2023 Military Service Academies On-Site Installation Evaluation Report

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The estimated cost of this report or study for the Department of Defense is approximately $229,000 for the 2023 Fiscal Year. This includes $112,000 in expenses and $116,000 in DoD labor.

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Executive Summary

In February 2021, Secretary of Defense Austin directed that the Office of the Secretary of Defense (OSD) conduct on-site installation evaluations (OSIEs) at installations throughout the Department. Based on the value of the 2021 OSIEs, Secretary Austin directed the Under Secretary for Personnel and Readiness to conduct OSIEs in 2023 and biennially thereafter. On March 10, 2023, Secretary Austin directed OSIEs be conducted at the military service academies (MSAs) after an increase in the estimated prevalence of unwanted sexual contact (USC), sexual harassment (SH), and other concerning climate issues at the MSAs during the 2021-2022 academic year. As a result, the OSIE methodology was applied to each MSAs to gain insight on shared risk and protective factors. As a critical leadership tool, these visits provide the Department of Defense (DoD) with ways to comprehensively improve its prevention efforts, better support efforts to advance the approved recommendations of the Independent Review Commission on Sexual Assault (IRC) in the Military and the Suicide Prevention and Response Independent Review Commission (SPRIRC) and inform future policy development. The MSA OSIEs were to be completed no later than April 30, 2023.

Methods:

The MSAs were identified for OSIE visits based on increased rates of USC and other climate indicators on the scientific survey (Service Academy Gender Relations) that included a majority of the cadet/midshipman population. Consistent with other OSIEs, site visits were scoped to those units that had elevated scores on multiple risk factors or elevated scores on multiple protective factors based on their most recent Defense Organizational Climate Survey (DEOCS). These outlier units provide indicators of what factors may be contributing to the increased rates and may inform necessary preventative measures.

Utilizing best practices and lessons learned from the 2021 OSIE visits, the MSA OSIEs assessed prevention capabilities and climate of the MSAs and units of interest through focus groups with cadets/midshipmen, leaders and prevention staff, surveys, document review and data evaluation. Site visit teams (SVT) collected data to inform nine OSIE metrics. Additional information on the OSIE framework and domains are found in Table 3.

This report summarizes findings and recommendations for the three MSAs:

- United States Military Academy (USMA) - OSIE conducted March 12 – 18, 2023
- United States Naval Academy (USNA) - OSIE conducted March 5 – 11, 2023
- United States Air Force Academy (USAFA) - OSIE conducted March 19 – 25, 2023

Findings and Recommendations:

OSIEs assess prevention and climate factors. Department of Defense Instruction (DoDI) 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," defines "primary prevention" as the act of stopping self-directed harm and prohibited abusive or harmful acts from occurring. An optimal prevention system, including those programs and personnel with equity in prevention of harmful behaviors will sustain prevention-specific knowledge and skills, productive and collaborative relationships, facilitate and institutionalize effective planning, execution, evaluation, and quality improvement of the prevention system and activities. DoDI 6400.11 defines "climate" as the collection of shared attitudes and perceptions of people within an organization or unit. Within the military, it often reflects leadership efforts to build cohesion or trust among personnel.

At the MSAs, practices that may have once been highly effective in developing and implementing prevention systems or activities have, in some cases, not kept pace with the changing characteristics of incoming students at the academies. The OSIE teams observed that these practices may be having unintended consequences or may be exacerbating unhealthy climate. While the MSAs have been diligent in adding prevention and support resources over time, harmful behaviors will continue to increase until the climates and environment contributing to that increased risk are modified. Although some common themes were identified across MSAs, the severity

or degree to which these findings were observed varied; thus, the recommendations draw out this nuance in some cases and implementation of the recommendations will need to be tailored to the specific Academy context.

The overarching findings and recommendations are divided into three areas based on the metrics in Table 3 with a consolidated list of cross-MSA recommendations in Appendix A and MSA specific findings and recommendations provided in Appendix B: MSA Site Profiles and Supporting Data. **Importantly, in some cases, the MSA's own internal assessments identified similar findings as the OSIEs and after the OSIE visits MSAs moved out on actions to address the findings. In that event, implementation plans may reflect those already implemented or planned efforts.**

Prolonged Stress (assessed through metrics measuring protective environments)

Findings	**Recommendations**
- Cadets and midshipmen are expected to fix and police themselves regarding harmful behaviors, but do not feel empowered or prepared to do so "Zero tolerance" is at odds with perceived lack of accountability through the military justice process and other means to address inappropriate behaviors - Traditional peer leadership hierarchy has unintended, unhealthy consequences (e.g., bullying, hazing, lack of connectedness) - Tactical Officer (TAC), and Air Officer Commanding (AOC) skillsets are limited which leads to cadets and midshipmen seeking support elsewhere *(Note: Addressed through action directed by Secretary Austin in March 10, 2023 memo; thus, no corresponding OSIE recommendation)*	**Immediate:** - Allow cadets and midshipmen the time and privacy required to seek and use mental health care or other helping resources, as appropriate - Encourage and promote a range of mental health and non-medical support services available to cadets and midshipmen, such as training, skill building, or other support services that could be available prior to needing mental health services **Intermediate:** - Identify opportunities to increase transparency of actions taken to prevent and hold individuals appropriately accountable, where possible - Identify prominent misperceptions and mixed messages; develop and disseminate counter-messages supported by reinforcing actions to address a perceived lack of accountability and ensure that, to the extent possible, any command or leadership communication align with actions taken **Long Term:** - Strengthen peer leadership structure **[USAFA]** Adjust the fourth-class system and continue to deliberately develop cadets throughout their 4-year journey to stop instances of cadet hazing and mistreatment **[USNA/USAFA]** In order to provide more supervision and learning/modeling opportunities, complement the peer leadership structure with additional non-cadet/midshipman leaders, including officers and non-commissioned officers (NCOs) who have experience leading entry level Service members; where this

complementary leadership model already exists, expand it to ensure greater saturation of officers and enlisted leaders amongst cadets and midshipmen

- o **[USMA]** Review and enhance preparation of peer leaders

- Ensure MSA leadership have diversified experiences in different Service training environments to enhance cadet and midshipman leadership development and broaden their skillsets. **[long term]**

Cynicism, Distrust, and Stigma for Help-Seeking (assessed through metrics measuring stakeholder engagement)

Findings

- Concerns about collateral misconduct limit reporting of sexual assault or harassment
- There is stigma around behavioral health due to the perceived impact on commissioning or career field assignments
- Distrust of systems and processes impacts reporting and the use of resources
- Cynicism is shaped by the perceived lack of transparency in decisions and cyber misinformation or bullying that threatens protective environments

Recommendations

Immediate:

- Review and expand, as necessary, current Safe to Report policies to address collateral misconduct when reporting egregious violations and implement measures to ensure all individuals are aware of Safe to Report policies
- Provide education or tools to cadets and midshipmen that explain the facts of help-seeking including how and when it may affect commissioning and career field assignments

Intermediate:

- [OSD] Develop charter and institute a working group for MSAs to address primary prevention efforts, formulate interventions, share evaluation outcomes, and strengthen connections to other existing working groups
- Develop and provide tools and information to MSA leadership, cadets, and midshipmen to identify and protect against cyber misinformation and bullying that threaten protective environments.
- Evaluate long-standing traditions, systems, processes, or internal policies that impede necessary evidence-informed best practices in prevention and address influencers who seek to limit necessary changes, cohesiveness, connectedness, and trust
- **[OSD]** Examine commissioning standards and accession waiver processes and develop communication tools for educating cadets and

midshipmen on the policy and accession waiver process, and dispel myths, where possible, on the negative impact of mental health treatment

Prevention Through the MSA Lifecycle (assessed through metrics measuring integrated prevention)

Findings

- Efficacy of prevention activities can be greatly diminished by an unhealthy climate

- There is a lack of integration across prevention, character development, and leadership development efforts

- Core curriculums do not include graded or structured courses on the prevention of harmful behaviors or developing leadership practices to address harmful behaviors.

Recommendations

Immediate:

- **[Military Departments]** Prioritize and expedite the hiring of integrated prevention personnel at MSAs and direct a "whole of installation" approach that ensures continuity with broader force structure and utilization of all available prevention assets

Intermediate:

- Fully integrate prevention, character development, and leadership development efforts within each MSA

- Ensure services available at the MSAs are integrated to support the entire military community and not only the cadets and midshipmen

Long Term:

- **[Military Departments]** In collaboration with the MSA, the Secretary of the Military Department concerned will ensure all incoming cadets and midshipmen receive a deliberate and sustained education in financial readiness, workplace professionalism, time management, goal setting, stress management, disappointment tolerance, and other key skills to achieve the leadership competencies outlined in DoDI 6400.11

Introduction

Every year each DoD MSA admits between 1,100 and 1,350 cadets and midshipmen with the goal of developing those incoming cadets and midshipmen into valuable leaders of character committed to service and defending the Nation. According to survey data from the 2021 Service Academy Gender Relations Survey (SAGR) the estimated prevalence rates of unwanted sexual contact (USC) and sexual harassment (SH) have increased steadily and significantly since 2014. According to a report released by RAND (2021), "Effects of Sexual Assault and Sexual Harassment on Separation from the U.S. Military," experiences of abuse and harm early in cadet and midshipmen's careers may have negative and lasting impacts and more must be done to prevent harmful behaviors at the MSAs.

Secretary of Defense Lloyd Austin has made preventing these harmful behaviors one of his priorities. On March 10, 2023, in response to the most recent survey data from the SAGR, Secretary Austin, directed the Under Secretary for Personnel and Readiness (USD(P&R)) to conduct OSIEs at the MSAs to better evaluate policy and capabilities intended to prevent self-directed harm and prohibited abusive or harmful acts and make specific recommendations targeted to the local climate. This report reflects the results of the MSA OSIEs.

Methodology

The OSIEs focus on integrated primary prevention for the military community, and specifically for the purposes of this report, the community at the MSAs. The definitions in Table 1 guided the methods used to identify sites and develop metrics.

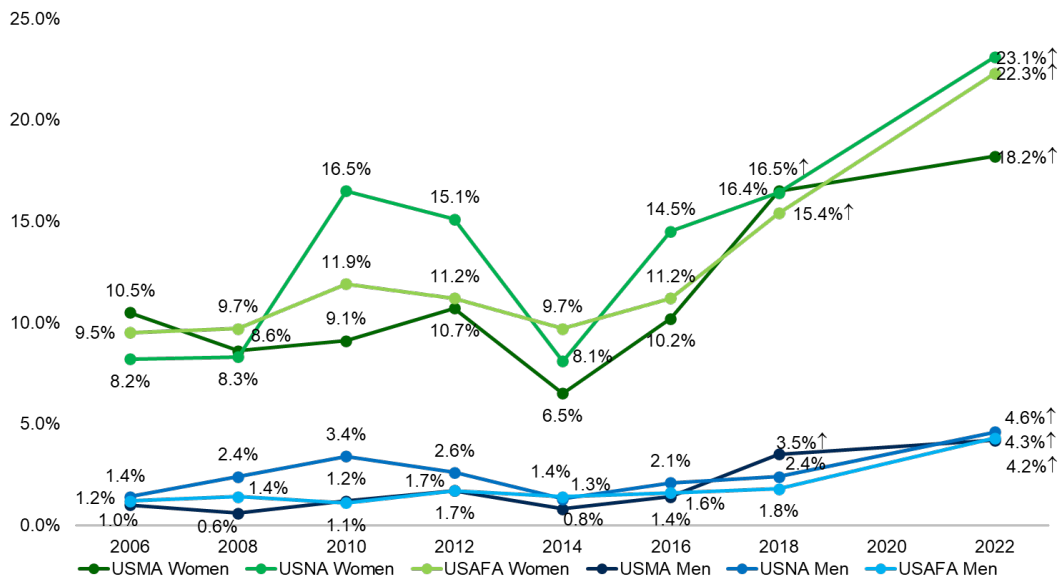*Table 1: Risk and Protective Factors in DEOCS 5.0*

Primary Prevention	Stopping harmful acts before they occur. Can be implemented for an entire group or population without regard to risk (universal primary prevention) or can be implemented for individuals, groups, or a population that is at risk (selected primary prevention). Primary prevention activities can target: 1. Influencers, such as leaders who set a climate and shape norms, but may not be present when harmful acts occur can be those outside of the agency who also set or maintain traditions, influence policy, or funding (i.e. alumni groups, senior leaders) 2. Bystanders, who may be present when harmful acts occur; 3. Individuals, who may commit harmful acts; or, 4. Individuals who may be affected by harmful acts.
Integrated Prevention	Taking action to decrease harmful behaviors and lessen the chances of these behaviors negatively impacting readiness and retention in a way that: 1. Incorporates values of inclusivity, connectedness, dignity and respect (access, equity, rights, and participation)—including the elevation of Service member and family member voice—to inform plans, processes, and trainings; 2. Recognizes and adjusts plans, processes, and trainings to consider and be responsive to climate issues and populations that have been disproportionately impacted by harmful acts; 3. Intentionally seeks to align and find common operating principles across prevention efforts and offices (e.g., equal opportunity, suicide, SA); and, 4. Incorporates multiple lines of effort across individual, interpersonal, organizational ecological levels.

