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✓
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✓
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✓
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✓
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 29: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 30: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 31: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✓
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 32: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.4.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.4.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.4.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.5. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	No Data
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	⊗

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 33: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	✓
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	No Data
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	No Data
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	✓
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✓
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✓
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	✓
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✓
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✓
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	✓
7.3.1. Leaders check in regularly with subordinates about their stress levels.	✓
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	✓
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	✓
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✓
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✓
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	✗

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 35: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✓
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✓
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✓
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✓
8.2.3. Targets across career lifecycle	✓
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✓
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 36: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 3 – Participate**

Naval Station Norfolk (Norfolk, VA)

Naval Station Norfolk, located in Norfolk, VA, has a population of just over 37,000. An addendum to the 2018 *WGRA* found that Naval Station Norfolk has higher than average prevalence of sexual harassment for both men and women, as compared to the overall DoD population. The additional *WGRA* analysis also found that while the installation had an equivalent average prevalence of sexual assault for men, it has lower than average prevalence of sexual assault for women, as compared to the overall DoD population. This estimate does not include the ships assigned to the Naval Station. Available data related to other harmful behaviors is summarized in the table below.

Table C5: Naval Station Norfolk Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[26]		0	0	0
Number of Substantiated Domestic Abuse Incidents[27]		321	243	200
Number of Unrestricted Reports of Sexual Assault		198	116	115
Number of Restricted Reports of Sexual Assault		25	42	42
Estimated Sexual Assault Prevalence Rate[28]	Men	0.7%	-	-
	Women	4.9%	-	-
Estimated Sexual Harassment Risk[29]	Men	6.8%	-	-
	Women	24.4%	-	-
Number of Formal Complaints of Sexual Harassment		0	0	3
Number of Informal Complaints of Sexual Harassment		1	1	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed

[26] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[27] Family Advocacy Program (FAP) data is organized by calendar year.

[28] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[29] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

Compliance areas that require attention

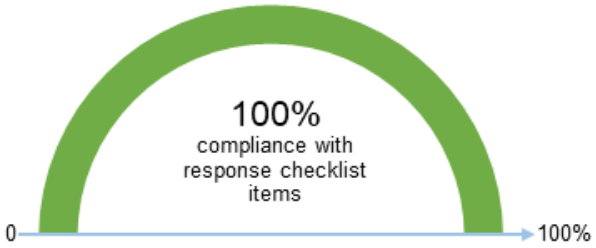
Naval Station Norfolk should regularly assess installation SAPR program personnel, programs, and resourcing for effectiveness and provide updates to leadership at quarterly Case Management Group meetings, in accordance with DoDI 6495.02. In addition, Naval Station Norfolk should also regularly conduct resource needs assessments to identify solutions for personnel shortages and transitions.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

SEXUAL HARASSMENT PREVENTION

Overall program compliance



Strengths to leverage

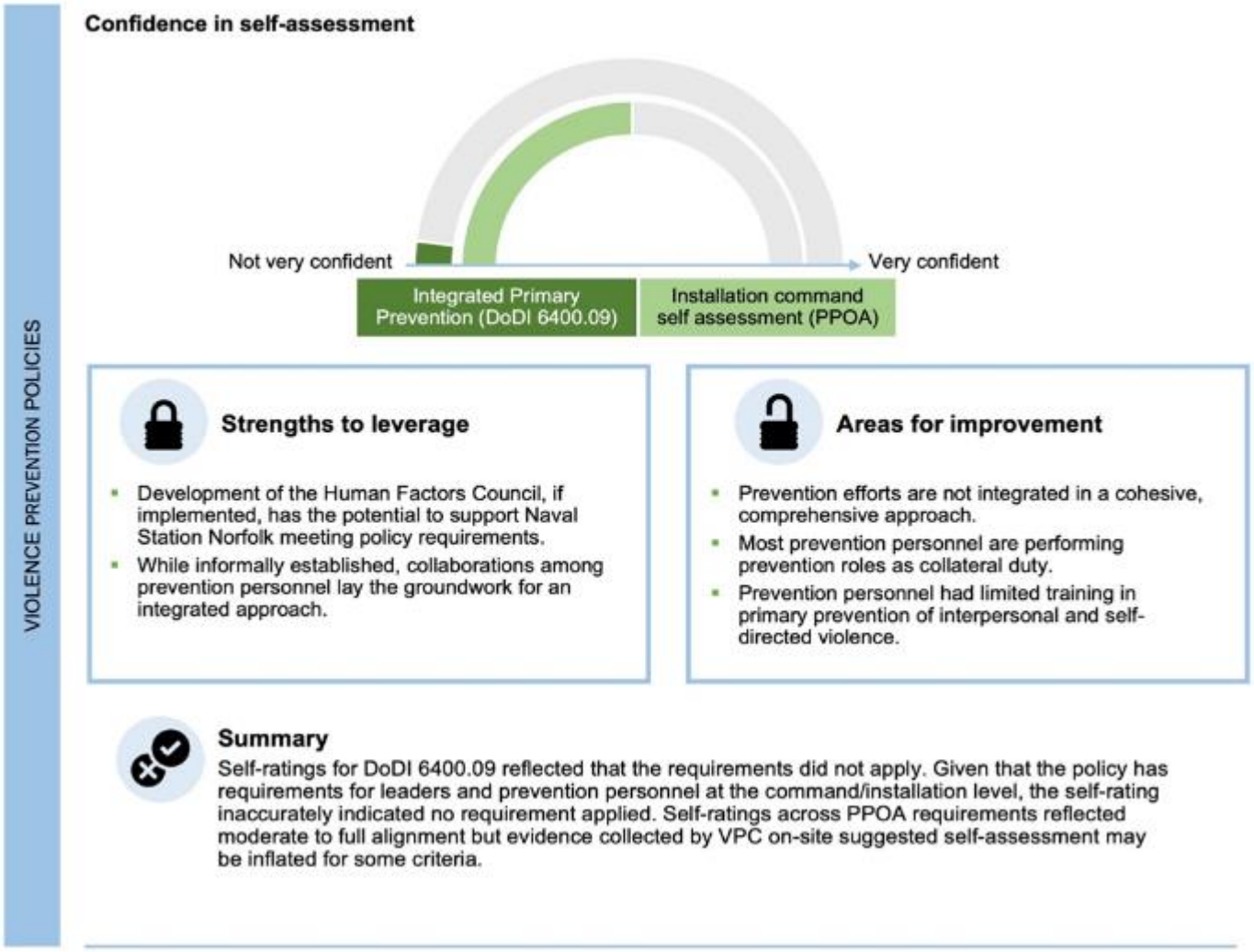
- There is confidence in the support from leadership for the MEO program and they believe that every MEO case is treated seriously.
- Sailors are comfortable reporting outside their chain of command.
- Some prevention-focused training/education/information is conducted quarterly with the base and/or ships.

Areas for improvement

- While the self-assessment indicated they were compliant, there was an expressed concern that occasionally timelines are not met, specifically during review/approval/command stages (not necessarily the investigation or info-gathering stages).
- There is some concern that the CMEOs are not trained properly. It was clarified that it isn't that the CMEOs are not attending the required trainings – they are. The concern is that the required trainings are not enough, especially because they are collateral duty. Not having them do the role full time or receive more in-depth trainings results in an uphill, on-the-job training approach when they get cases.
- Training of all sailors has been complicated due to COVID. It was shared that a sailor can miss a training, then get reassigned before another training opportunity arises.
- The ships are isolated to themselves so there is not much sharing of ongoing issues or trends that they could be worked together across ships to address. Instead, the ship equal opportunity personnel wait for instruction from the top leadership to filter down to them.
- Retaliation is an ongoing concern. Because of the close quarters, witnesses to an event (i.e., not the complainant, not the alleged offender) tend to talk, which leads to rumors circulating. Because of the fear of retaliation, most complainants want to keep their complaint informal, and when the CO determines it is of a matter that needs to be elevated to formal, some complainants become uncooperative, or downplay the event.

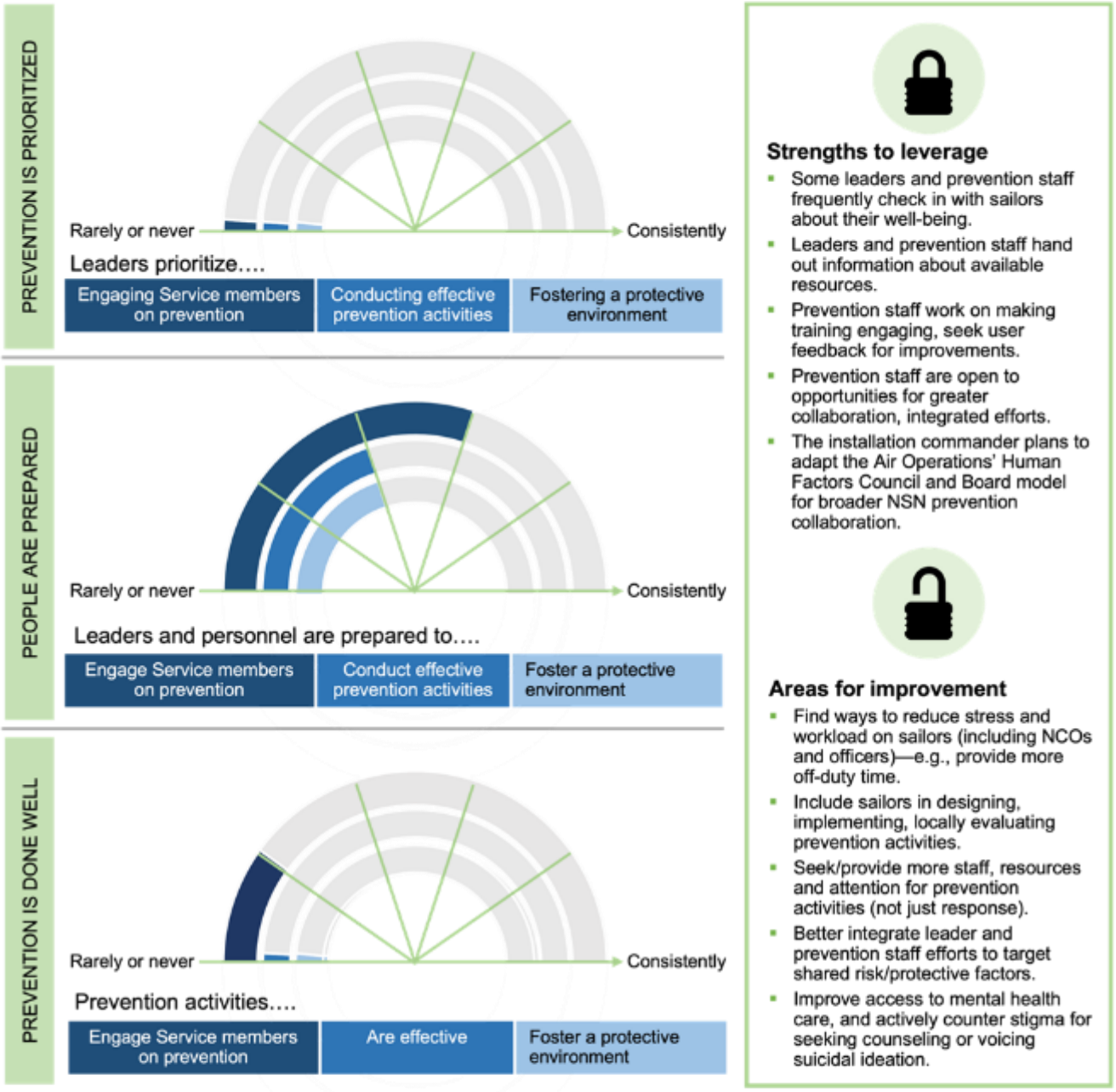
Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Naval Station Norfolk prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.


PREVENTION IS PRIORITIZED
Rarely or never
Consistently
Leaders prioritize....
Engaging Service members on prevention
Conducting effective prevention activities
Fostering a protective environment
PEOPLE ARE PREPARED
Rarely or never
Consistently
Leaders and personnel are prepared to....
Engage Service members on prevention
Conduct effective prevention activities
Foster a protective environment
PREVENTION IS DONE WELL
Rarely or never
Consistently
Prevention activities....
Engage Service members on prevention
Are effective
Foster a protective environment
Strengths to leverage
Some leaders and prevention staff frequently check in with sailors about their well-being.
Leaders and prevention staff hand out information about available resources.
Prevention staff work on making training engaging, seek user feedback for improvements.
Prevention staff are open to opportunities for greater collaboration, integrated efforts.
The installation commander plans to adapt the Air Operations' Human Factors Council and Board model for broader NSN prevention collaboration.
Areas for improvement
Find ways to reduce stress and workload on sailors (including NCOs and officers)—e.g., provide more off-duty time.
Include sailors in designing, implementing, locally evaluating prevention activities.
Seek/provide more staff, resources and attention for prevention activities (not just response).
Better integrate leader and prevention staff efforts to target shared risk/protective factors.
Improve access to mental health care, and actively counter stigma for seeking counseling or voicing suicidal ideation.
KEY TAKEAWAYS
1
Many risk factors and capacity limitations are attributed to Navy or higher-level decisions (e.g., pace of operations, too few personnel, limited shore time, collateral instead of full-time prevention duties, serious lack of mental health care capacity)
2
Sustained overwork, high stress, and impact of suicides/losses are felt across the ranks, not just among junior/new personnel
3
COVID limits in-person prevention events (to let off steam, socialize with others, teach prevention); some sailors get drunk at home to cope with stress

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 37: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗

1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗
1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	⊗
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	✗

Dimension 38: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	⊗
2.1.1. Leaders express that prevention efforts integrated across all levels are important	✗
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	✗
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	⊗
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	✗
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	✗
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	⊗
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	✗
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	✗
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	⊗
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	✗
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	✗

Dimension 39: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score
3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	✗
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	✗
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	✗
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	✗
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	✗
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	✗
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	✗

Dimension 40: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	✓
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	✓
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	✓
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	✓
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	✓
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	✗
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	✓

4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	✗
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 41: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.5.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.5.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.5.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.6. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗

5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	

Dimension 42: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	

6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Dimension 43: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	⊗
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✗
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✗
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	⊗
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✗
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✗
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	⊗
7.3.1. Leaders check in regularly with subordinates about their stress levels.	✓
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	✗
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	⊗
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗

7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	

Dimension 44: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	
8.1.1. Prevention programming across offices is not duplicative	
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	
8.2.2. Targets across the continuum of harm	
8.2.3. Targets across career lifecycle	
8.2.4. Targets across socio-ecological level	
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	
8.3.2. Prevention personnel brief leaders on results of evaluation	
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	

8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✓
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✓
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 45: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Naval Support Activity Saratoga Springs (Saratoga Springs, NY)

Naval Support Activity Saratoga Springs, located in Saratoga Springs, NY, has a population of just over 300. An addendum to the 2018 *WGRA* found that Naval Support Activity Saratoga Springs has higher than average prevalence of sexual harassment for both men and women, as compared to the overall DoD population. The additional *WGRA* analysis also found that while the installation has higher than average prevalence of sexual assault for women, it has lower than average prevalence of sexual assault for men, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C6: Naval Support Activity Saratoga Springs Harmful Behaviors

Measure		2018	2019	2020
Number of Deaths by Suicide[30]		0	0	0
Number of Substantiated Domestic Abuse Incidents[31]		2	0	0
Number of Unrestricted Reports of Sexual Assault		0	1	0
Number of Restricted Reports of Sexual Assault		2	1	0
Estimated Sexual Assault Prevalence Rate[32]	Men	1.2%	-	-
	Women	10.6%	-	-
Estimated Sexual Harassment Risk[33]	Men	9.9%	-	-
	Women	39.6%	-	-
Number of Formal Complaints of Sexual Harassment		0	0	0
Number of Informal Complaints of Sexual Harassment		0	0	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

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[30] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[31] Family Advocacy Program (FAP) data is organized by calendar year.

[32] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[33] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

Compliance areas that require attention

The OSIE team could not fully assess Naval Support Activity Saratoga Springs due to the recent turnover of staff and leadership. However, the new command team indicated a commitment to rebuilding the SAPR program by November 2021. A temporary SARC and SAPR VA have been appointed to assist victims.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

SEXUAL HARASSMENT PREVENTION

Overall program compliance: Naval Nuclear Power Training Unit

Strengths to leverage

- Current CMEO office took steps to ensure the Command Resiliency Team completed the Primary Prevention Program Basic Level and the Primary Prevention Council Advanced Level trainings.

Areas for improvement

- CMEO office has struggled with continuity and meeting requirements. It recently underwent a personnel change, and mandatory trainings for new personnel had not yet occurred. In addition, the hierarchy of where or to whom the office reports is unknown.
- No historical tracking system in place. Thus, it is unclear if data is accurate because, while investigations were occurring, there was inconsistent reporting or tracking of data.
- No communication with a DEOMI-trained MEO to help provide training and assistance needed.

SEXUAL HARASSMENT PREVENTION

Overall program compliance: Naval Support Activity Saratoga Springs

Strengths to leverage

- The CCS has a robust training program in place for the Command. They travel to NSA to provide training on an as-needed basis.
- Command structure is so small that it is highly effective. When there is a problem within the command, everyone knows about it, and it is quickly addressed at the lowest level.

Areas for improvement

- There is no MEO on site due to only eight Sailors assigned to the site, three of them are in the top leadership positions.
- If a Sailor wishes to file a complaint, they must first either dial a 24-hour available phone number or send an email to the CCS and wait for a reply, which is less than 24-hours response time. This can be seen as a detractor to filing a complaint. However, due to the size of the command and since the command will be dissolved over the next year, not sure having an MEO assigned is feasible.

Compliance areas that require attention

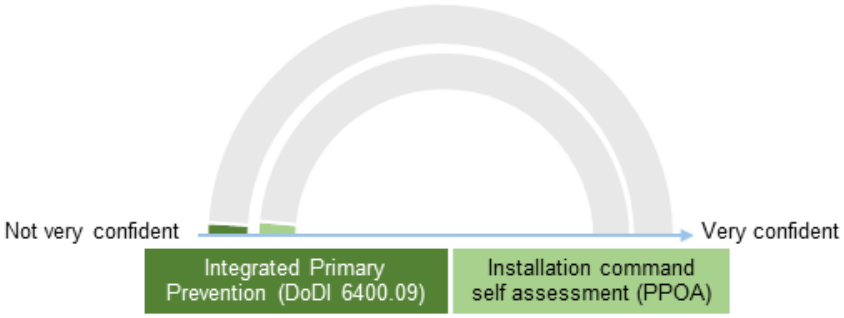
The compliance areas that require attention arose from the Naval Nuclear Power Training Unit, the unit of interested located at Naval Support Activity Saratoga Springs. The Command Managed Equal Opportunity (CMEO) had not received Department Equal Opportunity Management Institute training and did not know the chain of command of the office. There was improper and incomplete data collection in the office, although the CMEO is attempting to implement a better tracking and reporting process.

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.

VIOLENCE PREVENTION POLICIES

Confidence in self-assessment



Strengths to leverage

- CRT had the potential to be used as an integrating forum, but was not sufficiently leveraged and staff supporting CRT were not adequately prepared to use CRT to develop and oversee comprehensive prevention approach.

Areas for improvement

- Overall lack of resources. Specifically, there are deficits in staffing, resulting in the same individual(s) performing multiple additional duties to include prevention roles.
- Data are not used for prevention planning or evaluation.
- Training for leaders and prevention personnel to establish common understanding of primary prevention is needed. A comprehensive approach, strategically connecting and planning prevention activities across violence prevention program areas, is needed.

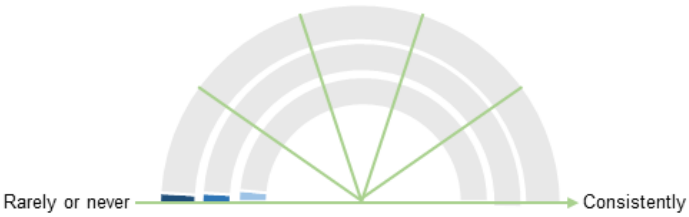
Summary

Most self-rating for policy compliance indicated full compliance, whereas VPC assessment identified gaps that would prevent the site from being in compliance. Self-assessment of PPOA criteria indicated good or full alignment with best practice on the criteria assessed by VPC; however, VPC identified multiple gaps that would decrease the likelihood of full or good alignment with best practice.

Assessing Installation Prevention Capability

What prevention capabilities help Naval Support Activity Saratoga Springs prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Sailors at all levels demonstrated self-awareness and reflection when discussing risky behaviors.
- Chaplain was accessible, engaged, and well-liked.
- Senior NCOs were engaged and aware of sailors' stress and wellbeing on-the-ground.
- Because the installation is small and geographically remote sailors rely on and have strong relationships with community resources (e.g., community-based treatment provider).

Areas for improvement

- Lack of anonymous mental health support available, despite sailors long and difficult work schedules.
- Alcohol and cigarettes are readily available and tax-free from the Navy Exchange, which could have implications for sailors' health and wellbeing.
- Sexual harassment and sexual assault reporting processes are stove-piped, making it confusing and more difficult for sailors to report an incident.
- Prevention training lacks personalized, relatable, and engaging content.
- Leadership and prevention personnel lack of metrics to track indicators of prevention (e.g., track DUI's vs. rates of alcohol misuse).

KEY TAKEAWAYS

1. Sailors concerns about the possible loss of nuclear operator status and bonus pay, as well as not wanting to let their crew down appear to strongly negatively influence help-seeking.

2. Mental health and counselling are not accessible with full anonymity due to the office's location near command leadership.

3. Sailors reported being overworked and having limited free time to themselves. More free time could facilitate healthier coping mechanisms (e.g., working out instead of drinking to cope with stress).

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 46: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 47: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 48: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 49: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	

Dimension 50: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	
5.6.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	
5.6.2. Learning community is considered a safe place to innovate and participants trust one another	
5.6.3. Learning community prioritizes improving measurable Service member outcomes	
5.7. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✗
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✓
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 51: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	✓
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	✓
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	✓
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✓
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✓

Dimension 53: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✓
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 54: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Marine Corps Base Camp Pendleton (San Diego, CA)

Marine Corps Base Camp Pendleton, located in San Diego, CA, has a population of just over 46,000. An addendum to the 2018 *WGRA* found that Marine Corps Base Camp Pendleton has higher than average prevalence of sexual assault for both men and women, as compared to the overall DoD population. The additional *WGRA* analysis also found that while the installation has higher than average prevalence of sexual harassment for women, it has lower than average prevalence of sexual harassment for men, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C7: Marine Corps Base Camp Pendleton Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[34]		*	14	12
Number of Substantiated Domestic Abuse Incidents[35]		393	350	317
Number of Unrestricted Reports of Sexual Assault		159	147	163
Number of Restricted Reports of Sexual Assault		60	73	76
Estimated Sexual Assault Prevalence Rate[36]	Men	0.8%	-	-
	Women	7.9%	-	-
Estimated Sexual Harassment Risk[37]	Men	6.1%	-	-
	Women	32.5%	-	-
Number of Formal Complaints of Sexual Harassment		0	0	5
Number of Informal Complaints of Sexual Harassment		0	0	4
Number of Anonymous Complaints of Sexual Harassment		0	0	0
Number of Anonymous Complaints of Sexual Harassment				

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed

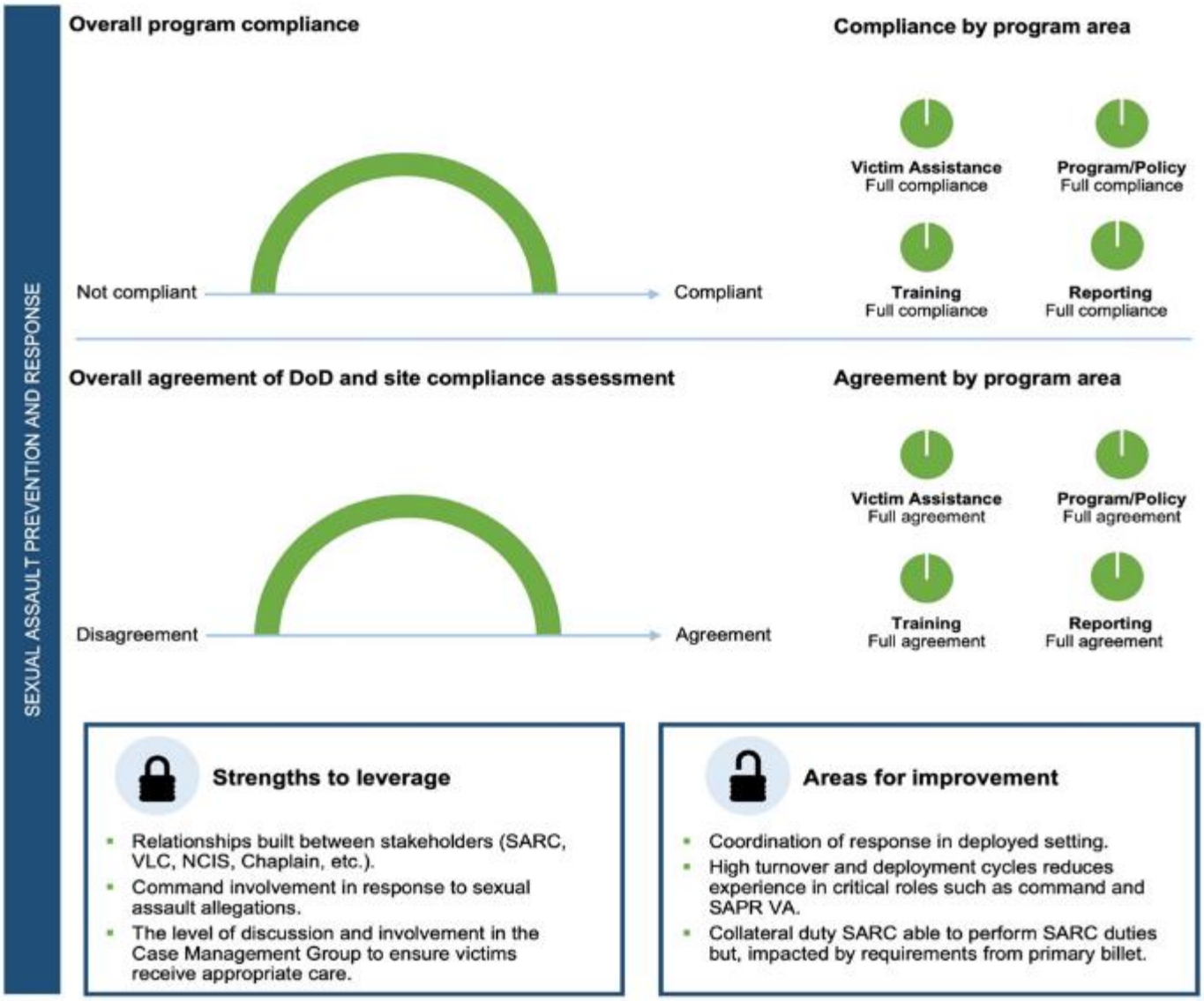
[34] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[35] Family Advocacy Program (FAP) data is organized by calendar year.

