

OMB CONTROL NUMBER: 0704-0610
OMB EXPIRATION DATE: XX/XX/XXXX

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ONSITE INTERVIEW QUESTIONS

INSTALLATION, MISSION AND/OR UNIT COMMAND DP1: Discussion protocol

*Audience: Installation commander, Mission Commander, Unit Commander
(Company or equivalent minimum)*

DIMENSION 1: PROTECTIVE ENVIRONMENT - PRIORITY

First, we would like to talk about how service members at [INSTALLATION NAME] work together help to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

- 1. Do you have a comprehensive strategy or leadership vision for addressing a wide range of harmful behaviors such as sexual assault, harassment, alcohol misuse, domestic violence, and suicide?**
 - a. IF NO, CONTINUE TO NEXT QUESTION.
 - b. IF YES: Can we get a copy of it? [IF NOT WRITTEN DOWN] Can you tell us what it is?
 - c. How is it or will it be communicated? Who has seen or heard it? How often is it updated?

2. What metrics, if any, do you monitor as indicators of climate or harmful behaviors? For example, indicators of climate might include absenteeism, disciplinary actions, complaints, or attrition? Indicators of harmful behaviors might include assault, harassment, bullying, domestic violence, substance abuse, suicide? We're interested in any metrics you follow on service members, DoD civilians, military families, and other personnel.
 - a. IF ANY:
 - What benchmarks or target goals do you have for these metrics?
 - How often do you monitor them?
 - How do you determine if efforts to address any risk factors or rising problems you see in the indicators of climate have been resolved?
 - b. IF NONE: Get a 0 for 7.2.1

- 3. Do you motivate service members and prevention staff to maintain positive behaviors or address problematic behaviors when they see them?**

- a. Are there any reinforcement or reward structures?

DIMENSION 2: INTEGRATED PREVENTION-PRIORITY

Next, we would like to hear more about [YOUR INSTALLATION/UNIT]'s primary prevention efforts. Primary prevention means stopping suicide and other harmful behaviors like alcohol misuse, domestic violence, sexual assault and harassment, and other forms of interpersonal violence before they occur. Efforts could include programs, education and training, evaluation studies and other activities. Integrated prevention activities simultaneously address multiple self-directed harm and prohibited abusive or harmful acts in a cohesive, comprehensive approach that promotes unity of effort, avoids unnecessary duplication, and lessens training fatigue.

4. Do you give informal or formal rewards and recognitions for effective prevention activities? Such as for creative or interactive training content, or a sound evaluation of a program or initiative?
 - a. *IF YES:* Please tell us about the rewards or recognitions you gave and why?
 - b. *IF NO:* Why not?
- 5. Do you track the outcomes of any prevention efforts in order to improve prevention planning and decision making?**
 - a. *IF YES:* Which ones? How do you use the data to improve prevention planning and decision making? How do you know if your programs are being effective?
 - b. *IF NO:* Does someone else do that? Who?
6. How do you communicate the importance of integrated prevention efforts to your subordinates?

DIMENSION 8: INTEGRATED PREVENTION-IMPLEMENTATION

7. Show figure to respondent and ask: "Thinking about all the efforts at [INSTALLATION NAME] to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?"
 - a. Can you explain why you selected that level of interaction?
IF needed:
 - b. Can you share some examples of ways those prevention offices work together?

8. Is there anything else important that you'd like us to be aware of or consider as it pertains to how interpersonal and self-directed violence is prevented or addressed within your chain of command?
 - a. Are there any constraints, such as policy, that limit your ability to promote a protective environment and healthy climate or to provide integrated prevention?

SERVICE MEMBERS DP2: Focus group/small group discussion protocol

Audience: E1-E4 Men; E1-E4 Women; O1-O3 Men; O1-O3 Women

DIMENSION 1: PROTECTIVE ENVIRONMENT-PRIORITY

First, we would like to talk about how service members at [*INSTALLATION NAME*] work together help to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

1. Does the installation commander have a comprehensive strategy or leadership vision for addressing a wide range of harmful behaviors such as sexual assault, harassment, alcohol misuse, domestic violence, and suicide?
 - a. IF NO, CONTINUE TO NEXT QUESTION.
 - b. IF YES: What can you tell us about the strategy or vision?
 - c. How has your leadership communicated this strategy or vision? By leadership we mean the officer and senior enlisted that you report to?
2. How has your leadership motivated service members and prevention staff to maintain positive behaviors or address problematic behaviors, like suicidal thoughts or domestic violence, when they see them?
 - a. IF NONE, CONTINUE TO NEXT QUESTION.
 - b. IF YES: Are there any reinforcement or reward structures?
3. How much do the following help or hurt your chances of promotion:
 - a. intervening with a peer struggling with a serious problem like alcohol misuse or suicidal thoughts?
 - b. intervening when you see a peer acting inappropriately, such as telling lude jokes?

