



## DoD INSTRUCTION 6400.11

# DoD INTEGRATED PRIMARY PREVENTION POLICY FOR PREVENTION WORKFORCE AND LEADERS

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<b>Originating Component:</b>	Office of the Under Secretary of Defense for Personnel and Readiness
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<b>Change 1 Approved by:</b>	Gilbert R. Cisneros, Jr., Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authority in DoD Directive 5124.02 and pursuant to DoD Instruction (DoDI) 6400.09, DoD Prevention Plan of Action 2.0 (PPoA 2.0), and the March 30, 2022 and September 22, 2021 Secretary of Defense Memorandums, this issuance:

- Establishes and implements policy, assigns responsibilities, prescribes procedures, and identifies requirements for addressing primary prevention of harmful behaviors, as defined in the Glossary, in military communities.
- Establishes roles, requirements, and training and education standards for full-time and part-time Integrated Primary Prevention (IPP) personnel.
- Establishes learning objectives for leaders to oversee and support prevention activities.
- Provides assessment and evaluation requirements for IPP oversight.

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## **SECTION 1: GENERAL ISSUANCE INFORMATION**

### **1.1. APPLICABILITY.**

This issuance applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

### **1.2. POLICY.**

a. DoD will establish and maintain a robust, enterprise-wide IPP capability with:

- (1) A trained and full-time IPP Workforce (IPPW).
- (2) Leaders equipped to facilitate prevention activities and use the IPP personnel’s expertise.
- (3) An enduring infrastructure for the collection and application of prevention data, including:
  - (a) An accountability structure for administering, receiving, and using command climate assessment (CCA) information to empower commanders to improve climate.
  - (b) Guidance for selecting and evaluating installations as part of the on-site installation evaluation (OSIE) process.
  - (c) A DoD clearinghouse for primary prevention research that will accelerate dissemination of research findings and streamline data collection processes.

b. Primary prevention research information collection is deemed to be an official action; which may include the collection of sexual orientation and transgender information in accordance with exceptions provided for in the January 28, 2011, Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Memorandum, and DoDI 1300.28, respectively, and in compliance with requirements outlined in Paragraph 5.3.c. of this issuance.

### **1.3. INFORMATION COLLECTIONS.**

The Defense Organizational Climate Survey (DEOCS) has been assigned report control symbol DD-P&R-2338 in accordance with the procedures in Volume 1 of DoD Manual 8910.01. The expiration date of this information collection is listed on the DoD Information Collections Website at [https://www.esd.whs.mil/Directives/collections\\_int/](https://www.esd.whs.mil/Directives/collections_int/).

#### **1.4. CHANGES TO EXISTING DOD POLICY.**

This issuance supersedes the statement in the November 20, 2014, USD(P&R) Memorandum that reads: “Designates the Defense Equal Opportunity Management Institute (DEOMI) Organizational Climate Survey (DEOCS) as the survey tool for support of the Department of Defense (DoD) command climate assessment program pursuant to section 572 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013, Public Law No. 112-239, as amended by section 1721 of the NDAA for FY 2014, Public Law No. 113-66; and the Acting Under Secretary of Defense for Personnel and Readiness memorandum, "Command Climate Assessments," July 25, 2013.”

#### **1.5. SUMMARY OF CHANGE 1.**

The administrative change to this issuance:

- a. Removes the statement in Paragraph 1.1. stating this issuance does not apply to National Guard Service members. The original language was requested by the National Guard in error during coordination and was intended for a different DoD issuance.
- b. Updates references.

## **SECTION 2: RESPONSIBILITIES**

### **2.1. USD(P&R).**

In addition to the responsibilities in DoDI 6400.09 and Paragraph 2.9., the USD(P&R):

a. Issues policy governing IPP personnel and provides policy oversight on prevention efforts implemented pursuant to this issuance.

b. Through the Assistant Secretary of Defense for Manpower and Reserve Affairs and the Director, Department of Defense Human Resources Activity (DoDHRA), establishes standardized IPPW position designations to ensure that such designations are informed by DoD Prevention Workforce Model, maintains accountability of positions, and ensures that positions directly support IPP efforts across the areas of sexual assault, harassment, suicide, domestic abuse, child abuse, and retaliation.

c. Develops and maintains a DoD clearinghouse on DoD-sponsored prevention research to catalog and disseminate, as appropriate, harmful behavior prevention research and evaluation findings to OSD and DoD Components. The DoD clearinghouse will:

(1) Comply with applicable Federal laws and DoD regulations; and

(2) Ensure all documents received by the clearinghouse are appropriately marked in accordance with DoDI 5200.48, as applicable.

### **2.2. EXECUTIVE DIRECTOR, FORCE RESILIENCY (EDFR).**

Under the authority, direction, and control of the USD(P&R), in addition to the responsibilities in DoDI 6400.09, the EDFR:

a. Provides policy oversight on prevention efforts and the development of the IPPW.

b. Establishes, in coordination with the Secretaries of the Military Departments; Chief, NGB; and Deputy Assistant Secretary of Defense for Civilian Personnel Policy, training and education standards for IPP personnel and recommends changes to the prevention policy to the USD(P&R).

c. Tracks and has accountability of the IPPW position designations to ensure that such designations are informed by DoD Prevention Workforce Model and the positions directly support IPP efforts across the areas of sexual assault, harassment, suicide, domestic abuse, child abuse, and retaliation.

d. In collaboration with the Prevention Collaboration Forum (PCF), and in accordance with DoDI 6400.09 and this issuance:

(1) Oversees and makes policy recommendations to USD(P&R) for the IPP personnel.

(2) Oversees CCAs as outlined in Paragraph 5.1.

(3) Conducts OSIEs every other year as outlined in Paragraph 5.2. and provides written findings and recommendations to the USD(P&R).

(4) Identifies and funds research opportunities in alignment with the Annual IPP Research Agenda in accordance with Section 549A of Public Law 117-81, also known and referred to in this issuance as the “National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2022.”

(5) Establishes standard operating procedures and review processes for the DoD clearinghouse.

### **2.3. DIRECTOR, DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DODEA).**

Under the authority, direction, and control of the USD(P&R), through the Assistant Secretary of Defense for Manpower and Reserve Affairs, and in addition to the responsibilities in Paragraphs 2.8. and 2.9., the Director, DoDEA oversees and delivers research-based prevention activities to students and staff in DoDEA schools in accordance with DoDI 6400.09.

### **2.4. DIRECTOR, DODHRA.**

Under the authority, direction, and control of the USD(P&R) and in addition to the responsibilities in Paragraphs 2.8. and 2.9., the Director, DoDHRA:

- a. Collaborates with DoD policy offices and PCF to support the training and professional development of the IPPW and the implementation of this issuance.
- b. Funds DoDHRA-sponsored research in alignment with the Annual IPP Research Agenda.
- c. Develops and implements procedures for the review and approval of primary prevention research and evaluation efforts in accordance with Paragraph 5.3.
- d. Assigns roles and responsibilities to fulfill CCA requirements in Paragraph 5.1.g.
- e. Develops and implements policies and procedures for sharing, as appropriate, data maintained by DoDHRA related to primary prevention and evaluation pertaining to harmful behavior within current relevant policy, laws, and regulations associated with each dataset.

### **2.5. ASSISTANT SECRETARY OF DEFENSE FOR SPECIAL OPERATIONS AND LOW-INTENSITY CONFLICT.**

The Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, in coordination with the Secretaries of the Military Departments, oversees IPP personnel within United States Special Operations Command in addition to the responsibilities in Paragraph 2.9. in accordance with this instruction, as applicable.

## **2.6. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).**

Under the authority, direction, and control of the USD(P&R), the ASD(HA) ensures performance of proper oversight capabilities for subordinate organizations for primary prevention research.

## **2.7. DIRECTOR, DEFENSE HEALTH AGENCY.**

Under the authority, direction, and control of the USD(P&R), through the ASD(HA); in addition to the responsibilities in Paragraphs 2.8. and 2.9.; and in collaboration with the EDFR, the Director, Defense Health Agency:

a. Supports dissemination and information sharing of primary prevention research pertaining to harmful behaviors. Eliminates duplication of research efforts by:

(1) Including research projects directed through the Annual IPP Research Agenda in regular interim progress reviews of primary prevention research funded by the Defense Health Program (DHP).

(2) Inviting members of the PCF to participate in interim progress reviews of DHP-funded primary prevention research.

(3) Participating in the PCF to ensure ongoing research integration, collaboration, and information sharing.

(4) Requesting DoD Component status updates, summaries, and outcomes of research directed through the Annual IPP Research Agenda, as needed.

b. Through the Research and Engineering Directorate, Psychological Health Center of Excellence:

(1) Maintains a strategic roadmap for IPP research funded by DHP that will:

(a) Incorporate priorities for the Annual IPP Research Agenda.

(b) Be developed in collaboration with the PCF.

(2) Identifies gaps in research in IPP and prioritizes DHP research funding to mitigate identified gaps.

(3) Provides research findings annually to PCF about all primary prevention research funded by DHP, no later than the end of each FY.