[36] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[37] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

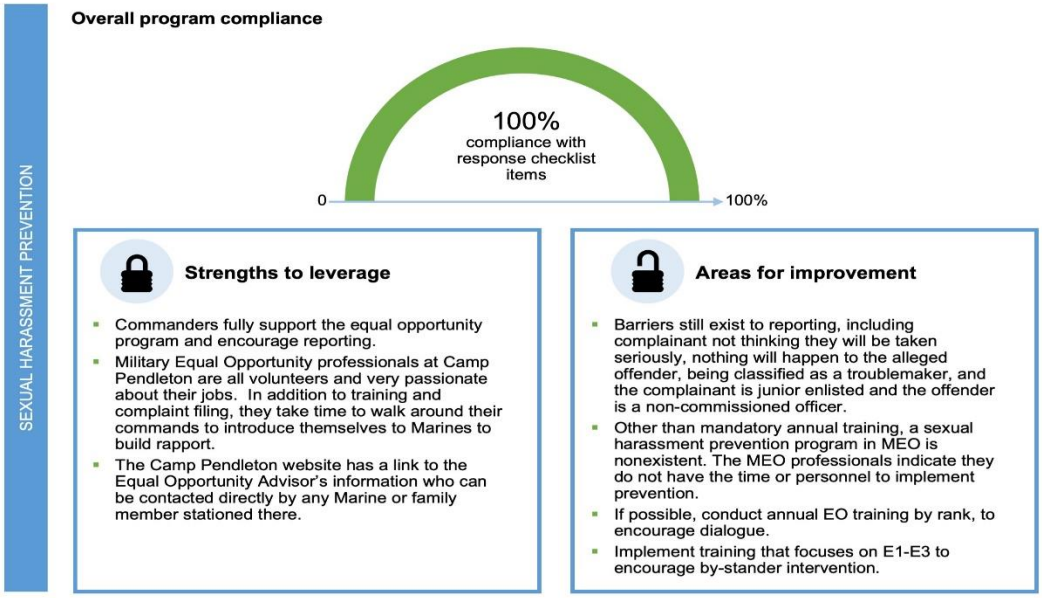


Compliance areas that require attention

Although the installation was in full compliance and the two separate assessments were in agreement, the DoD team recommends the installation regularly conduct a resource needs assessment to identify solutions for personnel shortages and transitions.

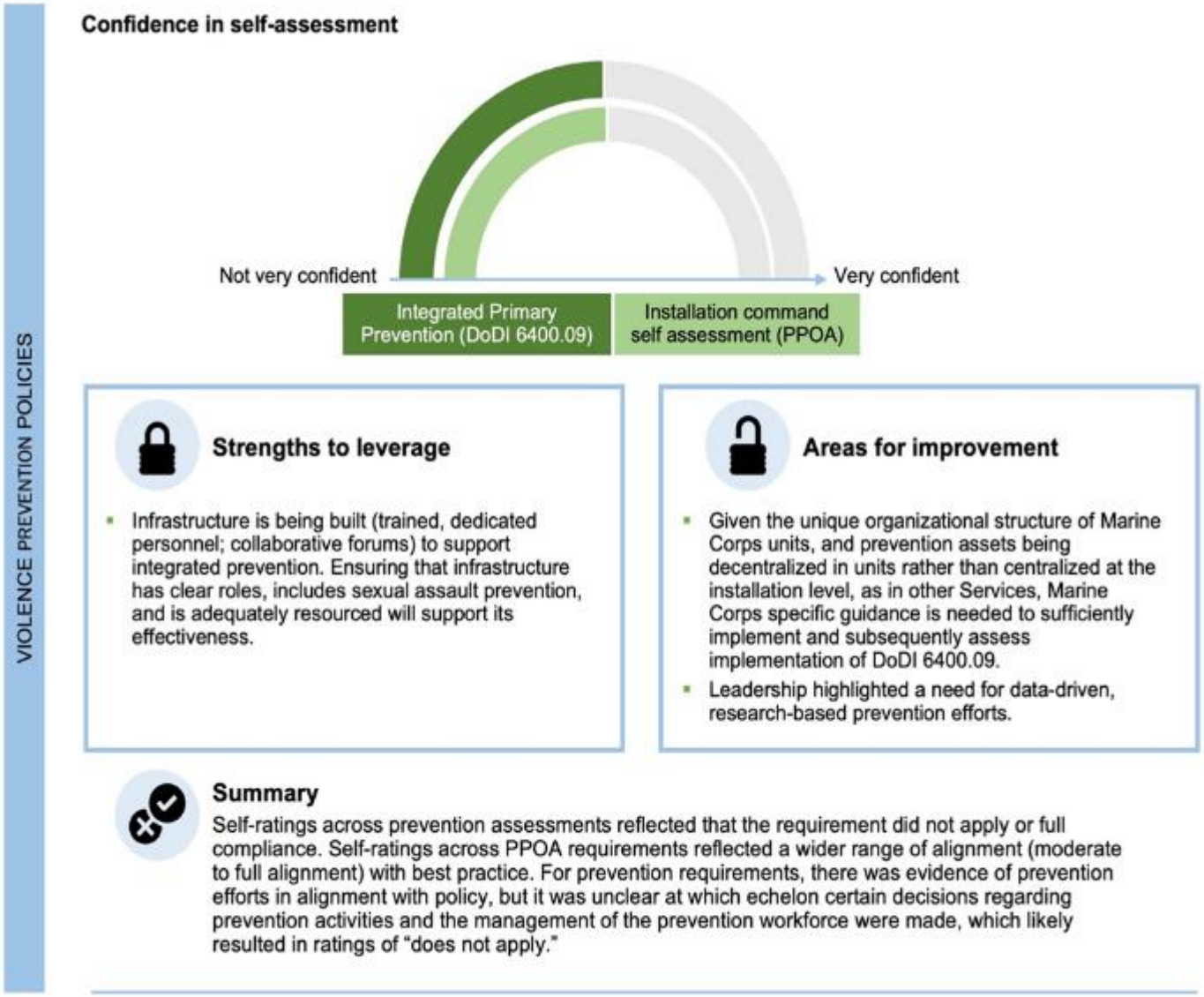
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Marine Corps Base Camp Pendleton prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Personnel were cautiously optimistic about new installation leadership commitment to creating a more protective environment.
- Dedicated prevention personnel are knowledgeable, and there has been limited turnover. Personnel make efforts to remain up-to-date on research and best practices.
- Prevention personnel have a "no wrong door" policy, to connecting Marines to the right office.
- Force Preservation Councils are an effective way to share information about potential risks and concerns among Marines.

Areas for improvement

- Prevention personnel and Marines at all levels view prevention trainings and briefings as something needed to "check the box," not as effective training.
- There is very little reinforcement or reward for positive behaviors or efforts to create a protective environment.
- Efforts to maintain a protective environment or engage in prevention activities are not formally recognized through performance evaluations.
- The OPTEMPO and emphasis on "mission first," means that prevention often is not prioritized.
- Prevention offices do not have sufficient personnel to focus on prevention.

KEY TAKEAWAYS

1. Leadership and prevention personnel often feel that they are limited to being reactive rather than proactive due to the lack of needed data, limited resources, and the OPTEMPO of the units of interest and installation more broadly.

2. There is not a single entity responsible for establishing climate and prevention resources (e.g., tenant units) making it difficult to have a unified approach to prevention.

3. There were substantial differences observed by rank and by gender. Junior Marines raised more concerns about climate and barriers to seeking help. Women were more likely to raise concerns about the trustworthiness of and lack of support from leadership.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 55: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✓
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 56: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 57: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 58: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	✓
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 59: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.7.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.7.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.7.3. Learning community prioritizes improving measurable Service member outcomes	✓
5.8. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	✗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	✓

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✓
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 60: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	●
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	●
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 62: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✓
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 63: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Marine Corps Base Hawaii (Kaneohe Bay, HI)

Marine Corps Base Hawaii, located in Kaneohe Bay, HI, has a population of just over 9,000. An addendum to the 2018 *WGRA* found that Marine Corps Base Hawaii has higher than average prevalence of sexual assault for both men and women, as compared to the overall DoD population. The additional *WGRA* analysis also found that while the installation has higher than average prevalence of sexual harassment for women, it has lower than average prevalence of sexual harassment for men, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C8: Marine Corps Base Hawaii Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[38]		*	*	*
Number of Substantiated Domestic Abuse Incidents[39]		121	55	68
Number of Unrestricted Reports of Sexual Assault		24	23	30
Number of Restricted Reports of Sexual Assault		4	9	9
Estimated Sexual Assault Prevalence Rate[40]	Men	0.8%	-	-
	Women	8.4%	-	-
Estimated Sexual Harassment Risk[41]	Men	5.9%	-	-
	Women	32.3%	-	-
Number of Formal Complaints of Sexual Harassment		2	7	14
Number of Informal Complaints of Sexual Harassment		3	0	3
Number of Anonymous Complaints of Sexual Harassment		0	0	1

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed

[38] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

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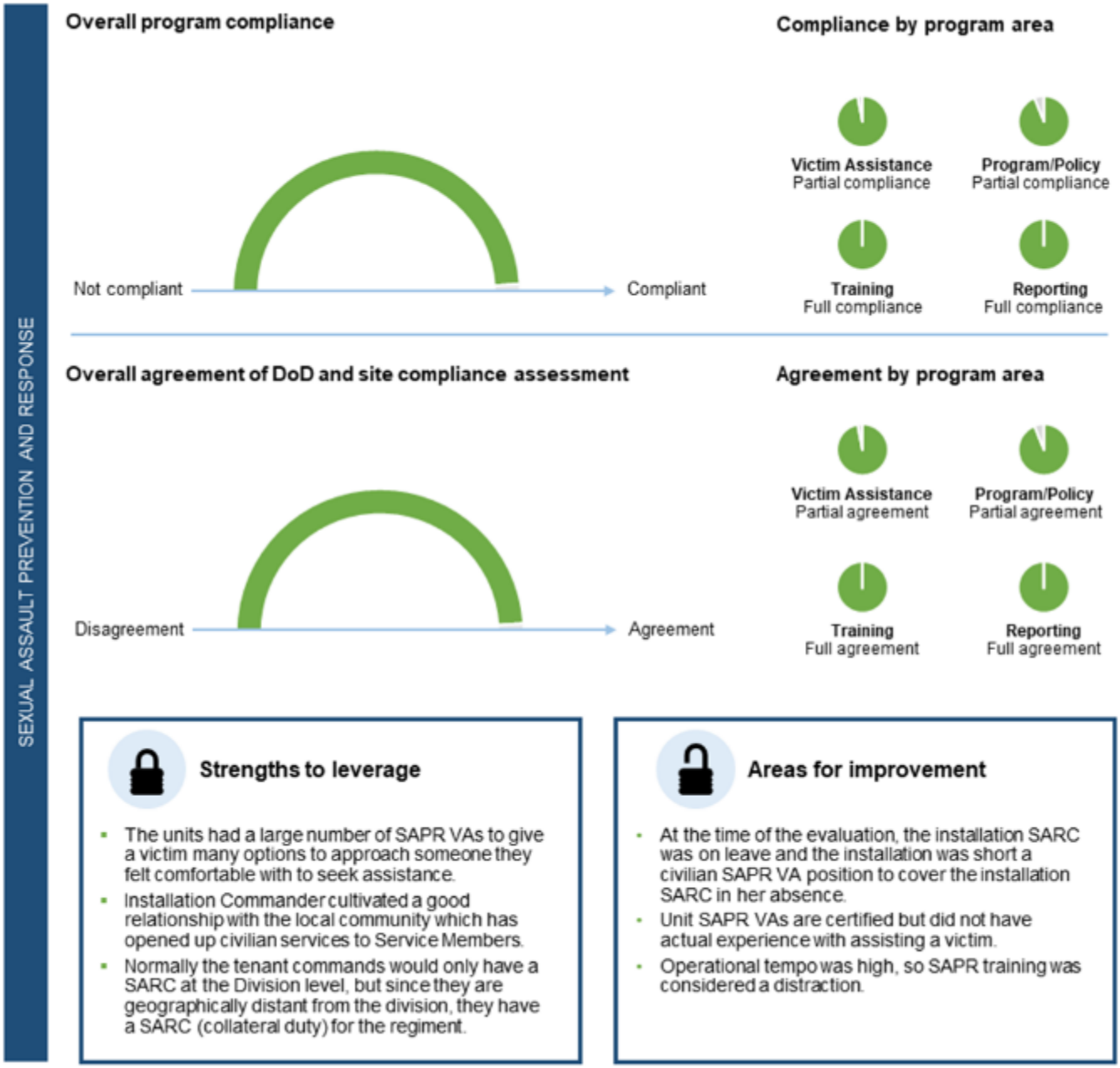
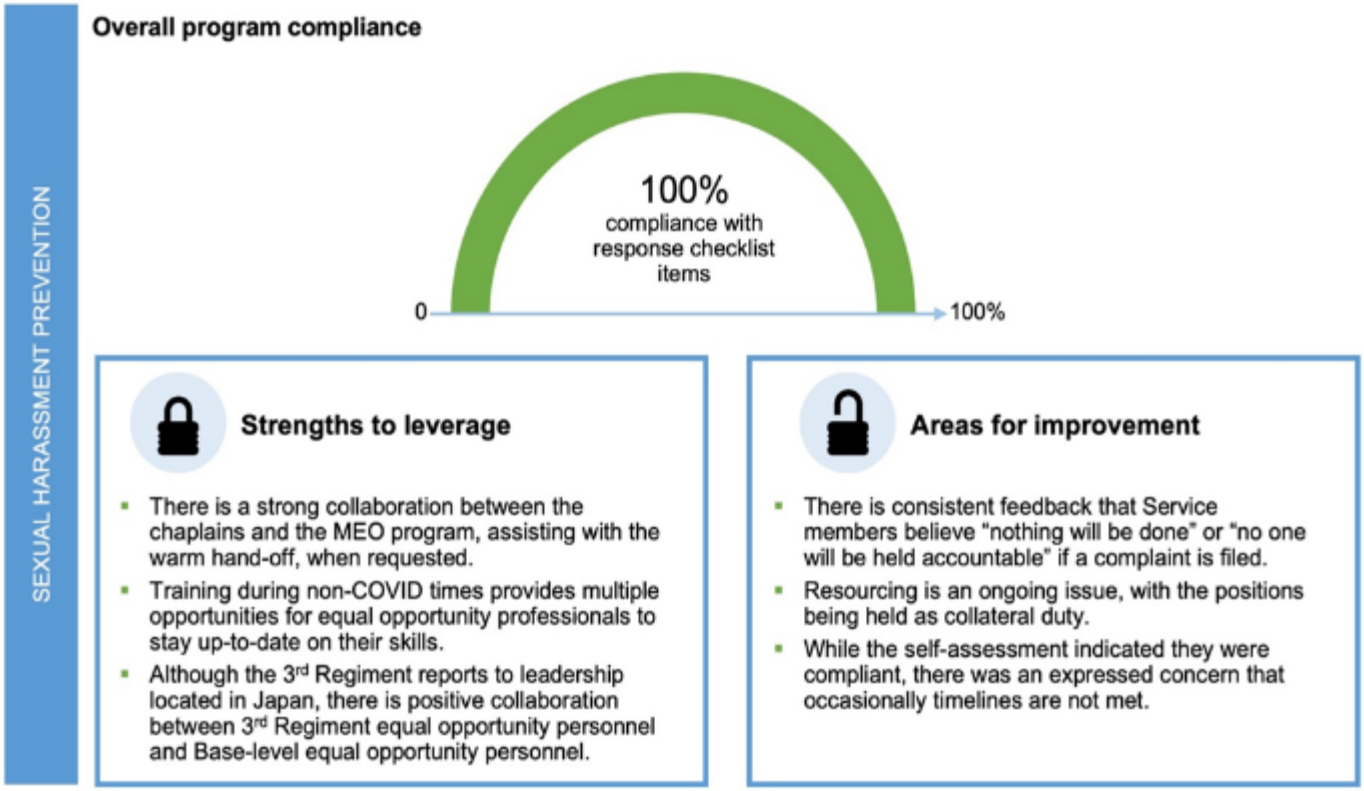


Compliance areas that require attention

Marine Corps Base Hawaii should regularly assess installation SAPR program personnel, programs, and resourcing for effectiveness and should provide updates to leadership at quarterly Case Management Group reviews, in accordance with DoDI 6495.02. In addition, Marine Corps Base Hawaii should regularly conduct resource needs assessments to identify solutions for personnel shortages and transitions.

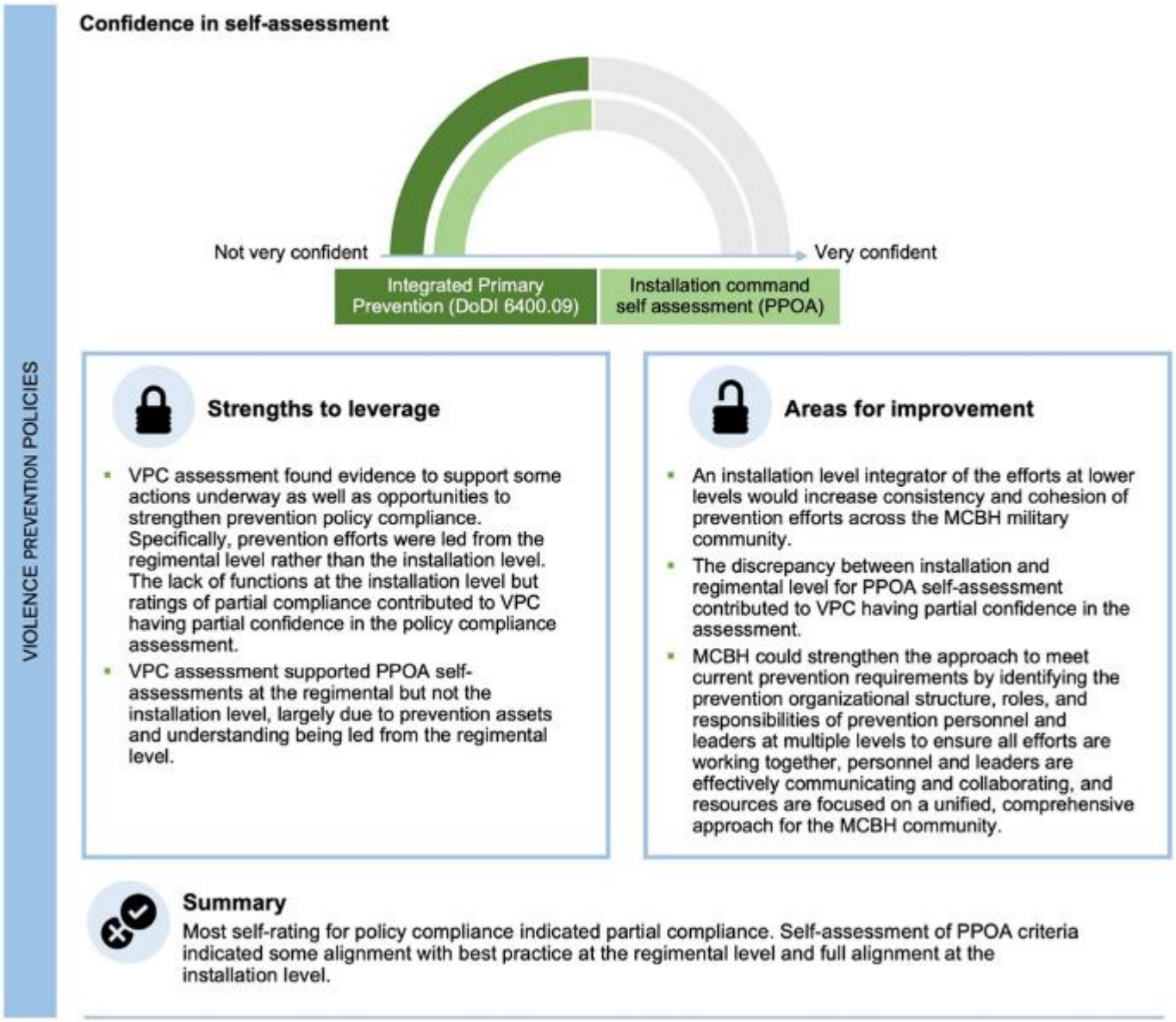
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

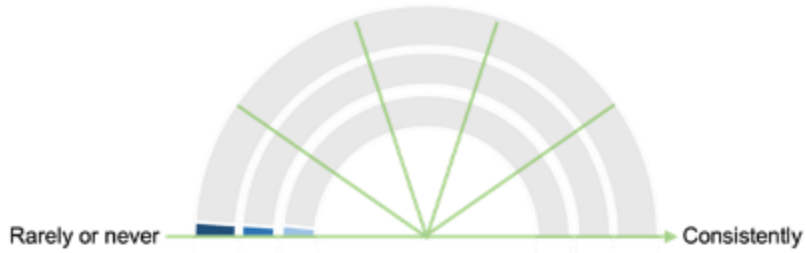
The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Marine Corps Base Hawaii prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Prevention programs are not duplicated but are stove piped. Enhancing the Force Preservation Team/Council could better integrate prevention.
- Data collection, synthesis, and reporting is increasing within the Violence Prevention office, but more data access, resources, and know-how is needed.
- New installation and regiment leadership want to improve climate with better communication and evidence-based programs
- Certain staff are well-trained to implement prevention programming (e.g., Chaplains, Deployment Readiness Coordinator, Prevention Specialists).

Areas for improvement

- Stakeholder engagement is lacking.
- Marines need a one-stop-shop to address being flooded with resource information.
- SARC and alcohol abuse teams are not connected.
- Many Marines, particularly junior enlisted women, described an unsafe, hostile environment.
- General quality of life (e.g., condition of living quarters, food quality) may be an unrecognized contributor to stress and negative behaviors.

KEY TAKEAWAYS

1

Most prevention efforts are reactive, not truly preventative. Leaders care about Marines, but do not understand prevention and how it can help Marines. Prevention is not tied to force readiness.

2

Lack of staffing undermines prevention. Services are under-staffed, overworked, or doing collateral duty. Staff turnover and lack of continuity plans degrade prevention efforts.

3

Marines help each other but are uncomfortable asking leadership for help. Fear of retaliation reduces the likelihood for reporting misconduct. Fear of possible discharge reduces the likelihood of reporting mental health concerns.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 64: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✗
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 65: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 66: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 67: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 68: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.8.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.8.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.8.3. Learning community prioritizes improving measurable Service member outcomes	✓
5.9. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	⊗
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	⊗

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 69: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	●
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	●
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 71: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✗
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✓
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✓
8.2.3. Targets across career lifecycle	✓
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 72: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Marine Corps Air Station Miramar (San Diego, CA)

Marine Corps Air Station Miramar, located in San Diego, CA, has a population of just over 13,000. An addendum to the 2018 *WGRA* found that Marine Corps Air Station Miramar has higher than average prevalence of sexual assault for both men and women, as compared to the overall DoD population. The additional *WGRA* analysis also found that while the installation has higher than average prevalence of sexual harassment for women, it has lower than average prevalence of sexual harassment for men, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C9: Marine Corps Air Station Miramar Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[42]		*	*	*
Number of Substantiated Domestic Abuse Incidents[43]		65	70	52
Number of Unrestricted Reports of Sexual Assault		52	41	54
Number of Restricted Reports of Sexual Assault		22	24	25
Estimated Sexual Assault Prevalence Rate[44]	Men	0.8%	-	-
	Women	9.2%	-	-
Estimated Sexual Harassment Risk[45]	Men	5.7%	-	-
	Women	30.3%	-	-
Number of Formal Complaints of Sexual Harassment		8	16	0
Number of Informal Complaints of Sexual Harassment		0	3	0
Number of Anonymous Complaints of Sexual Harassment		0	0	21

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

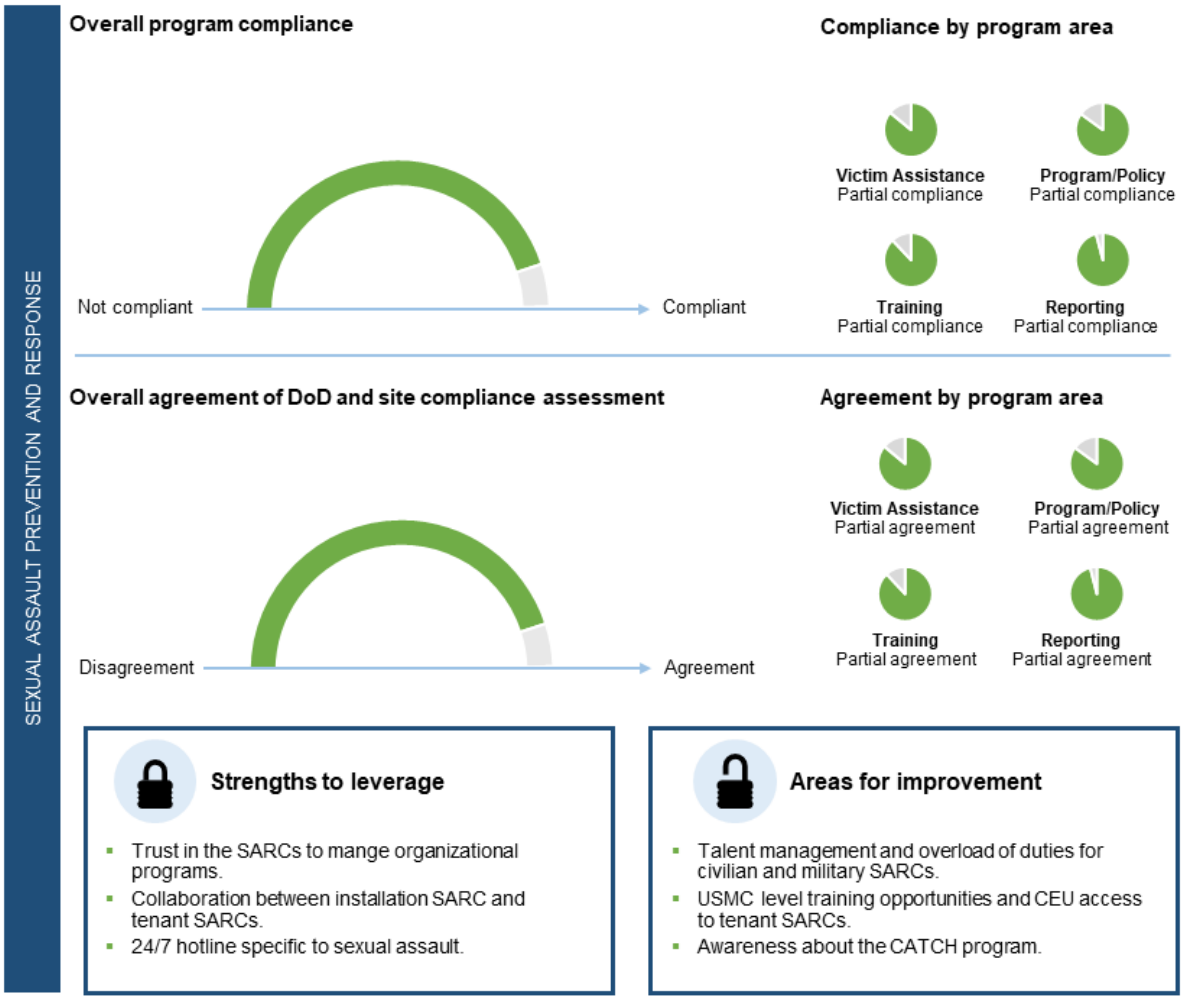
The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

[42] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[43] Family Advocacy Program (FAP) data is organized by calendar year.