DIMENSION 4: HEALTHY AND PROTECTIVE ENVIRONMENT – PREPARATION

Now we would like to talk about how service members at [*INSTALLATION NAME*] work together help to build a protective environment and healthy climate. Again, a protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

4. How and how often does your leadership meet with you to provide advice or support? By your leadership we mean both the officer and senior enlisted that you report to.

5. How comfortable are you talking to your leadership about serious problems you are struggling with? This could be marital or financial problems, alcohol or suicidal thoughts.
6. How comfortable are you talking to your leadership about serious problems that other unit members may be struggling?
7. How and how often does your leadership tell you about the ways to get help for serious problems like mental health, child care, or sexual assault?

DIMENSION 2: INTEGRATED PREVENTION – PRIORITY

Next, we would like to hear more about [YOUR INSTALLATION/UNIT]'s primary prevention efforts. Primary prevention means stopping suicide and other harmful behaviors like alcohol misuse, domestic violence, sexual assault and harassment, and other forms of interpersonal violence before they occur. Efforts could include programs, education and training, evaluation studies and other activities. Integrated prevention activities simultaneously address multiple self-directed harm and prohibited abusive or harmful acts in a cohesive, comprehensive approach that promotes unity of effort, avoids unnecessary duplication, and lessens training fatigue.

8. Do you feel like your leadership voiced has support for or talked about the importance of primary prevention activities at the installation?
 - a. *Reminder, if needed:* By your leadership we mean the officer and senior enlisted that you report to.

DIMENSION 7: STAKEHOLDER ENGAGEMENT – PRIORITY

Next, I would like to hear how service member input is used to inform prevention activities to address interpersonal violence, substance abuse, sexual assault, harassment, suicide, or other harmful behaviors.

9. Show figure to respondent and ask: "Thinking about all the efforts at [INSTALLATION NAME] to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?"
 - a. Can you explain why you selected that level of interaction?
10. How often do communications from your installation command team mention the importance of service member engagement?
11. How are service members recognized or thanked for their feedback on prevention efforts? For example, are service members acknowledged for the time they take to provide feedback or given credit for their input?

12. Is there anything else important that you'd like us to be aware of or consider as it pertains to how interpersonal and self-directed violence is prevented or addressed within your unit or across your installation?

SERVICE MEMBER DP3: Focus group/small group discussion protocol

Audience: E1-E4 Men; E1-E4 Women; E5-E6 Men; E5-E6 Women

DIMENSION 4: HEALTHY AND PROTECTIVE ENVIRONMENT – PREPARATION

First, we would like to talk about how service members at [*INSTALLATION NAME*] work together help to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

1. How and how often does your leadership meet with you to provide advice or support? By your leadership we mean both the officer and senior enlisted that you report to.
2. How comfortable are you talking to your leadership about serious problems you are struggling with? This could be marital or financial problems, alcohol or suicidal thoughts.
3. How comfortable are you talking to your leadership about serious problems that other unit members may be struggling?
4. How and how often does your leadership tell you about the ways to get help for serious problems like mental health, child care, or sexual assault?

DIMENSION 7: PROTECTIVE ENVIRONMENT – IMPLEMENTATION

5. How often do you refer peers to available supportive resources and programs (e.g., substance use programs, family advocacy program, mental health treatment, financial literacy education and counseling)?
 - a. What are the barriers to referring peers to programs? (e.g., not sure when a behavior warrants referrals; not aware of available programs; feel it is outside their role)
6. What guidance, if any, have you received describing your roles and responsibilities in maintaining protective environments? (e.g., written guidance or policy, mentorship, communication from your leadership)
 - a. *IF YES TO RECEIVING GUIDANCE:* Could you describe for me what your roles and responsibilities are?
7. Are you held accountable for taking action to improve/maintain protective environments—for example, doing things like reporting harassment, alcohol misuse? By accountable we mean, does your leadership (i.e., the officer and enlisted that you directly report to) reward or recognize your efforts to promote protective environments – or reprimand you if the installation is failing to maintain protective environments. Do you have an example of this you can share?