Identification of OSIE Sites

The DoD annually assesses the MSAs for progress made toward combating USC and SH[1]. In the academic year (APY) 2021-2022 DoD Annual Report on SH and Violence at Military Service Academies, utilizing the SAGR, an estimated 21.4 percent of MSA women and 4.4 percent of MSA men indicated experiencing unwanted sexual contact in the year prior to the Service Academy Gender Relations (SAGR) survey. Based on these rates, the DoD estimates that 1,136 MSA men and women may have experienced some form of unwanted sexual contact in the year prior to being surveyed. Figure 1 represents the estimated rates of unwanted sexual contact in the year prior to the survey by MSA.

The SAGR identified a similar disturbing trend in the prevalence of SH at the MSAs with 63 percent of MSA women and 20 percent of MSA men who may have experienced an incident of SH in APY 2021-2022. This equates to 2,127 women and 1,813 men who experienced SH in APY 2021-2022. This was a significant increase from 50 percent and 16 percent, respectively, from APY 2017-2018. Figure 2 represents the change in estimated prevalence rates of SH from 2016 - 2022. In addition to population-based surveys, more recent MSA DEOCS indicate more cadets and midshipmen at the MSAs may have experienced sexually harassing behaviors than respondents at most other DoD installations and ships.

Figure 1: Unwanted Sexual Contact Prior Year Prevalence Estimates by MSA 2006-2022

Figure 2: Estimated Rates of SH at MSAs
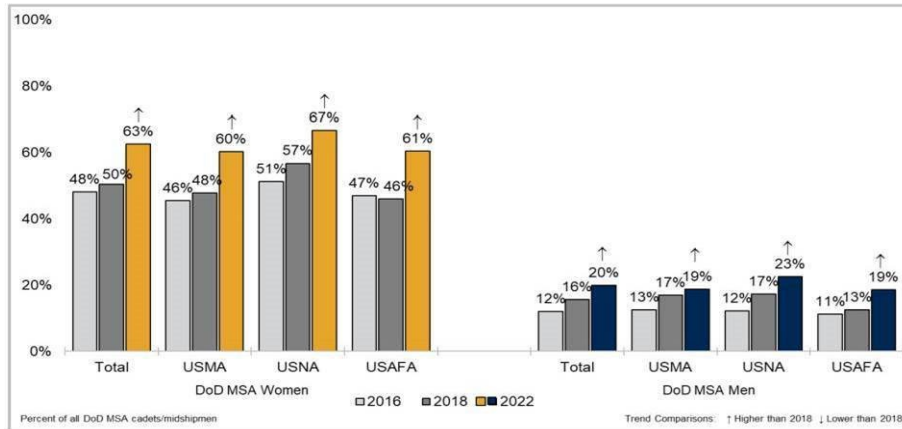
The primary data source for selecting units of focus for the MSA OSIEs was the DEOCS. The MSAs completed the DEOCS in late 2022, which provided the most timely and sensitive measure of command climate available. The redesigned DEOCS is comprised of 19 factors, nine of which depict risk factors and 10 of which depict protective factors for readiness detracting behaviors, such as sexual assault, harassment, and suicide. For the purposes of this analysis ratings for transformational leadership, passive leadership, and toxic leadership were treated as separate risk factors for the unit/organization leader, commander, and the Senior NCO, if applicable. As a result, this analysis includes the 22 total factors found in Table 2.

Table 2: Risk and Protective Factors in DEOCS 5.0

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

These factors are the same for MSAs and other military installations; however, the leadership referenced for this analysis reflects the MSA population. MSA leadership in "leadership support" and "toxic leadership" refers to the first cadet or midshipman within an individual's chain of command, and leadership in "transformational leadership" and "passive leadership" refers to the company or squadron permanent party MSA command team.

Integrated Prevention Assessment Methods:

In 2021, OUSD(P&R), in collaboration with RAND, identified nine dimensions to guide the assessment of prevention capabilities for the OSIEs. These dimensions were identified by an analysis of the focus areas not

covered by existing DoD compliance checklists and DoD assessment tools to enforce relevant prevention policies and the OSIE framework outlined in the 2021 OSIE Report.

OUSD(P&R) prioritized three domains of focus for the development of new metrics:

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

Three additional domains were added from the OSIE framework:

- **Priority**: Higher-level leadership sets the tone and sustains consistent focus on harmful behaviors
- **Preparation**: Prevention personnel and intermediate leadership are equipped with the ability, and exist within a structure, that incentivizes and supports addressing harmful behaviors
- **Implementation**: Approach aligns with best practices and is done well (i.e., with high quality)

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

Table 3: Prevention Capabilities Assessed in OSIEs

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

To assess these nine dimensions, SVTs collected information from various personnel during each OSIE. Using all information collected, the site team made binary ratings on a series of data elements (present or absent), which were combined to establish whether various subdimensions were sufficient. A maturity score was then calculated for each dimension. A maturity score represents a progression and achievement in a particular domain or discipline so that a higher score suggests more advanced practice on agreed upon standards. The maturity scores on the nine dimensions were informed by the number of sufficient corresponding subdimensions. More details on the development, validation, and application of these metrics are found in Appendix C. Scores on the nine dimensions and sub-dimensions for each site are found in Table 14 in Appendix B.

On-Site Evaluations

Teams comprised of DoD civilian employees, military members, and contracted research assistants conducted site visits that spanned several days and included focus group interviews and surveys across all helping agencies (integrated prevention personnel workforce, faculty, staff, administration personnel, etc.), leadership, and students (cadets and/or midshipmen). These focus groups and surveys collected data on prevention efforts related to harmful behaviors such as discrimination, sexual assault, harassment, retaliation, suicide, and intimate partner violence.

For the 2023 MSA OSIEs, several changes/improvements were made to the OSIE based on lessons learned from the inaugural OSIE conducted in 2021 at installations across the military, as identified by the Secretary of Defense. Pre-visit process improvements included shifting the OSIE timeframe to late winter/early spring to reduce the impact of staff rotation (PCS), reducing the complexity of the pre-visit data collection requests, and providing earlier and more detailed advance notice of the site visit and more collaborative planning with the local site visit teams.

Several improvements and modifications were made from the 2021 OSIEs to better pertain to the 2023 MSA OSIEs which included adjusting the language and flow of the discussion protocolss to improve clarity and simplicity. Improvements were also made to scoring and reporting, including the development of processes to organize notes to better align with scoring. Finally, two additional discussion protocols were developed for the MSAs: one for fourth- and third-class year cadets/midshipmen and one for second- and first-class year cadets and midshipmen. The scenario used for the tabletop exercise (TTX) was adapted to increase relevance to the MSA mission.

Units were selected if they had elevated scores on multiple risk factors or elevated scores on multiple protective factors. Both high risk and high protective units were selected to identify best practices as well as gaps. Consistency of findings across these groups also provides clues about whether issues highlighted by the units were widespread across the MSA, such that evidence for issues was found in both at risk and protective units; or, if issues may be localized and evidence of specific issues was found only in those groups.

Each OSIE multi-disciplinary evaluation team included a Senior Executive or GS-15 team lead and seven staff representing the Office of the Under Secretary of Defense for Personnel and Readiness (Office of Force Resiliency, Office of Diversity, Equity and Inclusion, Defense Suicide Prevention Office, Sexual Assault Prevention and Response Office, Office of People Analytics, and the Diversity Management Operation Center). The teams also included representation from the Military Services (military and civilian employees), and the National Guard Bureau. The Service members assigned to each OSIE team acted as a Senior Subject Matter Expert (SME) and came from the same Military Department with jurisdiction over the MSA being evaluated. This allowed for a mixture of military perspectives and insight into MSA culture. Research assistants were also present during focus group interviews to collect interviewee responses allowing team members to engage with focus group participants in a fluid manner.

Findings and Recommendations

The OSIE team developed an overarching conceptual framework as context for the findings and recommendations. As outlined in Figure 5, this conceptual framework describes the changing needs of the newest cohorts of cadets and midshipmen and how existing leadership structures need to evolve to meet these needs and mitigate risk for harmful behaviors.

Survey data from the Centers for Disease Control and Prevention (CDC) suggests that young people are experiencing or showing signs of harmful behaviors prior to entering the MSAs. Specifically, to the 2021 CDC Youth Risk Behavior Survey[2] found that 8.5 percent of high school students had been physically forced to have sexual intercourse at some point in their lives while 11 percent had experienced sexual violence[3] in the 12 months prior to the survey. The survey also found that, during the 12 months prior to the survey, 42.3 percent had felt sad or hopeless, 22.2 percent had seriously considered attempting suicide, 10.2 percent had attempted suicide, and 2.9 percent had an attempt that resulted in an injury, poisoning, or overdose that required medical treatment. According to the SAGR, the number of incoming cadets and midshipmen who indicated that they may have experienced USC at any time prior to entering the MSA was 33 percent, up from 25.1 percent in 2018, and the number of those incoming cadets and midshipmen who indicated that they may have experienced SH in the past year was 63%, up from 50% in 2018.

A prior sexual assault or SH elevates the risk of experiencing USC in the future and previous trauma can affect how individuals assess and respond to stressors and harmful behaviors[4]. The MSAs have established prevention resources and systems at their institutions to help cadets and midshipmen deal with and prevent harmful behaviors; however, the 2023 MSA OSIEs demonstrated that the training environment and overall climate across the MSAs can affect the success of prevention activities. For example, if cadets and midshipmen receive conflicting messages from their leadership, peers, or other members of the MSA community about accountability, help-seeking, and expectations/norms related to how they treat each other from social media, the impact of their senior leader's communications could be undermined. Such mixed messages fuel distrust, cynicism, and stigma for help-seeking. Even if this unhealthy climate is generated by misperceptions, it influences cadets and midshipmen behavior, what and how they seek help, and how they behave and hold each other accountable. The goal of the MSAs is to educate, train, and inspire cadets/midshipmen to become leaders of character; however, some aspects of the current training environment and climate need to be adjusted to meet this goal given changing needs of incoming students.

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[2] Centers for Disease Control and Prevention. (2021). *High School Youth Risk Behavior Survey.* Department of Health and Human Services. https://nccd.cdc.gov/Youthonline/App/Default.aspx

[3] Defined as "such things as kissing, touching, or being forced to have sexual intercourse that they did not want to do one more times during the 12 months before the survey."