## **2.8. DOD COMPONENT HEADS.**

The DoD Component heads:

- a. Develop procedures to implement the requirements of this issuance and ensure their respective Component's compliance.
- b. Support the establishment or modification of prevention policies in accordance with PPOA 2.0 and this issuance.
- c. Support implementation of prevention systems in accordance with PPOA 2.0, foster a prevention culture, encourage help-seeking, and ensure access to adequate resources and development opportunities for all IPP personnel under their respective jurisdiction.
- d. Assign roles and responsibilities to fulfill CCA requirements pursuant to Paragraph 5.1.g.
- e. Identify and approve ongoing professional development opportunities for the IPPW.
- f. Will comply with collective bargaining obligations, as applicable.

## **2.9. OSD AND DOD COMPONENT HEADS, EXCLUDING THE SECRETARIES OF THE MILITARY DEPARTMENTS AND CHIEF, NATIONAL GUARD BUREAU (NGB).**

The OSD and DoD Component heads, excluding the Secretaries of the Military Departments and Chief, NGB:

- a. Establish or modify policy and procedures to align to and implement this issuance.
- b. Support OSD and DoD Component IPP personnel.
- c. Assign roles and responsibilities to fulfill CCA requirements pursuant to Paragraph 5.1.g.
- d. Fund research in alignment with the Annual IPP Research Agenda.
- e. Provide research status updates, summaries, and outcomes about all primary prevention research pertaining to harmful behaviors funded by non-DHP monies to the DoD clearinghouse no later than the end of each FY.
- f. Upon request, submit training and policies for oversight review to the EDFR.

## **2.10. SECRETARIES OF THE MILITARY DEPARTMENTS.**

In addition to the responsibilities in Paragraph 2.8., the Secretaries of the Military Departments:

- a. Establish or modify policy and procedures of their respective Military Departments in accordance with this issuance.

b. Provide research and evaluation status updates, summaries, findings, plans for follow-on research, and methods to minimize survey burden no later than the end of each FY to the DoD clearinghouse on all primary prevention research and evaluation pertaining to harmful behaviors funded by non-DHP monies.

c. Designate a primary prevention research coordinator (PPRC) to support their respective IPPW as described in Paragraph 3.2.b.(4).

d. Participate in the PCF to ensure ongoing research integration, collaboration, and information sharing.

e. Establish policies and procedures for the recruitment, professional development, and retention of the IPPW and the identification and training of IPP Support Personnel.

## **2.11. CHIEF, NGB.**

In addition to the responsibilities in Paragraph 2.8., the Chief, NGB, on behalf of and in coordination with the Secretaries of the Army and the Air Force:

a. Establishes and modifies National Guard policy and procedures in accordance with this issuance.

b. Provides research status updates, summaries, and outcomes no later than the end of each FY to the DoD clearinghouse about all primary prevention research pertaining to harmful behaviors funded by non-DHP monies.

c. Participates in the PCF to ensure ongoing research integration, collaboration, and information sharing.

## SECTION 3: IPP ROLES AND RESPONSIBILITIES

### 3.1. COMPOSITION.

This issuance distinguishes between military and civilian positions across the prevention enterprise which involve prevention activities and IPP positions, which require specific IPP training and meet requirements outlined in Section 3 of this issuance.

#### a. IPP Positions.

There are two types of IPP positions: IPPW positions in which personnel perform IPP duties full-time as members of the IPPW and IPP Support positions in which personnel, who are not members of the IPPW, perform IPP duties on a part-time or secondary basis.

##### (1) IPPW.

The IPPW consists of DoD civilian employees or Service members whose primary duties involve primary prevention of two or more harmful behaviors outside of a clinical setting. IPPW positions correspond to Levels 3-5 in the DoD Prevention Workforce Model and require completion of DoD-approved training in accordance with Paragraph 3.7.b.-c.

##### (2) IPP Support.

IPP Support positions are those in which DoD civilian employees or Service members perform IPP duties on a less than full-time basis and not as their primary duties. IPP Support positions correspond to Levels 1 and 2 in the DoD Prevention Workforce Model and require completion of DoD-approved training in accordance with Paragraph 3.7.b.-c.

#### b. Program Specialist Positions.

Program Specialist positions are those in which the primary duties of the Service member or DoD civilian employee involve a harmful behavior remediation program such as suicide prevention, Military Equal Opportunity (MEO), Family Advocacy Program (FAP), and substance misuse. Positions with primary duties involving program support may not be designated or coded as IPPW. Such positions may be designated as IPP Support positions which correspond to Levels 1 and 2 in the DoD Prevention Workforce Model and require completion of DoD-approved training.

### 3.2. IPPW AND IPP SUPPORT CORE ACTIVITIES.

#### a. Scope.

(1) The scope of work for IPP personnel includes:

(a) The military community.

- (b) Research-based primary prevention activities, including:
    - 1. Universal and selected primary prevention activities.
    - 2. Primary prevention efforts that have the potential to reduce the prevalence of two or more forms of harmful behaviors, including, but not limited to:
      - a. Sexual assault.
      - b. Harassment.
      - c. Retaliation.
      - d. Suicide.
      - e. Domestic abuse.
      - f. Child abuse.
    - 3. Selected primary prevention delivered in a group setting (e.g., classroom environment, unit environment).
- (2) IPP personnel will not:
- (a) Work in a clinical setting;
  - (b) Implement prevention activities with individuals or couples outside of a group setting; or
  - (c) Provide clinical treatment as part of their IPP duties.
- (3) IPP personnel will engage in IPP, which prioritizes:
- (a) Unit- and community-based assessments and activities.
  - (b) Addressing risk and protective factors across the social ecology.
  - (c) Sharing information, research, and evaluation findings within relevant policy, laws, and regulations with a variety of prevention stakeholders.
  - (d) Emphasizing environmental and contextual factors (e.g., social determinants of health, pre-military risk factors, and community crime prevention).
  - (e) Providing encouragement, research-based advisement, and support to leaders in their efforts to develop healthy climates and protective environments.
  - (f) Fostering collaboration with DoD and non-DoD agencies and stakeholders, in accordance with Federal law and DoD regulations, to maximize prevention resources and services available to the military community.

**b. IPP Position Roles and Collaboration with Other Prevention Stakeholders.**

IPP personnel will collaborate with program specialists and other stakeholders who work to prevent or respond to harmful behaviors. See Table 1 for examples of prevention activities and personnel alignment.

**Table 1. Examples of Prevention Activities and Personnel Alignment**

<b>Prevention Activity</b>	<b>Personnel Leading Effort</b>	<b>Explanation</b>
<b>Healthy relationship training for prevention of harmful behaviors, such as training groups of entry-level Service members</b>	IPP personnel <sup>1</sup>	Non-clinical prevention effort that addresses two or more forms of harmful behavior
<b>Healthy relationship training for an individual, a couple, or a family</b>	Program specialists in the FAP, clinical personnel, or other personnel such as chaplains	Delivered to individuals or couples, may consist of clinical intervention and may include targeted parenting education
<b>Advising leadership on local alcohol policy</b>	IPPW	Non-clinical prevention effort that addresses two or more forms of harmful behavior
<b>Advising leadership on alcohol treatment options for at-risk Service members</b>	Clinical personnel <sup>2</sup>	Clinical intervention
<b>Lethal means safety education and training for groups</b>	IPP personnel	Non-clinical prevention effort that addresses two or more forms of harmful behavior
<b>Assisting leadership in interpreting data on incidents of harmful behavior</b>	IPPW	Non-clinical prevention effort that helps leaders engage in data-informed actions
<b>Preventing problematic sexual behavior in children or youth</b>	Program specialists or clinical personnel	Prevention effort targeting a single harmful behavior, may include clinical intervention
<sup>1</sup> IPP Support and IPPW personnel may engage in these efforts. <sup>2</sup> Clinical personnel are Service members or DoD civilian personnel who engage in clinical interventions (e.g., diagnose patients, administer medical treatments, deliver individual counseling or therapy) to improve health or well-being and reduce harmful behaviors. Clinical personnel may also collaborate and consult with the IPP personnel for primary prevention planning, implementation, and evaluation.		

**(1) Program Specialists.**

(a) Program Specialists, in consultation with IPP personnel, provide training (e.g., annual and leadership training) aligned with their program or area of responsibility.

(b) Program Specialists lead secondary and tertiary prevention efforts, including response efforts.

(2) IPPW.

IPPW Personnel:

- (a) Identify and integrate data, research, and evaluation findings from various sources within relevant policy, laws, and regulations.
- (b) Develop or administer IPP activities.
- (c) Use data to conduct community needs assessments, select IPP activities, and evaluate activities in accordance with PPOA 2.0.
- (d) Interpret CCA results and advising commanders and leaders on development and implementation of CCA action plans.

(3) IPPW Collaboration with Prevention Stakeholders.

(a) The IPPW will build rapport and sustain peer relationships with prevention stakeholders to ensure there is proactive communication and collaboration among all parties. Program specialists and prevention stakeholders include, but are not limited to, Sexual Assault Prevention and Response (SAPR) personnel, FAP personnel, suicide prevention personnel, MEO personnel, Equal Employee Opportunity personnel, chaplains, law enforcement, health care providers, and training facilitators. The IPPW will advise and support ongoing prevention efforts while modernizing the content, delivery, and dosage of prevention education. Leaders overseeing the IPPW will be the decision-making authority on IPP activities to ensure cross-functional collaboration is successful and aligned with the guidance in this issuance.