8. How and how often does your leadership check in with you about your stress levels?
 - a. How supportive would your leadership be if you needed to seek help for a serious problem like alcohol or suicidal thoughts?

DIMENSION 8: INTEGRATED PREVENTION – IMPLEMENTATION

Next, we would like to hear more about [YOUR INSTALLATION]'s efforts to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence. Efforts could include programs, education and training, evaluation studies and other activities.

9. Service members can get tired of being required to participate in the ongoing education or trainings related to the prevention of sexual assault, harassment, suicide, alcohol misuse, domestic violence and other harmful behaviors. What efforts have you witnessed to keep service members interested and engaged in these types of prevention activities?

DIMENSION 6: STAKEHOLDER ENGAGEMENT - PREPARATION

10. What are some things that you think may make it more or less likely that service members make unhealthy decisions such as binge drinking or being violent?
 - a. Can you tell me how [INSTALLATION NAME] tries to minimize these risks or maximize these protections?

DIMENSION 9: STAKEHOLDER ENGAGEMENT - IMPLEMENTATION

Next, I would like to hear how service member input is used to inform prevention activities (not all activities at the installation – just prevention activities) to address interpersonal violence, substance abuse, sexual assault, harassment, suicide, or other harmful behaviors.

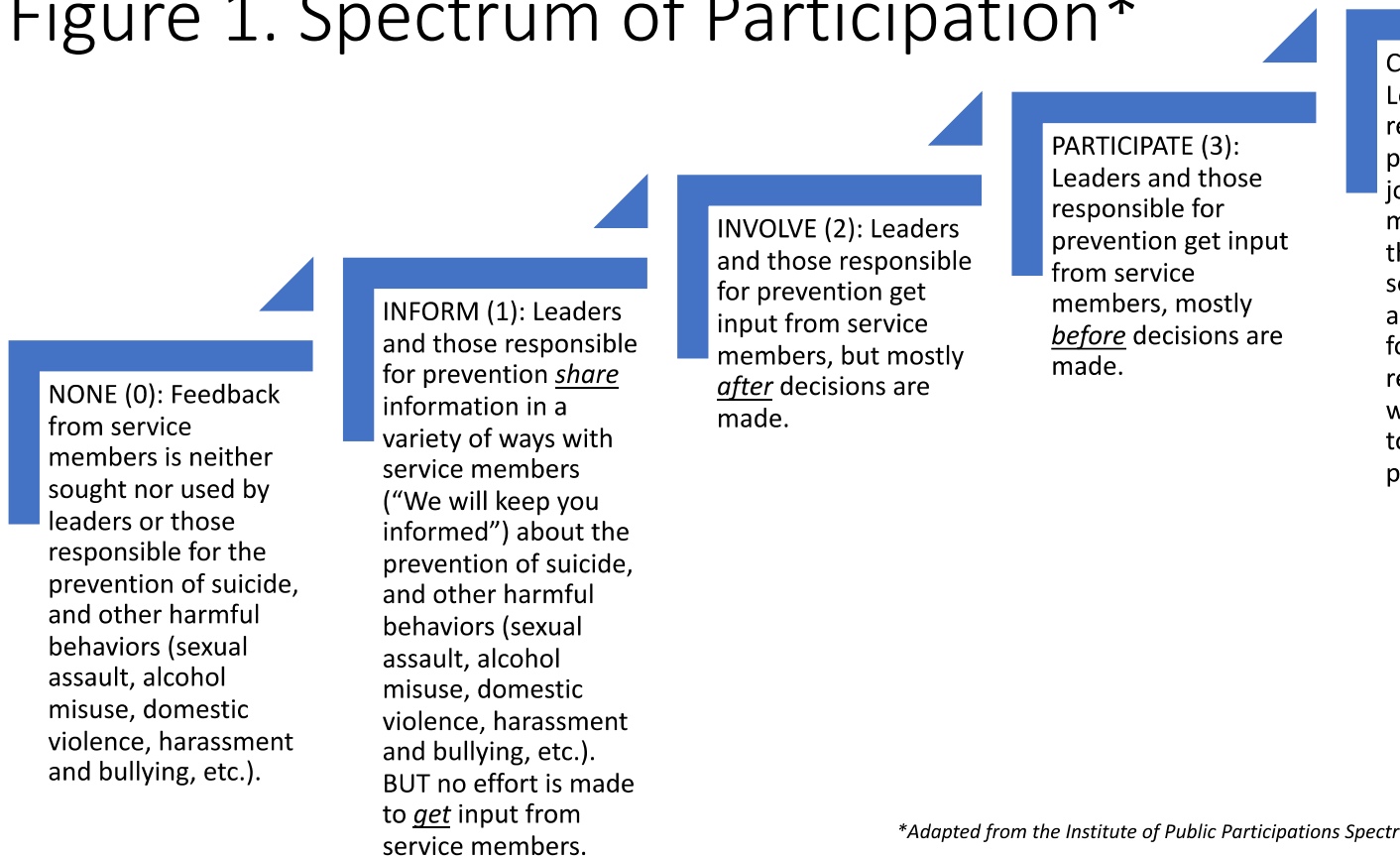
11. Show figure to respondent and ask: “Thinking about only the prevention efforts at [INSTALLATION NAME] –namely those to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence—where do you think they fall on this scale?”
 - o Can you explain why you selected that level of interaction?

