Community and Organizational Level Prevention of Harmful Behaviors in the Military:

Leveraging the Best Available Evidence

CDC

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National Center for Injury Prevention and Control
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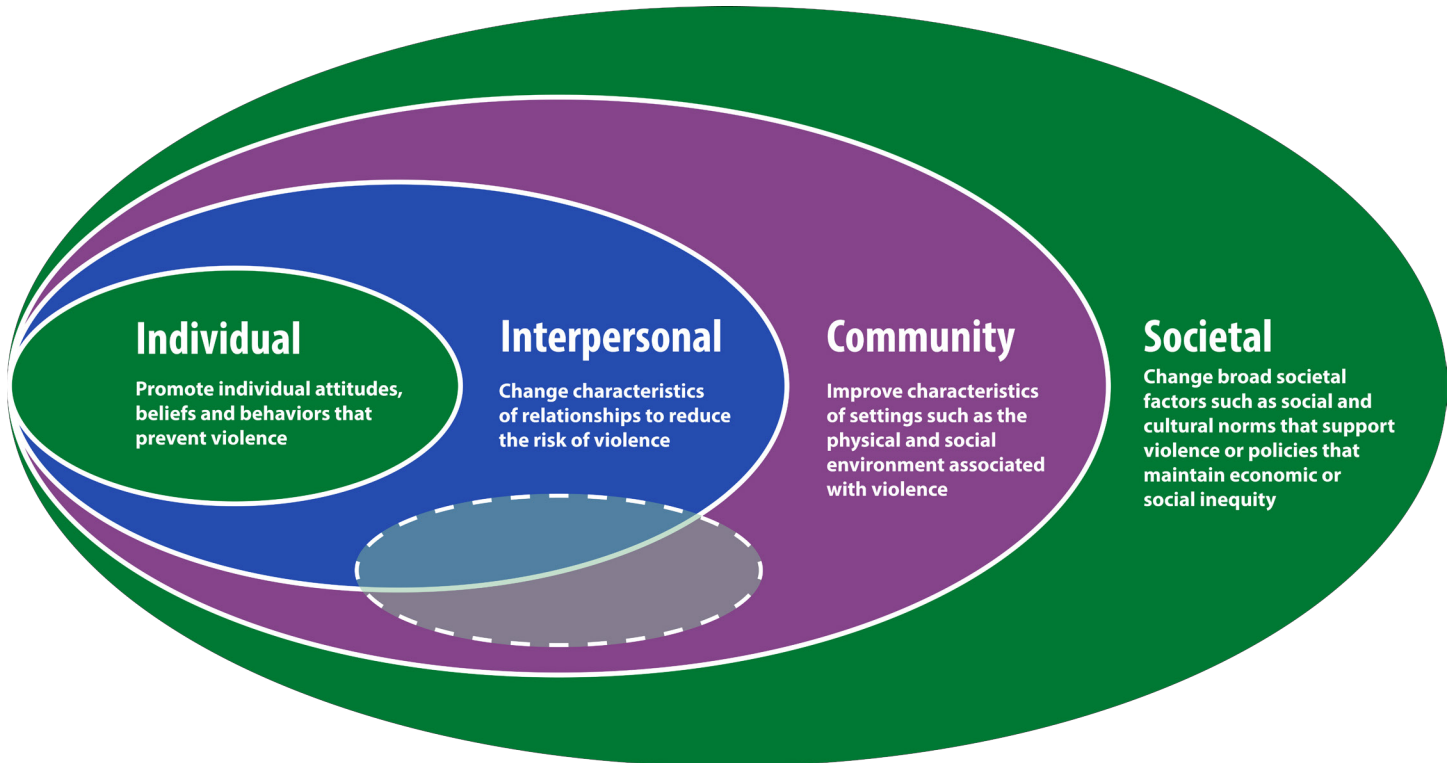**Division of Violence Prevention**
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Contents

Overview of Resource

In both civilian and military settings, past efforts to prevent harmful behaviors have focused heavily on approaches targeting individuals and relationships, while approaches that focus on change within organizations and communities have been less common. The four-level social-ecological model (SEM) adopted by the Centers for Disease Control and Prevention and the World Health Organization can be used to better understand violence and self-harm and the effect of potential prevention strategies.[1] The SEM describes how factors at each of the levels (individual, interpersonal, community, societal) interact and influence factors at each of the other levels. To have the greatest impact on risk and protective factors, and ultimately decrease the prevalence of harmful behaviors, it is important that comprehensive approaches include strategies at the outer (e.g., community and societal) levels of the social ecology. These levels can affect the norms, characteristics, and conditions that make harmful behaviors more or less likely to occur in a workplace, community, or society. Therefore, focusing on these levels has the potential to create a deeper, lasting impact. Outer level prevention efforts influence the community in ways that can support and reinforce individual and interpersonal attitudes and behaviors.[2]

Individual
Promote individual attitudes, beliefs and behaviors that prevent violence

Interpersonal
Change characteristics of relationships to reduce the risk of violence

Community
Improve characteristics of settings such as the physical and social environment associated with violence

Societal
Change broad societal factors such as social and cultural norms that support violence or policies that maintain economic or social inequity

Community-*level* prevention strategies target the characteristics of settings (e.g., campuses, workplaces, and neighborhoods) that increase the risk for or protect people from violence and self harm[5], particularly the social, economic, and environmental characteristics of settings. In the context of the military, community often refers to 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. Community may also refer to garrisons or ships but can also include surrounding neighborhoods and towns where military personnel reside. For dispersed groups like guardsmen and reservists, community may be more defined by shared organizational and social characteristics of their military communities, than by geographical or physical communities. Approaches to change environments can include modifications to the physical and social environments (e.g., greening initiatives, application of other environmental design principles), changes in social norms, changes to organizational policies, practices, and culture, increasing

economic support and flexibility, increasing community support and connectedness, and reducing exposure to community level risks.[6,7,8,9,10] These are distinct from community-based approaches which may be implemented within a community but do not focus efforts on changing the characteristics of the setting, including community education and awareness-raising events, such as Take Back the Night or Walk a Mile in her Shoes.[11] Although many community-based strategies are effective, this resource focuses on identifying community- and organizational-level strategies that can be implemented in a military setting.