(b) DoD Component staffing of the IPPW and the distribution of prevention responsibilities will be informed by the Prevention Workforce Model.

(c) The IPPW will collaborate with other stakeholders to achieve prevention goals and outcomes. Examples of collaboration include but are not limited to:

1. Advising or collaborating on the content and delivery of ongoing training and education (e.g., refining the delivery or dosage of an existing education program to improve its outcomes). IPPW may help identify methods to reduce training fatigue and support program specialists in achieving their program goals.

2. Strategizing on how to develop and deliver new education (e.g., retaliation prevention) or program materials (e.g., maximizing the research-based content of education materials). The IPPW can also help identify local prevention needs or compare universal versus selected primary prevention activities.

3. Ensuring visibility and leadership support for program specialists' ongoing efforts and program needs. IPP personnel will engage in larger collaborative forums and strengthen support for prevention on behalf of their peers and colleagues.

(4) Research Oversight.

The Military Departments and the NGB each will appoint a PPRC. The Department of the Navy and the Department of the Air Force will also appoint PPRC for the Marine Corps, Navy, Air Force, and Space Force, respectively.

(a) The PPRC will collaborate with IPP personnel and:

1. Provide oversight, guidance, and assistance with obtaining research approvals from commanders, supervisors, and other relevant stakeholders, including approvals pursuant to Office of Management and Budget (OMB), Chapter 35 of Title 44, United States Code, clearance, and the Human Research Protection Program.

2. Obtain legal reviews and advice on research from supporting legal office(s).

3. Provide oversight, guidance, and assistance with obtaining access to data needed for prevention research and evaluation.

4. Pursuant to DoDI 3216.02, DoDI 5400.11, DoDI 8910.01, DoDI 1100.13, and other applicable policies, obtain appropriate reviews, approvals, and advice from supporting DoD privacy, information collection, and survey offices, and OMB, as applicable.

5. Obtain privacy reviews and advice from supporting privacy office(s) and survey office(s).

6. Pursuant to DoDI 3216.02, determine if information collection or surveillance activities require human subject protections.

7. Designate researchers permitted to access sensitive DoD data (e.g., confidential survey datasets), in accordance with guidelines established by DoDHRA and in accordance with DoD regulations governing access to sensitive information; DoDIs 5400.11, 8910.01, 1100.13, and 3216.02.

8. As needed, collaborate with OSD and DoD Component research agencies, institutions, or offices to align ongoing research efforts and IPP activities.

(b) The PPRC should have:

1. Level 4 prevention training (see Table 2 for description of Level 4 training).

2. Expertise in planning research, conducting evaluation, and fielding data collections.

3. Communication with the Office of the USD(P&R) offices responsible for research oversight, approvals, and development of the Annual IPP Research Agenda.

4. Experience collaborating with leaders and researchers.

### **3.3. IPP PERSONNEL DUTIES.**

Duties and responsibilities for IPP positions include:

- a. Collaborating with program specialists and other prevention stakeholders at all levels.
- b. Educating leaders on primary prevention and enhancing their overall prevention knowledge in accordance with Paragraph 4.4. The IPP personnel must brief leaders on their prevention responsibilities within 60 days of leaders assuming a new supervisory, command, or leadership position.
- c. Ensuring data, information, research, and evaluation findings are shared across stakeholders for primary prevention planning and evaluation, in compliance with relevant policy, laws, and regulations.
- d. Conducting, at a minimum, an annual review of primary prevention activities within their area of responsibility to ensure they are data-driven and not duplicative.
- e. Helping leaders establish a culture of prevention characterized by:
  - (1) Fostering community norms that encourage healthy decision-making, empathy, communication, bystander intervention, and help-seeking pursuant to Sections 4 and 5 of DoDI 6400.09.
  - (2) Cultivating inclusivity, connectedness, dignity, and respect.
  - (3) Enhancing equity, rights, and engagement by:
    - (a) Identifying solutions for populations disproportionately impacted by harmful acts and climate issues that contribute to the problem.
    - (b) Adapting prevention plans, processes, and trainings as necessary to minimize inequalities and disparities.

### **3.4. IPP PROGRAM REQUIREMENTS.**

DoD Components will establish an IPP Program with IPPW at all levels of the enterprise.

- a. The composition of the IPPW will be informed by the DoD Prevention Workforce Model and the IPP Program will formally integrate the primary prevention of harmful behaviors.
- b. The IPP Program will:
  - (1) Design primary prevention activities to form research-based, comprehensive IPP plans.
    - (a) Work with other prevention stakeholders to develop comprehensive IPP plans.  
The plans will:



1. Be informed by data and findings from all CCAs at each echelon, including Change of Command CCAs, Annual CCAs, and any Defense Organizational Climate Pulse (DOCPs); and other prevention research and evaluation findings within their organization.

2. Define the population the plan includes and at what echelon (e.g., installation, vessel, wing, battalion, office).

3. Include targeted actions at each echelon encompassed by the plan, including actions for specific commanders or leaders at each echelon in accordance with Paragraph 5.1.e.(1).

(b) The IPPW will create and update the comprehensive IPP plans for their area of responsibility and track their implementation over time. This includes:

1. Submitting plans to the DEOCS portal annually by January 31, beginning in 2024.

2. Submitting updated plans describing implementation progress and new information (e.g., findings from new Change of Command CCAs, new DOCPs, research, and evaluations) to the DEOCS portal annually by July 31, beginning in 2024. Plans must note the dates of CCA review sessions with commanders or leaders in accordance with Paragraph 5.1.e.(1)(c).

3. Using the standardized format and process for submitting plans in accordance with Paragraph 5.1.g.(3)(h).

(2) Advise commanders and leaders at all levels on all aspects of the prevention process and prevention system.

(3) Collaborate, in accordance with Federal law and regulations, with partners internal and external to the military to maximize prevention capabilities and reduce factors that contribute to harmful behaviors.

(4) Leverage existing data and collect new data, as appropriate, to conduct community needs assessments and inform a comprehensive IPP plan.

(5) Plan, select, implement, and evaluate primary prevention activities.

### **3.5. IPPW GENERAL COMPETENCIES.**

a. Members of the IPPW will demonstrate the ability to:

(1) Explain to program specialists, prevention stakeholders, key policy-makers, the military community, and leaders how harmful behaviors constitute a public health problem.

(2) Explain how to reduce harmful outcomes to program specialists, prevention stakeholders, key policy-makers, the military community, and leaders.

- (3) Adapt and apply prevention science to the military environment.
  - (4) Access, interpret, use, and present data on harmful behaviors and the factors that contribute to those behaviors, including unit and community needs and assets.
  - (5) Select, plan, and implement IPP activities.
  - (6) Understand the importance of and methods to evaluate IPP activities in accordance with PPOA 2.0.
  - (7) Build and manage an IPP program.
  - (8) Disseminate information to and collaborate with the military community, program specialists, prevention stakeholders, key policy-makers, and leaders.
  - (9) Build the prevention capacity of the military community through outreach and education.
  - (10) Stimulate change through primary prevention activities in accordance with PPOA 2.0.
  - (11) Use interpersonal skills to cultivate strong collaborative relationships and build IPP networks of prevention stakeholders.
  - (12) Develop and strengthen competencies as a prevention professional over time.
- b. Members of the IPPW whose work involves children, youth, and families will demonstrate:
- (1) Awareness and understanding of the impact of trauma, including exposure to harmful behaviors by others, across the developmental spectrum of children and youth to adulthood.
  - (2) Awareness and understanding of risk and protective factors associated with child abuse as described in Paragraph 5.5.b. of DoDI 6400.09.
  - (3) Awareness of enterprise-wide resources and programs that support children, youth, and family well-being.

### **3.6. IPP PROGRAM ORGANIZATIONAL LEVELS.**

#### **a. Organizational Levels.**

The IPP Program is grouped into three organizational levels: strategic, operational, and tactical (see the Prevention Workforce Model for descriptions of positions within each organizational level). Positions within different levels require different competencies.

(1) Strategic Level.

The IPP Program will synthesize data and research, translate findings into policy and guidance, and provide tools and technical assistance to the IPPW at the operational level.

(2) Operational Level.

The IPP Program will apply the strategic guidance to their sphere of influence and provide tools and technical assistance to the IPPW at the tactical level to facilitate the execution of the strategic guidance.

(3) Tactical Level.

The IPP Program will require collaboration and facilitation skills as well as the ability to apply the strategic guidance, tools, and technical assistance to their organization.

**b. Responsibilities and Roles by Level.**

(1) At the strategic level, the IPPW will:

- (a) Identify and collaborate with IPP Support Personnel to fulfill IPP requirements.
- (b) Conduct primary prevention research and review existing data and evidence.
- (c) Develop a comprehensive IPP plan for their component that addresses DoD Component culture and organizational structure to include:
  - 1. Implementation considerations for the three organizational levels.
  - 2. Resource considerations to provide and sustain all prevention system and process elements in accordance with PPOA 2.0.
- (d) Collect and analyze data on the implementation and evaluation of primary prevention activities across their component.
- (e) Translate evaluation findings and propose policy recommendations as applicable.
- (f) Use research findings to prioritize primary prevention efforts and gauge resource needs.
- (g) Conduct community needs assessments across their component.
- (h) Prioritize needs across their component and propose data-informed actions to leadership.
- (i) Publish guidance on research-based trainings.
- (j) Provide tools and technical assistance to IPP personnel at the operational level, including examples of research-based prevention activities.