IF needed:

 - o Can you explain why you selected that level of interaction?

- o Can you provide an example of when service member feedback was used to improve prevention? To determine next steps for improving future prevention efforts?
 - o Are service members informed about why or why not their input was used?
 - o Are all relevant service member groups able to share their views? Why or why not? What groups are not represented?
 - o Do you feel like service member input is asked for at the right time? That is, do you think there are missed opportunities to provide input on prevention activities?
12. Is there anything else important that you'd like us to be aware of or consider as it pertains to how interpersonal and self-directed violence is prevented or addressed within your unit or across your installation?

Figure 1. Spectrum of Participation*



LEADERS DP4: Focus group/small group discussion protocol

Audience: O4-5; O6

DIMENSION 1: PROTECTIVE ENVIRONMENT- PRIORITY

As we mentioned in our introduction, our focus today is on a range of harmful behaviors, including suicide, alcohol misuse, sexual assault and harassment, and domestic violence. First, we would like to talk about how service members at [INSTALLATION NAME] work together help to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

1. Does the installation commander have a comprehensive strategy or leadership vision for addressing a wide range of harmful behaviors

such as sexual assault, harassment, alcohol misuse, domestic violence, and suicide?

- a. IF NO, CONTINUE TO NEXT QUESTION.
 - b. IF YES: What can you tell us about the strategy or vision?
 - c. How has your leadership communicated this strategy or vision? By leadership we mean the officer and senior enlisted that you report to?
2. What metrics, if any, do you monitor as indicators of climate or harmful behaviors? For example, indicators of climate might include absenteeism, disciplinary actions, complaints, or attrition? Indicators of harmful behaviors might include assault, harassment, bullying, domestic violence, substance abuse, suicide? We're interested in any metrics you follow on service members, DoD civilians, military families, and other personnel.
 3. How have you motivated service members and prevention staff to maintain positive behaviors or address problematic behaviors, like suicidal thoughts or domestic violence, when they see them?
 - a. IF NONE, CONTINUE TO NEXT QUESTION.
 - b. IF YES: Are there any reinforcement or reward structures?
 4. How much do the following help or hurt service members' chances of promotion:
 - a. intervening with a peer struggling with a serious problem like alcohol misuse or suicidal thoughts?
 - b. intervening when you see a peer acting inappropriately, such as telling lude jokes?

DIMENSION 2: INTEGRATED PREVENTION - PRIORITY

Next, we're going to ask some questions about [YOUR INSTALLATION]'s primary prevention efforts. Primary prevention focuses on stopping self-directed and other-directed harm BEFORE they occur. We're especially interested in integrated prevention - which means simultaneously addressing multiple types of harm to self and others in a cohesive approach - for example, by addressing shared risk factors and avoiding duplication of efforts.

5. Do you track the outcomes of any prevention efforts in order to improve prevention planning and decision making for your unit?

- a. *IF YES*: Which ones? How do you use the data to improve prevention planning and decision making? How do you know if programs are being effective for your unit?
- b. *IF NO*: Does someone else do that? Who?

6. How do you communicate the importance of integrated prevention effort—such as programs, events, and services—to your subordinates?