[4] Rosellini, A. J., Street, A. E., Ursano, R. J., Chiu, W. T., Heeringa, S. G., Monahan, J., Naifeh, J. A., Petukhova, M. V., Reis, B. Y., Sampson, N. A., Bliese, P. D., Stein, M. B., Zaslavsky, A. M., & Kessler, R. C. (2017). Sexual Assault Victimization and Mental Health Treatment, Suicide Attempts, and Career Outcomes Among Women in the US Army. American journal of public health, 107(5), 732–739. https://doi.org/10.2105/AJPH.2017.303693

Figure 3: MSA Leadership Development
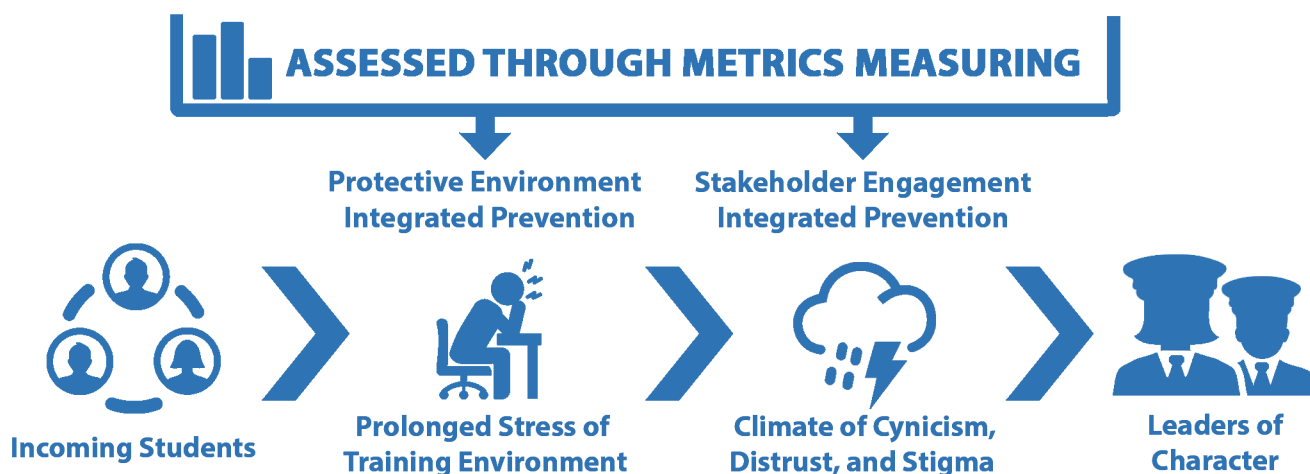
Incoming students: Per a national shift among young people[5], incoming cadets and midshipmen are more likely to have trauma that occurred before entering the MSAs. This trauma increases the risk of harmful behaviors even before the cadets begin the highly stressful training environment at the MSAs. As cited above, there is a greater focus on identifying the behavioral health needs of young people and highlighting the differences in perceivable healthy coping skills compared to previous years and generations.

Prolonged stress training environments: While some amount of stress is inherent to the MSA, military training, and educational experiences, the structure within the MSAs and the skills of those in leadership positions must be equipped to mitigate that stress. Our visits indicate that in some cases peer leaders (i.e., company officers) were unprepared to support the cadets and midshipmen they led and in other cases, the peer leadership structure created unhealthy power dynamics in which cadets and midshipmen are hesitant or fearful of intervening in or reporting harmful behaviors. Additionally, in some cases, inadequately prepared AOCs and TAC officers also fail to meet the needs of incoming students.

Climate of cynicism, distrust, and stigma: Unchecked influencers and social media communications, to include the chat app Jodel, send mixed messages among the cadet/midshipmen population and can lead to misperceptions about the MSAs prevention efforts, the judicial system, the value of reporting, and prevention support resources, and dissuade those at the MSA from seeking the help they need.

Leaders of character: Cadets and midshipmen experiencing these risk factors and climate throughout their time in a MSA may embark on their military careers with unaddressed trauma and an unhealthy perspective of military training and the importance of prevention.

MSA Strengths

During the MSA OSIEs several strengths were found at each institution. These strengths demonstrate that the MSAs are positioned to make progress if the factors causing prolonged stress and the climate of cynicism are adequately addressed. These strengths are broken out between MSA climate and MSA prevention efforts in Table 4.

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[5] U.S. Surgeon General. *Protecting Youth Mental Health*. 2021.

	USMA	USNA	USAFA

Climate	• Leaders generally model and reward good behavior
	
	• Cadets, Service members, faculty, and staff recognize and work to address shared risk factors
	
	• Broad appreciation and trust for Tactical NCOs supports problem solving and helps prevent crises
	
	• Embedded Military and Family Life Counselors are widely viewed as an asset
		• Working groups (WG) including midshipmen
		  ○ Prevention WG
		  ○ Midshipmen Affairs Team
		  ○ Midshipmen Leadership Team
		• Current Commandant and Deputy Commandant
		  ○ Culture of listening
		  ○ Mailbox for anonymous communication
		  ○ Promoting unity and cohesion
			• Peer groups (i.e., Teal Ropes) and affinity and culture clubs (i.e., Hispanic heritage) support connection and belongingness
			
			• Faculty's commitment to the cadets

Prevention	• Referrals to help for those in need occur on a regular basis
	
	• Active data and information sharing forums support integration and awareness
	
	• Addressing SH/SA; Creating Healthy Climates; and Tackling Holistic Health (ACT) cadets are helpful peer-level prevention assets
		• Prevention personnel take their roles seriously
		  ○ Interested in better integration
		  ○ Interested in furthering their knowledge of prevention subject areas
			• Numerous research-based prevention activities underway
			
			• Highly regarded athletic department Healthy Relationships training
			
			• Reduced access to alcohol and other factors that increase risk

MSA Maturity Scores

Each MSA was scored based on nine dimensions. As implemented, this maturity model serves three purposes: it allows DoD and others to understand the current capabilities of the sites, it helps sites identify ways to strengthen their prevention efforts, and it permits comparison, both within and across sites. The scores are based on a scale of 0 to 5, with a higher score indicating that the SVT found consistent evidence of the metric across engagements and other data sources.

The scores for each MSA across the nine dimensions are included in Table 5 below. Additional subdimension and dimension data is available in Table 14 in Appendix B.

Table 5: MSA Maturity Scores

	Priority Does leadership consistently prioritize…			Preparation Are leaders and prevention staff equipped and empowered to…			Implementation Are efforts implemented with quality and seamlessly integrated…		
	USMA	USNA	USAFA	USMA	USNA	USAFA	USMA	USNA	USAFA
Protective Environment	3	1	0	3	2	2	1	0	0
Integrated Prevention	4	1	0	1	1	3	1	0	0
Stakeholder Engagement	3	1	0	2	2	2	2	1	1

Findings and Recommendations Across Three MSAs

Despite the strengths that each of the MSAs demonstrate in its respective climates and prevention activities, OSIE teams identified areas for improvement. Consistently the OSIE teams found that cadets and midshipmen had misperceptions about their senior leader's intent, policy, processes, and acceptable norms. The misperceptions seemed to be generated by uninformed influencers[6]; and the leaders best positioned to dispel misperceived norms – peer leaders (e.g., company officers) and TAC officers/AOCs – were unprepared to adequately address the misinformation or in some cases were the source of the misinformation themselves (e.g., lack of established norms across units result in misinformation being shared amongst peers). Even if this unhealthy climate is generated by misperceptions, it influences cadet and midshipmen behavior, what and how they seek help, and how they behave and hold each other accountable.

While clear communication and understanding was identified in the 2021 OSIEs as a consistent challenge across sites, at the MSAs it is imperative to ensure those leaders closest to the cadets and midshipmen are equipped and modeling healthy norms and behaviors. The findings and recommendations focus on these areas and are steps the MSAs can take to address these areas.

Of note, although some common themes were identified across MSAs, the severity or degree to which these findings were observed varied; thus, the recommendations draw out this nuance in some cases and implementation of the recommendations will need to be tailored to the specific Academy context. **Importantly, in some cases, the MSA's own internal assessments identified similar findings as the OSIEs and after the OSIE visits MSAs moved out on actions to address the findings. In that event, implementation plans may reflect those already implemented or planned efforts.**

Prolonged Stress (assessed through metrics measuring protective environments)

Some level of stress in the MSA training environment is to be expected; however, to help cadets and midshipmen effectively handle that stress, leaders, particularly those directly overseeing cadets and midshipmen – peer leaders (e.g., company officers), TAC officers/AOCs –must be adequately prepared to address issues relating to prevention of harmful behaviors. The following table shows the findings and recommendations that relate to the feeling of prolonged stress and contributing factors within the MSA environment. These findings were consistent across all three MSAs and were assessed through the metrics measuring protective environments in Table 5 and Appendix C .

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[6] Influencers is defined in Table 1 above "such as leaders who set a climate and shape norms, but may not be present when harmful acts occur can be those outside of the agency who also set or maintain traditions, influence policy, or funding (i.e. alumni groups, senior leaders)"

Table 6: Findings & Recommendations for Prolonged Stress Across All Three MSAs

PROLONGED STRESS ACROSS ALL THREE MSAS	
Findings	**Recommendations**

• The traditional peer leadership hierarchy has unintended, unhealthy consequences (e.g., bullying, hazing, lack of connectedness)
 	
• TAC and AOC skillsets are limited which pushes cadets and midshipmen to seek support elsewhere *(Note: Addressed through action directed by Secretary Austin in March 10, 2023 memo; thus, no corresponding OSIE recommendation)*
	• Strengthen peer leadership structure **[long term]**
	
	  o **[USAFA]** Adjust the fourth-class system and continue to deliberately develop cadets throughout their four-year journey to stop instances of cadet hazing and mistreatment
	
	  o **[USNA/USAFA] I**n order to provide more supervision and learning/modeling opportunities, complement the peer leadership structure with additional non-cadet/midshipman leaders, including officers and non-commissioned officers (NCOs) who have experience leading entry level Service members; where this complementary leadership model already exists, expand it to ensure greater saturation of officers and enlisted leaders amongst cadets and midshipmen
	
	  o **[USMA]** Review and enhance preparation of peer leaders
	
	• Ensure MSA leadership have diversified experiences in different Service training environments to enhance cadet and midshipman leadership development and broaden their skillsets. **[long term]**

• "Zero tolerance" is at odds with the perceived lack of accountability in the military justice process, to include cases that do not necessarily meet the threshold for a criminal case, and other methods meant to address inappropriate behavior	• Identify opportunities to increase transparency of actions taken to prevent and hold individuals appropriately accountable, where possible **[intermediate]**
• Cadets and midshipmen are expected to fix and police themselves regarding harmful behaviors, but do not feel empowered or prepared to do so	• Allow cadets and midshipmen the time and privacy required to seek and use mental health care or other helping resources, as appropriate **[immediate]** • Encourage and promote a range of mental health and non-medical support services available to cadets and midshipmen, such as training, skill building, or other support services that could be available prior to needing mental health services **[immediate]**

- Identify prominent misperceptions and mixed messages; develop and disseminate counter-messages supported by reinforcing actions to address a perceived lack of accountability and ensure that, to the extent possible, any command or leadership communication align with actions taken **[intermediate]**

Cynicism, Distrust, Stigma for Help-Seeking (assessed through stakeholder engagement metrics)

The following table shows the findings and corresponding recommendations that relate directly to the cynicism, distrust, and stigma for help-seeking widespread in the MSA environment. These findings were consistent across all three MSAs and were assessed through the metrics measuring stakeholder engagement in Table 5 and Appendix C. Recommendations are for all MSAs unless otherwise noted.