Community Based	Community Level
Implemented in community settings but focused on individual or relationship factors	Focused on changing characteristics of a setting that decrease risk or increase protective factors

Depending on the specific focus of a prevention strategy and the context in which it is being implemented, organizational-level prevention strategies may fall within the community level or the interpersonal level of the SEM. For example, if a strategy is focused on improving connectedness and norms among members of a unit, then it focuses on the interpersonal level. However, if a strategy is focused on changing organizational policies or practices, then it would be focused on the community level. In many cases, prevention strategies may also have multiple components that fall within more than one level. For example, a peer norms program has components focused on increasing connectedness between peers, as well as components focused on changing social norms related to help-seeking. It could also include a component focused on modifying organizational policies and procedures that make it easier to access helping services while decreasing disincentives to help seeking. When selecting organizational level prevention strategies, it is important to consider how the strategy focuses on changing both interpersonal characteristics within the organization as well as the physical or social environment of the organization, including aspects such as policies and procedures.

This resource was created to support Department of Defense (DoD), including various military departments, Services, and the National Guard Bureau in identifying organizational- and community-level prevention approaches that can be implemented, with some adaptations, in various military settings. Beginning in 2016, CDC's Division of Violence Prevention (DVP) released five technical packages, also known as Resources for Action, which are compilations of a core set of strategies and approaches to achieve and sustain substantial reductions in a specific risk factor or outcome.[3] They were developed to help communities and states prioritize violence prevention activities based on the best available evidence and to guide and inform prevention decision-making in communities and states. Pulling from these technical packages, this resource identifies ten potential approaches within three overarching strategies that prevention personnel may use in selecting organizational and community level programs, practices and policies that have the potential to reduce harmful behaviors in various settings.

The technical packages focus on prevention of suicide, child abuse and neglect, youth violence, intimate partner violence, and sexual violence. The youth violence technical package was included because it addresses prevention in individuals aged 12-24, encompassing the most at-risk age for Service members (ages 18-24). More information about each of the specific approaches, including additional examples of programs, practices, and policies, can be found on Violence Prevention in Practice, an online implementation resource designed to support prevention practitioners in planning, implementing, and evaluating violence prevention efforts. Also, several strategies from the technical packages that can prevent ACEs or mitigate the harms of ACEs have been combined in Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Links are provided where appropriate.[4] Over time, as more evidence for military-specific community and organizational-level programs, practices, and policies becomes available, supplemental resources will be developed to support the selection, implementation and evaluation of organizational- and community-level prevention efforts.

Community and Organizational Level Prevention Strategies and Approaches

Table 1 outlines the three strategies identified to prevent harmful behaviors in the military, each with three to four community- and organizational- level prevention approaches drawn from the five DVP technical packages. The strategy is the preventive direction or actions to achieve the goal of preventing harmful behaviors. The approach includes the specific ways to advance the strategy through programs, policies, and practices. Evidence supporting each of the approaches can be found in the DVP technical packages.

In this document, each of the three strategy sections includes an overarching description, followed by an overview of each approach, including high-level considerations for implementing and evaluating the approaches in a military setting. Evidence of effectiveness varies across and within approaches (e.g., some bystander intervention elements have more evidence of impact than others), so it is important to review evidence supporting a specific model before selecting one to implement. The last section of the resource focuses on general considerations when determining which approach to implement in a specific setting, as well as considerations for evaluating these approaches.

Table 1. Community and Organizational Level Prevention Strategies and Approaches

Preventing ACEs	
Strategy	**Approach**
Promote Positive Social Norms	• Change social norms through community education and engagement • Engage bystanders and peers in changing social norms and promoting connectedness • Strengthen media and leadership messaging about harmful behaviors
Create Protective Environments	• Improve organizational environments and policies • Modify the physical and social environment to promote connectedness and reduce exposure to risk • Reduce access to lethal means among persons at risk
Make System Level Changes that Increase Access to Supports and Services	• Strengthen family-friendly work policies • Strengthen household access to financial supports • Increase access and quality of early childhood services • Decrease barriers to accessing helping services

Promote Positive Social Norms

Changing social norms that accept or allow indifference to violence is necessary to prevent harmful behaviors directed at another Service member, DoD civilian, or family member. Similarly, social norms that destigmatize suicide and normalize protective behaviors such as help-seeking and connectedness can reduce self-harm.[9] Social norms are group-level beliefs and expectations about how members of the group behave or should behave.[6,7] Groups can be large or small, ranging from the cultural norms of an entire country to those of a small sub-population. Behavioral social norms define appropriate behaviors for a group. These social norms can be seen in the way a group acts or in the way a group thinks or talks about harmful behaviors. For instance, traditional or restrictive gender norms (i.e., rigid expectations about the appropriate roles and behaviors of men and women, such as childrearing and roles in the workplace) can serve to support or condone harmful behavior in intimate and other relationships.[7] In addition to changing social norms related to behaviors, changing the way we think and talk about why harmful behaviors occur and who is responsible for preventing them is important.[6] Strategies and approaches that work to affect social norms do so by promoting positive social norms, attitudes, behaviors, and social contexts so that everyone knows that harmful behaviors are not acceptable and will not be tolerated. This can further discourage potential perpetrators from thinking that harmful behaviors will be seen as acceptable and increase their perception of the risk that there may be social or legal consequences to such behaviors.[8]

As mentioned in the overview, social norms interventions can have multiple components that straddle the interpersonal and community levels of the SEM. They may focus on increasing connectedness between peers, changing social norms related to help-seeking. and modifying organizational policies and procedures to better facilitate or complement these objectives.

The approaches to promote social norms that protect against harmful behaviors include the following:
- Change social norms through community education and engagement
- Engage bystanders and peers in changing social norms
- Strengthen media and leadership messaging about harmful behaviors

Additional details on each approach are included in the sections that follow.

Change Social Norms through Community Education and Engagement

Public engagement and education campaigns have been used to change social norms and positively impact health behaviors such as drinking and driving, smoking cessation, and nutrition. This approach uses communication and framing strategies to highlight issues and point the audience toward solutions, which is key for achieving widespread norms change.[4] Public engagement and education campaigns use communication strategies (e.g., framing and messaging or social marketing), a range of communication channels (e.g., mass or social media), and community-based efforts (e.g., town hall meetings, neighborhood screenings and discussions) to reframe the way people think and talk about violence and suicide and who is responsible for preventing it.[6] Studies show that individuals and communities adhering to restrictive and harmful social norms are more likely to perpetrate physical, sexual, and emotional violence against women.[7] Effective framing highlights a problem and point the audience toward solutions.[6] Although the specific focus of the norms change approaches can vary, common objectives include decreasing the acceptability and indifference to harmful behaviors, increasing willingness to seek help, and increasing awareness of factors that can inhibit or promote harmful behaviors.