DIMENSION 3: STAKEHOLDER ENGAGEMENT- PRIORITY

Next, I would like to hear how service member input is used to inform prevention activities broadly, and your work specifically to address interpersonal violence, substance abuse, sexual assault, harassment, suicide, or other harmful behaviors.

7. Show figure to respondent and ask: “Thinking about all the efforts at [INSTALLATION NAME] to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?”
 - a. Can you explain why you selected that level of interaction?
8. How often do communications from your installation command team mention the importance of service member engagement?
9. How are service members recognized or thanked for their feedback on prevention efforts? For example, are service members acknowledged for the time they take to provide feedback or given credit for their input?
10. Is there anything else important that you’d like us to be aware of or consider as it pertains to how harm to self or others is prevented or addressed within your unit or across your installation?

LEADERS DP5: Focus group/small group discussion protocol

Audience: E7-E9 who have leadership responsibilities

HEALTHY AND PROTECTIVE ENVIRONMENT DIMENSIONS 4: PREPARATION AND 7: IMPLEMENTATION

First, we would like to talk about how service members at [*INSTALLATION NAME*] work together help to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

1. Could you tell us a little bit about the service members that report to you, for example the number, their pay grades and military occupational specialty?
2. How and how often does you meet with your subordinates to provide advice or support? By your subordinates we mean the service members that report to you.
 - a. Probe: Does this differ for different types of subordinates (e.g., do you meet more often with mid-level enlisted than junior enlisted)?
3. How and how often do you check in with your subordinates about their stress levels?
4. How and how often do you tell your subordinates about the ways to get help for serious problems like mental health, child care, or sexual assault?

DIMENSION 7: PROTECTIVE ENVIRONMENT - IMPLEMENTATION

5. How often do you refer subordinates to available supportive resources and programs (e.g., substance use programs, family advocacy program, mental health treatment, financial literacy education and counseling)?
 - a. What about peers? How do you refer them to available supportive resources and programs?
 - b. What are the barriers to referring service members to programs? (e.g., not sure when a behavior warrants referrals; not aware of available programs; feel it is outside their role)
6. What guidance, if any, have you given your subordinates about their roles and responsibilities in maintaining protective environments? (e.g., written guidance or policy, mentorship, communication from your leadership)
 - a. *IF YES TO RECEIVING GUIDANCE*: Could you describe for me what your roles and responsibilities are?
7. How do you reward or recognize subordinates efforts to promote protective environments - or reprimand subordinates if they are failing to maintain protective environments. Do you have an example of this you can share?

DIMENSION 9: STAKEHOLDER ENGAGEMENT - IMPLEMENTATION

Next, I would like to hear how service member input is used to inform prevention activities broadly, and your work specifically to address interpersonal violence, substance abuse, sexual assault, harassment, suicide, or other harmful behaviors.

8. Show figure to respondent and ask: "Thinking about only the prevention efforts at [INSTALLATION NAME] -namely those to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence—where do you think they fall on this scale?"
 - a. Can you explain that selection?
IF needed:
 - b. What are some ways that your input is solicited? When does this happen?
 - c. Can you provide an example of when stakeholder feedback was used to improve prevention? To determine next steps for improving future prevention efforts?
 - d. Are service members informed about why or why not their input was used?
 - e. Are all relevant groups of service members able to share their views? Why or why not? What groups are not represented?

9. Is there anything else important that you'd like us to be aware of or consider as it pertains to how interpersonal and self-directed violence is prevented or addressed within your unit or across your installation?

PREVENTION PERSONNEL DP6: Focus group/small group discussion protocol

Audience: mental and physical health providers; sexual assault, victim advocates; chaplains; and community support.

SCREENER

- S1. Do you have any prevention responsibilities? For example, do you.....
- Run programs of any kind?
 - Refer service members that may be in need of mental or physical care?
 - Conduct education or awareness activities to educate service members about available resources to deal with problem behaviors?
 - Conduct evaluation of any prevention efforts?
 - Oversee prevention staff?

[Note to interviewer: IF YES, proceed to Q1 below. IF NO, move over to the PREVENTION SUPPORT Protocol.]

DIMENSION 2: INTEGRATED PREVENTION – PRIORITY

Next, we're going to ask some questions about [YOUR INSTALLATION]'s primary prevention efforts. Primary prevention focuses on stopping self-directed and other-directed harm BEFORE they occur. We're especially interested in integrated prevention – which means simultaneously addressing multiple types of harm to self and others in a cohesive approach – for example, by addressing shared risk factors and avoiding duplication of efforts.