Table 7: Findings & Recommendations to Address Cynicism, Distrust, and Stigma for Help-Seeking Across All Three MSAs

CYNICISM, DISTRUST AND STIGMA FOR HELP-SEEKING ACROSS ALL THREE MSAS	
Findings	**Recommendations**
- Distrust of systems and processes impact the use of prevention resources and reporting of harmful behaviors	- Evaluate long-standing traditions, systems, processes, or internal policies that impede necessary evidence-informed best practices in prevention and address influencers who seek to limit necessary changes, cohesiveness, connectedness, and trust **[intermediate]**
- Concerns about collateral misconduct limit reporting of harmful behaviors	- Review and expand, as necessary, current Safe to Report policies to address collateral misconduct when reporting egregious violations and implement measures to ensure all individuals are aware of Safe to Report policies **[immediate]**
- Cynicism is shaped by the perceived lack of transparency in decisions and cyber misinformation or bullying that threatens protective environments	- Develop and provide tools and information to MSA leadership, cadets, and midshipmen to identify and protect against cyber misinformation and bullying that threaten protective environments **[intermediate]**
- Stigma around behavioral health due to the perceived impact on commissioning and career field assignments	- **[OSD]** Examine commissioning standards and accession waiver processes and develop communication tools for educating cadets and midshipmen on the policy and accession waiver process, and dispel myths, where possible, on the negative impact of mental health treatment **[intermediate]**

Prevention Throughout the MSA Lifecycle (assessed through integrated prevention metrics)

While prolonged stress and cynicism amongst the MSA population hinder MSA prevention efforts from reaching their full potential, it is still critical to ensure that prevention efforts are constantly improving, aligned with best practice, and meet the needs of the MSA population. The following table shows the findings and recommendations that relate to prevention efforts throughout the entire MSA lifecycle. These findings were consistent across all three MSAs and were assessed through the metrics measuring integrated prevention in Table 5 and Appendix C.

Table 8: Findings & Recommendations to Improve Prevention Throughout the MSA Lifecycle at All Three MSAs

PREVENTION THROUGHOUT THE MSA LIFECYCLE	
Findings	**Recommendations**
• Efficacy of prevention activities can be greatly diminished by an unhealthy climate	• Ensure services available at the MSAs are integrated to support the entire military community and not only the cadets/midshipmen **[intermediate]** • **[Military Departments]** Prioritize and expedite the hiring of integrated prevention personnel at MSAs and direct a "whole of installation" approach that ensures continuity with broader force structure and utilization of all available prevention assets **[immediate]**
• There is a lack of integration across prevention, character development, and leadership development efforts	• Fully integrate prevention, character development, and leadership development efforts within each MSA **[intermediate]**
• Core curriculums do not include graded or structured courses on the prevention of harmful behaviors or developing leadership practices to address harmful behaviors.	• **[Military Departments]** In collaboration with the MSA, the Secretary of the Military Department concerned will ensure all incoming cadets and midshipmen receive a deliberate and sustained education in financial readiness, workplace professionalism, time management, goal setting, stress management, disappointment tolerance, and other key skills to achieve the leadership competencies outlined in DoDI 6400.11 **[long term]**

Additional Findings and Recommendations for Individuals MSAs

While the findings and recommendations in the above section cut across the three MSAs, there were certain findings that applied more specifically to individual MSAs with individualized recommendations to address them. These findings and recommendations are based on metrics measuring protective environments, stakeholder engagement, and integrated prevention in Table 5. Additional context for each MSA can be found in Appendix B.

USMA

The following table includes the OSIE findings and recommendations for the USMA. All recommendations in this section are for the USMA unless otherwise noted. Findings without an accompanying recommendation are addressed in the cross-MSA recommendations in Tables 6-8.

Findings	Recommendations
• There is inadequate physical security of barracks rooms which increases opportunities for harmful behaviors to occur • ACT cadets are good sources of information and referral, but cadets expressed a desire for more subject matter expert delivered training that reflects the seriousness of prevention issues • NCOs are a strength	• Repair and maintain barracks rooms locks to ensure physical safety **[immediate]** • Provide evidence-informed small group training led by subject matter experts on harmful behaviors and prevention **[long-term]** • Ensure NCOs are sufficient in number and represent diverse backgrounds will continue to encourage cadet engagement **[long-term]**

USNA

The following table includes the OSIE findings and recommendations for the USNA. All recommendations are for the USNA unless otherwise noted. Findings without an accompanying recommendation are address in the cross-MSA recommendations in Tables 6-8.

Table 10: USNA Specific Findings & Recommendations

Findings	Recommendations
• Subjective peer ranking system gives midshipmen the perception that midshipmen rankings are based on popularity rather than capability, contribution, or achievement • Multiple midshipmen interviewed during the site visit believed they need an escort to seek care • Multiple midshipmen interviewed during the site visit reported transportation to care outside of USNA was either unavailable or difficult to access in a timely fashion • Early intervention mental health programs are understaffed, and traditional business hours negatively impact use by midshipmen • Perception among midshipmen that influencers outside of USNA, including USNA alumni, have unspoken control over attitudes, behaviors, and outcomes • There is a general lack of comprehensive, integrated, research-based prevention	• Address misperceptions of class ranking criteria **[intermediate]**

USAFA

The following table includes the OSIE findings and recommendations for the USAFA. All recommendations are for the USAFA unless otherwise noted. Findings without an accompanying recommendation are

addressed in the cross-MSA recommendations in Tables 6-8 above and many recommendations are also captured in USAFA's newly launched "Let's Be Clear" campaign.

Table 11: USAFA Specific Findings & Recommendations

Findings	Recommendations

• Cadets who participated in the focus groups characterize the USAFA campus as a prison environment
 	
  o Multiple fourth-class cadets interviewed during the site visit believed they needed an escort to seek physical or mental health care (including the Peak Performance Center)
 	
  o Multiple cadets interviewed during the site visit reported transportation to care outside of USAFA was either unavailable or difficult to access in a timely fashion
 	
  o Multiple cadets interviewed perceived AOC priorities as not appropriately considering cadet needs (e.g., sick days, mental health days, outside assistance)
 	
• Cadets are becoming, or have become, desensitized to conditions likely to be perceived as unacceptable in other military contexts (i.e., unprofessional leadership styles, hazing, harassment, or other behaviors that disrupt training events)
 	
• There is a misperception that programing through the Military and Family Readiness Center (MFRC) does not apply to the cadet wing
 	
  o The full gamut of support services at the MFRC are not offered to cadets, are identified as unnecessary for cadets (i.e. Family Advocacy Program relationship trainings), or a duplicative effort is instituted in the cadet wing (i.e. financial readiness program)
	• **[Department of the Air Force]** Enhance oversight to be commensurate with other Air Force major commands **[intermediate]**
	
	• Review evaluation of the Enhanced Access, Acknowledge, Act Program and recommend how to address countering the negative experience of female cadets **[intermediate]**
	
	• Evaluate if the athletic department's Healthy Relationships training would be valuable for the entire cadet wing **[intermediate]**
	
	• **[OSD]** Conduct a follow-up visit at USAFA in 2024 **[intermediate]**

OSD Recommendations

To help address the findings from the MSA OSIEs and to assist the Military Departments and MSAs in enacting meaningful change to reduce risk factors and enhance prevention efforts, OSD should:

- Hold Deputy Secretary of Defense meetings twice per year to track and enforce implementation of the approved Independent Review Commission on Sexual Assault in the Military and the Suicide Prevention and Response Independent Review Commission. This will ensure implementation of actions to address real and perceived lack of accountability and victim support across the MSAs.
- The Under Secretary of Defense for Personnel and Readiness convene a working group to develop implement plans on the actions directed by the SD in response to the 2023 MSA OSIEs. This working

group should consist of representatives from all three MSAs and should meet regularly until final implementation plans are finalized and adopted.

Conclusion

The 2023 MSA OSIEs provided an opportunity for OSD to gain further insight into the risk and protective factors at each MSA, including identifying what is working and what is not. While the MSAs have made advancements in their efforts to prevent harmful behaviors, there remain significant hurdles to achieving progress that leadership at all levels is determined to achieve. Changes are necessary to address the issues that are prolonging and intensifying cadet and midshipman stress beyond what would be considered acceptable in many other military contexts. Some of these changes, such as addressing the leadership structure and better preparing peer leaders will mitigate challenges real or perceived, experienced by the MSA communities.

The climate of cynicism, distrust, and stigma must be addressed at all levels of the MSA environment. Effective prevention efforts and investments will be thwarted if the cadets and midshipmen continue to have pervasive distrust of those efforts and cynicism that seeking help or reporting harmful behaviors will lead to meaningful positive change. Certain changes, like greater communication and transparency, may be changes that can be quickly implemented, while others, such as strengthening the peer leadership structure will require bold, longer-term action. All parties, from the cadets and midshipmen themselves to the highest levels of leadership, benefit from an environment built on trust and healthy behaviors. This ensures that leaders of character are the next generation of military leadership and positive healthy behaviors will be rewarded and expected at all levels.

Appendix A: Consolidated Cross-MSA Recommendations

Tables six to eight of the report identify findings and accompanying recommendations for three focus areas. The following consolidates those cross-MSA recommendations and groups them by the recommended implementation timeline. The recommendations apply to all three MSAs unless otherwise noted.

Immediate

- **[OSD]** Hold Deputy Secretary of Defense meetings twice per year that will track and enforce implementation of the approved Independent Review Commission on Sexual Assault in the Military and the Suicide Prevention and Response Independent Review Commission. This will ensure implementation of actions to address real and perceived lack of accountability and victim support across DoD and the MSAs.

- **[OSD]** The Undersecretary of Defense for Personnel and Readiness convene a working group to develop implement plans on the actions directed by the SD in response to the 2023 MSA OSIEs. This working group should consist of representatives from all three MSAs and should meet regularly until final implementation plans are finalized and adopted.

- **[Military Departments]** Prioritize and expedite the hiring of integrated prevention personnel at MSAs and direct a "whole of installation" approach that ensures continuity with broader force structure and utilization of all available prevention assets

- Allow cadets and midshipmen the time and privacy required to seek and use mental health care or other helping resources, as appropriate

- Encourage and promote a range of mental health and non-medical support services available to cadets and midshipmen, such as training, skill building, or other support services that could be available prior to needing mental health services

- Review and expand, as necessary, current Safe to Report policies to address collateral misconduct when reporting egregious violations and implement measures to ensure all individuals are aware of Safe to Report policies

- **[USMA]** Repair and maintain barracks rooms locks to ensure physical safety

Intermediate

- **[OSD]** Examine commissioning standards and accession waiver processes and develop communication tools for educating cadets and midshipmen on the policy and accession waiver process, and dispel myths, where possible, on the negative impact of mental health treatment

- Identify opportunities to increase transparency of actions taken to prevent and hold individuals appropriately accountable, where possible.

- Identify prominent misperceptions and mixed messages; develop and disseminate counter-messages supported by reinforcing actions to address a perceived lack of accountability and ensure that, to the extent possible, any command or leadership communication align with actions taken

- Evaluate long-standing traditions, systems, processes, or internal policies that impede necessary evidence-informed best practices in prevention and address influencers who seek to limit necessary changes, cohesiveness, connectedness, and trust

- Develop and provide tools and information to MSA leadership, cadets, and midshipmen to identify and protect against cyber misinformation and bullying that threaten protective environments

- Fully integrate prevention, character development, and leadership development efforts within each MSA

- Ensure services available at the MSAs and their home installations are integrated to support the entire military community

- **[OSD]** Conduct a follow-up visit at USAFA in 2024

- **[Department of the Air Force]** Enhance oversight to USAFA to be commensurate with other Air Force major commands

- **[USAFA]** Review evaluation of the Enhanced Access, Acknowledge, Act Program and recommend how to address countering the negative experience of female cadets

- **[USAFA]** Evaluate if the athletic department's Healthy Relationships training would be valuable for the entire cadet wing

- **[USNA]** Address misperceptions of class ranking criteria

Long Term

- **[Military Departments]** In collaboration with the MSA, the Secretary of the Military Department will ensure all incoming cadets and midshipmen receive a deliberate and sustained education in financial readiness, workplace professionalism, time management, goal setting, stress management, disappointment tolerance, and other key skills to achieve the leadership competencies outlined in DoDI 6400.11

- Strengthen peer leadership structure

    o **[[USAFA]** Adjust the fourth-class system and continue to deliberately develop cadets throughout their four-year journey to stop instances of cadet hazing and mistreatment

    o **[USNA/USAFA] I**n order to provide more supervision and learning/modeling opportunities, complement the peer leadership structure with additional non-cadet/midshipman leaders, including officers and non-commissioned officers (NCOs) who have experience leading entry level Service members; where this complementary leadership model already exists, expand it to ensure greater saturation of officers and enlisted leaders amongst cadets and midshipmen

    o **[USMA]** Review and enhance preparation of peer leaders

- Ensure MSA leadership have diversified experiences in different Service training environments to enhance cadet and midshipman leadership development and broaden their skillsets

- **[USMA]** Provide evidence-informed small group training led by subject matter experts on harmful behaviors and prevention

- **[USMA]** Ensure NCOs are sufficient in number and represent diverse backgrounds will continue to encourage cadet engagement

Appendix B: MSA Site Profiles and Supporting Data

Sites Identified

The following table summarizes the sites identified by OSIEs and the units of interest that participated in the OSIE. Units of interest are the units within the MSA that had the highest risk or protective percentile scores among units at each MSA. The most recent DEOCS scores drove the risk and protective factors which included contextual factors and command climate analysis. These units were selected to provide a better understanding of the factors contributing to increased USC, SH, and suicide rates and necessary preventative measures to mitigate those factors.