Example

One example of a public engagement and education campaign that has demonstrated impacts is Know Your Power--a messaging campaign that focuses on the role all members of the community have in ending sexual assault, relationship violence, and stalking. The campaign uses images that portray realistic and proactive scenarios. It has been implemented in hundreds of college campuses across the United States and has been adapted for use in military settings.[12]

DoD Implementation Considerations for Military Settings

- Understanding the theory and research behind different approaches for engagement and education campaigns (e.g., social norms, framing) is important to designing an effective campaign.

- Developing an effective norms change campaign is a complex task. It is critical to thoroughly understand the intended audience including existing attitudes, beliefs, motivations, common communication channels, opinion leaders, and priorities. A good understanding of the audience will help to determine the appropriate messages and channels.

- Local community-based efforts (e.g., unit town hall meetings, message testing, and screening of campaigns) can be used to refine and reinforce messages.

- Marketing and campaign materials are more effective when they reflect the characteristics of the audience, including using language that resonates with the audience and images that reflect the age, race, gender, and other diversity of Service members.

- Campaigns will be most effective at changing social norms if they focus on prevention messaging rather than on how and where to access victim services.

Evaluation Considerations for Military Settings

Some of the potential short-term and intermediate outcomes include a) increase in awareness and acceptability of key messages, b) changes in reported beliefs or acceptability of certain behaviors, or c) reported changes in behaviors or intended behaviors. Longer-term outcomes could include improved command climate or changes in community or organizational social norms related to acceptability of violence.

Additional Resources

- [Public Engagement and Education Campaigns | Violence Prevention in Practice](#)
- [Virtual Knowledge Centre to End Violence against Women and Girls - Campaigns (endvawnow.org)](#)
- [FramWorks Institute](#)

Engage Bystanders and Peers in Changing Social Norms and Promoting Connectedness

Efforts in this approach work to engage peers and community members to promote social norms that protect against harmful behaviors, build connection, and encourage help-seeking. Bystander efforts encourage peer leadership to prevent harmful behaviors by promoting protective norms, motivating people to help when they see behavior that puts others at risk, and intervening in a safe, effective manner. In addition to increasing helping behaviors, bystander efforts may also prevent harmful behaviors by changing the group norms so potential perpetrators know harmful behaviors are not acceptable and by changing the social environment so the group actively promotes positive social norms.[7,8] Efforts may also focus on healthy, positive norms about masculinity, gender, and violence against family members, coworkers or community members.

Peer norms change programs seek to enhance protective factors (e.g., normalizing help-seeking) and promote peer connectedness.[9] Promoting connectedness among individuals and within communities through modeling of positive peer norms and enhancing community engagement may protect against multiple forms of violence and harmful behaviors, particularly suicide. By leveraging the leadership qualities and social influence of prosocial peers, these approaches can be used to shift group-level beliefs and promote positive social and behavioral change.[7,8,9] It is important that, for efforts in this approach to be community level, they should move beyond individual skills training activities and peer-to-peer relationships, fostering connectedness and social norms change at a community level through identifying, promoting, and expecting positive social norms.

Example

Sources of Strength is one example of a peer norms change program that is focused on using peer social networks to change unhealthy norms and culture. The program aims to prevent suicide by increasing help-seeking behaviors and promoting connections between peers and caring adults. The program trains peer leaders and adult advisors to conduct messaging activities aimed at changing peer group norms around coping practices and problem behaviors. In addition, the program is designed to have a positive influence on the knowledge, attitudes, and behaviors of the peer leaders.[4] Military Adaptations of Sources of Strength have shown strong results of effectiveness with the Airforce ROTC.[13]

Implementation Considerations for Military Settings

- Programs may be implemented in conjunction with social norms campaigns and active learning experiences to reinforce program concepts.

- Programs may be delivered in a variety of settings including units, campuses, community, or organizational settings, and participants may include opinion leaders, larger social groups (e.g., dormitories, barracks, or shipmates), or informal sources of influence (e.g., friends, spouses/partners, roommates).

- Content should be contextually and developmentally appropriate for the participants.

Evaluation Considerations for Military Settings

Some of the potential short-term and intermediate outcomes include a) increase in awareness and acceptability of key messages, b) changes in reported beliefs or acceptability of certain behaviors, or c) reported changes in behaviors or intended behaviors. Longer-term outcomes could include improved command climate or changes in community or organizational social norms related to acceptability of violence.

Additional Resources

- Bystander Approaches | Violence Prevention in Practice | CDC
- Peer Norm Programs | Violence Prevention in Practice | CDC
- Men and Boys as Allies in Prevention | Violence Prevention in Practice | CDC

Strengthen Media and Leadership Messaging about Harmful Behaviors

Media and messaging play an important role in the prevention of harmful behaviors. Responsible, well-informed reporting can promote prevention and services, dispute myths, and decrease risk for additional harmful behaviors. Conversely, sensationalized or irresponsible reporting of harmful behaviors can contribute to the reinforcement of myths and inadvertently heighten risk of additional violence and self-harm.[9] Media can reference various recommendations and guidance documents to help improve reporting and ensure they are following best practices. While it is crucial for media to present information responsibly, it is also incumbent upon organizations to develop strategic communication plans to communicate effectively with the media. These plans can help organizations prioritize prevention messaging and ensure the news media receives the right messages at the right times.[11] Messaging is not limited to media. The messages we hear or see about harmful behaviors and the prevention of harm to self and others are all around us, including in our organizations and from our organizations' leadership. How leadership talks about the prevention of harmful behaviors plays a major role in an organization's effectiveness and safety, as well as individual staff members' performance and trust in both their organization and their leadership. Messaging can also increase or decrease stigma around help-seeking.[14]

Example

One example of this approach is the development of recommendations and guidance for reporting on harmful behaviors. Several countries have developed recommendations for reporting on suicide for the media. An evaluation of the guidelines created by Austria showed changes in the quality and quantity of reporting on suicide and a subsequent reduction of annual suicides.[9]

DoD Implementation Considerations for Military Settings

- Refer to existing resources (listed below) when developing effective guidelines rather than starting from scratch.