[44] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[45] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

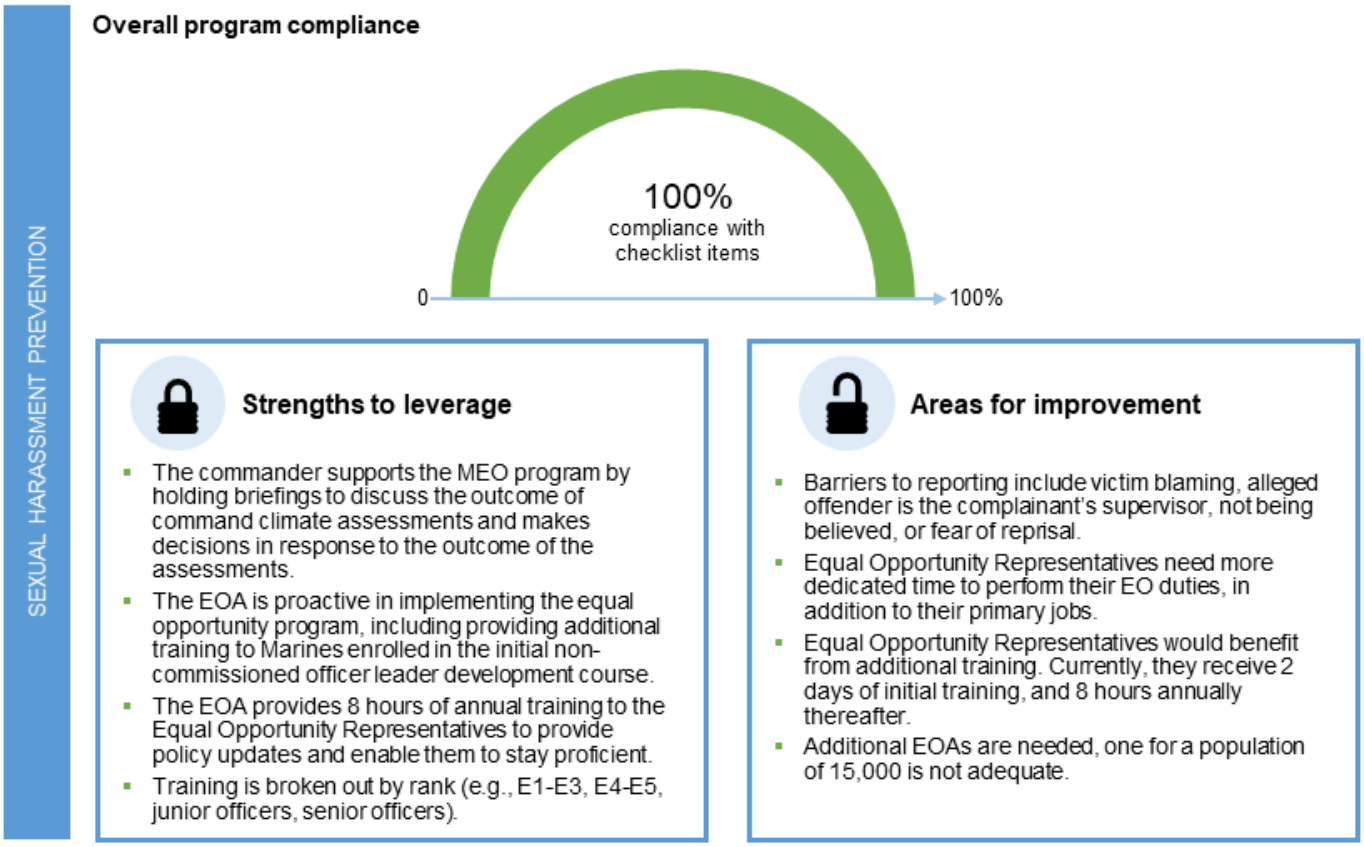


Compliance areas that require attention

Marine Corps Air Station Miramar should ensure that all SAPR personnel are fully proficient in all aspects of the DoD Catch a Serial Offender (CATCH) program. In additional, the installation should regularly assess installation SAPR personnel, programs, and resourcing for effectiveness and provide updates to leadership at quarterly Case Management Group reviews, in accordance with DoDI 6495.02.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

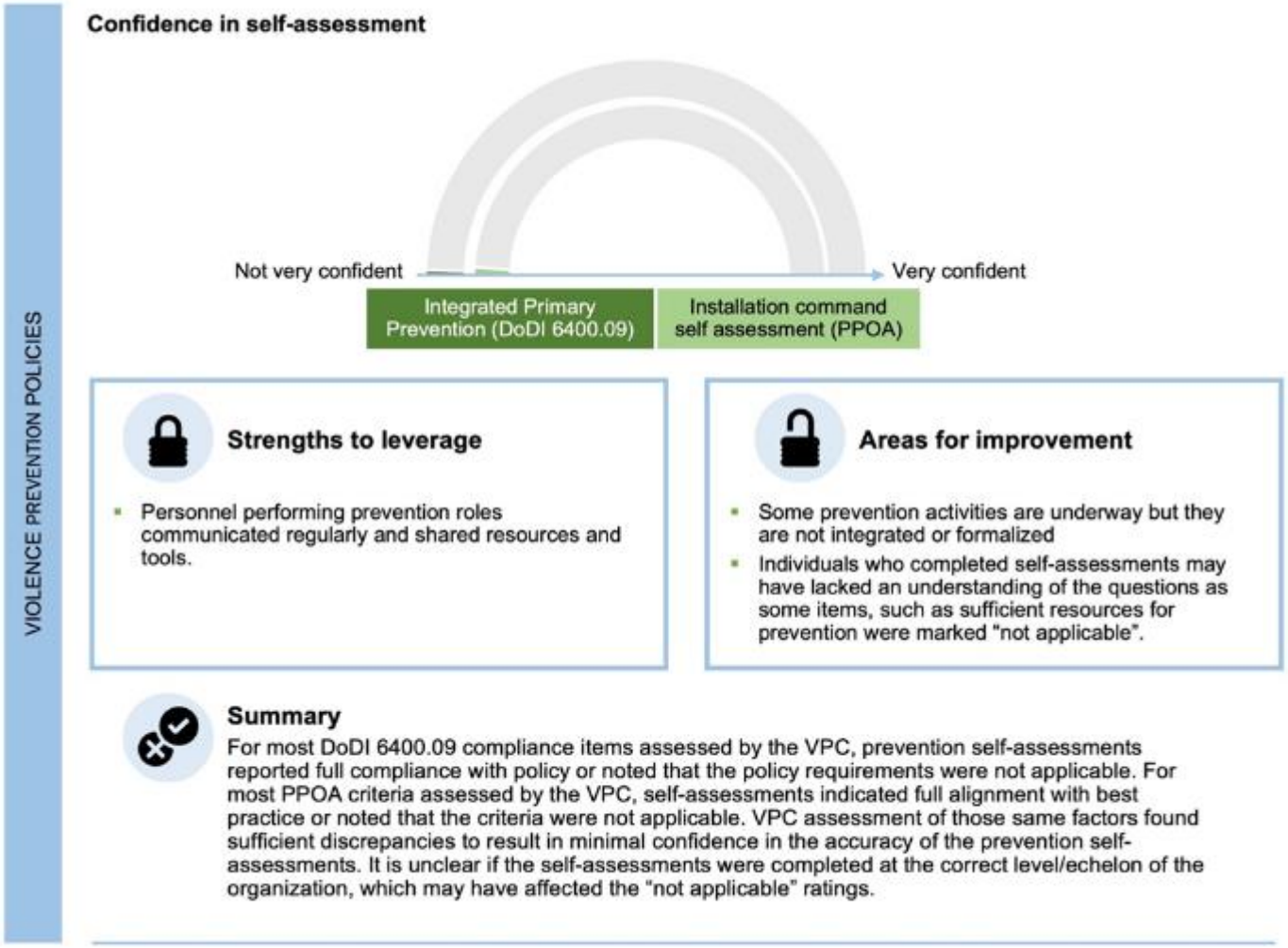


Compliance areas that require attention

Marine Corps Air Station Miramar should increase the amount of training that Equal Opportunity Representatives receive. In addition, the installation requires more personnel and resources for their Equal Opportunity program. One Equal Opportunity Advisor (EOA) for a population of 15,000 is not adequate.

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

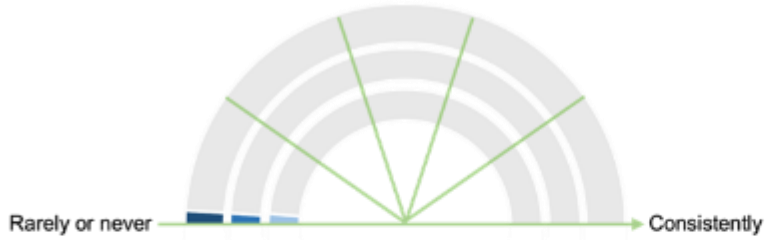
The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Marine Corps Air Station Miramar prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- MCAS Miramar has a monthly Force Preservation Council that discusses Marines who are considered moderate to high risk due to stressful life events or problematic behavior.
- Embedded Preventative Behavioral Health Capability analysts track data and identify trends and coordinate prevention work.
- Most Marines seem to be aware of the resources available to them, and their responsibility to look out for each other.
- Some instructors of prevention activities engage Marines in scenario-based or discussion-based learning.

Areas for improvement

- Current prevention policy is "stale" and not being improved. There is little room for feedback, or it is not taken into account.
- Some Junior Marines do not trust NCOs, because they showed favoritism, gossiped about personal problems, and didn't take prevention seriously.
- Sexist behaviors are tolerated (e.g., saying women are not smart or can't do their jobs), particularly among the mostly male F35 pilots.
- Prevention personnel feel that their offices are understaffed and some Marines never receive the help they need.

KEY TAKEAWAYS

1	2	3
Prevention is not prioritized by the chain of command; prevention personnel need more clear and specific guidance from MCHQ on how to approach prevention in the Marine Corps context.	Most men and women Marines had very different perceptions of the protective environment/ command climate at MCAS Miramar.	Because MCAS Miramar relies on Camp Pendleton and other locations for support, MD-level behavioral health care is not available on the installation and there can be long waits to obtain access. Military Family Life Counselor (MFLC) also has a waiting list for appointments.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 73: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✗
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✓
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 74: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 75: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 76: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	

Dimension 77: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	
5.9.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	
5.9.2. Learning community is considered a safe place to innovate and participants trust one another	
5.9.3. Learning community prioritizes improving measurable Service member outcomes	
5.10. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 78: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	●
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	●
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✗
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 80: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✗
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 81: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Dyess Air Force Base (Abilene, TX)

Dyess Air Force Base, located in Abilene, TX, has a population of approximately 5,000. An addendum to the 2018 *WGRA* found that Dyess Air Force Base has lower than average prevalence of sexual assault and sexual harassment for both men and women, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C10: Dyess Air Force Base Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[46]		0	*	*
Number of Substantiated Domestic Abuse Incidents[47]		35	30	56
Number of Unrestricted Reports of Sexual Assault		20	6	9
Number of Restricted Reports of Sexual Assault		4	3	4
Estimated Sexual Assault Prevalence Rate[48]	Men	0.4%	-	-
	Women	3.5%	-	-
Estimated Sexual Harassment Risk[49]	Men	3.9%	-	-
	Women	16.4%	-	-
Number of Formal Complaints of Sexual Harassment		0	2	0
Number of Informal Complaints of Sexual Harassment		0	1	2
Number of Anonymous Complaints of Sexual Harassment		0	0	0

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

[46] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[47] Family Advocacy Program (FAP) data is organized by calendar year.

[48] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

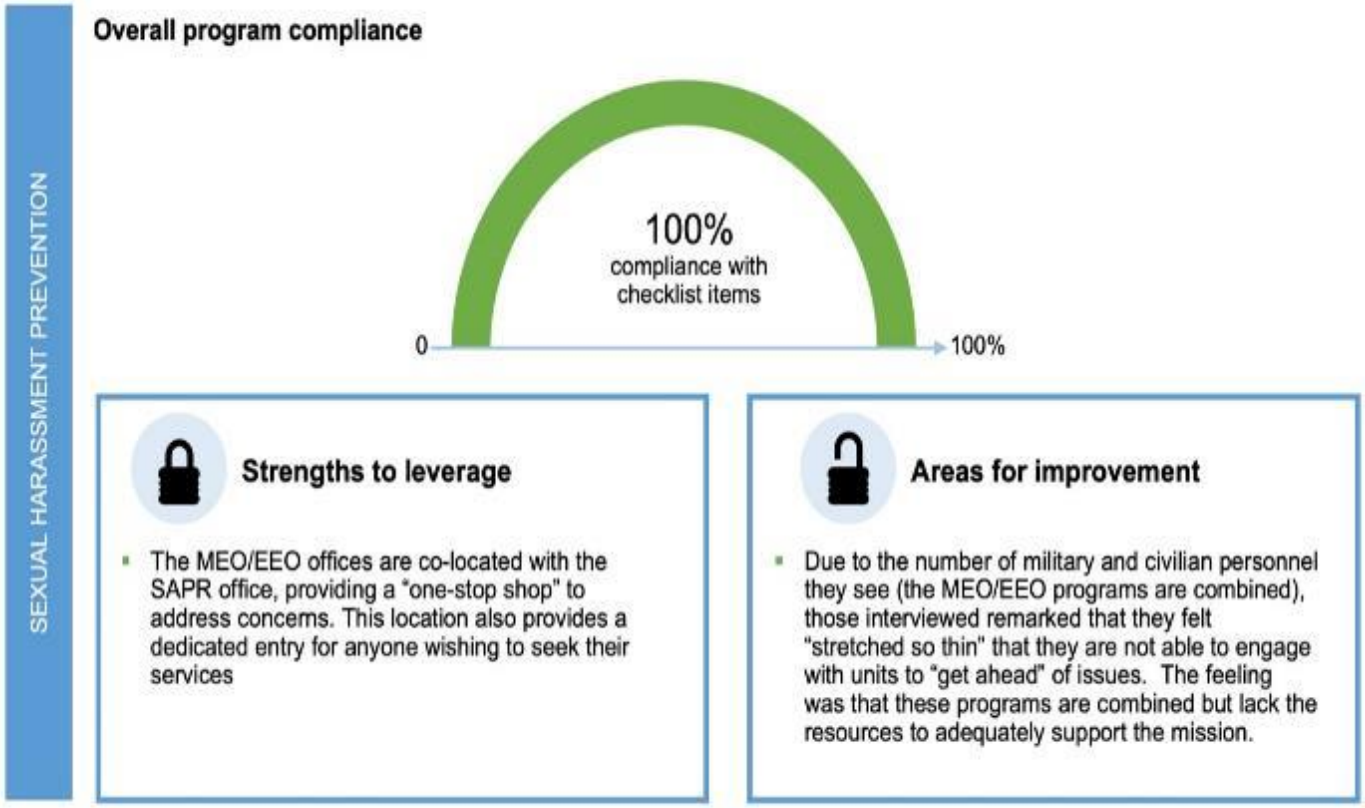
[49] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

Compliance areas that require attention

Dyess Air Force Base should clarify roles and responsibilities for sexual assault prevention training, and regularly conduct resource needs assessments to identify solutions for personnel shortages and transitions.

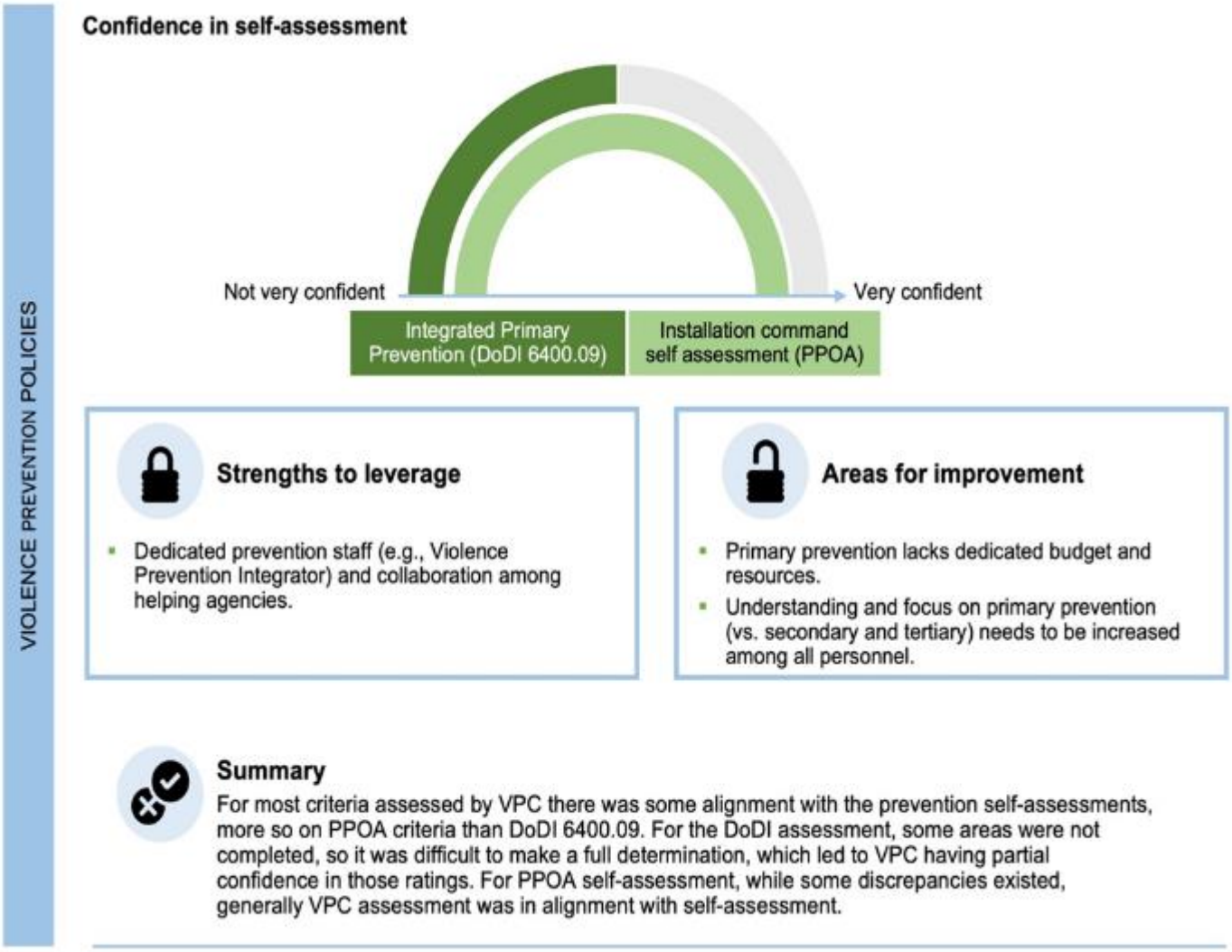
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

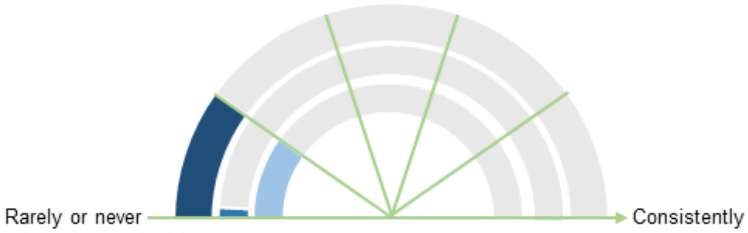
The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Dyess Air Force Base prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Dyess has a training infrastructure in place; however, the effectiveness and authenticity of the training is questioned.
- Prevention personnel across Dyess report collaborating regularly.
- Leaders share stories to model how they sought help for their struggles for the Service members they lead. These informal efforts help promote seeking mental health treatment among Service members.

Areas for improvement

- Despite installation leadership reporting access to installation data, prevention personnel indicated that they lack data to evaluate their own programming.
- Service members and prevention personnel shared that they do not provide feedback on prevention activities. Service member engagement seems informal and ad hoc.
- There is low trust in mental health resources. Both on and off base services have negative feedback and a significant delay in scheduling services.
- Prevention offices have high rates of staff turnover and limited capacity.

KEY TAKEAWAYS

1. Most prevention activities are reactive and not proactive. Actions ebb-and-flow with the occurrence of incidents. There seems to be a limited understanding of proactive prevention activities and indicators across the base.

2. Many Service members view training and "check-ins" by leadership as a way to "check the box" and not genuine. Subordinates do not feel comfortable talking to their leadership about their problems, despite leadership having the opposite view.

3. Leadership's relative focus on a recent downed aircraft off installation rather than the death of a Service member on installation underscored the view that personnel wellbeing is a lower priority than mission.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 82: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✓
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✓
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✓
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✓

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 83: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 84: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 85: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 86: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.10.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.10.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.10.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.11. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	⊗

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 87: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	●
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	●
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✓

Dimension 89: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✓
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✓
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✓
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✓
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 90: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 2 – Involve**

Laughlin Air Force Base (Del Rio, TX)

Laughlin Air Force Base, located in Del Rio, TX, has a population of approximately 2,500. The 2018 *WGRA* found that Laughlin Air Force Base has lower than average prevalence of sexual assault and sexual harassment for both men and women, as compared to the overall DoD population. Laughlin Air Force Base also has fewer suicides, reports of sexual assault, and complaints of sexual harassment than the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C11: Laughlin Air Force Base Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[50]		0	*	0
Number of Substantiated Domestic Abuse Incidents[51]		5	4	10
Number of Unrestricted Reports of Sexual Assault		2	4	1
Number of Restricted Reports of Sexual Assault		2	1	3
Estimated Sexual Assault Prevalence Rate[52]	Men	0.4%	-	-
	Women	3.5%	-	-
Estimated Sexual Harassment Risk[53]	Men	3.7%	-	-
	Women	16.8%	-	-
Number of Formal Complaints of Sexual Harassment		0	0	0
Number of Informal Complaints of Sexual Harassment		0	1	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

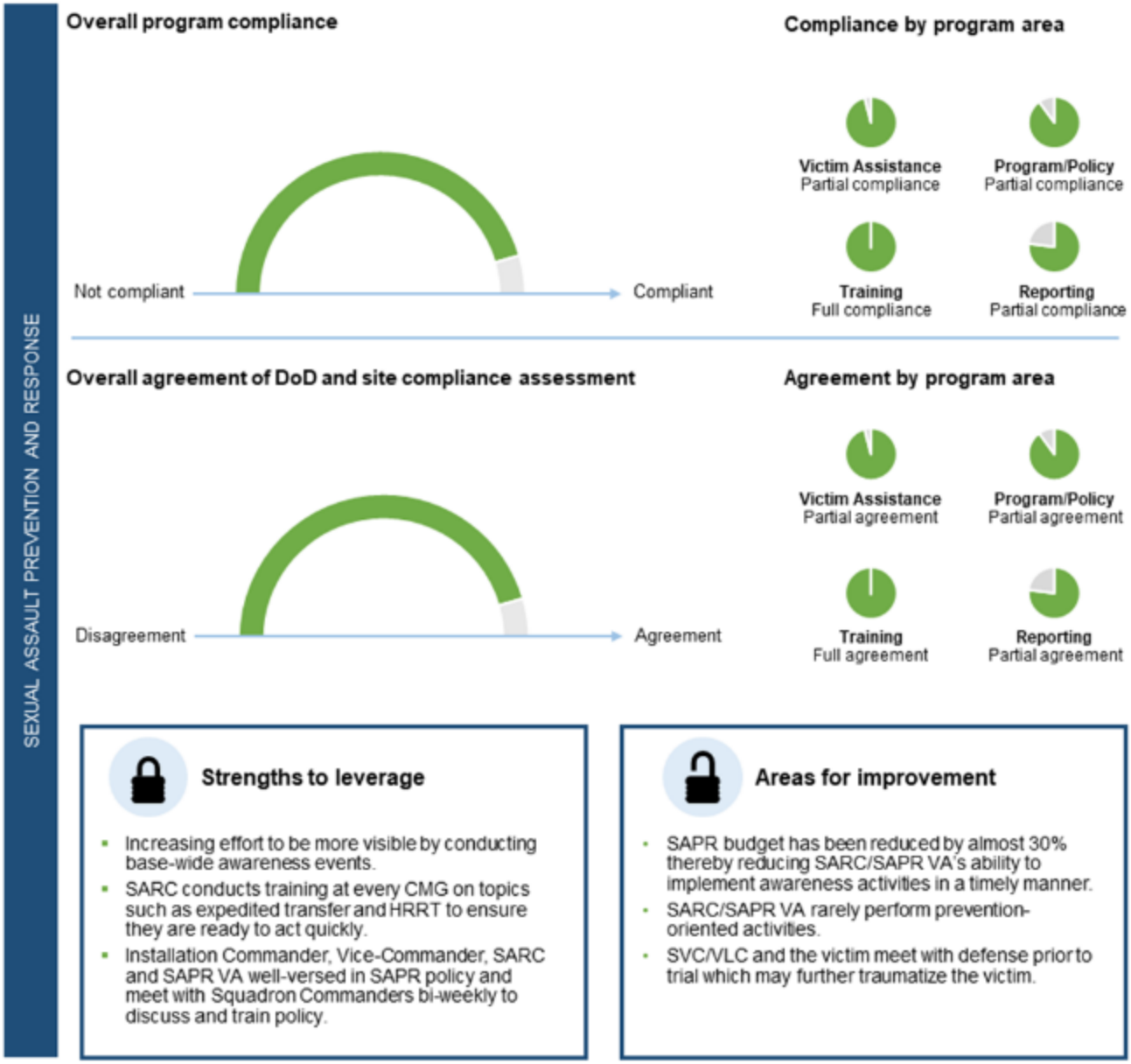
Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