- (k) Translate strategic policy for operational and tactical level personnel.
- (2) At the operational level, the IPPW will:
- (a) Identify and collaborate with IPP Support Personnel to fulfill IPP requirements.
  - (b) Apply strategic guidance to their areas of responsibility.
  - (c) Provide tools and technical assistance to IPP personnel at the tactical level, including examples of research-based prevention activities.
  - (d) Use research findings to prioritize prevention efforts and gauge resource needs.
  - (e) Develop and monitor prevention program activities and budgets.
  - (f) Determine and pursue resources to meet community needs identified by tactical level IPP personnel.
  - (g) Advise operational level leadership.
- (3) At the tactical level, the IPPW will:
- (a) Identify and collaborate with IPP Support Personnel to fulfill IPP requirements.
  - (b) Engage and educate different program specialists and leaders on what primary prevention is and their roles in primary prevention.
  - (c) Identify prevention activities that may positively impact the climate or reduce the prevalence of harmful behaviors, and advocate for implementation of such activities with leaders and other prevention stakeholders.
  - (d) Conduct regular community needs assessments in accordance with PPoA 2.0.
  - (e) Identify, adapt, implement, and evaluate research-based prevention activities effectively and in collaboration, as appropriate, with individual(s) or entities responsible for prevention programming and other relevant oversight entities in accordance with Federal laws and applicable regulations.
  - (f) Collect, analyze, and interpret research and evaluation findings to prioritize primary prevention efforts and gauge resource needs.
  - (g) Advise tactical level leadership on the needs of the military community and promote research-based decisions.

### **3.7. IPP PERSONNEL CAREER CYCLE.**

#### **a. Suitability for Performing IPP Personnel Roles.**

(1) Service members are subject to the background check requirements of DoDI 5200.02 and Enclosure 3 of DoDI 1402.05.

(2) Suitability and fitness determinations for civilian employees subject to this issuance will follow the guidance of:

(a) Volume 731 of DoDI 1400.25 for appropriated fund employees.

(b) Volume 1403 of DoDI 1400.25 for non-appropriated fund employees.

(3) All IPPW applicants must verify they do **not** have any of the following automatic disqualifying conditions:

(a) A conviction of a crime of sexual assault or other sex-related offenses listed in Chapter 47 of Title 10, United States Code, also known and referred to in this issuance as the “Uniform Code of Military Justice” (UCMJ).

(b) A disqualifying conviction of:

1. Domestic violence as defined in DoDI 6400.06;

2. Child abuse; or

3. Any violent crime listed under the UCMJ.

(c) A conviction of a State or Federal crime, of sexual assault or other sex-related offenses, or equivalent convictions as described in Paragraph 3.7.a.

(d) A conviction of a State or Federal law equivalent to the disqualifying conditions in Paragraph 3.7.a.(4).

(e) A conviction of any attempts to commit acts referenced in Paragraph 3.7.a.(3)(b) punishable under the law.

(f) A requirement to be registered as a sex offender.

(g) Any violent criminal behavior determined by the commander, supervisor, or other appointing authority to be inconsistent with IPP roles and responsibilities.

(4) Before conducting prevention activities with children, youth, and families, IPP personnel must:

(a) Obtain favorable completion of a Child Care National Agency Check with Inquiries background check pursuant to DoDI 1402.05. If roles and responsibilities change after initial certification to include children, youth, or families, personnel must notify the relevant

credentialing organization and ensure a Child Care National Agency Check with Inquiries background check is completed.

(b) Understand and follow State and Federal mandated reporter requirements for incidents of abuse or neglect involving children.

(c) Verify they do **not** have any of the following presumptive disqualifying conditions in accordance with DoDI 1402.05:

1. A FAP record indicating that the individual met criteria for child abuse or neglect or civil adjudication that the individual committed child abuse or neglect.

2. Evidence of an act or acts by the individual that tend to indicate poor judgment, unreliability, or untrustworthiness in providing childcare services.

(5) Officials charged with making determinations pursuant to this instruction must include in the record a written justification for any favorable determination made where background check findings or evidence of conditions outlined in Paragraph 3.7.a.(4)(b) are identified.

#### **b. Training and Education Requirements.**

(1) IPP personnel are required to complete initial training, consisting of DoD-approved training courses. DoD uses a five-level education and training system. Table 2 defines the roles and responsibilities for each level. IPP personnel will obtain and maintain the appropriate level of education for their role and setting.

(2) IPP Support Personnel occupy Levels 1 and 2 in Table 2. The IPP Support Personnel must complete a portion of the DoD-approved knowledge training courses before engaging in IPP activities as determined by the DoD Component (see Table 2 for role requirements).

(3) EDFR, through the PCF, will:

(a) Develop and annually review training and education requirements.

(b) Oversee the process through which IPP personnel apply for and maintain documentation of meeting the training and education requirements.

**Table 2. DoD IPP Personnel Training and Education System**

	IPP Support Personnel		IPPW		
	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Role</b>	Implementation support	Prevention support	Prevention specialist	Prevention lead	Prevention program manager
<b>Responsibilities</b>	Training or facilitating	Supports planning, implementation, or evaluation of prevention activities	Leads planning, implementation, and evaluation of at least 2 prevention disciplines (e.g., suicide, sexual assault, substance misuse, community crime)	Oversees planning, implementation, and evaluation of all prevention activities at the local level	Oversees and makes decisions regarding prevention activities; oversees identification, selection, and evaluation of prevention activities across multiple locations
<b>Preparation Required</b>	Training to deliver prevention activities and DoD-approved training (e.g., DoD SPARX Knowledge Training Part 1) <sup>1</sup>	DoD-approved training (e.g., DoD SPARX Knowledge Training Parts 1 and 2) <sup>1</sup>	DoD-approved training specific to prevention activities being delivered, and 20 hours of continuing education annually	DoD-approved training, and 30 hours of continuing education annually	DoD-approved training and experience in military setting, and 30 hours of continuing education annually
<b>Selection Consideration</b>	Facilitation skills, interest in prevention	Prevention experience and education in social sciences, public health, or criminal justice	Specialized prevention education and experience (bachelor's degree or higher in prevention-related field preferred)	Advanced, specialized prevention education and experience (master's degree or higher in prevention-related field preferred)	Advanced, specialized prevention education and experience applied in military settings (master's degree or higher in prevention-related field preferred)
<b>Roles these Individuals will be able to Perform</b>	Train or facilitate specific prevention activities	Provide support as needed for prevention	Use data to plan, implement, and evaluate prevention activities for their prevention discipline	Oversee planning, implementation, and evaluation of prevention activities; ensure consistent messaging across prevention activities or discipline; acceptable adaptations for prevention activities	Plan, implement, and evaluate prevention activities; empowered to advise leaders about which prevention activities to start and stop
<sup>1</sup> As of October 2022, DoD-approved trainings consist of the DoD SPARX Knowledge Training; Part 1 (4 hours) and Part 2 (60 hours).					

**c. Initial Training.**

(1) Level 1 personnel are only required to complete a portion of the approved training (e.g., DoD SPARX Knowledge Training Part One). DoD components will provide documentation of Level 1 personnel training completion.

(2) EDFR will track metrics on the completion of training of IPP personnel Levels 2-5 in accordance with Paragraph 3.7.b.(3).

**d. Ongoing Professional Development.**

EDFR in accordance with Paragraph 3.7.b.(3) will develop standards for professional development opportunities, as applicable.

(1) IPP Support Personnel, Levels 1 and 2. No requirements for ongoing professional development or continuing education.

(2) IPPW, Level 3. 20 hours of continuing prevention education annually.

(a) Maximum of 10 hours of approved Service-specific or component-specific training may be counted towards the 20-hour training requirement.

(b) Minimum of 5 hours must be dedicated towards program evaluation or social science research methods. Example topics include:

1. Program evaluation design and methods, including logic model development and implementation.

2. Experimental or quasi-experimental design (e.g., randomized controlled trials, pre- and post-designs, retrospective pre- and post-designs).

3. Quantitative, qualitative, and mixed method data collection strategies (e.g., using surveys, focus groups, interviews, participant observations).

4. Translational sciences and development of public health interventions.

5. Data management and analysis (e.g., longitudinal design and analysis).

(3) IPPW, Levels 4 and 5. 30 hours of continuing prevention education annually.

(a) Maximum of 15 hours of approved Service-specific or component-specific training may be counted towards the 30-hour training requirement.

(b) Maximum of 10 hours of prevention research (including public health, health equity, and community health research) and report writing may be counted towards the annual continuing education requirements.



(c) Minimum of 5 hours must be dedicated to training or coursework in leadership development (e.g., leading a diverse team, ethics, decision-making, strategic communication, mentorship, coaching skills, or team building).