- Identify and share guidelines in a way that speaks to the specific audience you are trying to reach. For example, providing information about implementing guidelines for media personnel may be different from implementing guidelines for leadership. Consider the types of information the messenger will share and the type of interaction they will have with the audience when developing guidelines and training on guidelines.

- When rolling out new guidelines or expectations around messaging, consider different types of resources that can support the implementation of new guidelines. In addition, consider how you will track whether the guidelines are being implemented as intended.

Evaluation Considerations for Military Settings

Some of the potential short-term and intermediate examples include the following: a) increased awareness of effective messaging, b) adherence to media and messaging guidelines, c) increases in positive prevention messages, d) reductions in victim blaming or stigma around help-seeking, and e) reductions in suicide contagion.

Additional Resources

- Safe Reporting and Messaging About Suicide | Violence Prevention in Practice
- Reporting on Suicide Safe and Effective Messaging and Reporting | Suicide Prevention Resource Center
- Media Guide - NNEDV
- Reporting on Sexual Violence | National Sexual Violence Resource Center (NSVRC)

Create Protective Environments

Prevention efforts that focus on changes to physical and social environments within communities can increase the likelihood of positive behavioral and health outcomes. Approaches to create protective community environments may involve changes to policies, institutional structures, or the social and physical environment to reduce risk factors and increase protective factors that result in impacts for the entire community. This is important because individual behavior can be greatly influenced, negatively or positively, by the community context.[7,8,10,11]

The approaches to promote social norms that protect against harmful behaviors include the following:
- Improve organizational environments and policies
- Modify the physical and social environment to reduce exposure to risk
- Implement policies that promote less access to lethal means

Additional details on each approach are included in the sections that follow.

Improve Organizational Environments

This approach creates safe, healthy organizational environments to prevent multiple forms of harm such as sexual violence, intimate partner violence, and suicide.[4] Workplace and organizational policies and practices can help establish positive behavior standards and foster environments that do not tolerate sexual harassment, bullying, or other harmful behaviors. Organizational policies and practices can also reduce stigma and help-seeking disincentives, to encourage disclosure of harmful behaviors, including thoughts of suicide, and facilitate referral and access to services. When organizational culture positively normalizes help-seeking, feelings of safety and support may increase. In addition, initiatives that strengthen leadership opportunities for underrepresented populations can help counter inequities, with studies indicating that gender and racially equitable organizations experience less workplace harassment than organizations with greater inequity.[14] Years of research demonstrate that male-dominated workplaces, especially those with traditional gender job duties and tasks, have higher rates of sexual violence, a finding that has held true in studies with military populations.[14,16,17] Gender inequity in leadership roles is more disproportionate, which creates conditions in which climate and norms may become characterized by hypermasculinity, aggression, physical strength, and a male-dominated chain-of-command.[14,18]

Example

One example is development of proactive sexual harassment policies. Two key factors related to sexual harassment frequency are organizational climate and organizational tolerance of sexual harassment (OTSH). Organizational climate is how individuals perceive their workplace, including its policies, practices, and procedures.[19] A positive organizational climate decreases sexual harassment rates, reduces retaliation against those who do confront and report harassment, and improves the work and psychological outcomes of victims. When targets are punished for complaining, perpetrators are not appropriately punished for harassment, and complaints are not taken seriously, the organization is perceived to have high OTSH. Initiatives to create positive environments and reduce OTSH, through consistently applied workplace policies and programs, can help reduce sexual harassment.

DoD Implementation Considerations for Military Settings

- Evidence demonstrates that gender inequity plays a role in sexual harassment/assault, and research in the military shows that mixed-gender units with high rates of sexual harassment/assault are less cohesive, less accepting of women, and less ready for combat which impacts mission readiness.[23]

- Reductions in social and professional retaliation and fear of such retaliation should be considered in developing policies and programs. Similarly, existing policies should be reviewed to identify negative consequences of help-seeking. For example, military and family life counselors are considered key resources, but stigma attached to seeking help may limit the use of this and other resources.

- Masculinized environments may create barriers for the advancement of women and people from racial, ethnic, sexual and gender minority groups into leadership positions; thus, organizational policies and practices that are more supportive of promotion of leaders from underrepresented populations may be considered. These include increasing the number of female recruiters and depicting women in a variety of roles in advertisements as a way to build a larger pool of women recruits; continuing to improve the integration of women in combat roles, and removing requirements or preference for combat experience in promotion; and improving family-life balance policies and practices to retain women of child-bearing age and with families, so they can continue to gain experience and build capacity for leadership.[18]

- Develop a common operating picture (COP) for mentoring programs focused on leadership among women and people from racial and ethnic minority groups in the military.

- Improve equity by ensuring fair, objective performance assessments and developing fair, gender-neutral policies that remove structural restrictions for women and people from certain racial and ethnic groups, such as prior experience requirements.

- Form affiliation groups and support networks for underrepresented populations such as women and people from racial/ethnic, religious, and sexual minority groups.

- The Workplace and Gender Relations Surveys, Defense Organizational Climate Survey (DEOCS), Service Academy Gender Relations Survey, Status of Forces Survey, Workplace and Equal Opportunity (WEO) Survey, Status of Forces (SOF) Survey and other surveys are some of the sources of data that can inform planning (https://www.opa.mil/).

Evaluation Considerations for Military Settings

Some of the potential long-term outcomes of this approach are reductions within the organization in sexual harassment, intimate partner violence, sexual violence, bullying, suicide, and suicide attempts. An intermediate outcome may be increased help-seeking behavior and feelings of safety in the workplace.

Additional Resources

- Improve Organizational Environments | Violence Prevention in Practice | CDC
- Workplaces Respond to Domestic and Sexual Violence - A National Resource Library
- Workplaces | Suicide Prevention Resource Center (sprc.org)

Modify the Physical and Social Environment to Promote Connectedness and Reduce Exposure to Risk

This approach focuses on enhancing and maintaining the physical and social characteristics of places where people come together to foster social interaction, strengthen connectedness, improve safety, and increase shared trust among community members. This approach typically involves gathering data about environmental and community risks and harmful behaviors and assessing the risks and harmful behaviors to determine areas of the community at greatest risk. Programs, practices, or policies are then selected based on the best match to address the risk, but may consider factors such as community support, funding availability, and feasibility. The programs, practices and policies that fall within this approach include modifications to the physical environment, such as increasing lighting, managing accessibility to buildings and public spaces, and increasing security; decreasing alcohol consumption through reductions in alcohol outlet density, dram shop liability, enhanced enforcement of alcohol sales to minors, and increasing taxes; and organizing community events and activities that bring people together and provide them with opportunities for more community involvement.[4] In the military environment, modifying the physical and social environment may also involve assessing the safety of sleeping quarters and general living areas, as well as on-base housing, to ensure access points are secure, high-risk situations are limited, and social interactions are monitored.