[50] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[51] Family Advocacy Program (FAP) data is organized by calendar year.
[52] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.
[53] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

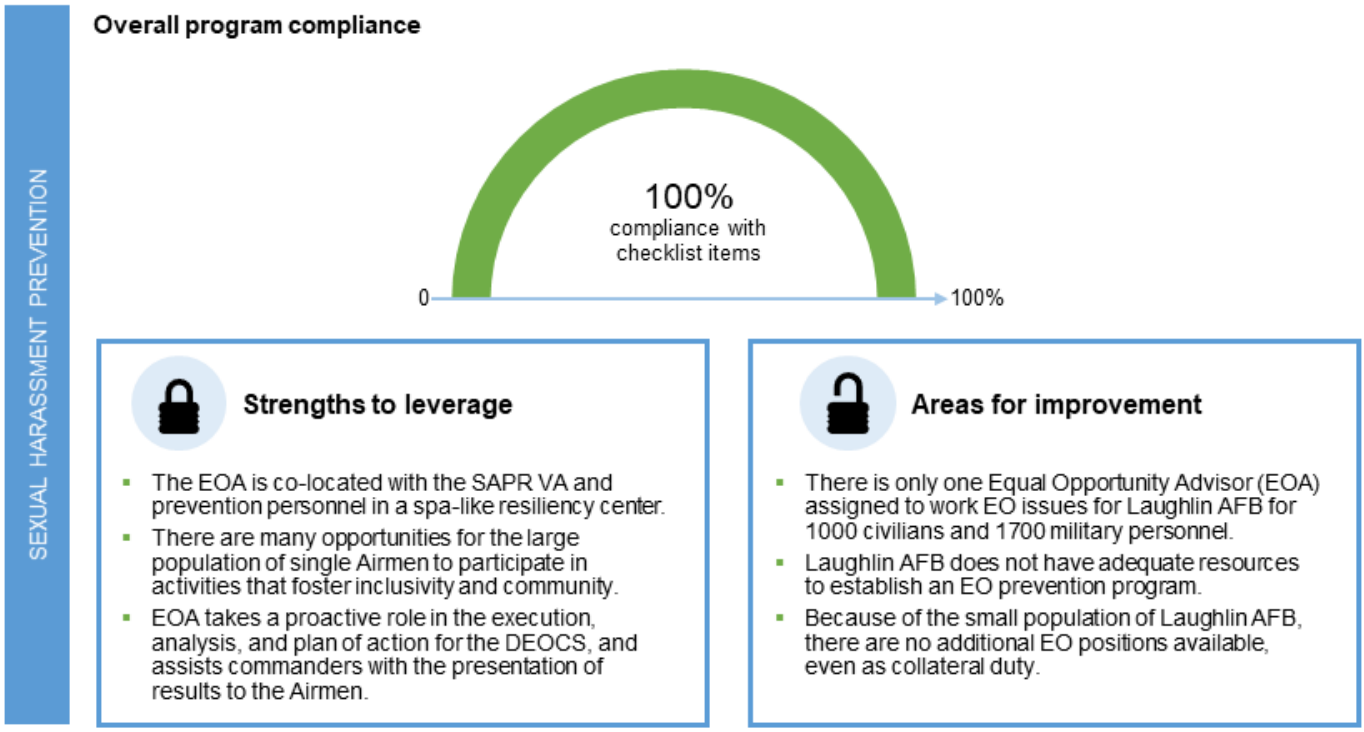


Compliance areas that require attention

Laughlin Air Force Base should increase the awareness of available and authorized off-base facilities. Additionally, Laughlin Air Force Base did not provide policy documentation to the OSIE team.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.

Assessing Installation Prevention Capability

What prevention capabilities help Laughlin Air Force Base prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- The Resilience Center provides a "one-stop-shop" for airmen looking for resources, offering co-located SAPR, SARC, MEO/EO, CSC, and VPI offices to encourage airmen to access services with a welcoming atmosphere and after-work hours.
- Staff across offices are knowledgeable about resources available to airmen and families and provide referrals when necessary. The CAT facilitates this "no wrong door" approach.
- Campaigns and the Laughlin mobile app have raised awareness of installation resources.
- Airmen feel comfortable talking to both their peers and immediate supervisors (e.g., NCOs, first shirt).

Areas for improvement

- There is lack of prevention staff. Those present are not aware of roles and responsibilities across offices.
- Given the rural location and lack of transportation options, continue to develop on-installation options for junior airmen to relax and relieve stress in healthy ways.
- There have been minimal efforts to evaluate prevention activities.
- CAP is not coordinated across support offices and agencies and does not provide a data-driven prevention plan. Engage Airmen across ranks when developing the prevention plan is strongly encouraged.

KEY TAKEAWAYS

1

Prevention efforts are stove-piped, despite the presence of collaborative people (e.g., Violence Prevention Integrator) and groups. Data are not used to take a comprehensive look at the installation's prevention efforts and

2

Many support service offices and agencies are understaffed and under-resourced and burnout among staff is common. Being located in a rural, remote area can make it more difficult to hire and retain personnel at support

3

Some stakeholder and family feedback has been collected through surveys (e.g., DEOCS, Community Assessment) and focus groups, but these efforts can be further enhanced and used during all phases of

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 91: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✓
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✓
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✓
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✓
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✓

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 92: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 93: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 94: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	

Dimension 95: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	
5.11.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	
5.11.2. Learning community is considered a safe place to innovate and participants trust one another	
5.11.3. Learning community prioritizes improving measurable Service member outcomes	
5.12. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 96: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	●
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	●
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✓

Dimension 98: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✗
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✓
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✓
8.2.3. Targets across career lifecycle	✓
8.2.4. Targets across socio-ecological level	✓
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 99: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 2 – Involve**

Joint Base Elmendorf-Richardson (Anchorage, AK)

Joint Base Elmendorf-Richardson, located in Anchorage, AK, has a population of approximately 22,000. An addendum to the 2018 *WGRA* found that Joint Base Elmendorf-Richardson has lower than average prevalence of sexual assault and sexual harassment for both men and women, as compared to the overall DoD population. Joint Base Elmendorf-Richardson also has fewer reports of sexual assault and complaints of sexual harassment than the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C12: Joint Base Elmendorf-Richardson Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[54]		*	*	*
Number of Substantiated Domestic Abuse Incidents[55]		90	74	97
Number of Unrestricted Reports of Sexual Assault		29	24	29
Number of Restricted Reports of Sexual Assault		8	5	8
Elmendorf Air Force Base: Estimated Sexual Assault Prevalence Rate[56]	Men	0.4%	-	-
	Women	2.7%	-	-
Elmendorf Air Force Base: Estimated Sexual Harassment Risk[57]	Men	3.2%	-	-
	Women	13.0%	-	-
Fort Richardson: Estimated Sexual Assault Prevalence Rate	Men	0.6%	-	-
	Women	5.1%	-	-
Fort Richardson: Estimated Sexual Harassment Risk	Men	5.8%	-	-
	Women	20.7%	-	-
Number of Formal Complaints of Sexual Harassment		1	4	6
Number of Informal Complaints of Sexual Harassment		0	0	8
Number of Anonymous Complaints of Sexual Harassment		0	0	0

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim

[54] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[55] Family Advocacy Program (FAP) data is organized by calendar year.
[56] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault.
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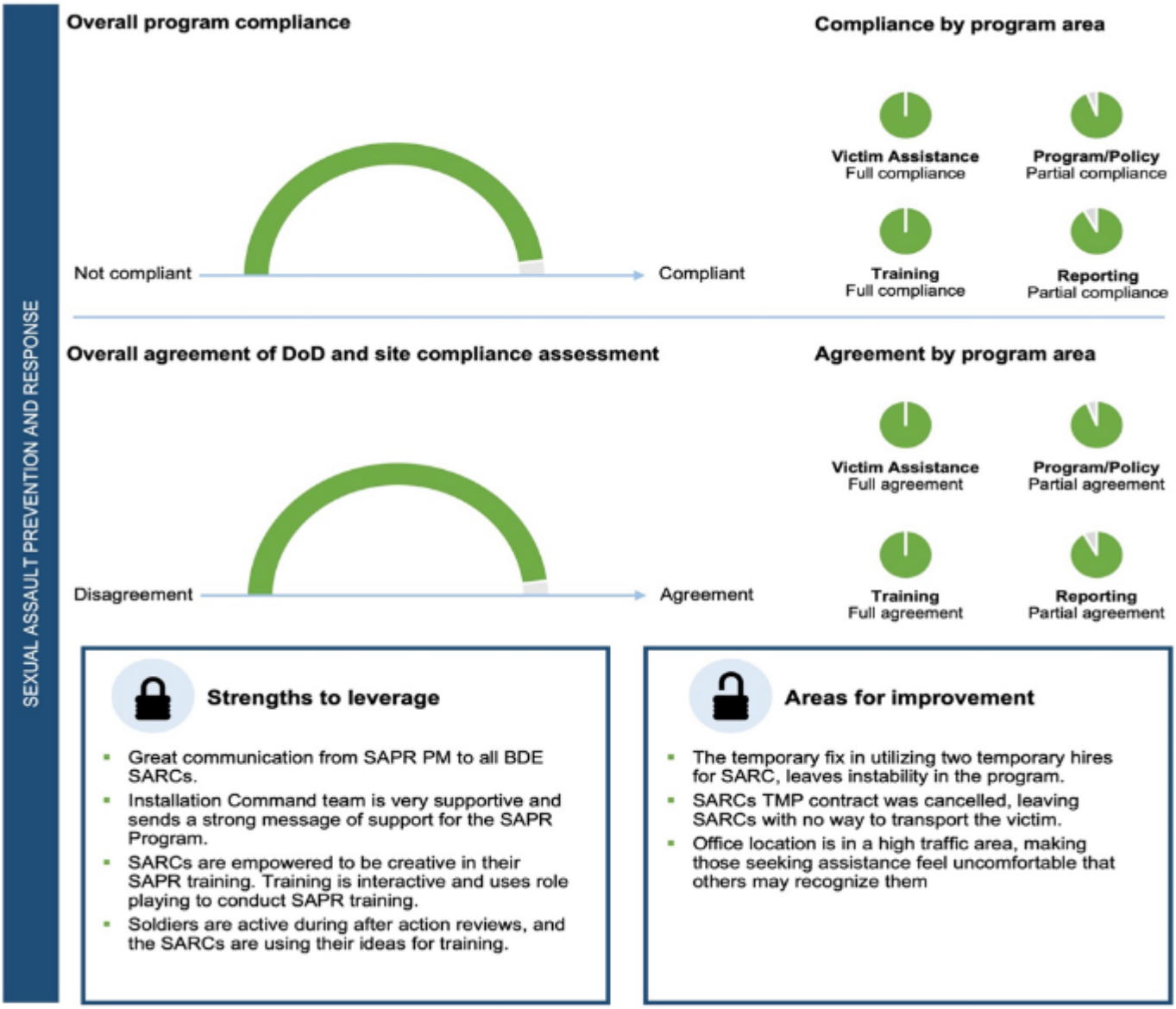
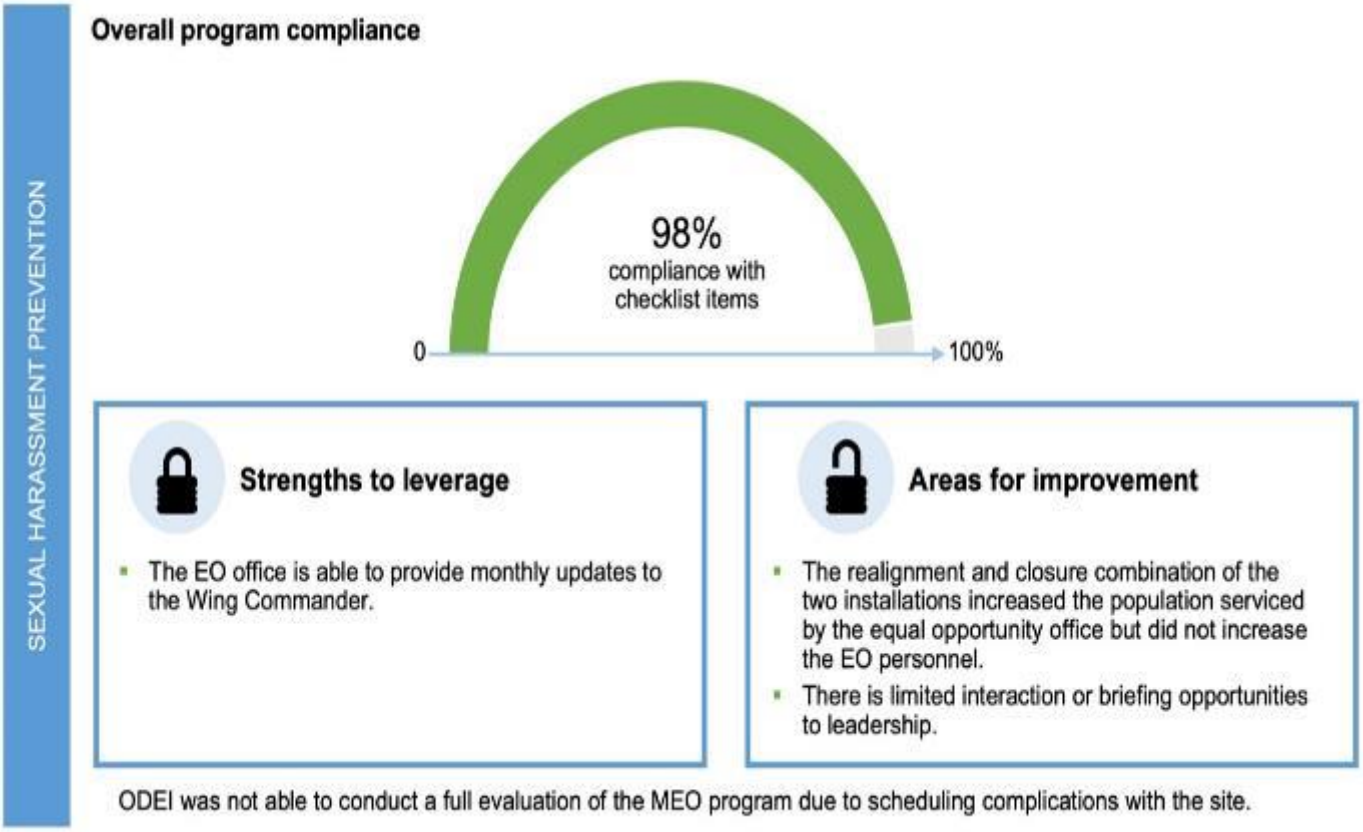


Compliance areas that require attention

Joint Base Elmendorf-Richardson should regularly conduct needs assessments to identify solutions for personnel shortages and transitions. In addition, Joint Base Elmendorf Richardson should reevaluate relocating the SAPR office location to a lower traffic area on the installation.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

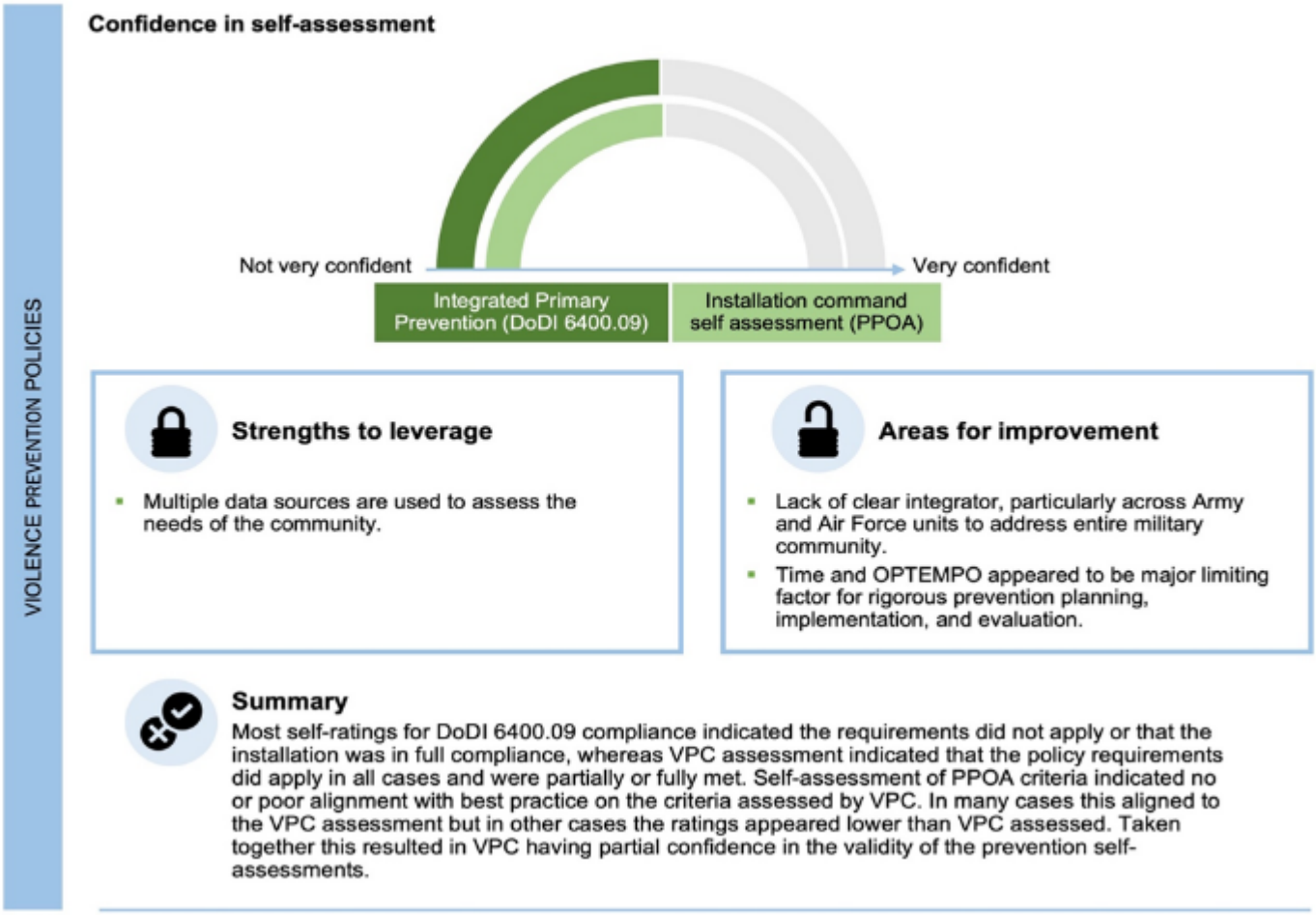


Compliance areas that require attention

It was unclear if Joint Base Elmendorf-Richardson's sexual harassment training had been reviewed and approved by Defense Equal Opportunity Management Institute, as required by DoDI 1020.03.

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Joint Base Elmendorf-Richardson prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

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PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Prevention staff and leaders demonstrate adequate skills and knowledge of prevention.
- Efforts are made towards disseminating and prioritizing prevention resources.
- Some leadership attempting to make training on preventing harmful behaviors more relevant and interesting (small group discussions in informal settings; personal accounts).
- Experiments with embedded behavioral health personnel (e.g., True North; TIGER teams) show merit.

Areas for improvement

- Personnel are assigned unit prevention responsibilities as additional duties resulting in less effectiveness and stress.
- Prevention personnel need to use tools and practices already in place.
- Prevention resources lack integration and do not communicate with each other.
- Lack of data informed decision-making based on commonly identified and relevant metrics.
- Lack input from target population, leaders, and prevention personnel to design, implement, and improve prevention tailored to Joint Base Elmendorf-Richardson.

KEY TAKEAWAYS

1. Leaders, especially the recently assigned, exhibit genuine concern and resolve to prevent harmful behaviors, but lack formalized efforts, metrics, and targets regarding protective environments and integrated prevention.

2. Universally, Service members of all ranks identified trained and caring first line leaders as having the greatest effect in producing a protective environment and focusing on prevention.

3. Joint Base Elmendorf-Richardson's unique environmental factors (long periods of extended darkness or daylight; extreme cold and snow in the winter) create heightened mental and behavioral health challenges, especially depression, suicide, alcohol and substance abuse.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 100: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✓
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✓
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 101: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 102: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 103: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	

Dimension 104: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	
5.12.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	
5.12.2. Learning community is considered a safe place to innovate and participants trust one another	
5.12.3. Learning community prioritizes improving measurable Service member outcomes	
5.13. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✗
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 105: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	✓
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	✓
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	✓
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✓
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 107: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✗
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✗
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 108: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 2 – Involve**

Vandenberg Space Force Base (Santa Maria, CA)

Vandenberg Space Force Base, located in Santa Maria, CA, has a population of approximately 4,000. An addendum to the 2018 *WGRA* found that Vandenberg Space Force Base (then Vandenberg Air Force Base) has lower than average prevalence of sexual assault and sexual harassment for both men and women, as compared to the overall DoD population. Vandenberg Space Force Base also has fewer suicides, reports of sexual assault, and complaints of sexual harassment than the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table C13: Vandenberg Space Force Base Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[58]		0	0	0
Number of Substantiated Domestic Abuse Incidents[59]		9	20	9
Number of Unrestricted Reports of Sexual Assault		6	15	13
Number of Restricted Reports of Sexual Assault		0	6	3
Estimated Sexual Assault Prevalence Rate[60]	Men	0.4%	-	-
	Women	2.9%	-	-
Estimated Sexual Harassment Risk[61]	Men	3.4%	-	-
	Women	12.6%	-	-
Number of Formal Complaints of Sexual Harassment		0	0	0
Number of Informal Complaints of Sexual Harassment		1	1	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 TPDO USD(P&R) Memo

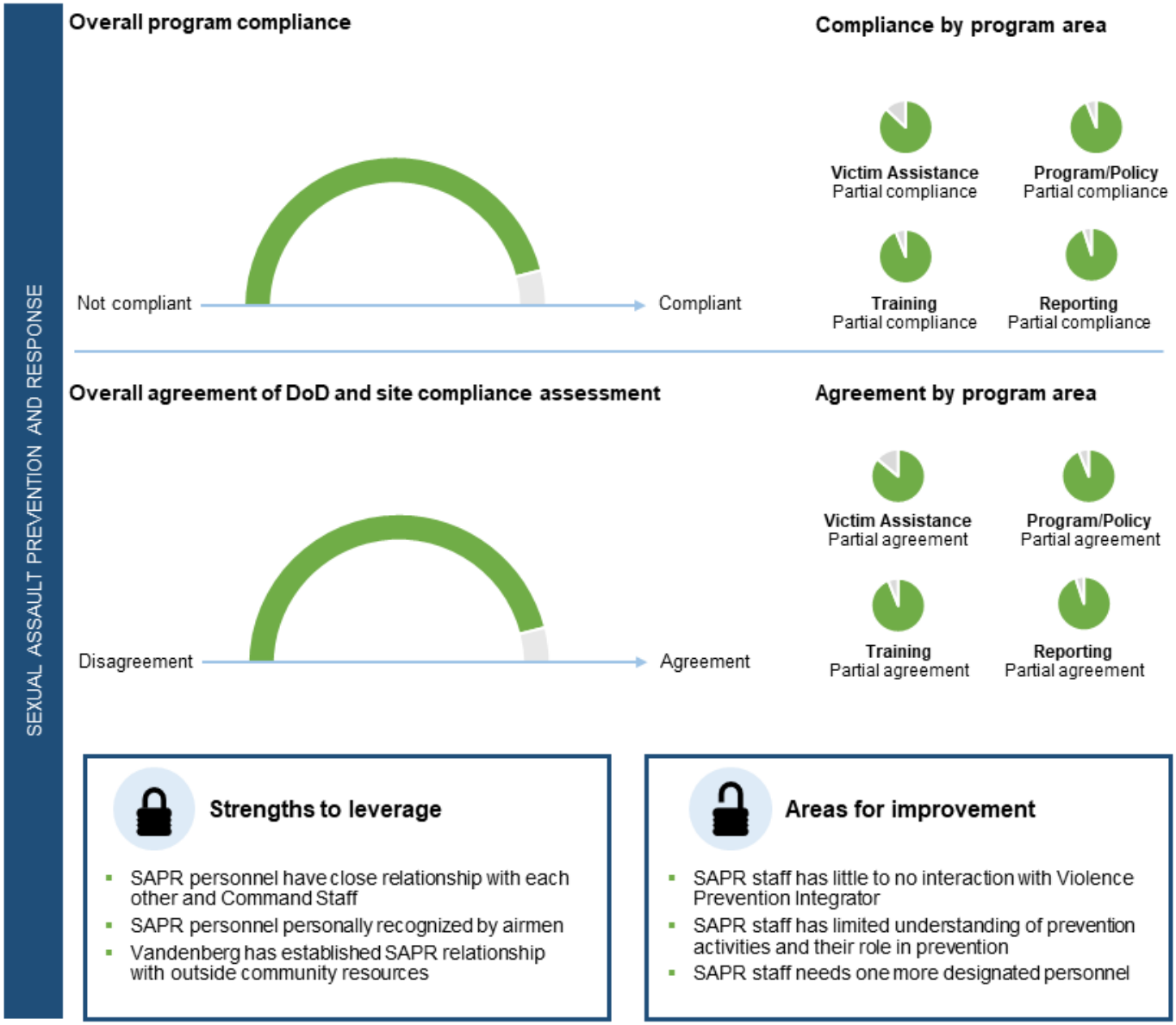
The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memo, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

[58] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[59] Family Advocacy Program (FAP) data is organized by calendar year.