(4) Professional development topics for personnel whose work involves children, youth, and families include:

(a) A minimum of 5 hours of initial education dedicated to effects of trauma, including exposure to adult harmful behaviors, in children, youth and adults, and current risk and protective factors associated with family maltreatment.

(b) An annual review of Federal and State mandated child abuse or neglect reporting requirements, policies, and processes to ensure proper adherence.

(5) Limitations.

(a) Activities that are not educational in nature will not count toward continuing education requirements (e.g., participating in a run or walk event, volunteering at an awareness table or booth).

(b) Instructing or administering prevention training courses will not qualify for continuing education.

(c) Virtual education, training, and courses must be delivered by an accredited institution of higher learning, Federal or State government, or a professional organization in a social science, criminal justice, criminology, public health, community health, or related field.

## **SECTION 4: EQUIPPING LEADERS FOR IPP**

### **4.1. ROLE IN PREVENTION.**

For prevention activities to be effective, leaders must:

- a. Analyze the environment in which they operate to determine how to prevent harmful behaviors.
- b. Promote and demonstrate positive character and leadership development.
- c. Communicate prevention as a priority.
- d. Create a respectful command climate where everyone can voice concerns without fear of retaliation.

### **4.2. IPP PERSONNEL OVERSIGHT.**

Leaders overseeing their IPP personnel will:

- a. Ensure their IPP personnel are fully integrated into the organization.
  - (1) Ensure suitability of personnel recruited for the IPP positions under their jurisdiction in accordance with Paragraph 3.7.a.
  - (2) Document compliance with training and continuing education requirements of their IPP personnel in accordance with Paragraphs 3.7.c.-d.
- b. Ensure their IPP personnel have access to adequate resources, funding, and professional development opportunities and authority to plan, implement, and evaluate prevention activities commensurate with their responsibilities.
- c. Ensure formal mechanisms exist to allow for routine bi-directional exchange of feedback and information between all levels of prevention personnel and leadership (e.g., community of practice group, conference calls among command teams).

### **4.3. INITIAL AND ONGOING PROFESSIONAL DEVELOPMENT.**

a. Initial and ongoing professional development of leaders will include the learning objectives described in Paragraph 4.4. Professional military education (PME) and other appropriate leadership development opportunities will provide progressively advanced levels of learning that prepare individuals to lead and support IPP. Each individual's PME on IPP may occur by modifying existing PME, as appropriate, and will be:

- (1) Tailored to their command and leadership requirements.

(2) Appropriate to their rank or grade.

(3) Commensurate with their level of responsibility, as determined by their DoD Component. This includes formal and informal training specific for:

- (a) General and flag officers and Senior Executive Service equivalents.
- (b) Commanders at all levels.
- (c) Officers of all ranks.
- (d) Senior enlisted leaders.
- (e) Non-commissioned officers in supervisory positions.
- (f) Basic military training instructors.
- (g) Drill instructors or sergeants.
- (h) Recruiters.
- (i) Reserve Officer Training Corps and Service Academy staff.

b. Additional education modules may be tailored for commanders entering specific operational environments or transitions, such as pre-deployment and post-deployment.

c. Initial and ongoing professional development for civilian employees in supervisory positions will include learning objectives in Paragraph 4.4.

#### **4.4. PREVENTION LEARNING OBJECTIVES.**

##### **a. Implementation and Support of Prevention Systems.**

Leaders must:

(1) Learn and apply fundamental concepts needed to effectively oversee and support prevention. These concepts include the ability to:

- (a) Understand fundamental public health prevention principles and definitions.
- (b) Provide examples of what works to prevent harmful behaviors (e.g., quality implementation of prevention activities to maximize the effectiveness).

(2) Develop and leverage collaborative relationships to facilitate prevention. This includes the ability to understand:

- (a) The benefit of collaboration with other prevention stakeholders.

(b) Healthy interpersonal skills and emotional intelligence are needed for high-performing teams and mission readiness.

(3) Create and maintain a culture of prevention by:

(a) Recognizing and mitigating risk factors and encouraging protective factors to prevent harmful behaviors.

(b) Understanding one's role as a leader in creating an organizational climate that supports prevention of harmful behavior.

(c) Understanding how the organizational core values reinforce social norms that prevent harmful behaviors.

(d) Identifying and leveraging influential leaders, Service members, and DoD civilian employees to promote prevention messaging that creates enthusiasm around prevention in the target population.

(e) Promoting opportunities for program specialists and other prevention stakeholders to participate in prevention activities and research.

(f) Monitoring and addressing military community resistance to prevention activities.

(g) Recognizing that prevention requires sustained engagement.

(4) Support implementation of research-based prevention activities. This includes the ability to:

(a) Understand and reinforce the importance of continuing education requirements for the IPPW.

(b) Understand the importance of using data, research and evaluation findings when integrating prevention activities into a comprehensive IPP plan and evaluating outcomes.

(c) Communicate and reinforce the importance of using data, research, and evaluation findings to guide prevention decision-making.

#### **b. Fostering a Command Culture of Respect.**

Leaders must:

(1) Maintain a healthy and professional organizational climate of respect. This includes:

(a) Understanding how to promote positive behaviors, model healthy skills, and encourage healthy decision-making.

(b) Creating a command climate where dignity and respect are valued.

(2) Apply leadership roles and responsibilities to enhance prevention of harmful behaviors. This includes:

(a) Monitoring command climate related efforts and behaviors and considering them in performance evaluations.

(b) Understanding the purpose and basic requirements of CCAs and how to use results to inform actions to improve command climate.

(c) Clearly communicating the expectations for benchmarks, roles, and responsibilities for improving and maintaining healthy command climates to subordinates.

(3) Foster inclusion and equity for diverse social groups. This includes:

(a) Understanding and implementing DoD prevention guidance and policy as it pertains to selected primary prevention.

(b) Identifying solutions for populations disproportionately impacted by harmful behaviors and addressing the climate issues contributing to the problem.

(c) Adapting prevention plans, processes, and trainings as necessary to minimize inequalities and disparities.

### **c. Encouraging a Culture of Help-Seeking and Access to Available Resources.**

Leaders must:

(1) Understand how trauma can impact individual wellbeing and workplace climate. This includes the ability to describe the consequences of harmful behaviors and trauma and how they affect work performance and readiness.

(2) Promote help-seeking behaviors and encourage resilience. This includes:

(a) Fostering an environment that reduces social stigma and promotes help-seeking before harmful behaviors occur.

(b) Matching resilience activities to diverse individuals' needs, depending on the situation.

(c) Being knowledgeable about available military resources and how to access the resources while supporting privacy. Having awareness of and access to personnel who can advise on:

1. Federal, State, and local resources.
2. Clinical and non-clinical services.
3. Referral processes.

4. Limits of confidentiality depending on resource.

(d) Referring subordinates and peers to appropriate resources when at risk for harmful behaviors.

(e) Establishing a command climate in which individuals can seek help and report harmful behaviors without fear of retaliation in accordance with DoD 7050.06, DoDI 1350.02, DoDI 1020.03, Volume 1 of DoDI 6495.02, and DoDI 6400.09.

(3) Respond appropriately to Service members exhibiting harmful behaviors. This includes:

(a) Taking appropriate action when individuals engage in prohibited abuse or harm, and safeguarding individuals as appropriate.

(b) Knowing when to seek additional guidance or input from other resources.

(c) Providing referrals to helping services for those exhibiting harmful behaviors or warning signs of harmful behaviors.

## **SECTION 5: ASSESSMENT, EVALUATION OVERSIGHT, AND DATA COLLECTION**

### **5.1. CCA.**

CCAs primarily serve as an organizational development tool to help commanders and leaders build positive organizational climates. CCAs allow unit commanders and organizational leaders to identify areas for improvement and take appropriate actions to address these challenges within their organization. CCAs also allow decision makers at the strategic level to direct resources to the units, organizations, or locations that are most in need of prevention support.

#### **a. Participants.**

(1) Commanders of military units and civilian organizational leaders must conduct CCAs at the echelon or level of command specified by their respective OSD and DoD Component heads, in accordance with Paragraph 5.1.g.(4)(b).

(2) Unit member participation in a CCA must be voluntary.

(3) All Service members and civilian employees in the command or organization must have the opportunity to participate. Civilian or military foreign nationals may participate in a CCA, subject to DoDHRA approval. Contractor personnel may not participate in the CCA.

(4) Individuals who are on detail or otherwise temporarily assigned should be included in the CCA for the organization in which they are currently performing their duties.

(5) Each Service member and civilian employee must be assessed at only one echelon for each assessment period (e.g., a Service member must be assessed at either the company echelon or battalion echelon, not both).

#### **b. CCA Activities.**

In accordance with Section 572(a)(3) of FY 2013 NDAA, members of the Armed Forces must be provided with an opportunity to express their opinions regarding the command's response to allegations of sexual assault and sexual harassment. CCAs provide this and additional opportunities to systematically gather information concerning an organization's climate.

(1) Annual CCA activities must include administration of a DEOCS.

(2) Change of Command CCA activities should not include a DEOCS, provided one has been administered to the organization in the last year.