Table 12: MSA Units Identified for OSIEs

Military Service Academy	Units with High DEOCS Protective Factors	Units with High DEOCS Risk Factors
U.S. Military Academy*	– C Co., 4th Regiment – I Co., 3rd Regiment – U.S. Corps of Cadets Faculty and Staff	– A Co., 4th Regiment – B Co., 2nd Regiment – G Co., 3rd Regiment – F Co., 1st Regiment
U.S. Naval Academy	– Co. 13, 3rd Battalion – Co. 20, 4th Battalion – Co. 22, 5th Battalion	– Co. 2, 1st Battalion – Co. 11, 3rd Battalion – Co. 19, 4th Battalion – Co. 27, 6th Battalion
U.S. Air Force Academy	– Cadet Squadron 15 – Cadet Squadron 30	– Cadet Squadron 7 – Cadet Squadron 20 – Cadet Squadron 24 – Cadet Squadron 40
*Units from the garrison were also assessed at USMA; findings and recommendations for those units are not included in this report.		

MSA Risk Factors

USC Factors

Figure 4 incorporates estimates from the SAGR and compares those estimates to the number of reports made by cadets and midshipmen for events occurring during that APY.

Figure 4: Estimated Cadets and Midshipmen Experiencing Unwanted Sexual Contact Based on Past-Year Prevalence Rates versus Number of Cadets and Midshipmen in Reports of Sexual Assault Made during the APY, for Incidents Occurring During Military Service
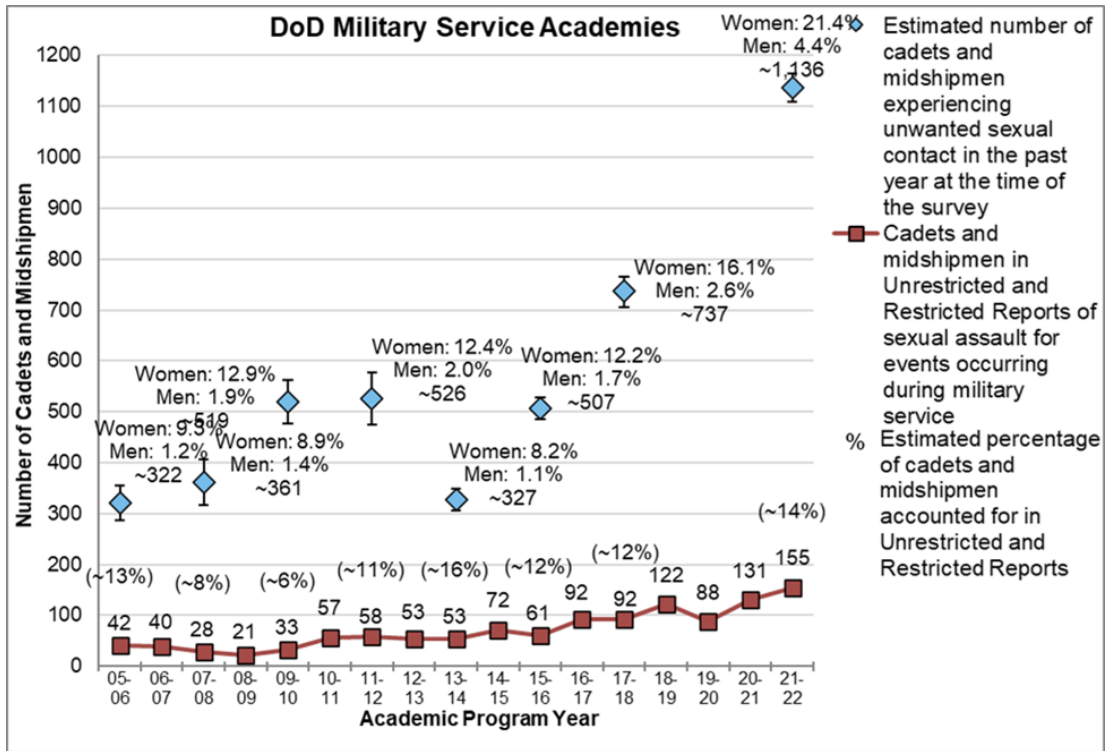
SH Factors

The number of cadets and midshipmen who may have experienced unwanted sexual contact and SH has increased over time. Cadets and midshipmen are more likely to experience unwanted sexual contact and SH, compared to active component Service members of the same age. Figure 5 represents the total number of SH complaints by MSA while Figure 6 represents the estimated past year SH rate for each MSA compared to rates in 2016 and 2018.

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[7] Source: Defense Sexual Assault Incident Database and SAGR data

Figure 5: SH Complaints by APY - All MSAs
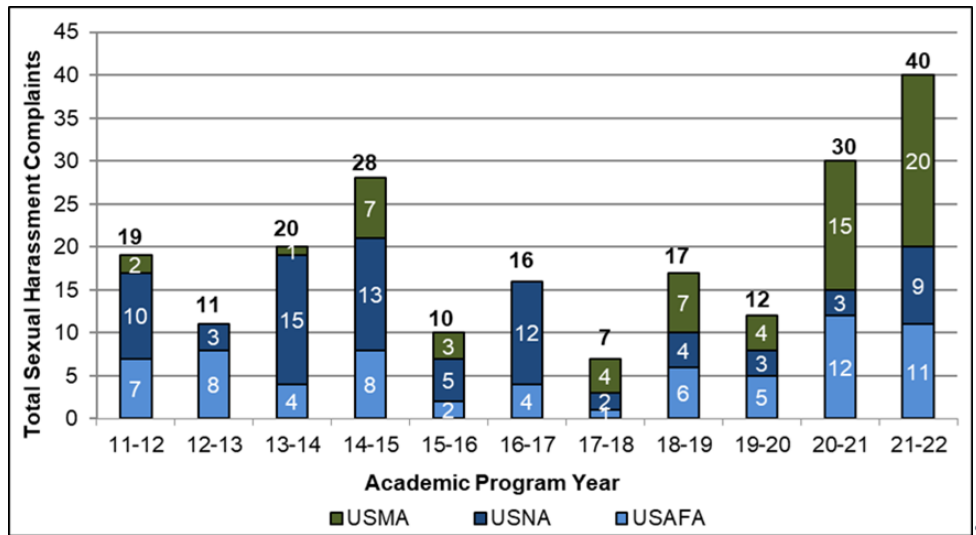
Figure 6: Estimated Past Year SH Rates - All MSAs
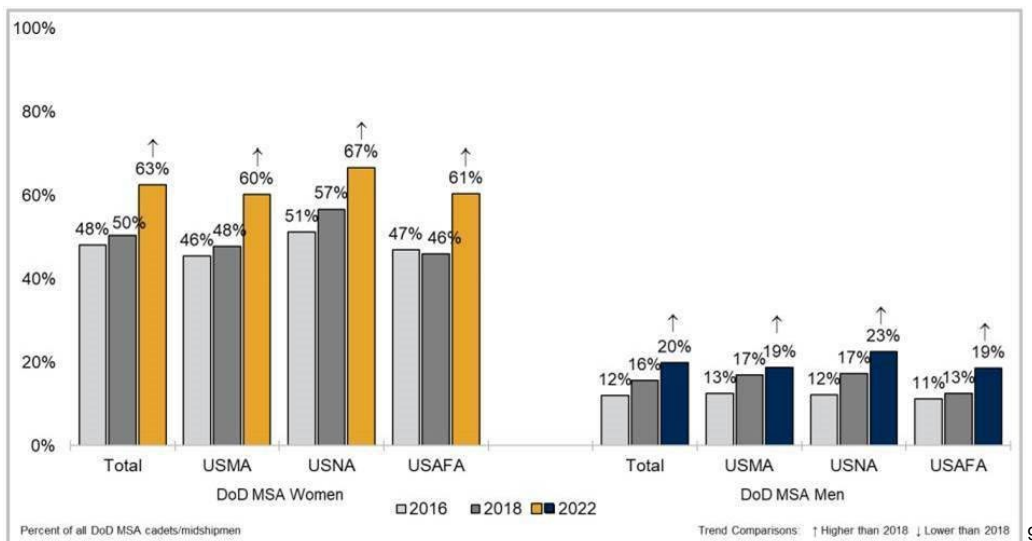
An estimated 63% of DoD MSA women (**2,127 cadets/midshipmen**) and 20% of DoD MSA men (**1,813 cadets/midshipmen**) experienced SH in the past APY. These estimates reflect a significant increase compared to 2018 when the rate for women was 50% and 16% for men.

- **USMA -** an estimated 60% of women (**611 cadets**) and 19% of men (**613 cadets**) may have experienced SH in the past APY. These estimates reflect a significant increase compared to 2018 when the rate for women was 48% and 17% for men.

- **USNA -** an estimated 67% of women (**824 midshipmen**) and 22% of men (**683 midshipmen**) may have experienced SH in the past APY. These estimates reflect a significant increase compared to 2018 when the rate for women was 57% and 17% for men.

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[8] Source: SAGR data
[9] Source: SAGR data

- **USAFA** an estimated 60% of women (**693 cadets**) and 19% of men (**518 cadets**) may have experienced SH in the past APY. These estimates reflect a significant increase compared to 2018 when the rate for women was 46% and 13% for men."

Suicide

Table 13 includes the number of total suicide deaths at each MSA from CY 2012 through April 2023. These numbers are inclusive of both cadets/midshipmen and cadre.

Table 13: Number of Suicide Deaths CY 2012-April 2023 at MSAs

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023*	Total
USAFA	2	1	0	1	0	0	0	0	1	0	1	2*	7
USMA	0	0	0	1	1	0	0	1	1	0	0	0	4
USNA	0	0	1	1	0	1	0	0	1	0	1	0	5
Total	2	1	1	3	1	1	0	1	3	0	2	1	16[10]

[10] Source: Defense Suicide Prevention Office

United States Military Academy (West Point, NY)

USMA was established in 1802 in West Point, New York. The Academy has a population of approximately 4,300 cadets, 1,200 active-duty soldiers, 3,000 family members and 5,000 personnel. Eight DoD personnel and 3 research support staff engaged with more than 200 participants during 41 sessions and 1 TTX. Available risk index data or the U.S. Military Academy is summarized in the table below.

USMA Integrated Prevention Maturity Scoring

The following scoring dials represent the SVT's assessment of the current integrated prevention capabilities of the USMA. Given the early nature of the Department's integrated prevention policies and practices, these scores are not expected to be high and are in line with other sites visited during the 2023 round of OSIEs. This round of scoring will be used to help form a baseline for measuring future progress.