1. Does your leadership give informal or formal rewards and recognitions for effective prevention activities? Such as for creative or interactive training content, or a sound evaluation of a program or initiative?
 - a. *IF YES:* Please tell us about the rewards or recognitions you gave and why?
 - b. *IF NO:* Why not?

Reminder, if needed: By your leadership we mean the officer and senior enlisted that you report to.

2. Do you feel like your leadership voiced has support for or talked about the importance of primary prevention activities at the installation?
Reminder, if needed: By your leadership we mean the officer and senior enlisted that you report to.

DIMENSION 5: INTEGRATED PREVENTION – PREPARATION

Next we would like to hear about the people working in prevention at [INSTALLATION NAME] and how they are supported by others at [INSTALLATION NAME] and beyond.

3. Since [PHRASE TO DESCRIBE PREVENTION FIELD THEY ARE WORKING IN E.G., SEXUAL ASSAULT PREVENTION, MENTAL HEALTH]] is an evolving field, how do you stay on top of the latest developments and learn from other installations?
 - a. Do you go to any trainings? *[If they go to training, confirm whether they have attended a training in the past year related to prevention and ask the following probes:]*
 - Was the training interactive or just a presentation or PowerPoint?
 - How long was the training?
 - Who delivered the training? Does this group/organization have documented expertise in the training area?
 - b. How do you learn from other installations? Or from others at your installation?
4. Do you think that there are enough people working to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence at [INSTALLATION NAME]?
 - a. *IF YES:* How do you know?
 - b. *IF NO:* Which office(s) or prevention areas (e.g., alcohol prevention, harassment prevention) would you say are understaffed?
5. When there is turnover in people working to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence at [INSTALLATION NAME] is there sufficient overlap to allow the needed transition of duties? Or is there a gap in filling that role?
 - a. When there is turnover in prevention positions, has the quantity and quality of work remained the same? Or have you noticed a decline? Why do you think that is happening?

DIMENSION 8: INTEGRATED PREVENTION – IMPLEMENTATION

6. Show figure to respondent and ask: “Thinking about all the efforts at [INSTALLATION NAME] to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?”
 - a. Can you explain why you selected that level of interaction?

IF needed:

- b. Can you share some examples of ways those prevention offices work together?

Finally we would like to hear more about your specific prevention responsibilities. Earlier you mentioned that your prevention responsibilities include [RESPONSE FROM SCREENER]. I would like to learn more about those responsibilities and how they fit into the overall prevention approach at [INSTALLATION NAME].

7. First let's talk about the prevention activities that you're responsible for [IF EVALUATION ONLY SKIP TO Q10]: [Use charts to facilitate these questions and have them point to or circle those that are relevant to their prevention activity. Make sure to ask them how those factors are targeted to ensure they are not just picking randomly things that their work indirectly targets or is adjacent to.]

- a. Which risk and protective factors are targeted?
- b. How do your prevention activities align with the continuum of harm?

Continuum of harm means that there are prevention activities for individuals that healthy, those that are at-risk, and those that are in need of help or treatment and that are tailored to the each of these types of individuals.

- c. What do your prevention activities look like for service members in different stages of their careers?
 - d. How do your prevention activities target different levels -- specifically individual service members vs. units vs. the entire installation?
8. How do your prevention activities contribute to the overall prevention approach at [INSTALLATION NAME]?
 9. Is there an ongoing evaluation of the prevention activities you are responsible for?
 - a. IF NO EVALUATION SKIP TO Q10.
 - b. What kinds of evaluation is used? For example, do you use surveys, focus groups, or interviews?
 - c. When does it occur (e.g., before an activity is getting started or after)?

10. Are evaluation efforts coordinated across offices responsible for prevention areas (e.g., alcohol, suicide, domestic violence, sexual assault, harassment)?

- a. IF YES:

- i. Are evaluation efforts ever rolled up to provide an overarching picture of whether prevention is working across [INSTALLATION NAME]?

1. *IF YES:* could you give an example?