Example

Environmental design activities are strategies focused on improving physical and social features of locations to help reduce opportunities for crime and violence, promote positive behaviors and interpersonal interactions, and enhance sense of community and social cohesion. One example of this is greening-- cleaning and maintaining green spaces (e.g., transforming vacant lots into gardens or parks), and adding tree coverage or other vegetation--which has been shown to reduce violence. This is based on the notion that the proper design and safe use of spaces can promote positive interpersonal interactions, improve quality of life, and reduce violence, crime, and fear of crime. Safe use of spaces can be accomplished through enhanced visibility, access management, and proper maintenance of green spaces, housing, businesses, and other settings where people gather.[4,10]

DoD Implementation Considerations for Military Settings

- Consider the use of hot-spot mapping activities which use self-report and incidence data to identify locations where harmful behaviors occur frequently.

- Engage a range of key collaborators who have direct experience and knowledge of the specific locations. Military, business, and civilian organizations that specifically address the environments of installations or off-base military communities may provide sources of funding and/or collaboration.

- Improving social environments can also include making online spaces safer by creating inclusive, respectful virtual communities through the use of tools like community agreements that promote accountability, enable easy reporting of harassment, establish group norms, and secure users' personal and geographic information. These practices help prevent online sexual harassment and cyber-bullying.[15]

Evaluation Considerations for Military Settings

Some of the potential outcomes of this approach include the following: a) increases in community connectedness, help-seeking, and feelings of safety, and b) reductions in community level reports of physical assaults, sexual harassment and sexual violence, suicide attempts, and alcohol-related suicide deaths and assaults.

Additional Resources

- Modify the Physical and Social Environment | Violence Prevention in Practice |CDC
- Reduce Exposure to Community Level Risks | Violence Prevention in Practice | CDC
- Alcohol and Public Health | CDC

Reduce Access to Lethal Means for People at Risk

This approach focuses on policies that reduce or delay access to lethal means among persons at risk of harmful behavior towards themselves or others. Means of suicide such as death by firearm, hanging/suffocation, or jumping from heights provide little opportunity for rescue and, as such, have high fatality rates. Research indicates that: 1) the interval between deciding to act and attempting suicide can be as short as five or 10 minutes, and 2) people tend not to substitute a different method when a highly lethal method is unavailable or difficult to access.[9] Therefore, policies and practices that increase the time between deciding to act and the suicide attempt, by making it more difficult to access lethal means, can be lifesaving. Two ways that this is commonly done are through intervening at suicide hotspots and facilitating safe storage of firearms and prescription medications.[4] Additionally, temporarily disarming individuals who are subjects of civil legal protection orders can help prevent suicide, firearm-related intimate partner violence, and mass shootings.

Example

DoD and military Services have implemented several policies aimed at putting space and time between distressed individuals and firearms. After hearing from Airmen that it was a barrier for safe storage of firearms in their homes, and because of its importance for child safety, the Air Force requested a waiver for transporting gun safes during relocations. The DoD responded in May 2022 with a military-wide update to the Joint Travel Regulations which now allows Service members transitioning to a new permanent duty station to ship empty gun safes without them counting against their household goods weight allowance. DoD continues to assess DoD and Service-level lethal means safety policies and has developed an internal suite of lethal means tools for developing plans tailored to the needs of Service members.

DoD Implementation Considerations for Military Settings

- Military Protective Orders (MPOs) can be issued quickly and currently allow (but do not require) commanders to remove access to government-issued firearms, but they do not reduce access to privately owned firearms in a Service member's home. Civilian Protective Orders (CPOs) may provide a mechanism to remove privately-owned firearms to reduce harmful behaviors. Communities are encouraged to identify where gaps exist between MPOs and applying for and issuing a CPO. A review of MPO firearm removal practices may also be warranted since it is currently at the discretion of the individual commander. Military and civilian communities should explore coordinated community responses to develop recommendations to address gaps in the prevention of harmful behaviors. Most military firearm suicides involve personally owned weapons, but military leaders are limited in their ability to track or regulate personal firearms owned by Service members. Therefore, projects that provide free locks for voluntary use may decrease firearm-related deaths.

- If suicides are occurring outside of military installations and property, collaboration with local city/state government agencies and community organizations are important to identify and mitigate the risk for military families.

- Lethal means campaigns can increase public understanding of the range of toxic substances, including prescription drugs, in the home and how they should be stored to prevent unintentional and intentional poisonings.

Evaluation Considerations for Military Settings

State and local data, and military suicide review boards, can help identify where suicides occur so prevention strategies are implemented to address high-risk locations, as applicable to inform enhanced preventative measures. Some of the potential intermediate outcomes are a) increases in help-seeking and b) increases in proper storage of firearms and medicines.

Additional Resources

- Reduce Access to Lethal Means Among Persons at Risk of Suicide | Violence Prevention in Practice
- Suicide Prevention Resource for Action | Suicide | CDC
- Defense Suicide Prevention Office > Lethal Means Safety (dspo.mil)

Make System Level Changes that Increase Access to Supports and Services

Supportive services that are available and accessible are critical for the prevention of harmful behaviors. Economic and financial strain, such as difficulty covering medical, food, childcare, and housing expenses, and even the anticipation of such financial stress may increase an individual's risk for multiple harmful behaviors.[8] This stress can also indirectly increase risk by exacerbating related physical and mental health problems.[9] Buffering these risks can, therefore, potentially protect against harmful behaviors. For example, strengthening economic support systems can help Service members obtain affordable childcare while also paying for necessities such as food and medical care, job training, or other expenses required for daily living. In providing this support, stress and anxiety and the potential for a crisis situation may be reduced, thereby preventing suicide or other harmful behaviors. Additionally, research suggests that neighborhoods with more licensed child care spaces relative to child care need have lower rates of child abuse and neglect.[6] Accessibility of supports does not only mean that these services exist, but also includes using system-level approaches to ensure everyone who needs the supports can use them without significant logistical, financial, or social barriers, and that they are of high quality.