Figure 7: USMA Prevention Maturity Dials
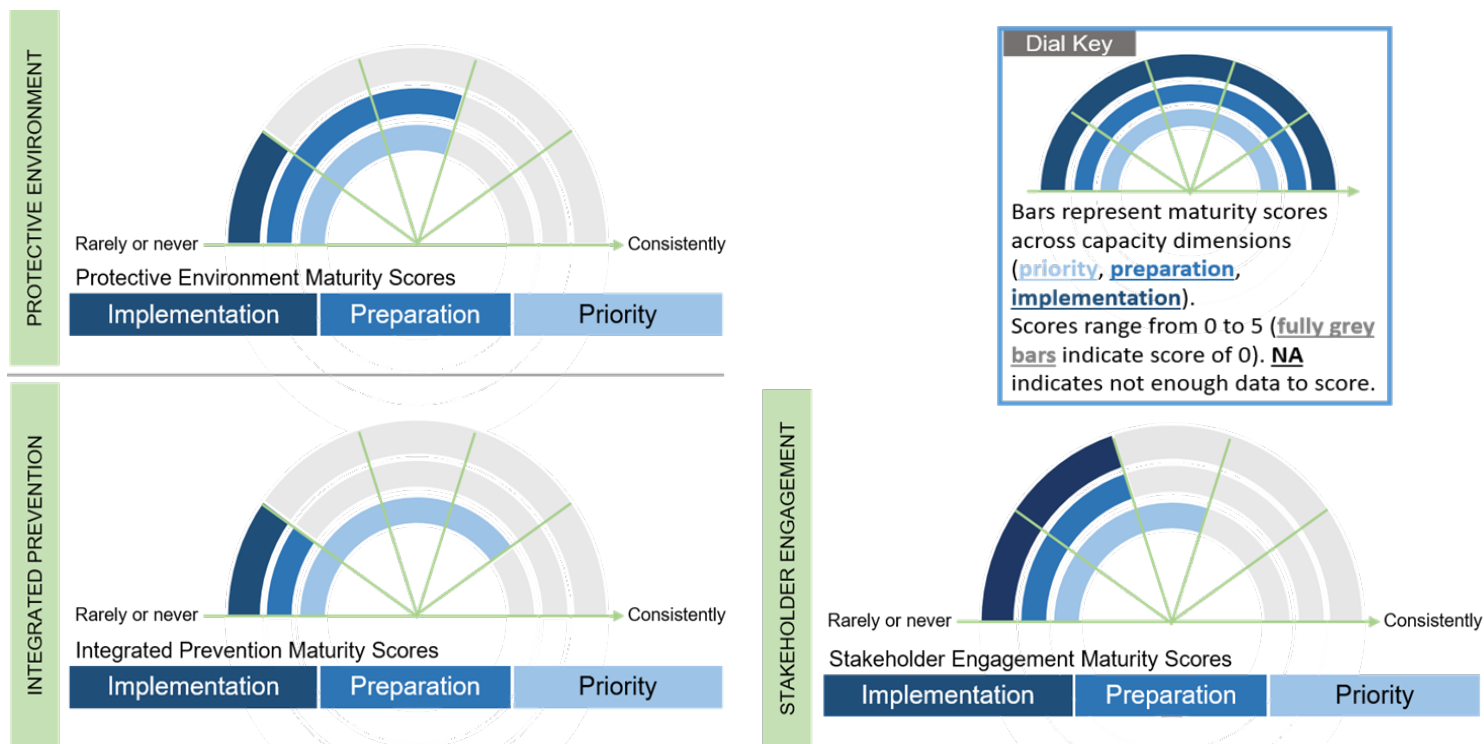
United States Naval Academy (Annapolis, MD)

USNA was established in 1845 in Annapolis, Maryland. The Academy has a population of approximately 4,400 midshipmen and 580 faculty members – both military and civilian. Over 5 days 8 DoD personnel and 3 research support staff engaged with more than 300 participants during 40 sessions and one TTX.

USNA Integrated Prevention Maturity Scoring

The following scoring dials represent the SVT's assessment of the current integrated prevention capabilities of the USNA. Given the early nature of the Department's integrated prevention policies and practices, these scores are not expected to be high and are in line with other sites visited during the 2023 round of OSIEs. This round of scoring will be used to help form a baseline for measuring future progress.

Figure 8: USNA Prevention Maturity Dials

United States Air Force Academy (Colorado Springs, CO)

The U.S. Air Force Academy was established in 1959 in Colorado Springs, Colorado. The academy has a population of approximately 4,000 cadets and a civilian workforce of approximately 1,600 personnel. Over 4 days, 8 DoD personnel and 3 research support staff engaged with approximately 265 participants during 36 sessions and one TTX.

USAFA Integrated Prevention Maturity Scoring

The following scoring dials represent the SVT's assessment of the current integrated prevention capabilities of the USAFA. Given the early nature of the Department's integrated prevention policies and practices, these scores are not expected to be high and are in line with other sites visited during the 2023 round of OSIEs. This round of scoring will be used to help form a baseline for measuring future progress.
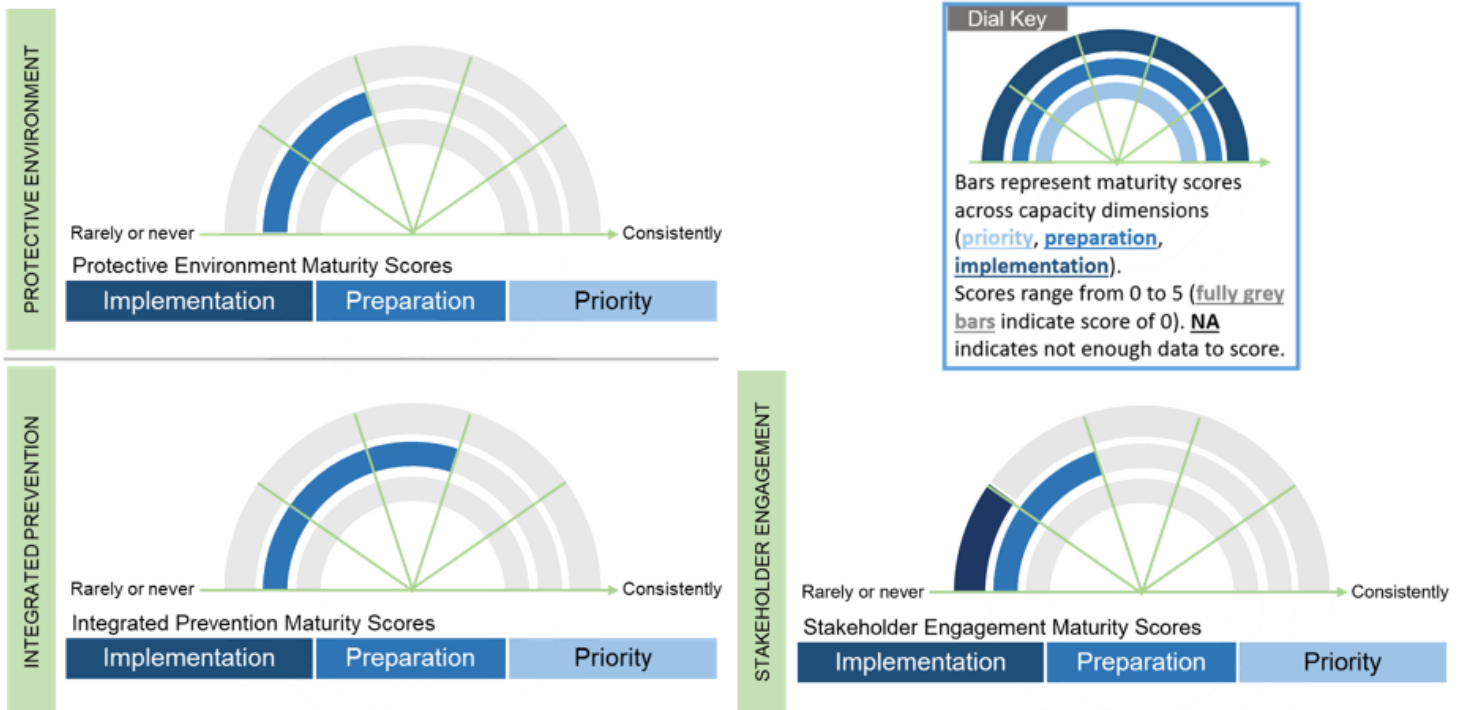
Figure 9: USAFA Prevention Maturity Dials

Combined Data Used to Score Prevention Capabilities

Detailed Data Used to Score the MSA's Prevention Capability – USMA, USNA, USAFA

On-site Installation Evaluation (OSIE) team members provided individual scores across each sub-dimension using a Qualtrics online secure survey platform. Once all individual scores were complete, OSIE teams for a given MSA met together and consolidated their ratings into one team score for that MSA. The tables below reflect the team scores for each data element and sub-dimension that led to the overall dimension scores. The sub-dimensions were then scored to have sufficient or not sufficient evidence of being true. Sub-dimension scores were derived by using scoring rules that incorporate data element ratings.

✅ = Sufficient; ⊖ = Not Sufficient

Table 14: Prevention Capability Dimension/Subdimension Scoring:

DIMENSION: HEALTHY AND PROTECTIVE ENVIRONMENT— PRIORITY	USMA Score	USNA Score	USAFA Score
Leaders consistently emphasize the importance of a healthy protective environment.	✅	⊖	⊖
Leaders consistently monitor progress on harmful behaviors and climate.	✅	✅	⊖
Leaders reinforce positive behaviors.	✅	⊖	⊖
DIMENSION: HEALTHY AND PROTECTIVE ENVIRONMENT— PREPARATION			

	USMA Score	USNA Score	USAFA Score
Leaders are knowledgeable and skilled in building a protective environment.	✓	✓	✓
Established or systematic processes/structure to support healthy climate.	✓	✓	✓
Leaders and subordinates maintain connections.	✓	—	—
DIMENSION: HEALTHY AND PROTECTIVE ENVIRONMENT— IMPLEMENTATION			
Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors.	—	—	—
Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates.	—	—	—
Leaders proactively monitor the stress levels of subordinates.	✓	—	—
Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure).	—	—	—
Positive behaviors are rewarded/recognized.	—	—	—

DIMENSION: INTEGRATED PREVENTION—PRIORITY	USMA Score	USNA Score	USAFA Score
Leaders hold prevention personnel accountable for sustained integrated prevention.	✓	✓	—
Leaders reinforce best practice prevention processes (i.e., present dose, theory-based, evaluated, trained deliverers, interactive content).	✓	—	—
Leaders prioritize data and evaluation related to prevention.	✓	—	—
Leaders communicate integrated primary prevention is a consistent and enduring priority to subordinates.	✓	—	—
DIMENSION: INTEGRATED PREVENTION—PREPARATION			
Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention.	—	—	✓
Leaders are knowledgeable and skilled in primary prevention.	✓	✓	✓
Prevention personnel are dedicated, knowledgeable and skilled in primary prevention.	—	—	✓
Continuity of prevention staff and effective prevention activities are maintained over time.	—	—	—

DIMENSION: INTEGRATED PREVENTION—IMPLEMENTATION			34
Prevention approach is integrated (use common messages, consistent collaboration, and common operating procedures).	⊖	⊖	⊖
Prevention approach is comprehensive.	⊖	⊖	⊖
Prevention approach is evaluated.	✅	⊖	⊖
Prevention approach is continuously improved.	⊖	⊖	⊖
Resistance to the prevention approach is monitored and addressed.	⊖	⊖	⊖

DIMENSION: STAKEHOLDER ENGAGEMENT—PRIORITY	USMA Score	USNA Score	USAFA Score
Leader communications stress the importance of stakeholder engagement.	⊖	⊖	⊖
Leaders and prevention personnel provide positive reinforcement for stakeholder engagement.	✅	⊖	⊖
DIMENSION: STAKEHOLDER ENGAGEMENT—PREPARATION			
Leaders have the knowledge and skills needed to conduct stakeholder engagement.	✅	✅	✅
Prevention personnel are dedicated, knowledgeable, and skilled in conducting stakeholder engagement.	✅	✅	✅
Stakeholders are knowledgeable about prevention.	⊖	⊖	⊖
Present resources exist to conduct stakeholder engagement.	⊖	⊖	⊖
DIMENSION: STAKEHOLDER ENGAGEMENT— IMPLEMENTATION			

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

○ COLLABORATE PLUS (5): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions, using a standing group of stakeholders. This includes leaders and prevention personnel regularly circling back with stakeholders to update the group on progress.			35

Appendix C: OSIE Process, Integrated Prevention Metric Development, Validation, & Scoring

Participants

At each MSA, students (cadets and/or midshipmen, first through fourth year), active-duty Service members, administration, faculty, staff, and dedicated prevention personnel participated in focus group interviews. Across the MSAs, 116 focus groups (including TTX) were conducted and 915 total individuals attended and provided data. Table 15 shows the number of focus group participants from each MSA.