[60] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[61] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

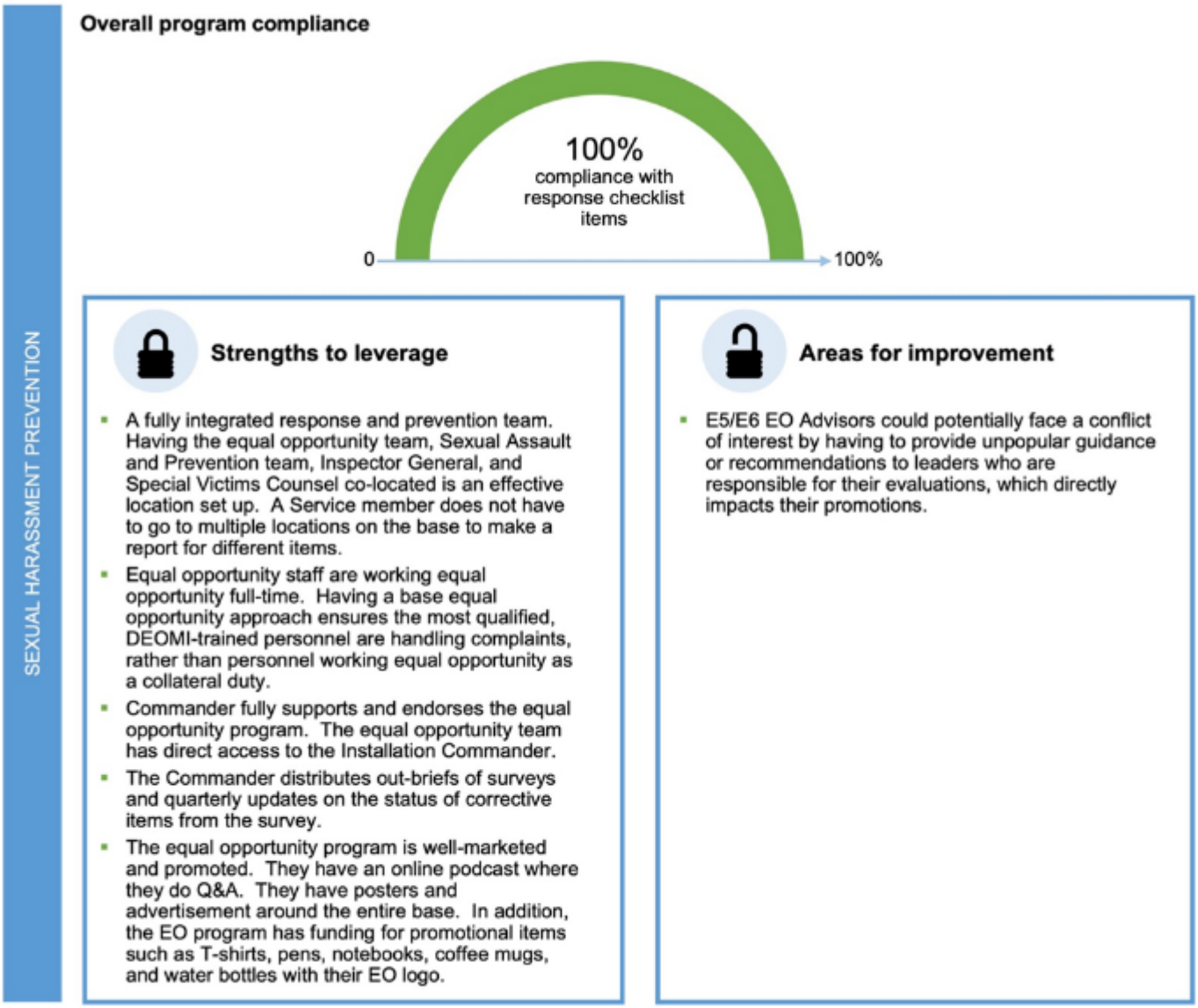


Compliance areas that require attention

Policy documentation for Vandenberg Space Force Base was not submitted to the OSIE team. Vandenberg Space Force Base should regularly assess installation SAPR program personnel, programs, and resourcing for effectiveness and provide updates to leadership at quarterly Case Management Group reviews, in accordance with DoDI 6495.02.

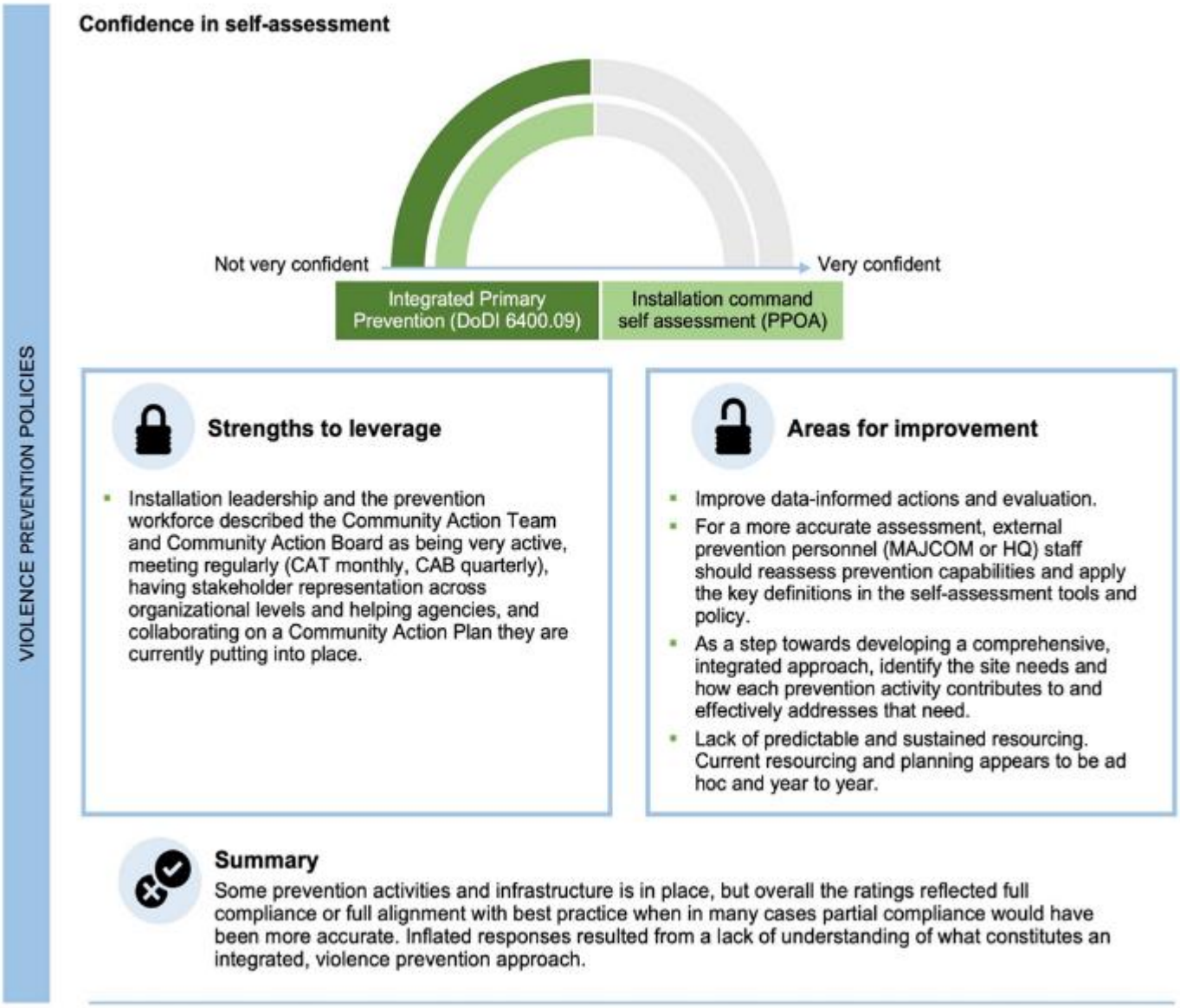
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Vandenberg Space Force Base prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED

Leaders prioritize….

Engaging service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- The Community Action Team and Community Action Board are functioning well.
- Prevention staff are dedicated and care about their work.
- Airmen and guardians understand expectations for creating and maintaining a protective environment and positive culture.

Areas for improvement

- Trainings are viewed as ineffective, unengaging, and lacking use of adult learning principles.
- Airmen and guardians do not feel that their input is being used to prioritize prevention activities or to update training. More effort is needed to collect their input and show how it has been used.
- Outside the DEOCS, there is no way to continuously assess climate at the unit or installation level. This would allow commanders to "take the pulse" of their units more rapidly than the annual DEOCS.

KEY TAKEAWAYS

1. Airmen and guardians could benefit from more ready access to information about the available behavioral health resources to at the installation. For example, training a unit member to act as an embedded resource champion would increase access.

2. Prevention activities are not routinely evaluated for outcomes. Installation prevention offices could use assistance in how to develop and conduct true outcome assessments of programs and services to extend beyond process measures and metrics.

3. Vandenberg is rural (but close to cities), lacks public transportation, and has a unique mix of student, civilian, and service member populations. This unique set of characteristics should be considered when developing integrated primary prevention services.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked in Table C4 with either ✓ if met or ✗ if NOT met).

Dimension 109: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✓
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✓
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✓
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✓
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✓
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✓

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 110: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 111: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 112: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	

4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✓
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	✗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 113: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✗
5.13.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.13.2. Learning community is considered a safe place to innovate and participants trust one another	✗
5.13.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.14. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	✗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	✓
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓

5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✓
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	✗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 114: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	✓
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	✓
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	✗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	✓
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✓

Dimension 115: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score

7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	

Dimension 116: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✓
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✓
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✓
8.2.3. Targets across career lifecycle	✓
8.2.4. Targets across socio-ecological level	✓
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	✗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗

8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 117: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 2 – Involve**

Appendix D: Part 2 Site-Specific Findings

Naval Station Rota (Spain) 229
Kentucky National Guard (Tompkinsville, KY) 243
United States Army Garrison Ansbach (Urlas Training Area), Germany 256
United States Army Garrison Rheinland-Pfalz (Smith Barracks/Kaiserslautern), Germany 270
United States Army Garrison Bavaria (Hohenfels-Grafenwhoer), Germany 284
United States Army Garrison Stuttgart (Panzer Kaserne), Germany 298

Naval Station Rota (Spain)

Naval Station Rota, located in Spain, has a population of just over 2,800.[62] An addendum to the 2018 *WGRA* found that Naval Station Rota has lower than average prevalence of sexual assault for women and lower risk of sexual harassment for men, as compared to the overall DoD population. The additional *WGRA* analysis also found that while the installation has similar average prevalence of sexual assault for men, it has higher than average risk of sexual harassment for women, as compared to the overall DoD population. This estimate does not include the ships assigned to the Naval Station. Available data related to other harmful behaviors is summarized in the table below.

Table D1: Naval Station Rota Harmful Behaviors

Measure		2018	2019	2020
Number of Deaths by Suicide[63]		0	*	0
Number of Substantiated Domestic Abuse Incidents[64]		0	0	0
Number of Unrestricted Reports of Sexual Assault		13	7	15
Number of Restricted Reports of Sexual Assault		3	10	8
Estimated Sexual Assault Prevalence Rate[65]	Men	0.7%	-	-
	Women	5.5%	-	-
Estimated Sexual Harassment Risk[66]	Men	5.7%	-	-
	Women	24.7%	-	-
Number of Formal Complaints of Sexual Harassment		0	2	3
Number of Informal Complaints of Sexual Harassment		1	0	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

*Per CDC requirements, counts under 10 were suppressed in order to protect the confidentiality of military family members.

[62] Estimated site population is derived from the population of the Unit Identification Codes (UIC) that fall under a given site, as represented on the OSIE Dashboard.
[63] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[64] Family Advocacy Program (FAP) data is organized by calendar year.
[65] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault.
https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.
[66] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

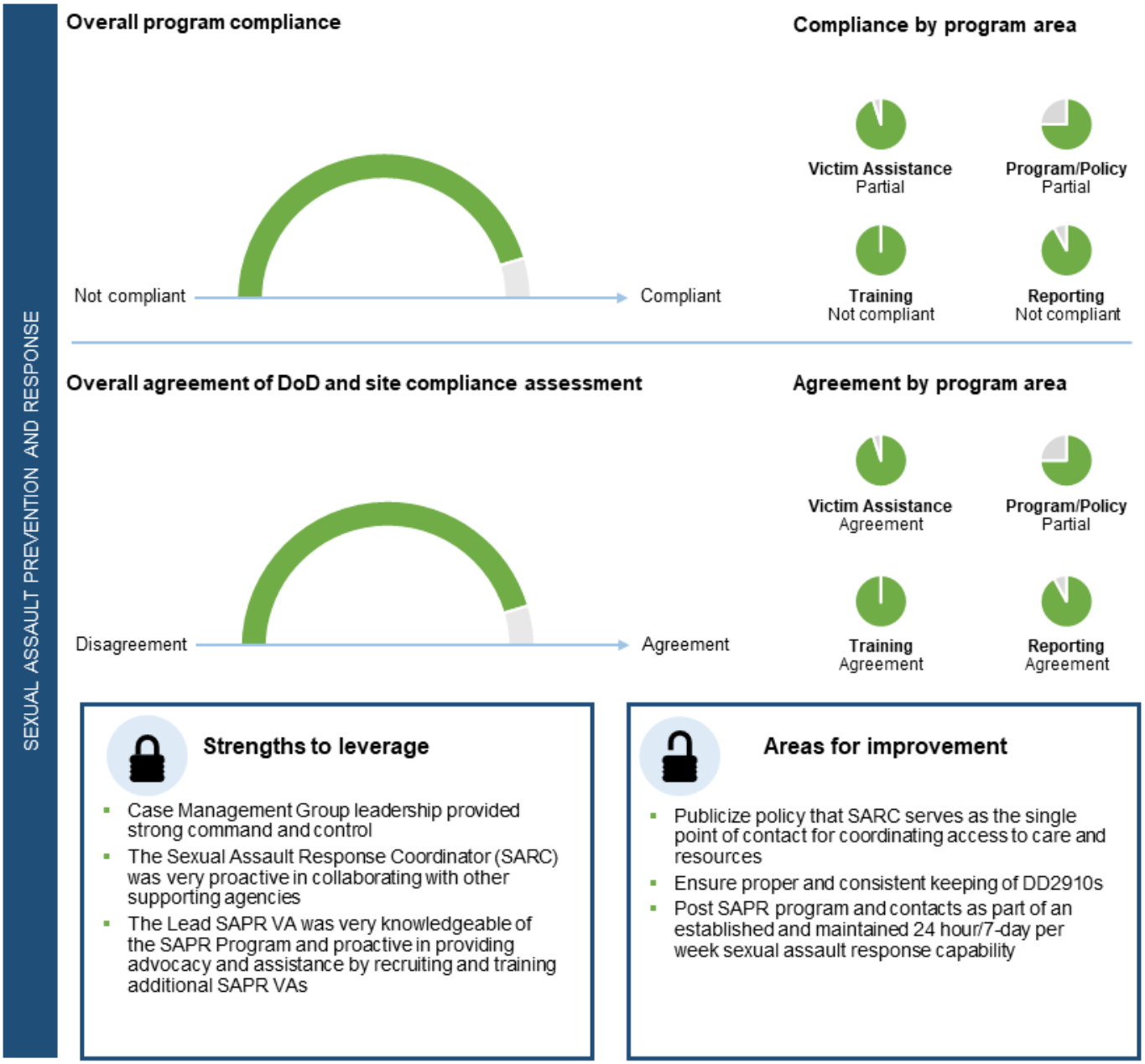
Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

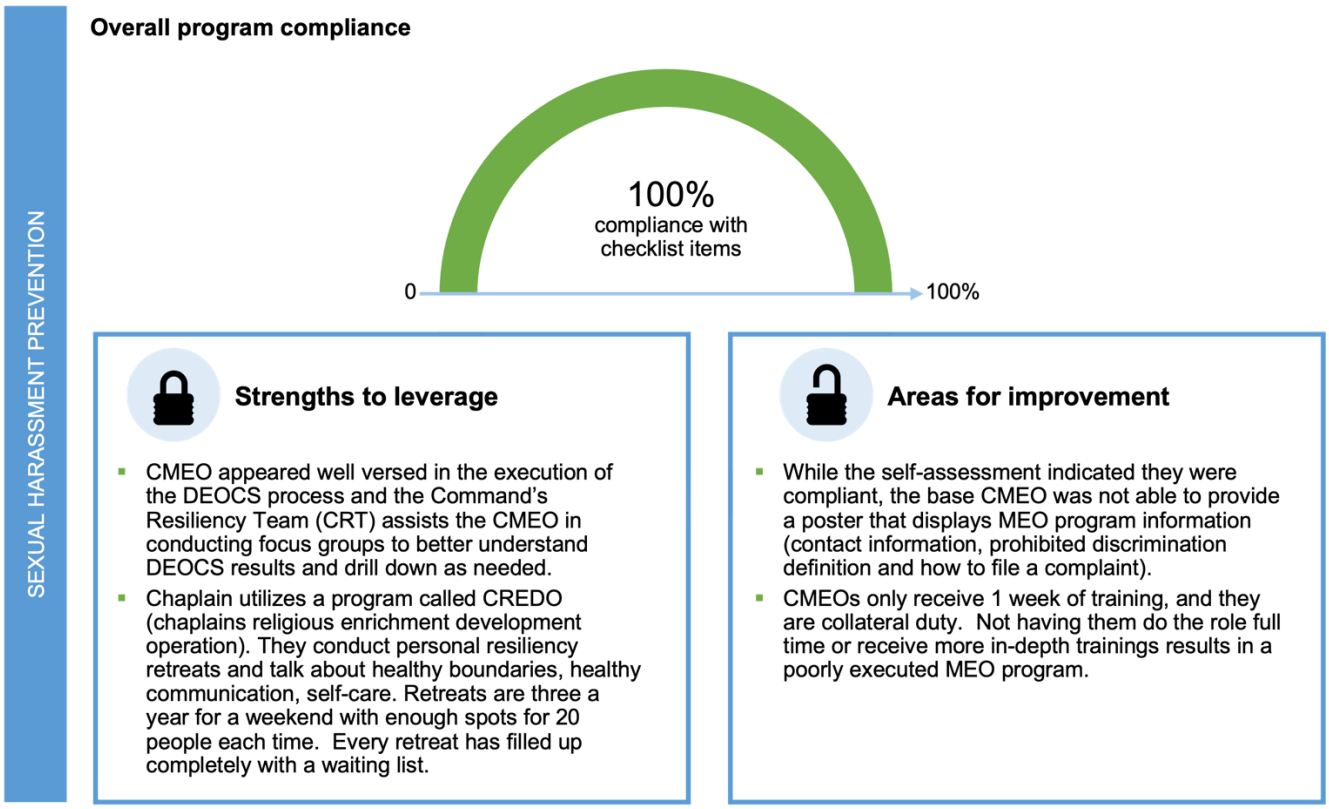


Compliance areas that require attention

Naval Station Rota should publicize SAPR policies around reporting, confidentiality and retaliation/ostracism etc. In addition, SARCs should provide more information to assist commanders to manage trends and characteristics of sexual assault crimes at the Military Service-level and mitigate the risk factors.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

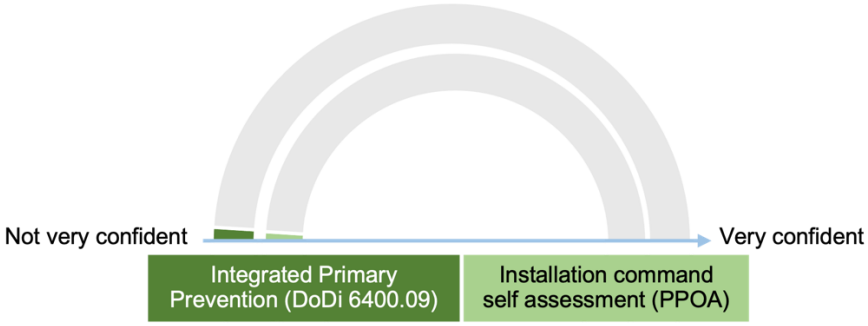


Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.

VIOLENCE PREVENTION POLICIES

Confidence in self-assessment



Strengths to leverage

- Numerous initiatives in place or under development to address risk and protective factors of young Sailors. These efforts would benefit from being evaluated to ensure they have the intended impact.
- Support for prevention is available from others in the region.

Areas for improvement

- Personnel performing prevention roles did not have training in primary prevention.
- No individual or forum has been identified as the prevention integrator.
- Limited data and resourcing was available to inform and support prevention planning and evaluation.

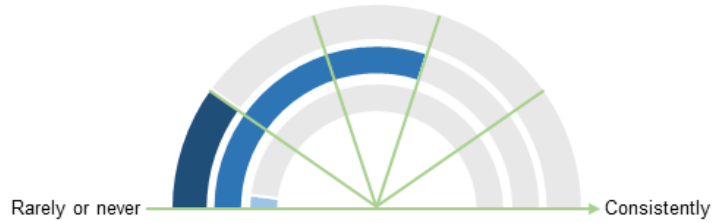
Summary

Self-ratings across prevention assessments reflected full compliance or full alignment with best practice on most of the items assessed by VPC; however, VPC assessment of prevention found most were partially met or not met. Given this, VPC has low confidence in the accuracy of the prevention self-assessments. Importantly, a number of strengths exist with the current or planned approach, but these strengths do not translate into full compliance with policy or best practice at this time.

Assessing Installation Prevention Capability

What prevention capabilities help Naval Station Rota prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

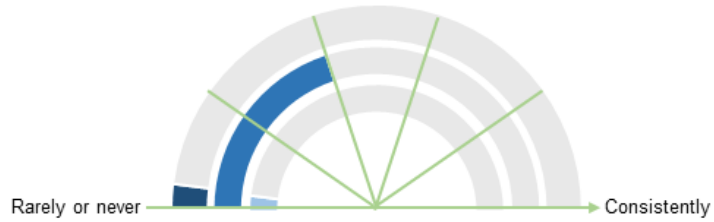
PREVENTION IS PRIORITIZED



Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED



Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Dedicated prevention personnel that are motivated to improve their efforts.
- ROTA 25 program to make sailors under 25 years of age aware of prevention services.
- Force Preservation Council monitors sailors' stress levels. These data on stress levels is shared with and taken seriously by command.
- Sailor Resiliency Center in close-proximity to ships and easily accessible by sailors.
- Chaplains available to support sailors on every ship.
- Involved and supportive community of spouses and other family members in Rota.

Areas for improvement

- Some sailors expressed concerns about recent breeches of confidentiality for sailors seeking help to cope with stress and address unhealthy behaviors.
- Prevention efforts lack integration and coordination.
- Lack of awareness of DEOCS for tenant ships/units.
- Some sailors reported that leadership actions to address unhealthy behaviors are not consistent and objective.
- Limited stress management support for sailors struggling with high operational tempo.

KEY TAKEAWAYS

1. There is a culture of bullying and sexual harassment on the ships stationed at Rota. Lack of prevention staff, resources, and integrated prevention activities make it difficult to change this culture.

2. Stress levels are high for sailors and their families. A high operational tempo and lack of sleep during deployments contributes to stress for sailors. Being overseas (e.g., language barriers, fewer resources and jobs) contributes to family stress.

3. Many sailors perceived the mission was paramount to their health and wellbeing. Sailors reported help was not available while deployed; and were concerned that if they sought help while ashore, they would be removed from duty or separated.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 118: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✓
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✓
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✓
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 119: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 120: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 121: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	

4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	✗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 122: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.14.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✗
5.14.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.14.3. Learning community prioritizes improving measurable Service member outcomes	✓
5.15. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	✗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	✗

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✗
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 123: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	✓
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	✓
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	⊗
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✗
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✓
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	⊗
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✗
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✗
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	⊗
7.3.1. Leaders check in regularly with subordinates about their stress levels.	✓
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	✗
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	⊗
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	⊗

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 125: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✓
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	✗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 126: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Kentucky National Guard (Tompkinsville, KY)

Kentucky National Guard, located in Tompkinsville, KY, has a population of just over 70.[67] As a National Guard site, not all data on harmful behaviors was available at the OSD level for Kentucky National Guard, but data on sexual harassment complaints are presented below.

Table D2: Kentucky National Guard Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[68]		-	-	-
Number of Substantiated Domestic Abuse Incidents[69]		-	-	-
Number of Unrestricted Reports of Sexual Assault		-	-	-
Number of Restricted Reports of Sexual Assault		-	-	-
Estimated Sexual Assault Prevalence Rate[70]	Men	NA	-	-
	Women	NA	-	-
Estimated Sexual Harassment Risk[71]	Men	NA	-	-
	Women	NA	-	-
Number of Formal Complaints of Sexual Harassment		0	3	2
Number of Informal Complaints of Sexual Harassment		0	0	0
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the state is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the state was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas.