- ii. How do you communicate evaluation findings to your leadership and service members at [INSTALLATION NAME]?
 - b. IF NO SKIP TO NEXT QUESTION.
- 11. Do you use evaluation findings to improve the prevention within the offices responsible for prevention and the overall prevention approach across [INSTALLATION NAME]?
 - a. IF YES:
 - i. Can you provide an example of how this works?
 - ii. What do you do if a prevention activity doesn't seem to be working?
 - b. IF NO SKIP TO NEXT QUESTION.
- 12. Do you monitor and address whether service members are engaged and interested in prevention activities?
 - a. IF YES:
 - i. Is there data to support this?
 - ii. What do you do when service members have become resistant or fatigued towards certain prevention activities?
 - iii. What do you do when you see service member engagement with a specific prevention activity is waning? Or that service members are becoming fatigued with prevention activities or messages?
 - b. IF NO: SKIP TO NEXT QUESTION.
- 13. Is there anything else important that you'd like us to be aware of or consider as it pertains to how interpersonal and self-directed violence is prevented or addressed within your unit or across your installation?

PREVENTION SUPPORT D7: Focus group/small group discussion protocol

Audience: equal opportunity; family advocacy; family readiness; and inspector general/law enforcement representatives

DIMENSION 2: PROTECTIVE ENVIRONMENT – PREPARATION

First, we would like to talk about how service members at [*INSTALLATION NAME*] work together help to build a protective environment and healthy climate. A protective environment is one that reduces the effects of stressful life events and increases the ability of service members to avoid risks and promote healthy behaviors to thrive in all aspects of life.

1. Is there a clear and accessible process or path for service members to report concerns about suicide, sexual assault, harassment and bullying, alcohol misuse, domestic violence and other similar problems?
 - a. Are there any instances for which the reporting pathways are less clear? Or less accessible? What are they?

DIMENSION 3: PROTECTIVE ENVIRONMENT - IMPLEMENTATION

2. When service members are referred to you for help, how do they find you? What offices or individuals most often refer service members to your office? (e.g., leaders, other prevention professionals, family members, service members referring peers)?
 - a. Are the referrals you receive typically appropriate? By appropriate we mean referrals are for service members seeking your care or services and do not require additional referrals beyond your office. Are there certain offices or individuals that seems to be more or less adept at making referrals to your office (leaders, other prevention professionals, etc.)?
3. Do you understand what your expected roles and responsibilities are in maintaining protective environments?
 - a. *IF YES:* Could you describe what those expectations are?
 - b. What guidance have you received describing your roles and responsibilities? For example, written guidance or policy, mentorship, or communication from your leadership.
4. Are you held accountable for taking action to improve/maintain a protective environment and healthy climate—for example, doing things like reporting harassment, alcohol misuse, or helping a fellow service member get help if they're dealing with violence or suicidal thoughts?

By accountable we mean, does your leadership (i.e., the officer and enlisted that you directly report to) reward or recognize you or your offices efforts to promote a protective environment – or reprimand you or your office if the installation is failing to maintain a protective environment. Do you have an example of this you can share?

DIMENSION 7: STAKEHOLDER ENGAGEMENT - PRIORITY

5. Is service member input used when prevention efforts are being planned or prioritized?
 - a. IF YES: Can you describe a recent example of what this input looks like and how it was used?

STAKEHOLDER ENGAGEMENT - PREPARATION

Next, I would like to hear how service member input is used to inform prevention activities broadly, and your work specifically to address interpersonal violence, substance abuse, sexual assault, harassment, suicide, or other harmful behaviors.

6. Do you have the resources (e.g., people, money, workspace, facilities, expertise, training) you need to adequately engage with service members to inform your work? If not, what is missing?

STAKEHOLDER ENGAGEMENT - IMPLEMENTATION

7. Show Figure 1 to respondent and ask: “Thinking about all the efforts at [INSTALLATION NAME] to prevent service members from dying by suicide; misusing alcohol; assaulting, harassing or bullying others; and engaging in other forms of interpersonal violence, where do you think they fall on this scale?”
 - a. Can you explain why you selected that level of interaction?
IF needed:
 - b. Can you provide an example of when service member feedback was used to improve prevention? To determine next steps for improving future prevention efforts?
 - c. Are service members informed about why or why not their input was used?
 - d. Are all relevant service member groups able to share their views? Why or why not? What groups are not represented?
 - e. Do you feel like service member input is asked for at the right time? That is, do you think there are missed opportunities to provide input on prevention activities?

8. Is there anything else important that you'd like us to be aware of or consider as it pertains to how interpersonal and self-directed violence is prevented or addressed within your unit or across your installation?