Table 15: Focus Groups Completed and Number of Participants

	DP1	DP2	DP3	DP4	DP5	DP6	DP7	DP8	DP9	TTX	Total
USAFA											
# Groups	2	-	-	3	-	9	4	9	9	1	37
# Participants	22	-	-	23*	-	45	14	57	97	34*	292
USMA											
# Groups	3	2	2	7	4	9	5	2	4	1	39
# Participants	8	5	10	45	17	38	21	14	47	26	231
USNA											
# Groups	1	-	-	1	-	8	7	14	8	1	40
# Participants	5	-	-	13	-	19	26	189*	129	11	392[11]

Student leaders (first-and second-class), faculty leaders, and prevention staff completed pen and paper surveys following the focus groups. Table 16 shows the number of individuals who completed surveys at each MSA.

Table 16: Leadership and Prevention Surveys Completed

MSA	Number of Surveys Completed	
	Leadership Surveys	Prevention surveys
USAFA	35	28
USMA	68	39
USNA	142	17

Measures

Based on an analysis of the requirements in DoDI 6400.09 and the elements of the OSIE Framework (priority, preparation, and implementation), the OSD, in coordination with RAND, developed nine new metrics to assess prevention capabilities associated with specific focus areas in DoDI 6400.09: Healthy and protective environments, integrated prevention, and stakeholder engagement.[12]

Three main tools (DPs, TTXs, and surveys) were used to collect data that would inform maturity scores that capture MSAs' overall capacity for integrated prevention. This section presents the dimensions upon which MSAs were scored, the data collection tools used, and the scoring process that teams used to develop dimension maturity scores from the data. Nine dimensions are used to guide the assessment of prevention capabilities for the OSIE MSA report. These dimensions were identified by an analysis of the focus areas not

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[11] *Indicates that estimated (instead of precise) number of participants were provided for focus group(s) in this column

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

covered by existing DoD compliance checklists and DoD assessment tools to enforce relevant prevention policies and the OSIE framework described in Table 17.

OSD prioritized three domains of focus:

1) *Healthy & Protective Environment*: Research shows that command climates can positively or negatively impact behaviors such as SA and harassment.

2) *Integrated Prevention*: Effective prevention targets a mix of risk and protective factors that are both common across problem areas as well as unique to specific harmful behaviors.

3) *Stakeholder Engagement*: Outcomes can be improved when multiple stakeholders have genuine involvement in prevention activities.

Three additional domains are also included in OSIE framework:

1) *Priority*: Higher-level leadership sets the tone and sustains consistent focus on harmful behaviors.

2) *Preparation*: Prevention personnel and intermediate leadership are equipped with the ability, and exist within a structure, that incentivizes and supports addressing harmful behaviors.

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

Table 17: Prevention Capabilities Assessed at MSA OSIEs

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

These areas are referred to as core dimensions. Given the breadth of these nine dimensions, each one was divided into multiple subdimensions, which are narrower in focus. These subdimensions were worded as positive statements (e.g., Leaders consistently deter negative behaviors) so they would represent a high-quality standard to which installations should aspire. Under each subdimension are even narrower "data elements." An overall score for each of the nine dimensions starts at the data element level. Each data element, also worded as a positive standard to achieve, is judged to be either "present" or "absent" by considering multiple data sources collected at the site. A scoring rubric was created so that a certain number of data elements rated as "present" are needed for the subdimension to be considered "present." The number of data elements varies for each subdimension and thus the number of "present" data elements needed also varies by subdimension. Figure 10 shows an example for Core Dimensions 1 (Healthy & Protective Environment – Priority) and its subdimensions. This dimension has five subdimensions and the two data elements are shown for Subdimension 1.2. In the scoring rubric, both data elements (1.2.1 and 1.2.2) need to be rated as present for Subdimension 1.2 to be present.

Figure 10: Example of the Link between Data Elements, Subdimensions, and Core Dimensions
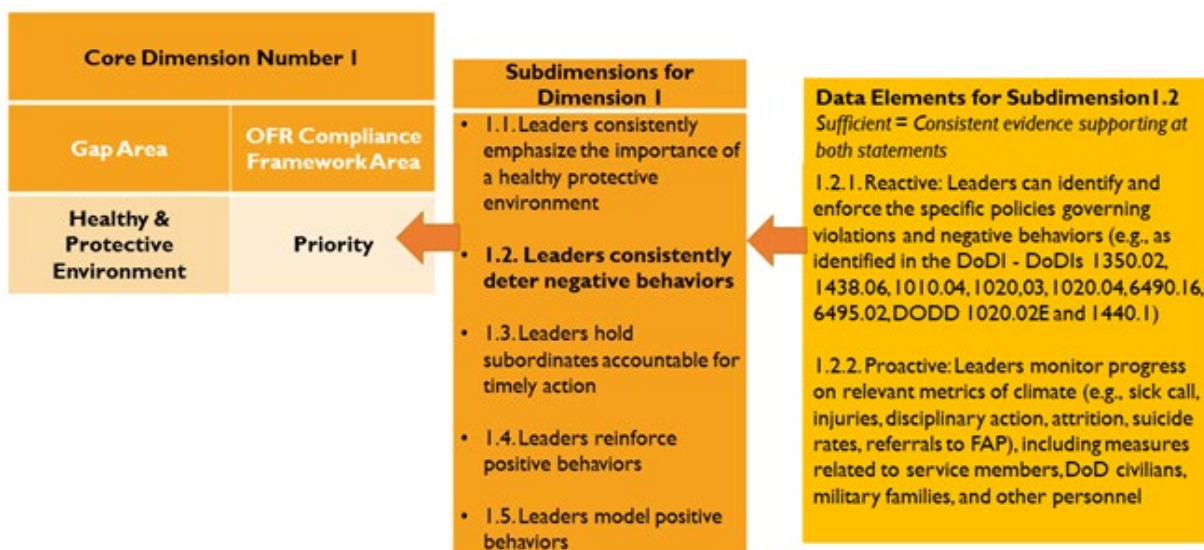
Once it is determined which subdimensions are present and absent, then a maturity score is used to determine the final score for the Core Dimension. Table 18 below shows the maturity scoring for each core dimension. Although a six-point scale is used to reflect the range of maturity, the exact makeup of the scoring rubric for each core dimension varies by the number of subdimensions. Typically, the highest level of maturity not only has all the subdimensions present, but also an additional requirement for a more robust presence of those subdimensions.

Background on Maturity Scoring

RAND developed a structured maturity scoring system tailored to each core dimension. In its simplest form, a maturity model is a set of characteristics, attributes, indicators, or patterns that represent progression and achievement in a particular domain or discipline. The artifacts that make up the model are typically agreed upon by the domain or discipline and are validated through application and iterative recalibration. A maturity model allows an organization or industry to have its practices, processes, and methods evaluated against a clear set of artifacts that establish a benchmark. These artifacts typically represent best practice and may incorporate standards or other codes of practice that are important in a particular domain or discipline. By having the ability to benchmark, organizations can use maturity models to determine their current level of achievement or capability and then apply these models over time to drive improvement. However, when used in a broader sense, maturity models can also help organizations benchmark their performance against other

organizations in their domain or industry, and help an industry determine how well it is performing by examining the achievement or capability of its member organizations. Architecturally, maturity models typically have "levels" along an evolutionary scale that defines measurable transitions from one level to another. The corresponding attributes define each level; in other words, if an organization demonstrates these attributes, it is said to have achieved both that level and the capabilities that the level represents. Having measurable transition states between the levels enables an organization to use the scaling to:

- Define its current state
- Determine its future, more "mature" state; and
- Identify the attributes it must attain to reach that future state

RAND tailored the general maturity approach, developing a specific scoring method for each individual dimension (see Table 18). Thus, rather than one overall, generic scoring system, the maturity approach focused on the specifics of each dimension. This approach was based on an assessment process OSD and RAND used in a Department of Defense project rating the SA prevention capabilities of U.S. Military Service Academies (Acosta et al., 2022).

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

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

Table 18: Link between Data Elements, Subdimensions, and Maturity Scoring

Dimension Maturity Scoring	Subdimensions (total # of data elements needed to rate Subdimension as 'present'/total # data elements)
1. Healthy & Protective Environment – Priority	
Maturity Score: 5-Present in all 5 and consistent evidence that presence has been <u>maintained over the past two years despite competing priorities</u> 4-Present in all 5 subdimensions 3-Present in 4 out of 5 subdimensions 2-Present in 3 out 5 subdimensions 1-Present in 1 or 2 out of 5 subdimensions 0-None are Present	1.1. Consistently emphasize the importance of a healthy protective environment (3/4) 1.2. Consistently deters negative behaviors (2/2) 1.3. Leaders hold subordinates accountable for timely action (2/2) 1.4. Leaders reinforce positive behaviors (1/1) 1.5. Leader's role model positive behaviors (1/1)
2. Integrated Prevention – Priority	
Maturity Score: 5-Present in all 4 subdimensions and consistent evidence that sufficiency has been maintained over time despite competing priorities 4-Present in all 4 subdimensions 3-Present in 3 out of 4 subdimensions 2-Present in 2 out 4 subdimensions 1-Present in 1 out of 4 subdimensions	2.1. Leaders see integrated primary prevention as a consistent and enduring priority and communicate it to subordinates (2/2) 2.2. Leaders hold prevention personnel accountable for sustained integrated prevention (2/2) 2.3. Leaders reinforce best practice prevention processes (i.e., sufficient dose, theory-based, evaluated, trained deliverers, interactive content) (2/2) 2.4. Leaders prioritize data and evaluation related to prevention (2/2)
3. Stakeholder Engagement – Priority	
Maturity Score: 5-Present in 3 out of 3 subdimensions, including support from the data call, and	3.1. Leaders and prevention personnel use stakeholder engagement to inform priorities (1/1)

consistent evidence that presence has been maintained over time despite competing priorities

4-Present in 3 out of 3, including support from the data call
3-Present in 3 out of 3 subdimensions
2-Present in 2 out of 3 subdimensions
1-Present in 1 out of 3 subdimensions
0-None are Present

3.2. Leader communications stress the importance of stakeholder engagement (1/1)
3.3. Leaders and prevention personnel provide positive reinforcement for stakeholder engagement (2/2)

4. Healthy & Protective Environment – Preparation

Maturity Score:
5-Present in all 4 subdimensions, plus mean of data element 2.1.1 is greater than 4.0
4-Present in 4 out 4 subdimensions
3-Present in 3 out of 4 subdimensions
2-Present in 2 out of 4 subdimensions
1-Present in 1 out of 4 subdimensions
0-None are Present

4.1 Leaders are knowledgeable and skilled in building a protective environment**
4.2 Established or systematic processes/structure to support healthy climate
4.3 Leaders and subordinates maintain present connections (3/4)
4.4 Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations (2/2)
**This data element is scored via a survey = overall mean score above 3.0 for the eleven leader survey items

5. Integrated Prevention – Preparation

Maturity Score:
5-Present in all 5 subdimensions
4-Present in 4 of the 5 subdimensions
3-Present in 3 out of 5 subdimensions
2-Present in 2 out of 5 subdimensions
1-Present in 1 out of 5 subdimensions
0-None are Present

5.1. Prevention personnel receive ongoing and systematic training and professional development to continually improve their approach to integrated prevention (2/3)
5.2. Leaders are knowledgeable and skilled in primary prevention**
5.3. Prevention personnel are dedicated, knowledgeable and skilled in primary prevention (2/2)
5.4. Collaborative structure exists to support integrated primary prevention (2/2)
5.5. Continuity of prevention staff and effective prevention activities are maintained over time (2/2)
**This data element is scored via a survey = overall mean score above 3.0 for the eight leader survey items