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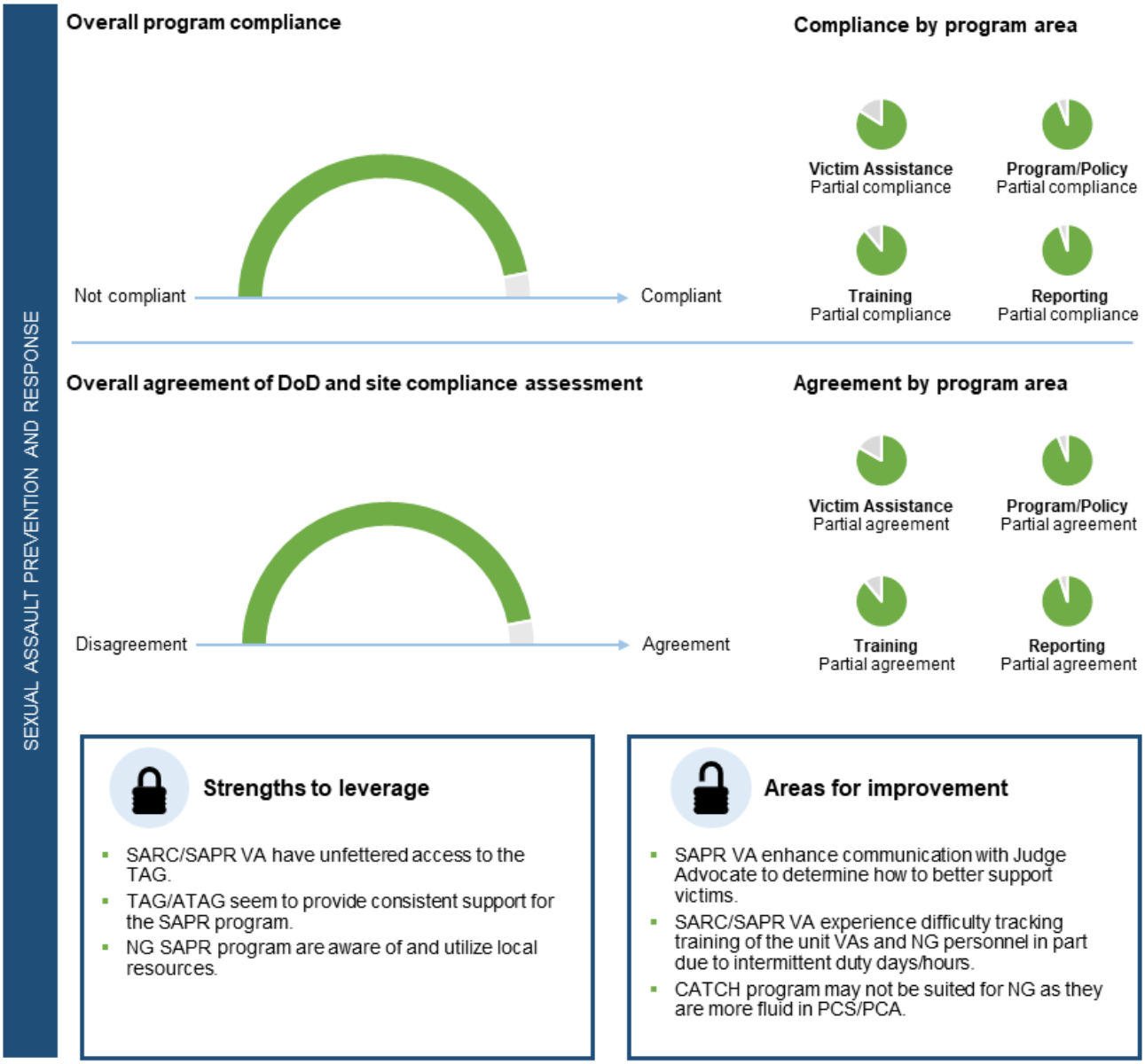
[67] Estimated site population is derived from the population of the Unit Identification Codes (UIC) that fall under a given site, as represented on the OSIE Dashboard.

[68] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.

[69] Family Advocacy Program (FAP) data is organized by calendar year.

[70] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[71] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

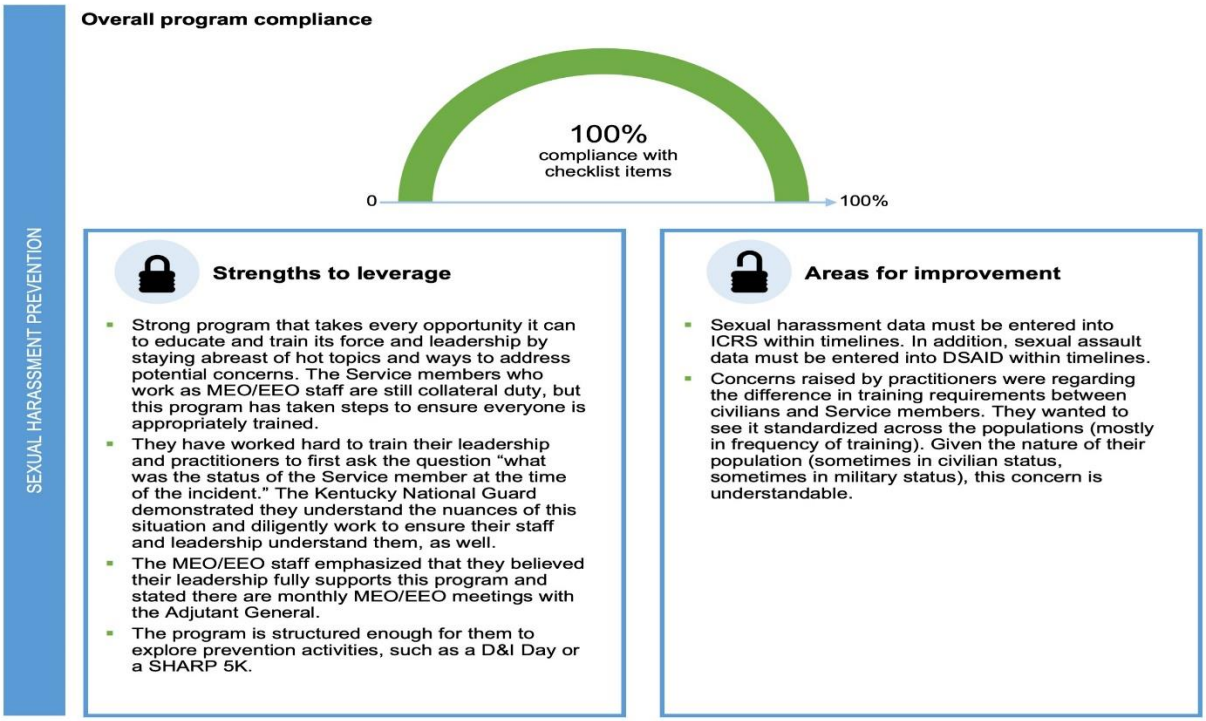


Compliance areas that require attention

Kentucky National Guard should conduct resource needs assessments to identify solutions for tracking victims and training requirements and publicize policies addressing retaliation and ostracism.

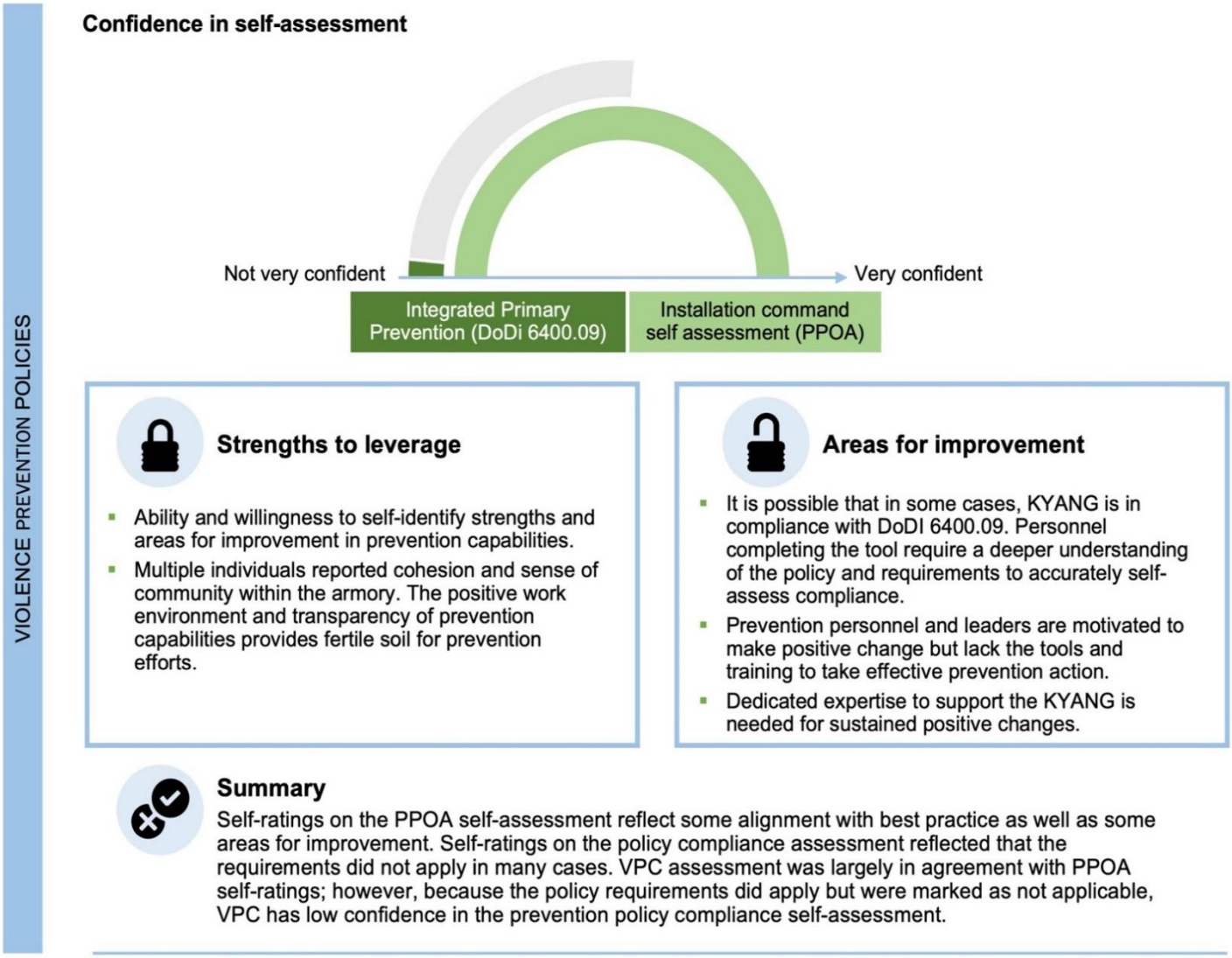
Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the State was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

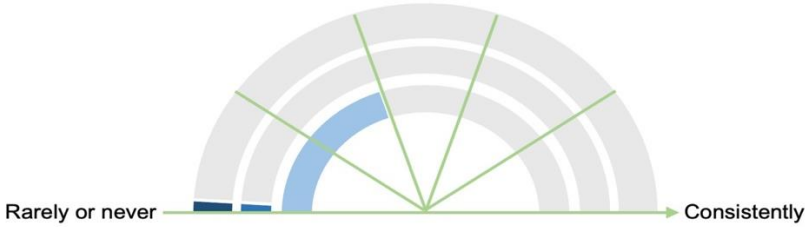
The State did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help Kentucky National Guard prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect states' prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize….

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to….

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities….

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Leadership is supportive of prevention and provides accolades to service members that seek help (e.g., handwritten thank you note).
- Leadership makes time to regularly get updates from key prevention personnel (e.g., monthly) on their progress and any challenges.
- Strong collaborative relationships exist between prevention personnel and community institutions (e.g., VA, University of Kentucky), despite lacking formal MOA/MOUs.
- Unit has fostered a sense of "family" that helps new members feel welcome, maintains strong relationships, and provides support for members having difficulties.
- Unit members feel comfortable accessing supportive resources.

Areas for improvement

- Prevention personnel are understaffed, which makes it hard to provide support to guardsmen across the state through a central system.
- Prevention personnel lack internal coordination across different areas (e.g., SAPR, suicide prevention).
- Prevention personnel (mostly contractors) and programs lack stability and input from unit members.
- Prevention has been inconsistent or absent and lacks evaluation due to workforce gaps and budget shortfalls.
- Leaders and unit members could not point to a specific, intentional vision for addressing negative or unwanted behaviors and lack an understanding of integrated primary prevention.

KEY TAKEAWAYS

1. Service members feel they belong to this installation and describe it as a family; however, there are no specific vision, goals, or benchmarks written or posted that convey this culture.

2. While there is little formal primary prevention conducted besides the required trainings, leadership's ongoing effort to maintain a positive culture over time functions as an impactful prevention activity.

3. Though Service members feel comfortable asking for support and voicing their opinions about problem solving and activities, stakeholder engagement before decisions are made is not prioritized nor implemented.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 127: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✓
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✓
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✓
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 128: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 129: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 130: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✓
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	✗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 131: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.15.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.15.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.15.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.16. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	✓
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	✓
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	✗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	✓
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	✗

5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✗
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 132: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	✓
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	✓
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	✓
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	✓
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	✓
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✓

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	

7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✓

Dimension 134: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✗
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✗
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗

8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	✗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 135: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 2 – Involve**

United States Army Garrison Ansbach (Urlas Training Area), Germany

United States Army Garrison (USAG) Ansbach (Urlas Training Area), located in Germany, has a population of approximately 500.[72] Not all data on harmful behaviors was available at the OSD level for USAG Ansbach, but data on deaths by suicide, substantiated domestic abuse incidents, and sexual assault reports are presented below.

Table D3: USAG Ansbach (Urlas Training Area) Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[73]		0	0	0
Number of Substantiated Domestic Abuse Incidents[74]		14	5	5
Number of Unrestricted Reports of Sexual Assault		7	8	6
Number of Restricted Reports of Sexual Assault		1	3	1
Estimated Sexual Assault Prevalence Rate[75]	Men	NA	-	-
	Women	NA	-	-
Estimated Sexual Harassment Risk[76]	Men	NA	-	-
	Women	NA	-	-
Number of Formal Complaints of Sexual Harassment[77]				
Number of Informal Complaints of Sexual Harassment				
Number of Anonymous Complaints of Sexual Harassment				

Evaluation Findings

Assessing Policy Compliance

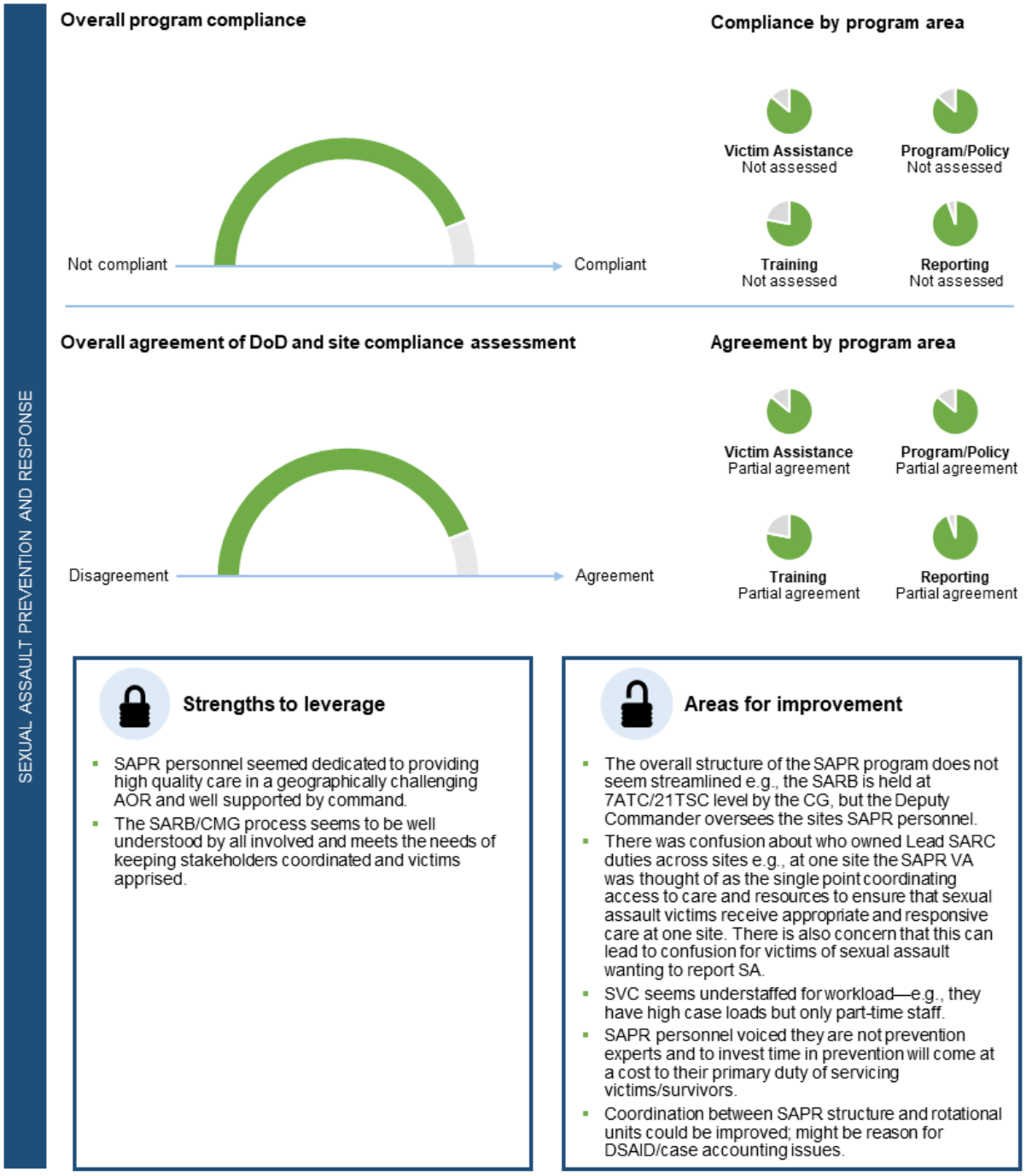
This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas. There were major findings in Strengths

[72] Estimated site population is derived from the population of the Unit Identification Codes (UIC) that fall under a given site, as represented on the OSIE Dashboard.
[73] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[74] Family Advocacy Program (FAP) data is organized by calendar year.
[75] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault.
https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.
[76] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.
[77] Numbers of formal, informal, and anonymous sexual harassment complaints are pending submission by Army.

to Leverage and Areas for Improvement that cut across all Germany sites indicated in the table below. Site specific summaries are found below the table.



Compliance areas that require attention

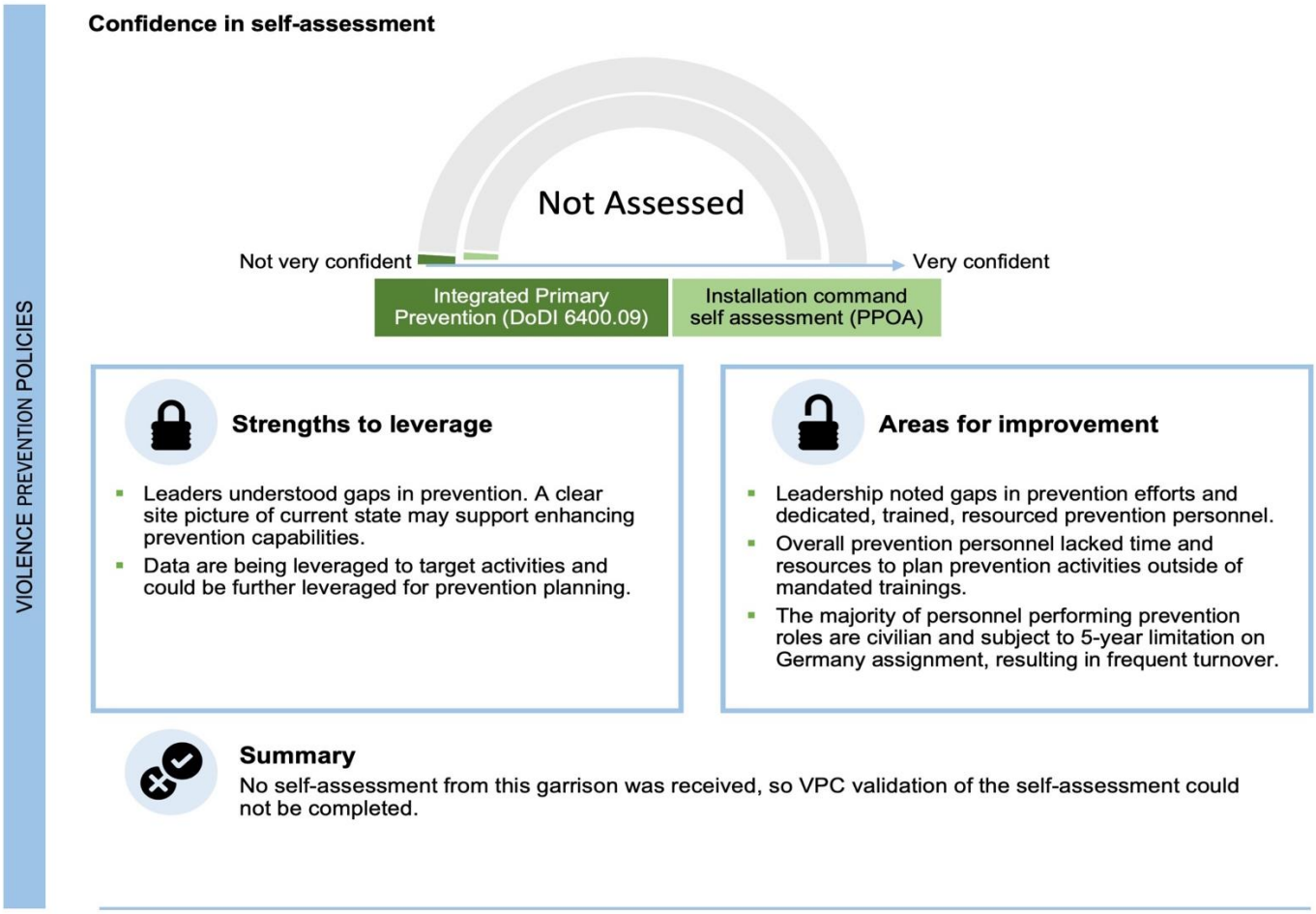
USAG Ansbach (Urlas Training Area) should regularly conduct resource needs assessments to identify solutions for workload management, and should regularly assess installation SAPR program personnel, programs, and resourcing. In addition, they should publicize retaliation and reprisal policies and procedures and conduct specialized training explaining how to handle retaliation.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

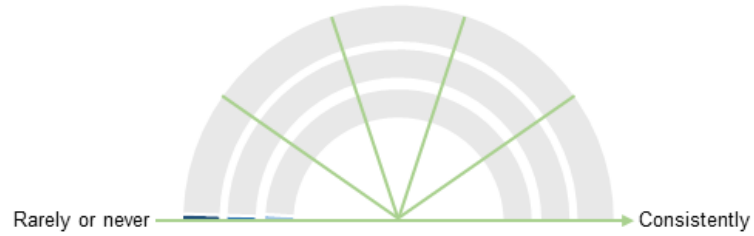
The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help USAG Ansbach (Urlas Training Area) prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize....

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Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Garrison prevention personnel are working hard with limited resources, over geographic hurdles, and with pandemic restrictions and vacant positions.
- There are healthy activities on base and near the installation (although COVID restrictions have limited access to these activities).

Areas for improvement

- The site needs more consistent reinforcement of policies that protect all servicemembers (e.g., providing a day off only for a period of no transgressions punishes all and does not hold perpetrators accountable).
- Leadership does not prioritize prevention.
- Prevention personnel need, but do not have access to, all climate and DEOCS data from command.
- Prevention personnel are under resourced for prevention activities, as well as prevention education for the ranks and leadership.
- Junior enlisted servicemembers report facing regular harassment from superiors.

KEY TAKEAWAYS

1. Prevention faces significant challenges including a lack of dedicated personnel, lack of resources, and limited transportation options to help junior enlisted attend prevention activities in a garrison and battalion that are spread out geographically.

2. There is a perceived tolerance for sexual harassment toward junior enlisted servicemembers, and they took to isolating junior female enlisted from senior enlisted to avoid friction.

3. The concepts of integrated prevention were not well understood by most leadership and virtually all the ranks reflecting a need for more prevention education.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 136: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✗
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✓
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 137: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 138: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 139: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	Unable to assess
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	Unable to assess
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	

4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	✗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 140: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.16.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.16.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.16.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.17. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	Unable to assess
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	Unable to assess
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	✗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	Unable to assess
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗

5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	✗
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	✗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 141: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	Unable to assess
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	Unable to assess
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	Unable to assess
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	Unable to assess
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	✗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓

6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Dimension 142: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	⊗
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✗
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✗
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	⊗
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✗
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✗
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	⊗
7.3.1. Leaders check in regularly with subordinates about their stress levels.	✓
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	✗
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	⊗

7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	✗
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	⊗
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	✗

Dimension 143: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✓
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✓
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗

8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 144: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups (“We will keep you informed”). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

United States Army Garrison Rheinland-Pfalz (Smith Barracks/Kaiserslautern), Germany

United States Army Garrison (USAG) Rheinland-Pfalz (Smith Barracks/Kaiserslautern), located in Germany, has a population of approximately 9,200.[78] An addendum to the 2018 *WGRA* found that USAG Rheinland-Pfalz has lower than average prevalence of sexual assault for both men and women, as compared to the overall DoD population. The additional *WGRA* analysis also found that USAG Rheinland-Pfalz also has lower than average risk of sexual harassment for both men and women, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table D4: USAG Rheinland-Pfalz Harmful Behaviors Summary

Kaiserslautern				
Measure		**2018**	**2019**	**2020**
Number of Deaths by Suicide[79]		0	0	0
Number of Substantiated Domestic Abuse Incidents[80]		30	31	24
Number of Unrestricted Reports of Sexual Assault		17	9	8
Number of Restricted Reports of Sexual Assault		1	9	2
Estimated Sexual Assault Prevalence Rate[81]	Men	0.5%	-	-
	Women	4.0%	-	-
Estimated Sexual Harassment Risk[82]	Men	5.3%	-	-
	Women	18.5%	-	-
Number of Formal Complaints of Sexual Harassment		0	3	9
Number of Informal Complaints of Sexual Harassment		0	0	5
Number of Anonymous Complaints of Sexual Harassment		5	0	0
Smith Barracks				
Measure		**2018**	**2019**	**2020**
Number of Deaths by Suicide[83]		0	0	*
Number of Substantiated Domestic Abuse Incidents[84]		19	22	16
Number of Unrestricted Reports of Sexual Assault		16	19	31
Number of Restricted Reports of Sexual Assault		3	5	3

[78] Estimated site population is derived from the population of the Unit Identification Codes (UIC) that fall under a given site, as represented on the OSIE Dashboard.
[79] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[80] Family Advocacy Program (FAP) data is organized by calendar year.
[81] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault.
https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.
[82] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.
[83] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[84] Family Advocacy Program (FAP) data is organized by calendar year.

Estimated Sexual Assault Prevalence Rate[85]	Men	0.6%	-	-
	Women	4.5%	-	-
Estimated Sexual Harassment Risk[86]	Men	5.6%	-	-
	Women	20.3%	-	-
Number of Formal Complaints of Sexual Harassment		0	3	9
Number of Informal Complaints of Sexual Harassment		0	0	5
Number of Anonymous Complaints of Sexual Harassment		5	0	0

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

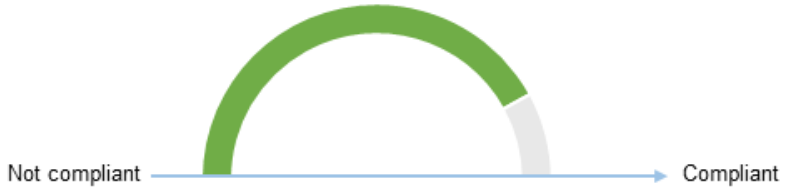
The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas. There were major findings in Strengths to Leverage and Areas for Improvement that cut across all Germany sites indicated in the table below. Site specific summaries are found below the table.