The approaches to make system level changes that increase access to supports and services include the following:
- Strengthen family-friendly work policies
- Strengthen household access to financial supports
- Increase access and quality of early childhood services
- Decrease barriers to accessing helping services

Additional details on each approach are in the sections that follow.

Strengthen Family-Friendly Work Policies

Family-friendly work policies address several risk factors for harmful behaviors, including financial stress and hardship, instability in childcare arrangements, depression, family conflict, parental stress,[6] and maternal unemployment.[7] Military families may face additional family conflict and stress due to increased change and uncertainty in military living. Objectives of family-friendly work policies include improved balance of work and family responsibilities, increased safe and stable environments for children, increased labor force participation of military spouses, and reduction of financial and other stressors associated with life events such as a new child, recovery from an illness, deployment, or caring for a family member.

> ### Example
>
> One example of a family-friendly policy is flexible, consistent scheduling. This provides workers with a predictable pattern of work and allows for adaptability within the work environment, and is associated with lower rates of depression, stress, and work-family conflict, which buffers against multiple forms of harmful behaviors. Examples of how this could look in a military setting may include policies allowing lactating Service members to miss a certain number of drill weekends, ensuring active-duty Service members spend a certain number of nights at home per month, and predictable deployment scheduling. Other examples of family-friendly policies are expanded paid leave policies (including parental, sick, and family leave), and accommodations and exceptions for lactating Service members. These policies can help promote family stability and buffer against risks for multiple forms of harmful behaviors.

DoD Implementation Considerations for Military Settings

- Awareness among leadership and policy makers about the relationship between family-friendly policies and decreased risk for multiple harmful behaviors can help build support. Increased understanding of the potential benefits of family-friendly policies such as increased retention and productivity can also build support.

- Military workplace culture (including perceptions of whether one will be promoted or not) can encourage or discourage members from taking paid leave.

- Aspects of flexible and consistent scheduling is not always an option for active-duty Service members but may be considered for civilian employees and military spouses employed at the base.

- Consider flexibilities for civilian spouses employed by the military in requesting changes in work hours, schedules, or location, including telework to maintain their job even if relocated.

Evaluation Considerations for Military Settings

Some of the potential short-term and intermediate outcomes include the following: a) amount of leave taken, b) percent of Service members who were eligible but did not take leave, c) percent of Service members approved for flexible work situations, d) time active-duty service members spent away from home, e) job satisfaction, f) military spouse unemployment rate, and/or g) military spouse rate of participation in labor force.

Additional Resources

- [Family-Friendly Policies | Violence Prevention in Practice](#)
- [Telework.gov](#)
- [Domestic Employee Teleworking Overseas (DETO) program](#)
- [Office of Personnel Management Work Life](#)
- [DoD DCPAS Workplace Flexibilities](#)

Strengthen Household Access to Financial Supports

Efforts in this approach address several risk factors for harmful behaviors, including poverty, unemployment, financial stress and hardship, child care instability, parental stress, family conflict, depression, and gender inequality.[4] Providing income supports (e.g., tax credits, child care subsidies, housing assistance, livable wages, unemployment compensation, and other forms of temporary assistance), income-generating opportunities to empower and support military spouses (such as licensure portability measures like interstate occupational licensure compacts), and decreasing the gender pay gap directly target these risk factors. These supports help individuals and families increase household income and buffer against risk for multiple forms of harm.

Example

The recently enacted Basic Needs Allowance (BNA), a monthly allowance for certain active-duty Service members, is an example of income support. This was approved by congress to serve as a safety net for Service members with dependents whose household income is below 130% of federal poverty guidelines. That income eligibility limit has been increased to 150% and could impact thousands of military families, depending on how it is implemented. DoD's 2021 and 2022 Basic Allowance Housing increases for select locations is another example of this approach. Other examples of this approach include expanding child care fee assistance programs, increasing accessibility of food assistance programs, and microfinancing.

DoD Implementation Considerations for Military Settings

- Key collaborators for this approach include state and local government, advocacy organizations, policymakers, community/nonprofit organizations, local businesses, and military-run facilities employing military spouses, and state occupation boards.

- As spouses of active duty Service members face much higher unemployment rates compared to the general population, programs and policies looking to increase household financial security may focus on them as a target population (MFLS Survey Results 2021 - Blue Star Families).

- Educate key stakeholders about the relationship between household economic insecurity and harmful behaviors to increase understanding and support for new or established programs.

- Knowledge about programs at the federal, state, and local level may be improved by education campaigns; however, campaigns may also need to factor in stigma surrounding use of public assistance programs. In addition, understanding any structural or administrative barriers (such as eligibility requirements or application processes) to accessing supports may inform other strategies for increasing access.

- Consider public-private partnership opportunities that can increase military spouse employment opportunities in communities.

Evaluation Considerations for Military Settings

Some of the potential outcomes measured are dependent on the focus of the activities but may include the following: a) household income, b) number of eligible families accessing benefits, c) employment rates of military spouses, d) housing and childcare costs, and/or e) improved ability of military households to satisfy

basic needs or offset costs for an unanticipated hardship as measured by food insecurity, housing burden and trouble saving money.

Additional Resources

- Strengthen Household Financial Security | Violence Prevention in Practice
- DoD Military Family Support Resources
- Military Spouse Employment Partnership
- DoD Office of Financial Readiness

Increase Access and Quality of Early Childhood Services

This approach focuses on building a strong foundation for children's future learning and healthy development by improving access to and quality of early childhood services.[6] Early childhood services include childcare, home visitation programs, and preschool enrichment. The programs and policies that fall under this approach include improving childcare through licensing and accreditation, increasing the availability of licensed, accredited childcare facilities, early childhood home visitation programs, and preschool enrichment programs. These services improve outcomes for children by ensuring access to safe, nurturing, and stimulating environments, increasing caregiver knowledge and positive practices, strengthening home and school connections, and promoting physical, social, emotional, and cognitive development in children.

Example

One evidence-based program in this approach is Early Head Start (EHS).[6] Even where EHS exists, access is limited. Expanding access for EHS or similar programs may include the provision of funding to home-based and center-based programs to serve additional children in those settings or developing partnerships with community-based childcare providers to provide EHS services. Access to quality childcare can also be improved by expanding eligibility requirements or extending hours of care beyond traditional work hours. Other programs and pilots within this category include the New Parent Support Program, Strong Families Strong Forces, Military Child Care in Your Neighborhood (MCCYN), MCCYN-Plus, and Nurse-Family Partnership.