(3) To form a more comprehensive and actionable picture of command climate, all CCA activities will include consideration of multiple sources of information about risk and protective factors for sexual assault and sexual harassment, and other harmful behaviors as determined by the Secretary of Defense, within the unit, such as administrative records, reports, interview data,

focus group data, or other existing data, in addition to current and previous DEOCS and DOCP results.

(4) Consistent with Section 572(a)(3) of the FY 2013 NDAA, commanders of military units and civilian organizational leaders must conduct a CCA within 90 days after assuming command or leadership of an organization and annually thereafter. During a Change of Command CCA, unit commanders and organizational leaders must review the unit or organization's most recent Annual CCA and assess the previous commander or leader's progress in implementing the relevant actions in the comprehensive IPP plan, as well as consider other sources of data about command climate and the risk and protective factors for sexual assault and sexual harassment and other harmful behaviors as determined by the Secretary of Defense.

(5) The Annual CCA occurs during an annual DEOCS fielding window in accordance with Paragraph 5.1.c.(2). The DEOCS is the detailed, standardized survey used to obtain an in-depth understanding of command climate.

(6) If a Change of Command CCA occurs during the Annual CCA, commanders of military units and civilian organizational leaders should conduct a single CCA that fulfills both Change of Command CCA and Annual CCA requirements.

(7) Commanders and leaders may conduct a DOCP survey during a Change of Command CCA or between Annual CCAs to obtain additional data (see Paragraph 5.1.d. for DOCP requirements).

(a) The IPPW will:

1. Advise commanders or leaders on collecting additional CCA data.
2. Provide guidance and help design and implement scientific methods for analysis.
3. Help unit commanders or organizational leaders holistically interpret findings across all data sources.

(b) To minimize burden on unit members, unit commanders and organizational leaders may only conduct new data collections if the information to be collected is not duplicative of information already available, in accordance with DoDI 8910.01, or otherwise required by law. The determination of the need for new data and the data collection process must be conducted in close coordination with the designated IPPW staff and the PPRC to ensure appropriate policies, procedures, and best practices related to research, evaluation, and data collection are followed. The new collection must comply with law and policy, including DoDI 8910.01 and DoDI 1100.13, as applicable.

### **c. CCA Due Dates.**

(1) Unit commanders and organizational leaders must conduct a Change in Command CCA within 90 days after assumption of command or office.



(2) Unit commanders and organizational leaders must conduct an Annual CCA, which includes administering a DEOCS between August 1 and November 30 and beginning no later than October 31.

**d. DOCP.**

The DOCP is a brief survey tool with flexible content that may be used as part of the Change in Command CCA or between Annual CCAs to provide timely feedback to unit commanders and organizational leaders.

(1) Unit commanders or organizational leaders may field a DOCP voluntarily for any reason or may be directed by their leadership to administer a DOCP as needed.

(2) Unit commanders and organizational leaders may choose the questions of the DOCP from a bank of questions maintained by DoDHRA.

(3) To minimize survey fatigue, a DOCP must not be administered:

(a) More than once a year.

(b) Within the 90 days before or after a DEOCS.

(4) A DOCP is the only approved survey tool to measure command climate between CCAs. A DEOCS cannot be used other than for a Change in Command CCA or Annual CCA.

(5) All requirements related to the DOCP described in Paragraph 5.1.d. will be effective as of October 1, 2023.

**e. Action Plans, Results, and Materials.**

(1) Designated IPPW staff must incorporate the results of Change in Command CCAs, Annual CCAs, and any DOCPs in the appropriate comprehensive IPP plan pursuant to Paragraph 3.4.b.

(a) At a minimum, comprehensive IPP plans must:

1. Describe strengths and areas for improvement.

2. Indicate which data sources were considered (e.g., DEOCS, DOCP, records, reports, interview data, focus group data, other existing survey data).

3. Identify recommendations for implementation by unit commanders and organizational leaders at each echelon as appropriate.

4. Obtain approval from appropriate leader overseeing the plan development.

(b) If any DEOCS factors do not meet the scoring benchmarks specified by EDFR, the comprehensive IPP plan must specifically outline how those will be addressed. However,

actions outlined in the comprehensive IPP plan need not be constrained to only areas that do not meet scoring benchmarks. Actions may address multiple DEOCS factors simultaneously.

(c) The designated IPPW staff must have CCA review sessions with unit commanders or organizational leaders within 60 calendar days of the close of the DEOCS or next drill period (for Annual CCAs) or within 120 calendar days after a commander or leader assumes command or office or next drill period (for Change in Command CCAs) to review the results of the CCA and collaborate on potential actions to improve or sustain their climate. IPPW staff must record the dates of the review sessions with the unit commander or organizational leader in the comprehensive IPP plan.

(2) After a Change in Command CCA and the Annual CCA, unit commanders and organizational leaders must, within 30 calendar days of the CCA review session (as described in Paragraph 5.1.e.(1)(c)) or next drill period, share the current CCA results with their unit or organization members; next higher level of command or leadership; and any subordinate commanders or leaders. The CCA results will include:

- (a) DEOCS results (for Annual CCAs).
- (b) Insights from other data that was considered.
- (c) Identified actions from the comprehensive integrated action plan.

(3) DoDHRA will collaborate with the CCA working group to establish procedures for granting personnel access to CCA results and comprehensive IPP plans. At minimum, EDFR, the IPPW, CCA administrative representative, current and incoming unit commanders or organizational leaders, and next higher level of command must be able to access current and past aggregated, de-identified CCA results, and comprehensive IPP plans for the units or organizations under their purview.

(4) Data and materials associated with a CCA must be retained as follows:

(a) Unit-level DEOCS and DOCP results, comments, and action plans must be retained by DoDHRA and available to authorized users within the DEOCS portal for up to 5 years.

(b) Unit commanders and organizational leaders must retain additional materials related to their CCA in accordance with their DoD Component's applicable data retention policies.

#### **f. Training.**

(1) Training on the policies, procedures, and processes associated with a CCA will be provided via a module of the PCF-approved training (e.g., DoD SPARX Training), effective October 1, 2023.

(2) Personnel who will be administering or consulting on CCAs (including CCA administrative representatives described in Paragraph 5.1.g.(4)(c) and the designated IPPW staff described in Paragraph 5.1.g.(4)(d)) must take the CCA module of the PCF-approved training.

(3) Unit commanders and organizational leaders do not need to complete the CCA training; only the designated CCA administrative representative needs to do so. However, commanders and leaders should have a basic understanding of CCAs, as described in Paragraph 4.4.b.(2)(b).

**g. Roles and Responsibilities.**

(1) Unit commanders and organizational leaders will ensure CCAs are completed in accordance with Paragraphs 5.1.a.-e.

(2) In collaboration with the PCF, the EDFR will:

(a) Establish scoring benchmarks for DEOCS factors using either criterion or normative approaches or a combination of both, assess benchmarks annually, and update as needed.

(b) Identify and oversee development of appropriate informational resources for responding to identified climate issues.

(c) No less than twice annually, provide climate briefings summarizing the status of command climate across the DoD to the Deputy Secretary of Defense to enhance visibility of climate and harmful behaviors across the DoD.

(3) DoDHRA will:

(a) In coordination with the PCF, develop, administer, and analyze the DEOCS and DOCP, as well as collaborate with the CCA working group to ensure survey accessibility.

(b) Ensure DEOCS and DOCP results and comprehensive IPP plans are accessible to authorized users via the DEOCS portal to unit commanders or civilian organizational leaders, next higher level of command, and other authorized personnel within 14 calendar days of the DEOCS or DOCP closing date or the comprehensive IPP plan upload date.

(c) Develop how-to guides and information aids for administering a DEOCS and a DOCP and understanding results.

(d) Develop CCA training.

(e) Provide a virtual platform that will:

1. Enable unit commanders and organizational leaders to request and administer a DEOCS or a DOCP.

2. Allow unit commanders and organizational leaders, designated IPPW staff, designated CCA administrative representatives, and other personnel as determined in collaboration with the PCF and CCA working group to see and review aggregated, de-identified DEOCS and DOCP results for the units or organizations under their purview.

3. Link users to appropriate information resources and personnel for help with interpreting data and prioritizing courses of action.

4. Allow users responsible for tracking CCA compliance for their component, determined in collaboration with the CCA working group and the PCF, to see and review which commanders, leaders, and IPPW staff have:

a. Completed a DEOCS, including the dates DEOCS were completed and reported reasons for units or organizations that completed a DEOCS outside the standard fielding windows specified in Paragraphs 5.1.c.(1) and 5.1.c.(2);

b. Completed a DOCP; and,

c. Uploaded a comprehensive IPP plan.

(f) Establish a working group, in coordination with the EDFR, to advise and make recommendations to the USD(P&R) related to CCAs, including the DEOCS and DOCP.

(g) Establish procedures and parameters regarding data sharing for DEOCS, DOCP, and other CCA data, to be reviewed every 2 years by the PCF and the CCA working group.

(h) In coordination with the PCF, develop a standardized format and process for submitting and reviewing comprehensive integrated action plans within the DEOCS portal as described in Paragraphs 3.4.b.(1)(b) and 5.1.e.(1).