[85] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.

[86] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

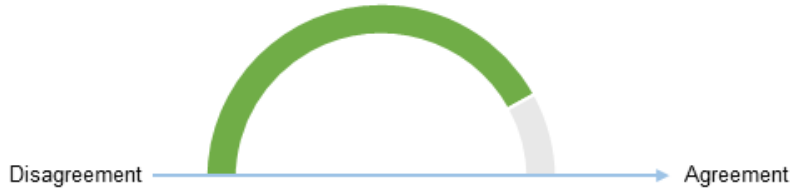
SEXUAL ASSAULT PREVENTION AND RESPONSE

Overall program compliance



Compliance by program area

Overall agreement of DoD and site compliance assessment



Agreement by program area

Strengths to leverage

- SAPR personnel seemed dedicated to providing high quality care in a geographically challenging AOR and well supported by command.
- The SARB/CMG process seems to be well understood by all involved and meets the needs of keeping stakeholders coordinated and victims apprised.

Areas for improvement

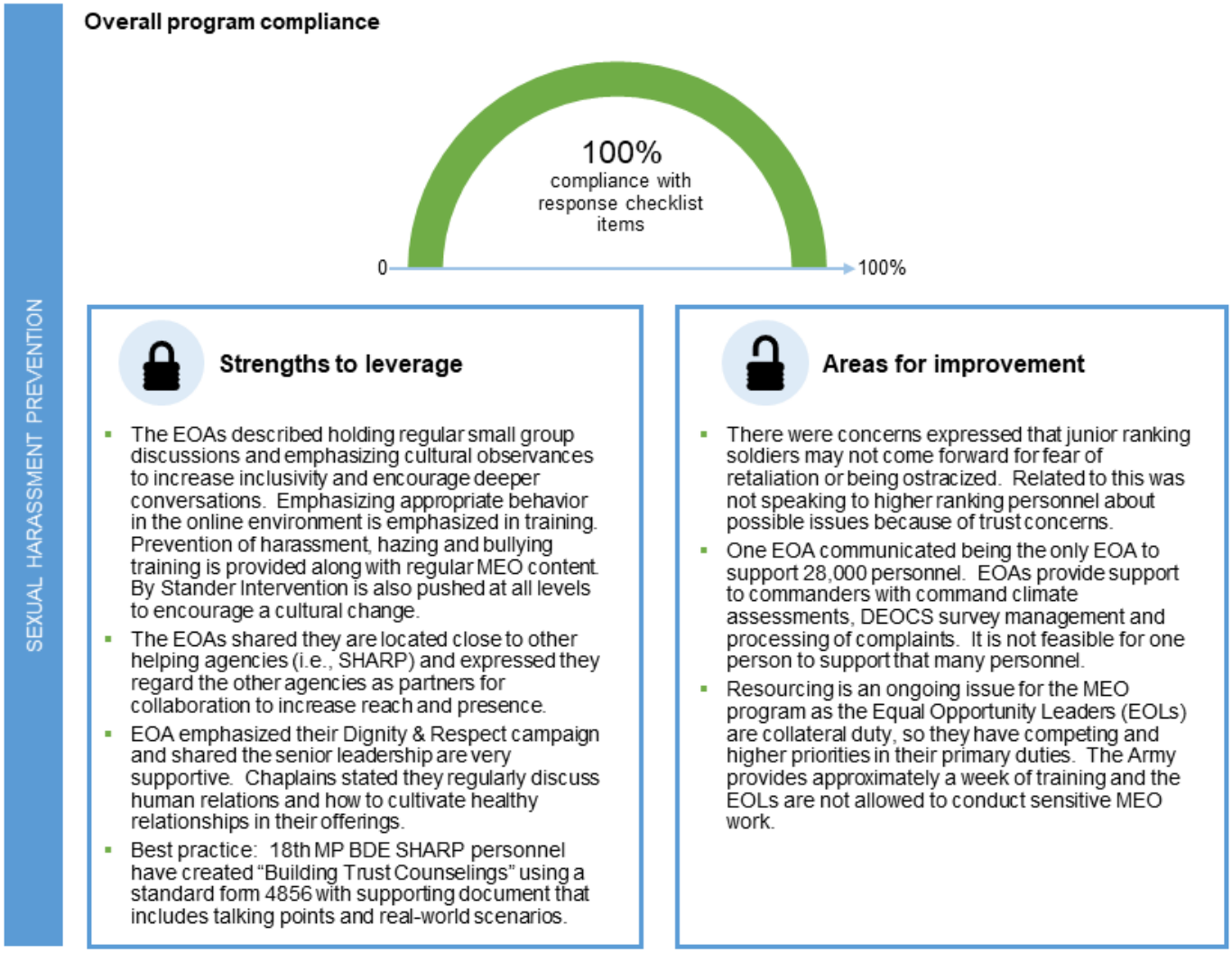
- The overall structure of the SAPR program does not seem streamlined e.g., the SARB is held at 7ATC/21TSC level by the CG, but the Deputy Commander oversees the sites SAPR personnel.
- There was confusion about who owned Lead SARC duties across sites e.g., at one site the SAPR VA was thought as the single point coordinating access to care and resources to ensure that sexual assault victims receive appropriate and responsive care at one site. There is also concern that this can lead to confusion for victims of sexual assault wanting to report SA.
- SVC seems understaffed for workload, e.g., high case load, but only part-time staff.
- SAPR personnel voiced they are not prevention experts and to invest time in prevention will come at a cost to their primary duty of servicing victims/survivors.
- Coordination between SAPR structure and rotational units could be improved; might be reason for DSAID/case accounting issues.

Compliance areas that require attention

USAG Rheinland-Pfalz (Smith Barracks/Kaiserslautern) should regularly conduct resource needs assessments to identify solutions for workload management, and should regularly assess installation SAPR program personnel, programs, and resourcing. They should also conduct HRRT training, publicize retaliation and reprisal policies and procedures, victim notification, and conduct specialized training explaining how to handle retaliation.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

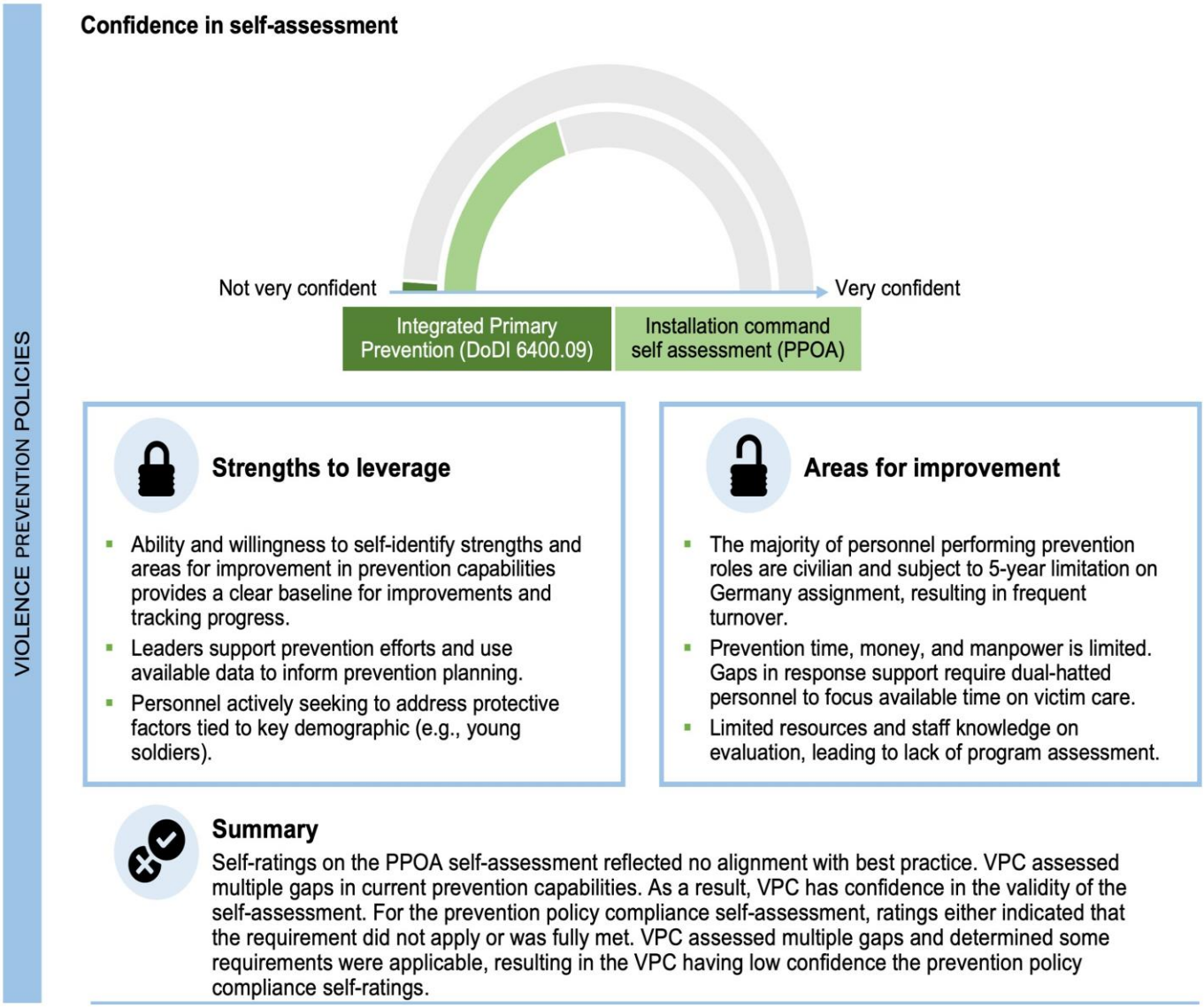
The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.



Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based

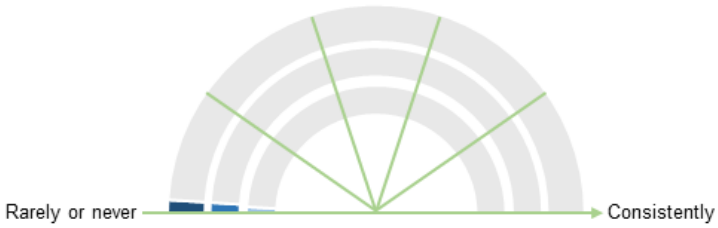
on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help USAG Rheinland-Pfalz (Smith Barracks/Kaiserslautern) prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

PEOPLE ARE PREPARED

Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Some new leadership wants to improve climate.
- Prevention personnel are consulted by leadership when deciding upon priorities.
- Prevention personnel use data to evaluate at least some programs, although have limited time for this activity.
- There is interest in Warrior Adventure Quest and other outdoor recreation activities for soldiers and families and resuming German language classes for spouses.

Areas for improvement

- Unit members reported high stress levels due to frequent missions, limiting time with families and supportive NCOs.
- Maintaining separate bases in the garrison with dispersed prevention personnel is costly with limited strategic benefits.
- Leaders/prevention personnel disagree with junior soldiers on how well harmful behaviors are addressed and availability of resources is communicated.
- Gaps in prevention personnel are worsened by policy that limits civilians' time in Europe.
- Prevention personnel lack support from local community organizations (e.g., women's shelters); there is limited local medical, dental, and childcare.

KEY TAKEAWAYS

1. Prevention efforts exist, and prevention personnel know each other. However, integrated violence prevention isn't currently possible given resources and staffing at Kaiserslautern. COVID has disrupted some of these efforts.
2. There is a lack of professionalism in the workplace. Supervisors engaged in lewd jokes, harassment, and gossip. This contributed to a lack of trust in leadership and in reporting processes.
3. Perceived inadequate and outdated barracks, lower legal drinking age in Germany, and a lack of healthy entertainment options (particularly during COVID) contribute to harmful behaviors such as excessive drinking; junior enlisted may lack resources to visit family and friends in the U.S., which increases isolation.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked in Table C4 with either ✓ if met or ✗ if NOT met).

Dimension 145: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	

Dimension 146: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	
2.1.1. Leaders express that prevention efforts integrated across all levels are important	
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	

Dimension 147: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	

Dimension 148: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	n/a
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	n/a
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	

4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✓
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 149: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	⊗
5.17.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.17.2. Learning community is considered a safe place to innovate and participants trust one another	✗
5.17.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.18. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	n/a
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	n/a
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	n/a
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	⊗
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓

5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 150: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	n/a
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	n/a
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	n/a
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	n/a
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Dimension 151: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score

7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	✗
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	✗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✓
8.2.2. Targets across the continuum of harm	✓
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	✗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✓
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	✗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	✗

8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✓
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 153: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1.5**

United States Army Garrison Bavaria (Hohenfels-Grafenwhoer), Germany

United States Army Garrison (USAG) Bavaria (Hohenfels-Grafenwhoer), located in Germany, has a population of just over 2,500.[87] An addendum to the 2018 *WGRA* found that USAG Bavaria has lower than average prevalence of sexual assault and sexual harassment for men, as compared to the overall DoD population. USAG Bavaria also has fewer reports of sexual assault and complaints of sexual harassment than the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table D6: USAG Bavaria (Hohenfels-Grafenwhoer) Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[88]		0	0	0
Number of Substantiated Domestic Abuse Incidents[89]		7	8	7
Number of Unrestricted Reports of Sexual Assault		2	1	4
Number of Restricted Reports of Sexual Assault		0	0	0
Estimated Sexual Assault Prevalence Rate[90]	Men	0.5%	-	-
	Women	NA	-	-
Estimated Sexual Harassment Risk[91]	Men	5.0%	-	-
	Women	NA	-	-
Number of Formal Complaints of Sexual Harassment[92]				
Number of Informal Complaints of Sexual Harassment				
Number of Anonymous Complaints of Sexual Harassment				

Evaluation Findings

Assessing Policy Compliance

This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 PTDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate

[87] Estimated site population is derived from the population of the Unit Identification Codes (UIC) that fall under a given site, as represented on the OSIE Dashboard.
[88] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[89] Family Advocacy Program (FAP) data is organized by calendar year.
[90] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.
[91] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.
[92] The number of formal, informal, and anonymous sexual harassment complaints is pending submission by Army.

assessments agreed, overall and for the same four key program areas. There were major findings in Strengths to Leverage and Areas for Improvement that cut across all Germany sites indicated in the table below. Site specific summaries are found below the table.

Compliance areas that require attention

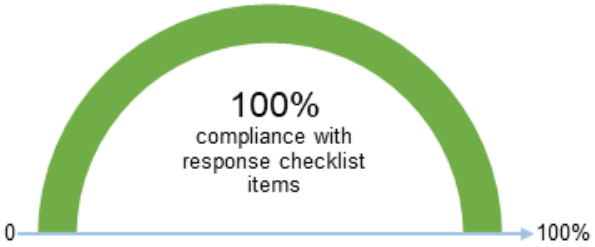
USAG Bavaria (Hohenfels-Grafenwhoer) should regularly conduct resource needs assessments to identify solutions for workload management, and should regularly assess installation SAPR program personnel, programs, and resourcing. In addition, they should publicize SAPR policies addressing improper disclosure, victim's choice to decline participation in investigation, retaliation and ostracism, and ensure proper keeping of DD 2910s.

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

SEXUAL HARASSMENT PREVENTION

Overall program compliance



Strengths to leverage

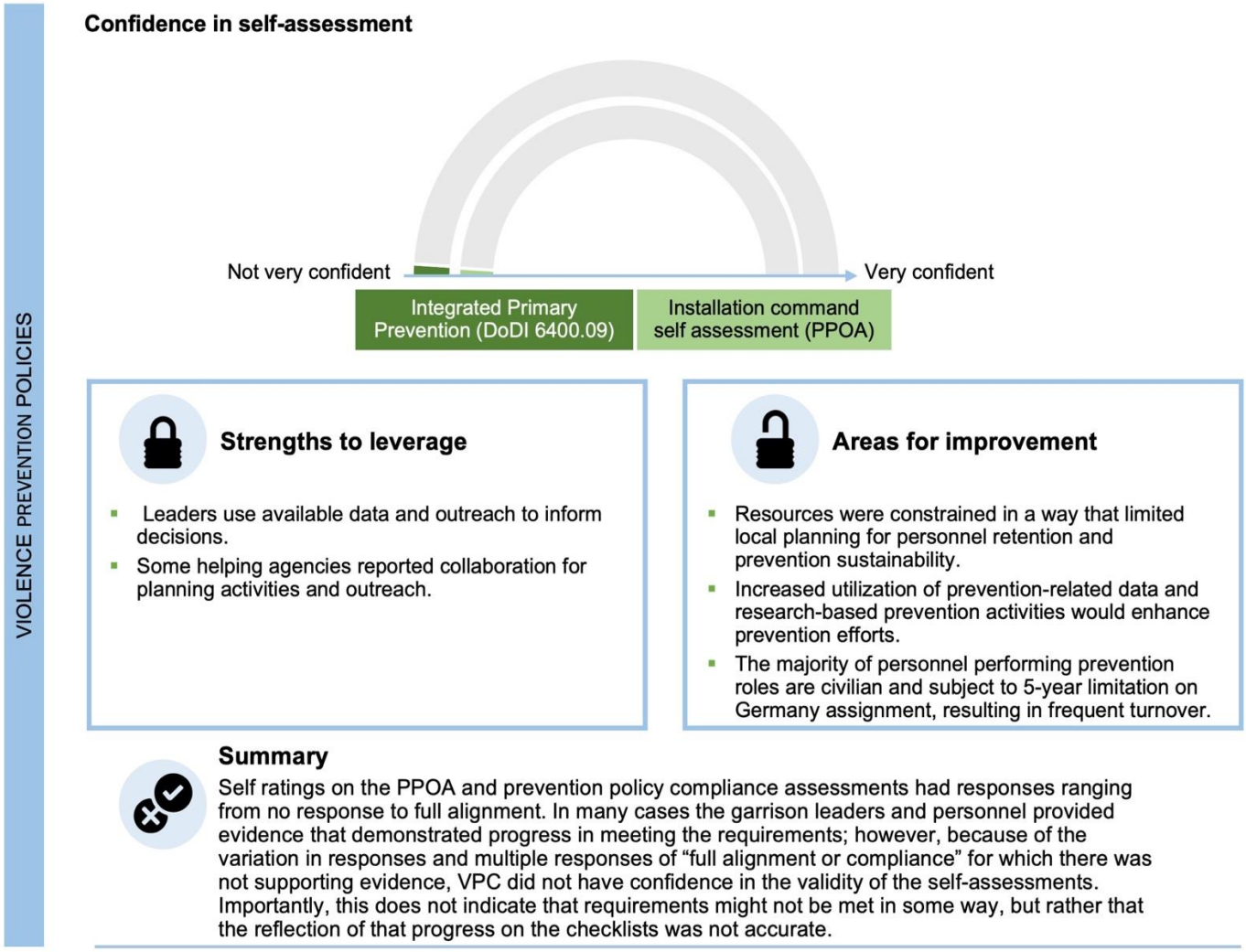
- EOAs credited low reported incidents of sexual harassment, racial/ethnic discrimination, and bullying/hazing to their availability to answer questions and provide advice citing only 4 complaints for FY22. Emphasizing appropriate behavior in the online environment is also emphasized in training. Prevention of problematic behaviors is provided during training sessions along with requisite MEO content. Utilizing "Your Voice Matters" listening sessions to better understand concerns across the Force, EOAs are meeting with soldier and civilians to discuss the potential impacts of diversity, equity and inclusion as well as climate, command leadership trust, gender, ethnicity, race, and racial tension.
- EOAs provide regular training annually, quarterly, and upon request. EOAs shared that the senior leadership at the Brigade, Battalion, and Company Commander levels are very supportive given how disbursed Germany's landscape is. Chaplains stated they are involved at all levels. Incidents of sexual harassment, racial/ethnic discrimination, and bullying/hazing are less frequent. One chaplain cited the recent low number of contacts due to the unique CoVID-19 environment.

Areas for improvement

- There were concerns expressed that many soldiers may not come forward to utilize services due to office location.
- One EOA communicated being the only EOA to support 28,000 personnel. EOAs provide support to commanders with command climate assessments, DEOCS survey management and processing of complaints. It is not feasible for one person to support that many personnel. Chaplains stated their ratio being approximately 1 to 580 service personnel and Religious Affairs Specialist at 5 per every 1500 to 2000 personnel.
- Resourcing is an ongoing issue for the MEO program. Many viewed the funding for the MEO mission as significantly underfunded if funded at all in comparison to SAPRO funding provided.
- It appears the program representation rests more with the EOLs and Religious Support Specialists; however, these resources cannot provide training on all areas of problematic behaviors nor are they allowed to engage on complaint issues. One Chaplain remarked that many of these programs were, "out of his wheel-house".

Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

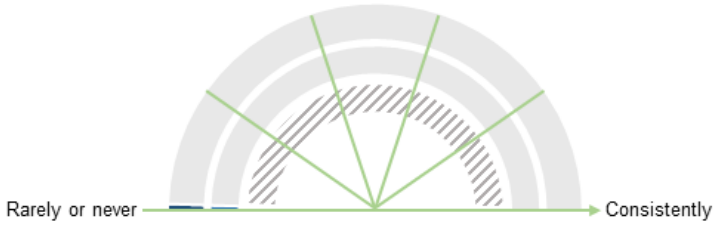
The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.



Assessing Installation Prevention Capability

What prevention capabilities help USAG Bavaria (Hohenfels-Grafenwhoer) prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

PREVENTION IS PRIORITIZED



Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

Unable to assess

PEOPLE ARE PREPARED

Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL

Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Junior enlisted provide strong peer support to each other and bond over sharing difficult circumstances.
- Behavioral health leadership is working to educate the commanders to recognize issues early, including early in the continuum of harm.
- Prevention personnel understand the importance of simultaneously targeting multiple risks (i.e., integration of prevention).
- Commanders Ready and Resiliency Council is a forum for prevention integration at the garrison level.

Areas for improvement

- Due to the isolated location, servicemembers often use alcohol and video games in the absence of healthy options. Alternative down-time activities are needed, especially during pandemic isolations.
- There are insufficient numbers of prevention personnel available, and they are under resourced (e.g., SARC funding is 1/10 of what it was last year).
- Servicemembers up and down the chain of command do not understand prevention.
- Easier access to updated supportive resources is needed (e.g., via QR code on prevention posters and materials).

KEY TAKEAWAYS

1. Prevention faces significant challenges including a lack of dedicated personnel, lack of resources, and limited transportation options to help junior enlisted attend prevention activities in a garrison and battalion that are spread out geographically.

2. There is a perceived tolerance for sexual and racial harassment toward junior enlisted servicemembers, manifesting in a schism between junior and senior enlisted and affecting unit cohesion. OSIE teams were unable to meet with Company command to discuss.

3. "NCOs don't humanize the ranks", was often repeated suggesting conditions where junior enlisted regularly work while physically injured, ill, or in need of mental health counselling and are punished for seeking help.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 154: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	Unable to assess
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	Unable to assess
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	Unable to assess
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	Unable to assess
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	Unable to assess
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	Unable to assess
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	Unable to assess
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	Unable to assess
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗

1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	⊗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗
1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	⊗
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	✗

Dimension 155: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	⊗
2.1.1. Leaders express that prevention efforts integrated across all levels are important	✓
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	✗
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	⊗
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	✗
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	✗
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	⊗
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	✗
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	✗
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	⊗

2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	✗
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	✗

Dimension 156: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score
3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	⊗
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	✗
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	⊗
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	✗
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	⊗
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	✗
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	✗

Dimension 157: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	Unable to assess
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	Unable to assess
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	✓
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	✓

4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	✓
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	⊗
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	✓
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	✗
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✓
4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 158: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	✓
5.18.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✓
5.18.2. Learning community is considered a safe place to innovate and participants trust one another	✓
5.18.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.19. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	Unable to assess
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	Unable to assess

5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	Unable to assess
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	
5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	

Dimension 159: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	Unable to assess
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	Unable to assess

6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	Unable to assess
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	Unable to assess
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	✗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	✗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Dimension 160: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score
7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	✗
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	✗
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	✗
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	✗
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	✗
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	✗
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	✗

7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	

Dimension 161: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	
8.1.1. Prevention programming across offices is not duplicative	
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	
8.2.2. Targets across the continuum of harm	

8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗
8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✗
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 162: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups (“We will keep you informed”). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made.	**Score: 1 – Inform**

- PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made.
- COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress

United States Army Garrison Stuttgart (Panzer Kaserne), Germany

United States Army Garrison (USAG) Stuttgart (Panzer Kaserne), located in Germany, has a population of just over 7,000.[93] An addendum to the 2018 *WGRA* found that Panzer Kaserne has lower than average prevalence of sexual assault and risk of sexual harassment for men, as compared to the overall DoD population. Available data related to other harmful behaviors is summarized in the table below.