DoD Implementation Considerations for Military Settings

- Engage key collaborators such as local public health agencies, social service agencies, community organizations, and childcare providers that comprise the military community (inside and outside the installation).

- Offering telehealth home visitation services may help programs reach more military families who are geographically dispersed or live off military bases.

- Military families may have heightened concerns about confidentiality and stigma, which could be a barrier to participating in these programs.

- Evidence-informed programs adapted for the military, with input from the community on effective adaptations, may be better able to meet the unique needs of Service members and their families.

- Childcare providers may require resources or incentives to pursue accreditation and improve quality, where appropriate. The military program MYCCN-Plus is an example of how to facilitate improvements in the quality of childcare. (Fact Sheet; Military Child Care Options • Military OneSource)

- Extended participation in enrichment programs is associated with more long-term benefits, so programs could consider expanding eligibility from 0 to three years to 0 to five years or beyond.

- Consider expanding the access of existing programs/services to more military families, especially low-income families, who may especially benefit from enrichment programs.

Evaluation Considerations for Military Settings

Some of the potential short-term and intermediate outcomes include: a) percent of families reporting they have access to childcare that works for their situation, b) number of accredited, licensed childcare facilities near military installations, c) number of children served by military-run childcare programs, d) number of children served by home visitation programs, and e) caregiver knowledge, attitudes, and practices around parenting.

Additional Resources

- Improved Quality of Child Care through Licensing and Accreditation | Violence Prevention in Practice
- Early Childhood Home Visitation | Violence Prevention in Practice
- Preschool Enrichment with Family Engagement | Violence Prevention in Practice
- DoD Military Family Support Resources
- DoD's Military Child Care Program

Decrease Barriers to Accessing Helping Services

The focus of this approach is on reducing barriers and increasing linkages to helping services. This may include streamlining or reducing provider shortages and approaching care from a systems lens. Creating linkages to helping services ensures that service members, their families, and civilians have easy access to the services they need, before they are in crisis. This includes being aware of existing services, minimizing barriers to those services, and making connections and referrals (to be proactive in providing services to those who may need them). Increasing awareness of services, minimizing barriers (such as paperwork) to services, and making connections and referrals between services (to be proactive in offering services to those who may need them) all increase access. Access to mental health care is heavily dependent upon the size of the mental health care workforce,[9] so reducing the barrier of provider shortages, especially in remote or isolated military installations, is about increasing the number and distribution of practicing mental health providers in underserved areas. Addressing care delivery from a systems lens ensures delivery of effective and efficient care services within a prevention and patient safety support system. This type of systems approach decreases barriers to helping services partly by systematically identifying and assessing risk for all patients and focusing on continuity during care transitions.

Example

An example of this approach is Zero Suicide, a framework and practice that includes a specific set of evidence-based tools and strategies designed to implement, improve, and sustain system-wide suicide prevention efforts.[20,21,22] The U.S. Air Force piloted the Zero Suicide Systems Approach (ZSSA) at five Air Force Bases. Some components of the ZSSA pilot included training for MTF staff members, universal screening for suicide risk, full suicide risk assessments for those who screen positive, providing a clear pathway to the most appropriate, least restrictive care, and counseling on access to lethal means. More information about the pilot can be found at the Clearinghouse for Military Family Readiness at the Pennsylvania State University (PSU).

DoD Implementation Considerations for Military Settings

- Key collaborators for this approach include healthcare and hospital administration/staff, community and military social service providers, local public health agencies, other community organizations, and military leadership. For systems change around suicide prevention, additional key collaborators may include military involved survivors of suicide attempts and suicide loss.

- Aligning policies across military programs can reduce burden on families eligible for more than one program. Another option is automating processes so eligible families can be automatically enrolled in other programs/services when they enroll in one. Integrating supports and services, for example, offering multiple services in the same location and examining organizational policies to ensure safe or warm handoffs--a handoff that is conducted in person, in front of the individual or family—across programs or organizations, can also decrease burden.

- Address common barriers associated with population groups specific to the military installation such as providing resources in multiple languages or prioritizing connectedness for physically or socially isolated Service members, civilians, or families.

- Consider methods for proactive outreach at various locations and different target populations, especially groups less likely to be aware of military services including military spouses, unmarried or childless Service members, and people who are socially isolated from military information networks.

- Identify feasible opportunities for improving the number and distribution of mental health providers (financial incentives, training positions, telehealth, mobile applications, team care).

- Data should inform systems change and identify strengths, challenges, and areas that need improvement across care systems.

- Engage experts in suicide prevention to inform systems change and ensure care services are based on the best available evidence.

- Increase understanding among leaders of how military social and cultural environment, including attitudes, beliefs, and assumptions about suicide, can drive service provision in helpful or harmful ways.

Evaluation Considerations for Military Settings

Some of the potential short-term and intermediate outcomes may include the following: a) retention of mental health professionals in shortage areas, b) increased usage of telehealth, c) improvements in knowledge, awareness, and use of available services by Service members, civilians, and families, and/or d) an increase in referrals/connections between services and patient experience.

Additional Resources

- [Safer Suicide Care through Systems Change | Violence Prevention in Practice](#)
- [Reduce Provider Shortages in Underserved Areas | Violence Prevention in Practice](#)
- [Military OneSource](#)

Considerations When Selecting and Evaluating Approaches

Identifying specific programs, practices, and policies with evidence of impact on harmful behaviors, or beneficial effects on risk or protective factors, is only the first step in prevention at the community and organizational level. In practice, the effectiveness of the programs, policies, and practices within each identified approach will be strongly dependent on how they are implemented. Data-driven strategic planning processes can help guide communities through a prevention planning process designed to address a community's profile of risk and protective factors with evidence-based programs, practices, and policies.[9]

Use Data for Planning

A public health approach uses data to make decisions and set priorities. Using the best available data can help you understand the problem and determine your group's ability to address harmful behaviors. Conducting community assessments during the planning process can provide a clear picture of a community's priorities, needs, resources, and health inequities. For information about community assessments, visit the Planning Section of Violence Prevention in Practice. Data may come from a range of sources including public meetings, focus groups, surveys, and publicly available data sources, such as those available in CDC's Violence Indicators Guide & Database. The Defense Organizational Climate Survey (DEOCS) is one source of data that can provide valuable information about your unit or organization. In addition, when looking at community-level risk and protective factors, administrative data may be particularly helpful.