(4) OSD and DoD Components:

(a) Establish policies, procedures, and parameters to ensure military commanders and civilian organizational leaders complete Change in Command and Annual CCA requirements as described in Paragraphs 5.1.a.-e. Policies, procedures, and parameters must ensure participants have sufficient time to complete surveys, include strategies for increasing sample sizes and increasing survey accessibility, and ensure required CCA review sessions with commanders are conducted.

(b) Define and enforce the echelon or level of command at which CCAs must be administered so that it is standard across the DoD Component. Specification of the echelon or level of command must consider survey suppression rules and average response rates to ensure the number of survey respondents will be high enough for the unit to receive results reports and ensure that each unit or organization member is only included in one CCA.

(c) Designate representatives to assist with administrative duties related to CCAs, including administration of the DEOCS or DOCP and gathering of additional data, as described in Paragraph 5.1.b.(3). These CCA administration representatives can be IPP Support Personnel,

prevention stakeholders, or other program specialists other than the IPPW (e.g., Equal Opportunity Advisors, Command Climate Specialists, etc.), who have completed the CCA training. However, military commanders and organizational civilian leaders are ultimately responsible for meeting CCA requirements.

(d) Designate IPPW staff to help unit commanders and organizational leaders decide what additional data are needed as described in Paragraph 5.1.b.(3), interpret CCA results, identify areas for improvement, and implement appropriate and effective responsive actions as described in Paragraph 5.1.e.(1). The IPPW should conduct interpretation and action planning collaboratively with other program specialists and prevention stakeholders, in accordance with Paragraph 3.2.b. If a component does not have any IPPW staff, other personnel with expertise in prevention of harmful behaviors or social science research or evaluation methods will be designated by the appropriate official to perform these CCA duties.

(e) Develop how-to guides and information aids for conducting CCA activities described in Paragraph 5.1.b.

(f) Ensure unit commanders or organizational leaders share aggregated, de-identified CCA results with unit or organization members and commanders or leaders up and down the chain of command or leadership as described in Paragraph 5.1.e.(2).

(g) Ensure any personnel designated with CCA responsibilities complete the CCA training as described in Paragraph 5.1.f.

(h) Provide a statement in the required unit commander or organizational leaders performance evaluation or annual fitness report annotating whether the unit commander or organizational leader met the requirements for a CCA specified in Paragraphs 5.1.a.-e. in a timely manner and whether the unit commander or organizational leader implemented their actions identified in the comprehensive IPP plan described in Paragraph 5.1.e.(1).

(i) Report the status of OSD or DoD Component unit commanders' and organizational leaders' compliance with the CCA requirements on an annual basis to the EDFR, including the number of units or leaders who did not complete their CCA or completed their CCA outside of the standard fielding windows specified in Paragraphs 5.1.c.(1) and 5.1.c.(2) and the reasons for noncompletion or completion outside the standard fielding windows.

(j) Designate a representative to serve on a CCA working group to advise and make recommendations related to CCAs, including the DEOCS and DOCP.

## **5.2. OSIES.**

The Office of the USD(P&R) will conduct OSIEs every other year in accordance with the March 30, 2022 Secretary of Defense Memorandum. OSIE site visit teams will:

- a. Complete site visitor training.
- b. Assess climate and prevention capabilities using standardized metrics.

- c. Include a Military Department or NGB representative who:
  - (1) Has Military Department or National Guard technical and operational expertise.
  - (2) Is not a member of the policy or program office associated with the harmful behaviors being evaluated at any echelon within the Military Department or National Guard.
- d. Include a point of contact at the site to support OSIE activities and provide local context.
- e. Provide local feedback within 45 calendar days to OSIE site leadership and Military Department or NGB leadership on identified gaps and areas for improvement.
- f. Summarize findings and recommendations in site profiles for inclusion in the biennial OSIE report to the USD(P&R).
- g. Operate in accordance with EDFR-approved OSIE facilitation documents.
- h. Schedule OSIEs in collaboration with a Military Department or the NGB to afford predictability at the unit level.

### **5.3. OTHER PRIMARY PREVENTION DATA COLLECTIONS.**

The following resources and guidance are provided to streamline approval of data collection requests and maintain ethical research practices for prevention research and evaluation conducted with the military community.

- a. The collection of data concerning transgender related data for survey-based prevention research does not require written approval from the USD(P&R) in accordance with DoDI 1300.28 when such data collection complies with the criteria as outlined in Paragraph 5.3.c. of this issuance.
- b. The collection of data concerning sexual orientation for survey-based prevention research is an official action that does not require separate approval from the USD(P&R) when such data collection complies with the criteria as outlined in Paragraph 5.3.c. of this issuance.
- c. Sexual orientation and transgender related information, as referenced in Paragraphs 5.3.a. and 5.3.b., respectively, may only be collected when the following conditions are met:
  - (1) It is being collected for the limited purpose of survey-based prevention research to inform primary prevention as defined in DoDI 6400.09.
  - (2) Uses DoD-approved item language in accordance with this Paragraph 5.3.d. of this issuance.
  - (3) Follows policies outlined in DoDIs 8910.01, 1100.13, and 3216.02.
  - (4) It is reviewed as part of existing OSD or DoD Component survey, data collection, and human subject protection approval processes.

(5) The data collected are aggregated in such a manner that the responses related to sexual orientation and transgender related data identity will not correlate to any individual identifier (e.g., email).

d. DoDHRA, with contributions from the PCF, will identify and maintain a standard item bank pre-reviewed by relevant oversight entities to ensure the questions meet Federal survey standards and are in compliance with Federal law, regulations, and DoD policies.

(1) The item bank will include a set of pre-reviewed empirically validated survey items on sensitive or high-visibility topics, including:

(a) Sexual orientation and gender identity.

(b) Incidents of harmful behaviors.

(c) Safe storage of firearms.

(d) Other sensitive or high-visibility topics of public interest, as determined by DoD, including the DoD Paperwork Reduction Act Clearance Officer, and in consultation with OMB, as appropriate.

(2) If prevention researchers or other prevention stakeholders conducting DoD-sponsored research or evaluation with the military community want items to be added to the item bank to streamline future data collections, they may submit them on a quarterly basis to DoDHRA for review.

(3) If prevention researchers or evaluators conducting DoD-sponsored research or evaluation with the military community seek to use questions other than the standard item bank questions on these topics, those items will be reviewed as part of existing OSD or DoD Component survey, data collection, and human subject protection approval processes, including DoDI 3216.02.

(4) Use of items from the standard item bank does not replace or supplant the normal data collection approval processes required by the OMB; DoDIs 8910.01, 1100.13, and 3216.02; or other OSD or DoD Component survey, data collection, or human research protection authorities. Prevention researchers and evaluators conducting DoD-sponsored research or evaluation with the military community must consult their PPRC to determine which approvals are required.

(5) Prevention results and findings should not provide a measure of total force or Service-wide sexual assault and sexual harassment prevalence estimates except when using reported estimates from one of the prevalence surveys approved by the USD(P&R), including the Workplace Gender Relation Surveys.

(6) Minimum requirements for using standard items from the item bank listed in Paragraph 5.3.a. include:

(a) The project must have a certificate of confidentiality in accordance with Section 241(d) of Title 42, United States Code. Pursuant to DoDI 3216.02:

1. Information acquired under a pledge of confidentiality must be used exclusively for statistical purposes and may not be disclosed in identifiable form for any other purpose, except with the informed consent of the respondent for the release of their own data.

2. A certificate of confidentiality prohibits disclosing or providing information created or compiled for purposes of research in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding.

3. Any exceptions to the certificate of confidentiality must be listed in all informed consent documents.

(b) Prevention researchers and evaluators conducting research with the military community on behalf of DoD or supported by DoD, should use an anonymous design and comply with the requirements set forth in DoDI 3216.02. Researchers and evaluators may use a confidential research design if an anonymous design is not possible, but methods for protecting participants' confidentiality must be in place (e.g., separating responses and identifying variables in separate files and using neutral third parties to link to additional data sources when necessary).

(c) Data should be stored and handled confidentially and safeguarded in accordance with DoDIs 8910.01, 1100.13, and 3216.02, as applicable.

(d) Participants should be provided informed consent materials before participation that clearly describe the purpose of the project, how the data will be used, who will see their responses and in what format, any limits to their confidentiality, and any risks and benefits of participation in the project.

(e) Participation in the project must be voluntary and discreet. Participants must be able to skip any individual question.

(f) When using either anonymous or confidential designs, participants should not be able to be identified by any single demographic variable or combination of demographic variables in presentation of data or results and public-use datasets.

(g) The project must follow all other requirements for conducting research with human subjects as outlined in DoDI 3216.02.

(h) Pursuant to Section 20341 of Title 34, United States Code, questions about child abuse are not permitted.