Table D6: USAG Stuttgart (Panzer Kaserne) Harmful Behaviors Summary

Measure		2018	2019	2020
Number of Deaths by Suicide[94]		0	0	0
Number of Substantiated Domestic Abuse Incidents[95]		15	12	10
Number of Unrestricted Reports of Sexual Assault		6	8	11
Number of Restricted Reports of Sexual Assault		0	0	3
Estimated Sexual Assault Prevalence Rate[96]	Men	0.5%	-	-
	Women	NA	-	-
Estimated Sexual Harassment Risk[97]	Men	4.9%	-	-
	Women	NA	-	-
Number of Formal Complaints of Sexual Harassment		3	1	2
Number of Informal Complaints of Sexual Harassment		1	1	10
Number of Anonymous Complaints of Sexual Harassment		0	0	0

Evaluation Findings

Assessing Policy Compliance

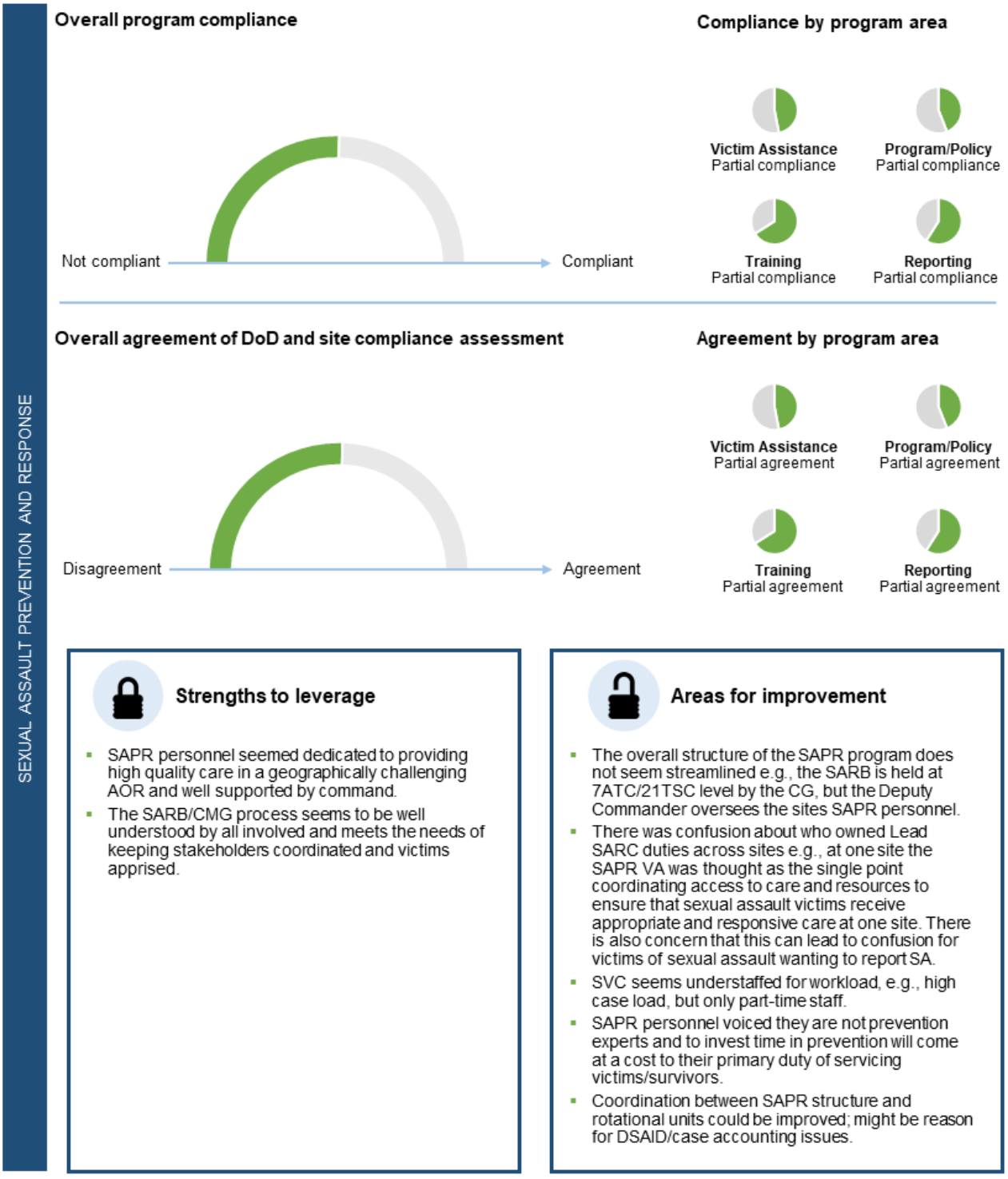
This section provides an overview of the extent to which the installation is complying with sexual assault, sexual harassment and integrated violence prevention policy guidance, as well as strengths and areas for improvement for each policy area.

Sexual Assault Prevention and Response: Program Procedures (DoDI 6495.02) and November 2019 PTDO USD(P&R) Memorandum

The first figure below demonstrates the extent to which the installation was compliant with DoDI 6495.02 and the November 2019 TPDO USD(P&R) Memorandum, overall and for four key program areas (i.e., victim assistance, program/policy, training, reporting). Both installation personnel and DoD team members assessed the installation compliance separately. The second figure demonstrates the extent to which these two separate assessments agreed, overall and for the same four key program areas. There were major findings in Strengths

[93] Estimated site population is derived from the population of the Unit Identification Codes (UIC) that fall under a given site, as represented on the OSIE Dashboard.
[94] Defense Suicide Prevention Office (DSPO) data is organized by calendar year. Additionally, death by suicide counts at the installation level are derived from unit information (open text field) after identifying Assigned Duty Unit State and UIC Location State by DSPO staff based on information available from the Military Mortality Database (MMDB). This is not a verified method, but allows DSPO to provide a count estimate.
[95] Family Advocacy Program (FAP) data is organized by calendar year.
[96] Cells colored red indicate a prevalence estimate higher than the DoD-wide estimate, blue indicate a prevalence estimate equivalent to the DoD-wide estimate, and green indicate a prevalence estimate lower than the DoD-wide estimate. OPA's 2018 WGRA estimated that on average, 6.2% of DoD women experience sexual assault, and 0.7% of DoD men experience sexual assault. https://www.sapr.mil/sites/default/files/Annex_1_2018_WGRA_Overview_Report_0.pdf.
[97] OPA's 2018 WGRA estimated that on average, 24.2% of DoD women experience sexual harassment, and 6.3% of DoD men experience sexual harassment. Ibid.

to Leverage and Areas for Improvement that cut across all Germany sites indicated in the table below. Site specific summaries are found below the table.



Compliance areas that require attention

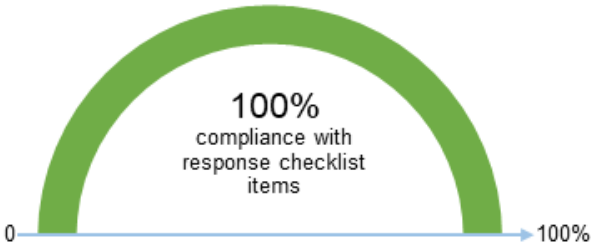
USAG Stuttgart (Panzer Kaserne) should regularly conduct resource needs assessments to identify solutions for workload management, and should regularly assess installation SAPR program personnel, programs, and resourcing. In addition, they should conduct HRRT training and publicize policies addressing improper disclosure, victim preference regarding whether the offense should be prosecuted by court-martial or in a civilian court, including specifying who may conduct a safety assessment, procedures for victim notification of case status, and conduct an ongoing assessment of the consistency and effectiveness of the SAPR program. Furthermore, SARCs should provide information to assist installation commanders to manage trends and characteristics of sexual assault crimes at the Military Service-level and mitigate the risk factors that may be present within the associated environment (e.g., the necessity for better lighting in the showers or latrines and in the surrounding area).

Harassment Prevention and Response in the Armed Forces (DoDI 1020.03)

The figure below demonstrates the extent to which the installation was compliant with DoDI 1020.03.

SEXUAL HARASSMENT PREVENTION

Overall program compliance



Strengths to leverage

- The EOAs described holding regular small group discussions and emphasizing cultural observances to increase inclusivity and encourage deeper conversations. Emphasizing appropriate behavior in the online environment is emphasized in training. Prevention of harassment, hazing and bullying training is provided along with regular MEO content. By Stander Intervention is also pushed at all levels to encourage a cultural change.
- The EOAs shared they are located close to other helping agencies (i.e., SHARP) and expressed they regard the other agencies as partners for collaboration to increase reach and presence.
- EOA emphasized their Dignity & Respect campaign and shared the senior leadership are very supportive. Chaplains stated they regularly discuss human relations and how to cultivate healthy relationships in their offerings.
- Best practice: 18th MP BDE SHARP personnel have created "Building Trust Counselings" using a standard form 4856 with supporting document that includes talking points and real-world scenarios.

Areas for improvement

- There were concerns expressed that junior ranking soldiers may not come forward for fear of retaliation or being ostracized. Related to this was not speaking to higher ranking personnel about possible issues because of trust concerns.
- One EOA communicated being the only EOA to support 28,000 personnel. EOAs provide support to commanders with command climate assessments, DEOCS survey management and processing of complaints. It is not feasible for one person to support that many personnel.
- Resourcing is an ongoing issue for the MEO program as the Equal Opportunity Leaders (EOLs) are collateral duty, so they have competing and higher priorities in their primary duties. The Army provides approximately a week of training and the EOLs are not allowed to conduct sensitive MEO work.

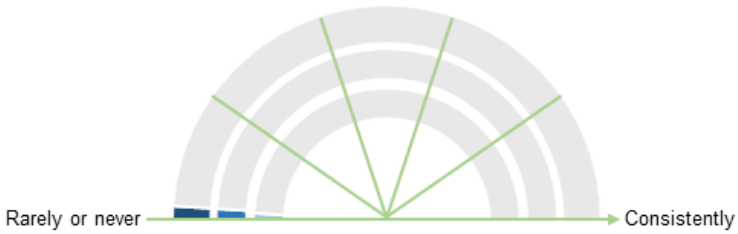
Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm (DoDI 6400.09) and the Prevention Plan of Action

The installation did a self-assessment of compliance with DoDI 6400.09 and a self-assessment of their sexual assault prevention infrastructure (e.g., leadership, staffing) based on the infrastructure outlined in the Prevention Plan of Action. The OSIE team then conducted a separate on-site assessment of the same areas. The figure below demonstrates the OSIE team's level of confidence in the installations self-assessment, based on the extent to which the installations self-assessment aligned with the findings of the OSIE team's on-site assessment.

Assessing Installation Prevention Capability

What prevention capabilities help USAG Stuttgart (Panzer Kaserne) prevent Service members from harming themselves or others? The figures below depict the extent to which nine dimensions that reflect installations prevention capability were consistently present at the installation.

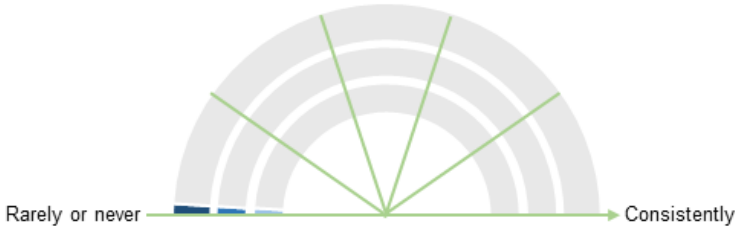
PREVENTION IS PRIORITIZED



Leaders prioritize....

Engaging Service members on prevention	Conducting effective prevention activities	Fostering a protective environment

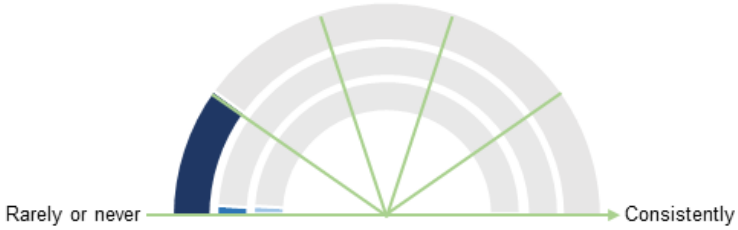
PEOPLE ARE PREPARED



Leaders and personnel are prepared to....

Engage Service members on prevention	Conduct effective prevention activities	Foster a protective environment

PREVENTION IS DONE WELL



Prevention activities....

Engage Service members on prevention	Are effective	Foster a protective environment

Strengths to leverage

- Some toxic commanders have been replaced. New leaders are trying to improve climate.
- Command Ready and Resilient Council has a staff person who is solving problems—e.g., new policies and programs were added to address inappropriate behaviors in the on-base gym.
- Special Forces units have some dedicated prevention and behavioral health support available, which they are encouraged to use.
- Some prevention activities have been conducted—e.g., Warrior Adventure Quest unit team-building and a family ski trip that included prevention messaging.

Areas for improvement

- Unit members have little privacy (MP barracks close by) and are constantly on call for unit work.
- Inappropriate jokes and other harassment are tolerated within the Special Forces; members are ostracized for reporting it.
- Appropriate disciplinary measures for harmful behavior can increase others' workload.
- Gaps in prevention personnel are worsened by policy that limits civilians' time in Europe.
- Prevention personnel lack support from local community organizations (e.g., women's shelters); there is limited local medical, dental, and childcare.

KEY TAKEAWAYS

1. Unit members report multiple indicators of a toxic climate, including punishment for help-seeking and other unacceptable responses to suicidal ideation and other harmful behaviors.

2. Garrison is resourced to support ~800 but has 28,000. As a result, prevention personnel are extremely short-staffed and only able to provide reactive services, with little time for preventive programming.

3. Workplace climate is inconsistent across the installation, and some soldiers reported having unprofessional leaders who participate in bullying/harassing behavior and do not keep reports confidential.

Detailed Data Used to Score the Installation Prevention Capability

The tables that follow describe the scoring for each metric. RAND teams scored each installation across nine sub-dimensions, making binary ratings on a series of data elements (marked with either ✓ if met or ✗ if NOT met), which were combined to establish whether various sub-dimensions were met (marked with either ✓ if met or ✗ if NOT met).

Dimension 163: Healthy and Protective Environment – Priority

Sub-dimension and relevant data elements	Score
1.1. Leaders consistently emphasize the importance of a healthy protective environment = Consistent evidence supporting at least 3 out of 4 of these statements	✗
1.1.1. Leaders have an intentional and visible vision regarding addressing negative or unwanted behaviors (e.g., sexual assault/harassment, alcohol use, suicide)	✗
1.1.2. Communications from leaders include efforts to address potential stigma (e.g., normalizing of experiences that might lead to disclosure of problem behaviors)	✗
1.1.3. Leaders voice support of primary prevention activities such as education and training activities or information awareness campaigns	✓
1.1.4. Leaders have, follow, and widely share a strategic prevention plan AND revisit this statement/plan regularly	✗
1.2. Leaders consistently deter negative behaviors = Consistent evidence supporting both statements	✗
1.2.1. Reactive: Leaders can identify and enforce the specific policies governing violations and negative behaviors (e.g., as identified in the DoDI - DoDIs 1350.02, 1438.06, 1010.04, 1020,03, 1020.04, 6490.16, 6495.02, DODD 1020.02E and 1440.1)	✓
1.2.2. Proactive: Leaders monitor progress on relevant metrics of climate (e.g., sick call, injuries, disciplinary action, attrition, suicide rates, referrals to FAP), including measures related to Service members, DoD civilians, military families, and other personnel	✗
1.3. Leaders hold subordinates accountable for timely action = Consistent evidence supporting both of these statements	✗
1.3.1. Leaders hold subordinates responsible for ensuring timely discipline measures are taken for Service members that perpetrate reported cases (e.g., in case of harassment, assault, domestic abuse)	✗
1.3.2. Leaders hold subordinates responsible for referring Service members to needed treatment (e.g., for substance use, suicide) in a timely way when an issue has been identified	✗
1.4. Leaders reinforce positive behaviors = Consistent evidence supporting this statement	✗
1.4.1. Leaders reward or recognize appropriate behavior that supports positive norms in a timely manner (e.g., bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles)	✗

1.5. Leaders role model positive behaviors = Consistent evidence supporting this statement	⊗
1.5.1. Leaders are observed modeling appropriate behaviors, such as addressing problematic behaviors or demonstrating a commitment to diversity and inclusion	✗

Dimension 164: Integrated Prevention – Priority

Sub-dimension and relevant data elements	Score
2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates = Consistent evidence supporting both of these statements	⊗
2.1.1. Leaders express that prevention efforts integrated across all levels are important	✗
2.1.2. Subordinate leaders can identify ways that leaders prioritize integrated primary prevention	✗
2.2. Leaders hold prevention personnel accountable for sustained integrated prevention = Consistent evidence supporting both these statements	⊗
2.2.1. Leaders keeps track/follows through to ensure that planned prevention strategies occur (e.g., alcohol prevention programming, lethal means training)	✗
2.2.2. Leaders holds prevention personnel responsible for collaborating across prevention areas (e.g., alcohol and drug prevention, suicide prevention)	✗
2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) = Consistent evidence supporting both these statements	⊗
2.3.1. Leaders reward or recognize best practice prevention processes (e.g., through public praise, mentioned in performance evaluations)	✗
2.3.2. Leaders reward or recognize collaborative efforts that cut across multiple areas of prevention (e.g., alcohol and drug prevention, suicide prevention)	✗
2.4. Leaders prioritize data and evaluation related to prevention = Consistent evidence supporting both these statements	⊗
2.4.1. Leaders prioritize data and evaluation for monitoring and improving prevention activities	✗
2.4.2. Leaders prioritize data and evaluation results for informing crosscutting prevention planning and decision making	✗

Dimension 165: Stakeholder Engagement – Priority

Sub-dimension and relevant data elements	Score

3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities = Consistent evidence supporting this statement	⊗
3.1.1. Leaders and prevention personnel use stakeholder input to inform setting priorities and/or changing direction of priorities	✗
3.2. Leader communications stress the importance of stakeholder engagement = Consistent evidence supporting this statement	⊗
3.2.1. Messages and communications from leaders consistently stress importance of including stakeholders in priority setting	✗
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement = Consistent evidence supporting both of these statements	⊗
3.3.1. Leaders/prevention personnel show appreciation for stakeholder investment of time and effort in prevention efforts	✗
3.3.2. Leaders/prevention personnel give credit to stakeholders and others for their contributions to prevention	✗

Dimension 166: Healthy and Protective Environment – Preparation

Sub-dimension and relevant data elements	Score
4.1. Leaders are knowledgeable and skilled in building a protective environment = An overall mean score above 3.0 for the eleven leader survey items	n/a
4.1.1. Leaders with relevant KSAs needed to promote protective environments and build healthy climates	n/a
4.2. Established or systematic processes/structure to support healthy climate = Consistent evidence supporting both these statements	⊗
4.2.1. There is an accessible mechanism or pathway for Service members to make complaints when violations have taken place (in the case of sexual harassment/assault or other problematic behaviors), or to report concerns when present (e.g., in the case of alcohol problems or suicide)	✓
4.2.2. The pathway for Service members to make complaints when violations have taken place remains consistently accessible, despite transitions of Service members and prevention personnel	✗
4.3 Leaders and subordinates maintain sufficient connections = Consistent evidence supporting 3 out of 4 of these statements	⊗
4.3.1. Leaders have an approach to regularly (e.g., weekly) connect and communicate with subordinates (e.g., holding office hours, walking around for meet and greets)	✗
4.3.2. Leaders provide mentorship to provide advice and support the professional development of their subordinates (e.g., through regular meetings)	✗
4.3.3. Leaders regularly give out information about resources available (e.g., mental health care, child care) to subordinates to reduce stress and make their life better	✗

4.3.4. Subordinates feel comfortable coming to leaders with concerns about their own or others negative behaviors (e.g., bullying, substance use, marital problems, financial problems)	✗
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations = Consistent evidence supporting both of these statements	⊗
4.4.1. Leaders monitor climate-related efforts and behaviors of subordinates and peers	✗
4.4.2. Leaders address these climate-related efforts and behaviors within performance evaluation criteria for Service members	✗

Dimension 167: Integrated Prevention – Preparation

Sub-dimension and relevant data elements	Score
5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention = Consistent evidence supporting two out of three of these statements	⊗
5.19.1. Prevention personnel participate in a learning community to share lessons learned and best practices in integrated prevention in the military	✗
5.19.2. Learning community is considered a safe place to innovate and participants trust one another	✗
5.19.3. Learning community prioritizes improving measurable Service member outcomes	✗
5.20. Leaders are knowledgeable and skilled in primary prevention = An overall mean score above 3.0 for the eight leader survey items	n/a
5.2.1. Leaders have appropriate KSAs to address continuum of harm in the integrated prevention approach	n/a
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention = Consistent evidence supporting both these statements	⊗
5.3.1. Prevention personnel have appropriate KSAs to address continuum of harm in the integrated prevention approach = Consistent evidence for this data element = An overall mean score above 3.0 for the eighteen prevention survey items	n/a
5.3.2. Sufficient number of positions for prevention workforce allocated and hired to ensure integrated primary prevention approach consistent with addressing harmful behaviors = Consistent evidence for this data element is derived from the onsite discussions and data call.	✗
5.4. Collaborative structure exists to support integrated primary prevention = Consistent evidence supporting both these statements	⊗
5.4.1. A team devoted to integrated prevention exists to include: diverse leaders and personnel from multiple offices with consistent mechanisms to ensure productive meetings	✓

5.4.2. Team has clearly delineated each member's and the full team's responsibilities, including ongoing meetings and preparation for integrated primary prevention.	✗
5.5. Continuity of prevention staff and effective prevention activities are maintained over time = Consistent evidence supporting both these statements	⊗
5.5.1. Effective mechanisms exist to ensure prevention positions are transitioned seamlessly and that large gaps in billets or positions being filled do not occur	✗
5.5.2. Effective mechanisms (e.g., continuity plans) exist to ensure prevention activities remain consistent, despite turnover of prevention personnel	✗

Dimension 168: Stakeholder Engagement - Preparation

Sub-dimension and relevant data elements	Score
6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement = An overall mean score above 3.0 for the four leader survey items	n/a
6.1.1 Leaders have appropriate KSAs to conduct stakeholder engagement	n/a
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement = An overall mean score above 3.0 for the six prevention survey items	n/a
6.2.1. Prevention personnel have appropriate KSAs to conduct stakeholder engagement	n/a
6.3. Stakeholders are knowledgeable about prevention = Consistent evidence supporting both of these statements	⊗
6.3.1. Stakeholders can identify risk and protective factors contributing to unhealthy behaviors and violence	✓
6.3.2. Stakeholders identify how these factors are addressed in prevention efforts	✗
6.4. Sufficient resources exist to conduct stakeholder engagement = Consistent evidence supporting this statement	⊗
6.4.1. Prevention personnel have access to sufficient resources to engage with stakeholders	✗

Dimension 169: Healthy and Protective Environment – Implementation

Sub-dimension and relevant data elements	Score

7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors = Consistent evidence supporting both of these statements	
7.1.1. Leaders are consistently identifying, referring to relevant available programs (e.g., substance use programs, FAP, mental health treatment, financial literacy education and counseling), and continuing to monitor subordinates that are displaying harmful behaviors (e.g., by requesting data regarding substance use or incidents within the unit, by visiting the barracks of Service members)	
7.1.2. Peers are consistently identifying and referring peers that are displaying harmful behaviors to relevant available programs	
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates = Consistent evidence supporting 2 out of 3 of these statements (one has to be the third bullet "..subordinates are aware of relevant benchmarks..")	
7.2.1. Leaders clearly communicate specific benchmarks or target goals for improving/maintaining protective environments	
7.2.2. Leaders clearly delineate roles and responsibilities for improving/maintaining protective environments for subordinates	
7.2.3. Subordinates are aware of relevant benchmarks and their roles and responsibilities (if any) for improving/maintaining protective environments	
7.3. Leaders proactively monitor the stress levels of subordinates = Consistent evidence supporting both of these statements	
7.3.1. Leaders check in regularly with subordinates about their stress levels.	
7.3.2. Leaders communicate that it is okay to seek help to cope with stress.	
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) = Consistent evidence supporting both of these statements	
7.4.1. Leaders are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.4.2. Service members are held accountable for taking action to improve/maintain protective environments (e.g., referrals to services made, appropriate disciplinary action taken, lethal means secured)	
7.5. Positive behaviors are rewarded/recognized = Consistent evidence supporting this statement	
7.5.1. Service members' appropriate behaviors (i.e., behaviors that promote positive norms like bystander behaviors, proper handling of harassment/assault reports; demonstrating strong diversity and inclusion behaviors and principles) are recognized or rewarded, informally or formally, in a timely manner	

Dimension 170: Integrated Prevention – Implementation

Sub-dimension and relevant data elements	Score
8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.1.1. Prevention programming across offices is not duplicative	✓
8.1.2. Prevention programming intentionally targets shared risk and protective factors systematically chosen based on the shared risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means).	✗
8.1.3. Different prevention offices understand what the roles and responsibilities of other prevention offices	✓
8.1.4. Different prevention offices are working together regularly to tackle harmful behaviors	✗
8.2. Prevention approach is comprehensive = Consistent evidence supporting 3 out of 4 of these statements	⊗
8.2.1. Targets multiple risk and protective factors that drive harmful behaviors at the installation (e.g., lethal means)	✗
8.2.2. Targets across the continuum of harm	✗
8.2.3. Targets across career lifecycle	✗
8.2.4. Targets across socio-ecological level	✗
8.3. Prevention approach is evaluated = Consistent evidence supporting all 3 of these statements	⊗
8.3.1. Prevention personnel evaluate process and outcomes of individual prevention programs, on a regular basis	✗
8.3.2. Prevention personnel brief leaders on results of evaluation	✗
8.3.3. Prevention personnel and leaders look across prevention program evaluations to assess the effectiveness of the overall prevention approach	✗
8.4. Prevention approach is continuously improved = Consistent evidence supporting both of these statements	⊗
8.4.1. Leaders and practitioners review evaluations and feedback and use this feedback to improve integrated primary prevention programming over time	✗
8.4.2. Leaders and prevention personnel de-implement ineffective prevention programs	✗
8.5. Resistance to the prevention approach is monitored and addressed = Consistent evidence supporting 2 out of 3 of these statements	⊗

8.5.1. Mechanisms exist to measure and track buy-in and resistance among Service members	✓
8.5.2. Prevention personnel follow up when resistance is noted and adapt their approach as is appropriate.	✗
8.5.3. Concerns that may lead to Service member resistance are addressed	✗

Dimension 171: Stakeholder Engagement - Implementation

Sub-dimension and relevant data elements	
9.1. Level of Collaboration: Score the level of stakeholder engagement using a modified version of the IAP[2] spectrum of public participation: ○ NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel. ○ INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input. ○ INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made. ○ PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made. ○ COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress	**Score: 1 – Inform**

Appendix E: Acronyms List

CG	Commanding General
CMEO	Command Managed Equal Opportunity
CRT	Command Resiliency Team
DEOCS	Defense Organizational Climate Survey
DHRA	Defense Human Resources Activity
DoD	Department of Defense
DSAID	Defense Sexual Assault Incident Database
DSPO	Defense Suicide Prevention Office
EEO	Equal Employment Opportunity
EOA	Equal Opportunity Advisor
EOL	Equal Opportunity Leader
FAP	Family Advocacy Program
FY	Fiscal Year
IG	Inspector General
KSA	Knowledge, Skills, and Attitudes
MEO	Military Equal Opportunity
MMDB	Military Mortality Database
NCO	Non-Commissioned Officer
NGB	National Guard Bureau
ODEI	Office of Diversity, Equity, and Inclusion
OPA	Office of People Analytics
OSD	Office of Secretary of Defense
OSIE	On-Site Installation Evaluation
PTDO	Performing the Duties of
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office
SARC	Sexual Assault Response Coordinator
TDA	Temporary Duty Assignment
USAG	United States Army Garrison
USD (P&R)	Under Secretary of Defense (Personnel and Readiness)
VA	Victim Advocate
VPC	Violence Prevention Cell