Identify and Prioritize Shared Risk and Protective Factors

Ideally, the data you review during your planning process will help you prioritize specific risk and protective factors and the populations or settings that are most affected. Determine which factors contribute to harmful behaviors and related problems in your military community, and address those first. Identifying approaches that address multiple risk or protective factors shared by multiple harmful behaviors will help increase the potential impact.

Select a Setting and Population

One of the most important factors in successful implementation is selecting appropriate settings and populations. Program implementers should consider selecting populations with the greatest need (i.e., highest burden of violence in their military community) to have the greatest impact on the risk and protective factors and outcomes across harmful behaviors. To determine burden, and to understand how equity and community and systemic factors influence burden, dig into the data and contextual clues to explore the underlying causes of harmful behaviors.

Equity Considerations

Using the lens of intersectionality in the prevention of harmful behaviors is important for understanding disproportionate rates to which groups are exposed to harmful behaviors. This enables military prevention personnel to better address the root causes and conditions that affect rates of harmful behaviors. For more information about intersectionality and violence prevention, see Continuing the Dialogue (page 10). One key suggestion for community-level prevention is to

proactively include community members with various intersecting social identities and existing community-driven organizations connected to planning, developing, implementing, and evaluating prevention efforts, as well as in project leadership.[11] It is also critical to consider any unintended consequences that program, practice, or policy efforts may have on specific individuals or families. One resource for considering the potential impact of policy or practice changes is a health impact assessment.

Ensure a Focus on Organizational- or Community-Level Prevention

Many of the approaches in this resource can be implemented across multiple levels. So, ensure the specific program, practice, or policy you select to implement is focused on changing the characteristics of a setting (community or organization) and not on implementing an individual-level approach across a larger community. One way to do this is to review the theory of change or focus of activities that you are planning to implement. Ensure the focus is on creating changes in physical and social environments, organizational policies, practices, norms, and culture, community support and connectedness, or exposure to community level risks, rather than changing attitudes, beliefs, and behaviors or peer norms one individual at a time.

Assess the Evidence

When selecting the specific program, practice, or policy that you plan to implement within an approach, understand the evidence on the program, practice, and policy. CDC's technical packages, also referred to as resources for action, provide evidence for some examples within each approach, but you may choose to implement a program, policy, or practice that has not been adapted and evaluated for a military audience or is not included in the technical packages. Best available research evidence enables researchers, prevention personnel, and policymakers to determine whether a prevention activity is actually achieving the outcomes it aims to, in the way it intends. The designation of "best available" research evidence acknowledges that in many areas of violence and suicide prevention, the research evidence is still evolving. The more rigorously the data are collected on a strategy's effectiveness (i.e., through randomized control trials or strong quasi-experimental studies), the more compelling the research evidence indicating whether a program, practice, or policy is effective. Note that available evidence has not been implemented and evaluated rigorously in a military environment, so it will be important to adapt and evaluate programs, practices, and policies to meet the needs of the military community. See "Assess Fit and Make Adaptations" below for more information on adapting strategies. Additionally, not all prevention strategies meet the highest standards of rigor. This is particularly true for organizational and community level strategies. This is why it is always critical to ensure you are evaluating as thoroughly as possible. Visit Understanding Evidence for more information about assessing different types of evidence.

Engage Key Collaborators

Engaging key collaborators (e.g., healthcare providers, community organizations and social service providers, local government and public health agencies, businesses and workplaces, childcare providers, and survivors) and ensuring they have a vital role in planning, implementation, and evaluation for harmful behaviors, is essential. Having your key collaborators on board from the beginning can make or break the success of your program, practice, or policy. Help key collaborators understand the connections between planned activities, prevention of harmful behaviors, and protective factors. Seek their input:

• As you gather data, to ensure you are casting a wide net and accessing all relevant data sources,

• As you select your approach, to ensure there are no unforeseen consequences, they support the selection, and they understand their roles, and

• In evaluation, to provide opportunities for engagement in understanding outcomes and making any necessary program changes.

Key collaborators can also be your biggest champions. Visit the Partnerships section of Violence Prevention in Practice for more resources.

Assess Fit and Make Adaptations

Because most of the evidence-informed programs, practices, and policies in CDC technical packages/resources for action were designed for non-military settings, make decisions about how to balance delivery of prevention approaches based on the best available evidence as intended, versus the reality of your specific context. Adaptations are changes, such as additions, deletions, modifications, or reordering made before or during implementation to an existing policy, practice, or program. Prevention activities that are evidence-based, evidence-informed, and adapted for the military with input from the community, may be better able to meet the unique needs of Service members and their families. For more information about how to make decisions about adaptation, visit Select, Adapt, Evaluate on VetoViolence. Ensure you always clearly document, track, and evaluate the adaptations you are making.

Evaluation Considerations

Evaluation is a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and contribute to continuous program improvement. Start planning your evaluation before you begin implementing the selected program, practice, or policy so you know what data you will collect and when, but also so you can gather baseline information before implementation begins. To track changes in desired outcomes, select specific indicators that you define in your evaluation plan. Indicators are measurable information used to determine if a program, practice, or policy is implemented as expected and achieving desired outcomes. Process indicators can help define activity statements such as "good coalition," or "quality, culturally competent training." Outcome indicators can help you measure changes in desired outcomes and help guide the selection of data collection methods and content of data collection instruments. Visit EvaluACTION on VetoViolence for more information. Evaluation data may come from a range of sources including public meetings, focus groups, surveys, administrative data, and other publicly available data sources. Although data on community-level risk and protective factors can be challenging to collect, it can provide you clear insight on the outcomes of interest. Reach out to staff at your installation or in your organization who are familiar with the types of installation or community level data that may be available to assist your evaluation.

Additional Resources

- Violence Prevention Home Page (cdc.gov)
- Technical Packages for Violence Prevention |Violence Prevention|Injury Center|CDC
- Violence Prevention in Practice | VetoViolence (cdc.gov)
- Selecting Strategies and Approaches that Prevent Violence (cdc.gov)
- Assessing Fit for Programs and Community and Societal Approaches (cdc.gov)
- EvaluAction (cdc.gov)
- DoD Sexual Assault Prevention and Response Office
- SAPRO Prevention Resources
- Defense Suicide Prevention Office (dspo.mil)

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