## GLOSSARY

### G.1. ACRONYMS.

ACRONYM	MEANING
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCA	command climate assessment
DEOCS	Defense Organizational Climate Survey
DHP	Defense Health Program
DOCP	Defense Organizational Climate Pulse
DoDEA	Department of Defense Education Activity
DoDHRA	Department of Defense Human Resources Activity
DoDI	DoD instruction
EDFR	Executive Director, Force Resiliency
FAP	Family Advocacy Program
FY	fiscal year
IPP	integrated primary prevention
IPPW	Integrated Primary Prevention Workforce
MEO	Military Equal Opportunity
NDAA	National Defense Authorization Act
NGB	National Guard Bureau
OMB	Office of Management and Budget
OSIE	on-site installation evaluation
PCF	Prevention Collaboration Forum
PME	professional military education
PPoA	Prevention Plan of Action (DoD)
PPRC	primary prevention research coordinator
SAPR	Sexual Assault Prevention and Response
UCMJ	Uniform Code of Military Justice
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

## G.2. DEFINITIONS.

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

<b>TERM</b>	<b>DEFINITION</b>
<b>action plan</b>	A document describing actions, timelines, and responsibilities for responding to the results of the DEOCS, DOCP and additional data sources.
<b>Annual Integrated Primary Prevention Research Agenda</b>	A research agenda that strengthens the DoD's primary prevention research portfolio by prioritizing research topics, ensuring collaboration across sectors and organizations, and reducing duplication of effort. Section 549A of the NDAA for FY 2022 mandates an annual prevention research agenda.
<b>annual CCA</b>	The CCA conducted by unit commanders and organizational leaders during the annual CCA fielding window. Annual CCA activities include administration of a DEOCS.
<b>CCA</b>	A systematic procedure used to gather information on an organization's climate and respond to identified issues. CCA activities include consideration of DEOCS and other data (e.g., interview data, focus group data, observations, records, reports, and existing survey data).
<b>change in command CCA</b>	The CCA conducted by unit commanders after assumption of command and organizational leaders after a change of office.
<b>child</b>	Defined in DoDI 6400.01.
<b>child abuse</b>	Defined in DoDI 6400.01.
<b>climate</b>	The collection of shared attitudes and perceptions of people within an organization or unit. In the military context, it often reflects the efforts of leaders to build cohesion or trust among their personnel.
<b>clinical intervention</b>	Defined in Volume 1 of DoDM 6400.01.

<b>TERM</b>	<b>DEFINITION</b>
<b>clinical personnel</b>	Service members or DoD civilian personnel who engage in clinical interventions (e.g., diagnose patients, administer medical treatments, deliver individual counseling or therapy) to improve health or well-being.
<b>collaboration</b>	Working together towards a common goal or purpose. Can refer to a wide range of practices and activities, including networking (i.e., exchanging information for mutual benefit), coordinating (i.e., altering activities to achieve a common purpose), cooperation (i.e., sharing responsibilities, resources, or expertise), and integrating activities over time (i.e., merging prevention operations, administrative structures, and budgets).
<b>community-based assessments</b>	Process for collecting information on the needs and resources of the military community.
<b>community needs assessment</b>	Conducted as a part of a community-based assessment to systematically identify and understand prevalence of harmful behaviors and health and wellness needs of a community.
<b>connectedness</b>	Defined in DoDI 6400.09.
<b>culture of prevention</b>	A culture characterized by:  (1) Fostering a community of practice that encourages healthy habits, empathy, communication, and help-seeking; and cultivating the values of inclusivity, connectedness, dignity, and respect while enhancing access, equity, rights, and engagement.  (2) Identifying populations disproportionately impacted by harmful acts and climate issues that contribute to the problem.  (3) Adapting prevention plans, processes, and trainings as necessary to reduce or eliminate disparities.
<b>data-informed actions</b>	Defined in DoDI 6400.09.

<b>TERM</b>	<b>DEFINITION</b>
<b>DOCP</b>	A brief survey tool with flexible content that may be used between the Change in Command CCA and Annual CCA to provide timely feedback to unit commanders and organizational leaders.
<b>DoD clearinghouse</b>	Designated Department-level capability that will coordinate, collect, maintain, catalog, and disseminate, as appropriate, DoD-sponsored prevention research and evaluation findings to OSD and DoD Components.
<b>domestic abuse</b>	Defined in DoDI 6400.06.
<b>evaluation</b>	The systematic collection and analysis of information and data (quantitative and qualitative) to assess outcomes and impact of prevention activities for continuous quality improvement.
<b>harassment</b>	Defined in DoDI 1020.03.
<b>harmful behaviors</b>	Self-directed harm and prohibited abuse and harm, including sexual assault, harassment, retaliation, suicide, domestic abuse, and child abuse.
<b>health equity</b>	The attainment of the highest level of health for all people. Health equity is achieved when every person can attain their full health potential, and no one is disadvantaged of achieving this potential because of social position or other socially determined circumstances.
<b>intervention</b>	Defined in DoDI 6400.09.
<b>IPP</b>	Defined in DoDI 6400.09.
<b>IPP personnel</b>	DoD civilian employees or Service members who engage in IPP activities and whose positions require completion of specific IPP training and other DoD IPP program requirements.

<b>TERM</b>	<b>DEFINITION</b>
<b>IPP support personnel</b>	DoD civilian employees or Service members whose positions involve IPP support duties on a part-time or secondary basis and require completion of specific IPP training and other DoD-program requirements (See Table 2).
<b>IPPW</b>	DoD civilian employees or Service members whose primary duties and responsibilities involve the IPP of two or more harmful behaviors outside of a clinical setting and whose positions require completion of specific IPP training and other IPP program requirements. (See Table 2).
<b>leader</b>	Military leader as defined in DoDI 6400.09.
<b>lethal means</b>	Defined in DoDI 6400.09.
<b>military community</b>	Defined in DoDI 6400.09.
<b>mixed method data collection</b>	Data collection strategies that employ both qualitative and quantitative methods.
<b>non-clinical prevention effort</b>	Prevention activities that do not provide direct diagnosis, treatment, or clinical care for individuals who are at risk for or exposed to harmful behaviors.
<b>OSIE</b>	An on-the-ground assessment of an installation's prevention capabilities that provides early detection of risk factors and develops protective factors so leaders can take action and enhance prevention.
<b>PCF</b>	Defined in DoDI 6400.09.
<b>prevention activities</b>	Defined in DoDI 6400.09.
<b>prevention personnel</b>	Defined in DoDI 6400.09.
<b>primary prevention</b>	Defined in DoDI 6400.09.

<b>TERM</b>	<b>DEFINITION</b>
<b>primary prevention research</b>	Clinical and non-clinical research conducted with an ultimate goal of reducing or stopping harmful behaviors.
<b>prevention stakeholders</b>	Defined in DoDI 6400.09.
<b>program specialists</b>	Service members or DoD civilian personnel whose official duties align to a specific program that addresses harmful behaviors. Examples of such programs include FAPs, suicide prevention programs, SAPR programs, MEO programs, equal employment opportunity programs, prevention assistance and response programs, military law enforcement crime prevention programs, and programs targeting substance misuse.
<b>prohibited abuse or harm</b>	Defined in DoDI 6400.09.
<b>protective factors</b>	Defined in DoDI 6400.09.
<b>research</b>	Defined in DoDI 3216.02.
<b>research-based</b>	See definition of “research-based prevention policies, programs, and practices” in DoDI 6400.09.
<b>retaliation</b>	Defined in DoD Retaliation Prevention and Response Strategy, Appendix B.
<b>retaliation prevention</b>	Defined in DoD Retaliation Prevention and Response Strategy, Issue Area 5, “Creating a Culture of Intolerant of Retaliation.”
<b>risk factors</b>	Defined in DoDI 6400.09.
<b>SAPR personnel</b>	Service members or DoD civilians who support the SAPR program.
<b>SAPR program</b>	Defined in DoD Directive 6495.01.
<b>secondary prevention</b>	Immediate response(s) to incidents of harm or abuse.
<b>selected primary prevention</b>	Primary prevention efforts focused on individuals or groups at risk for harmful behaviors.

<b>TERM</b>	<b>DEFINITION</b>
<b>sexual assault</b>	Defined in Volume 1 of DoDI 6495.02.
<b>social determinants of health</b>	Environmental conditions where people work, live, and play that affect a range of quality of life outcomes and risks.
<b>social ecology</b>	A social ecological model of relationships between people and their environment. A social ecology considers the complex interaction between individual, interpersonal, organizational, and societal factors on health and well-being.
<b>suicide</b>	Defined in DoDI 6490.16.
<b>tertiary prevention</b>	Long-term response activities after incidents of harm or abuse have occurred to mitigate the lasting consequences of the harm or abuse and prevent future harm, re-victimization, or recidivism.
<b>translational sciences</b>	The field of study focused on understanding the scientific and operational principles underlying the process of turning observations from a research setting (e.g., evidence gathered from a laboratory, clinic, or field experiment) into interventions that improve the health of individuals and the public (e.g., prevention policies, programs, or practices).
<b>universal primary prevention</b>	Prevention that takes place before a harmful act occurs. It involves programs and strategies designed to reduce the factors that put people at risk for experiencing harmful behaviors. It also encourages the factors that protect or buffer people from harmful behaviors. Prevention efforts focused on a population without regard to variance in individual risk.
<b>violent crime</b>	Offenses that involve force or threat of force on another person. Examples include, but are not limited to, assault, manslaughter, domestic violence, robbery, sexual assault, and murder. Violent crimes are charged pursuant to Articles in the UCMJ.
<b>youth</b>	Defined in DoDI 6060.04.

## REFERENCES

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- DoD Instruction 1100.13, “DoD Surveys,” January 15, 2015, as amended
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