6. Stakeholder Engagement - Preparation

Maturity Score:
5-Present in all 4 subdimensions and mean of 8.1 OR 8.2 is greater than 4
4-Present in all 4 subdimensions
3-Present in 3 out of 4 subdimensions
2-Present in 2 out of 4 subdimensions
1-Present in 1 out of 4 subdimensions
0-None are Present

6.1. Leaders have the knowledge and skills needed to conduct stakeholder engagement**
6.2. Prevention personnel are dedicated, knowledgeable and skilled in conducting stakeholder engagement^^
6.3. Stakeholders are knowledgeable about prevention (2/2)
6.4. Sufficient resources exist to conduct stakeholder engagement (1/1)
**This data element is scored via a survey = overall mean score above 3.0 for the four leader survey items
^^ This data element is scored via a survey = overall mean score above 3.0 for the six prevention survey items

7. Healthy & Protective Environment – Implementation

Maturity Score:
5-Present in all 5 subdimensions
4-Present in 4 of the 5 subdimensions
3-Present in 3 out of 5 subdimensions
2-Present in 2 out of 5 subdimensions
1-Present in 1 out of 5 subdimensions
0-None are Present

7.1. Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors (2/2)
7.2. Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates (2/3)
7.3. Leaders proactively monitor the stress levels of subordinates (2/2)
7.4. Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure) (2/2)
7.5. Positive behaviors are rewarded/recognized (1/1)

8. Integrated Prevention - Implementation

Maturity Score:
5-Present in all 5 subdimensions
4-Present in 4 of the 5 subdimensions
3-Present in 3 out of 5 subdimensions
2-Present in 2 out of 5 subdimensions
1-Present in 1 out of 5 subdimensions
0-None are Present

8.1. Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures) (3/4)
8.2. Prevention approach is comprehensive (3/4)
8.3. Prevention approach is evaluated (3/3)
8.4. Prevention approach is continuously improved (2/2)
8.5. Resistance to the prevention approach is monitored and addressed (2/3)

9. Stakeholder Engagement - Implementation

Maturity Score:
Score based on the following scale:
- NONE (0): Feedback from stakeholders is neither sought nor used by leaders or prevention personnel.

9.1 Level of collaboration

- INFORM (1): Leaders and prevention personnel share information in a variety of ways with key stakeholder groups ("We will keep you informed"). No effort is made to get input.
- INVOLVE (2): Leaders and prevention personnel seek input from stakeholders AFTER decisions are made.
- PARTICIPATE (3): Leaders and prevention personnel see input BEFORE decisions are made.
- COLLABORATE (4): Leaders and prevention personnel work with stakeholders to jointly frame the problem and the solutions. Leaders and prevention personnel regularly circle back with stakeholders to update them on progress

Subdimensions

Core dimensions were designed to be broad categories. In contrast, subdimensions were designed to address narrower topics. Striking a balance between breadth and simplicity, there are three to five subdimensions in each core dimension, except for Core Dimension nine (Stakeholder Engagement-Implementation), which has one subdimension. Subdimensions were chosen for their theoretical connection to the dimension, their support in the research literature, and their focus on a narrower aspect of the core dimension. Below is a summary of the subdimensions used to assess each of the nine core dimensions and relevant references supporting their inclusion.

Subdimensions for Dimension 1: Healthy & Protective Environment-Priority

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

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

Subdimensions for Dimension 2: Integrated Prevention-Priority

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

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

Subdimensions for Dimension 3: Stakeholder Engagement-Priority

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

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

Subdimensions for Dimension 4: Healthy & Protective Environment-Preparation

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

	Subdimensions	References
4.1	Leaders are knowledgeable about and skilled at building a protective environment	Cook, Jones, Lipari, & Lancaster, 2005, pp. 9-10
4.2	Established or systematic processes/structure support a protective environment	Crittendon & Hope, 2017, pp. 20-29
4.3	Leaders and subordinates maintain sufficient connections	Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp. 4 & 17

| 4.4 | Leaders monitor climate-related efforts and behaviors and consider them in performance evaluations | Hoover, Randolph, Elig, & Klein, 2001, pp. 32-33 |

Subdimensions for Dimension 5: Integrated Prevention-Preparation

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

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

Subdimensions for Dimension 6: Stakeholder Engagement-Preparation

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

	Subdimensions	**References**
6.1	Leaders have the skills and knowledge needed to conduct stakeholder engagement	SAMHSA, 2021
6.2	Prevention staff are dedicated, knowledgeable and skilled in conducting stakeholder engagement	Scaccia et al., 2015; Powell et al., 2015; SAMHSA, 2021

6.3	Stakeholders are knowledgeable about prevention	Desai, 2018
6.4	Sufficient resources exist to conduct stakeholder engagement	Noonan et al., 2009; Krug, Mercy, Dahlberg, & Zwi, 2002; García-Moreno et al., 2015; Hawkins, Shapiro, & Fagan, 2010

Subdimensions for Dimension 7: Healthy & Protective Environment-Implementation

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

	Subdimensions	**References**
7.1	Subordinates and peers are referred to appropriate resources when at-risk for harmful behaviors	Crittendon & Hope, 2017, pp.18-21
7.2	Leaders clearly communicate expectations for benchmarks, roles, and responsibilities for improving/maintaining protective environments to subordinates	Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018, pp.4-16, 18
7.3	Leaders proactively monitor the stress level of subordinates	Hoover, Randolph, Elig, &. Klein, 2001, pp. 4
7.4	Leaders and Service members are held accountable for harmful behaviors in a consistent manner (e.g., through standard operating procedure)	Cook, Jones, Lipari, & Lancaster, 2005 Ratcliff, Key-Roberts, Simmons, & Jiménez-Rodríguez, 2018
7.5	Positive behaviors are rewarded/recognized	Jones & Bullis, 2003, pp. 21-40

Subdimensions for Dimension 8: Integrated Prevention-Implementation

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

	Subdimensions	**References**
8.1	Prevention approach is integrated (use common messages, consistent collaboration, common operating procedures)	Gidycz, Wyatt, Galbreath, Axelrad, & McCone, 2018
8.2	Prevention approach is comprehensive	Brofenbrenner, 1992, 2005; Casey & Lindhorst, 2009; Banyard, Eckstein, & Moynihan, 2010; Prochaska & Prochaska, 2011; Vladutiu, Martin, & Macy, 2011
8.3	Prevention approach is evaluated	Chinman et al., 2016; 2018; Francisco, Paine, & Fawcett, 1993
8.4	Prevention approach is continuously improved	Chinman et al., 2016; 2018; Francisco, Paine, & Fawcett, 1993

8.5	Resistance to the prevention approach is monitored and addressed	Nation et al., 2003; Rich, Utley, Janke, & Moldoveanu, 2010

Subdimension for Dimension 9: Stakeholder Engagement-Implementation

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

Subdimensions		References
9.1	Level of collaboration ranging from none, to inform (sharing information, lowest level) to collaborate (sharing decision making and implementation, highest level)	International Association for Public Participation, 2018

Focus Group Discussion Protocols

In the initial OSIE process, seven DPs were developed to measure integrated prevention and prevention capacity. Two more DPs were created for MSA OSIEs (DPs 8/9) -- derived from the original DP2/3 -- using language more inclusive to cadets and/or midshipmen. The seven DPs were designed to collect responses across different levels of students (cadets and/or midshipmen, first through fourth year), active-duty Service members (leadership), administration, faculty, and staff (Table 19). OSIE teams facilitated each focus groups, using the appropriate DP depending on the focus group audience. Focus groups were scheduled either in-person or over a virtual platform for one hour and informed consent information was provided orally prior to the start of the groups. Participants in focus groups for Service members, leaders, and students were split into separate groups for men and women.

Table 19: Discussion Protocols and Target Participants

Discussion Protocol	Target Participants
DP1	MSA Command
DP2	Service Members (SMs) – E1-E4, O1-O3
DP3	SMs – E1-E4, E5-E6
DP4	Leaders – O4-O5, O6
DP5	Leaders – E7-E9
DP6	Prevention Personnel
DP7	Prevention Support Personnel
DP8	Cadets/MSM – 1/C & 2/C
DP9	Cadets/MSM – 3/C & 4/C[13]

Surveys

Following focus groups for Leaders, MSA Command, and upperclassmen (classes 2 and 1), participants were asked to complete "Leadership Surveys." The leadership surveys ask participants to rate how knowledgeable they are about 23 prevention-related items on a scale of 1 (no knowledge) to 5 (extensive knowledge). Participants are also asked to rate how relevant each of these 23 items is to their job on a scale of 1 (not relevant) to 5 (central to my job). Survey items cover topics across the dimensions (healthy and protective environment, integrated prevention, and stakeholder engagement).

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[13] Note that DP8 and DP9 are derived from DP2 and DP3 respectively and were used at the MSAs to target cadets and midshipmen rather than Service members.

Following the prevention personnel and prevention support focus groups, prevention-related participants are asked to complete "Prevention Surveys." These surveys ask respondents to rate their knowledge and the relevance of 24 items related to primary prevention and Service member engagement using the same scale as the leadership survey. Both surveys include demographic questions (gender, age, ethnicity, education, pay grade, service, component). Surveys were generally completed by hand (using pen and paper) and sent via mail to the Miami University research team who entered the survey responses and provided average scores that were used in the overall site scoring process. The leadership survey leads to mean knowledge scores for each dimension and the prevention survey provides mean knowledge scores for integrated prevention and stakeholder engagement.

Tabletop Exercise (TTX)

The TTX is an activity that prompts prevention personnel to complete a prevention-related activity. The TTX used at most military installations usually consists of an exercise involving deployment/redeployment prevention readiness based off a real-world scenario. Leadership and prevention personnel are given a scenario and asked to explain how prevention efforts would be assigned and/or utilized in response to the scenario. Participants are observed and scored based on their responses and collaboration throughout the activity. Because the MSAs cannot be activated for deployment status or return from a deployment, the TTX used at the MSAs was edited to assess integrated prevention in relation to cadet/midshipman summer field experiences.

Together, the DPs, TTX observations, and Leadership/Prevention Surveys are used to create a final assessment of the integrated primary prevention capabilities at each MSA. Figure 19 below expresses how all materials mentioned above (DPs, surveys, and TTX) do not capture each of the nine dimensions individually, but span across the nine dimensions to capture a more complete understanding of an MSAs integrated primary prevention capabilities and ultimately informing final OSIE maturity scores.

Table 20: Tools Used to Create Final Assessment

	Protective environment			Integrated prevention			Stakeholder engagement		
	Priority (1)	Prep (4)	Imp (7)	Priority (2)	Prep (5)	Imp (8)	Priority (3)	Prep (6)	Imp (9)
DP 1 (MSA COMMAND)	X		X			X			
DP 2 (Cadets/MSM - 1/C & 2/C)	X	X		X			X		X
DP3 (Cadets/MSM – 2/C & 4/C)		X	X			X		X	X
DP4 (O4-O5, O6)	X			X			X		
DP5 (E7-E8)		X	X						X
DP6 (Prevention Personnel)				X	X	X			
DP7 (Prevention Support Personnel)		X	X					X	X
LEADER SURVEY		X			X			X	
PREV SURVEY					X			X	
TTX			X	X		X			X

Data Collection and Scoring Procedures

Each OSIE multi-disciplinary evaluation team included a Senior Executive or GS-15 team lead and seven staff representing from the Office of the Under Secretary of Defense for Personnel and Readiness (Office of Force Resiliency, Office of Diversity, Equity and Inclusion, Defense Suicide Prevention Office, Sexual Assault

Prevention and Response Office, Office of People Analytics, and the Diversity Management Operation Center). The teams also included representation from the Military Services (military and civilian employees), and the National Guard Bureau. The teams were comprised of both Service members and civilian employees. The Service members assigned to each OSIE team acted as a Senior Subject Matter Expert (SME) and served with the associated military branch respective to the MSA. This allowed for a mixture of military perspectives and insight into MSA culture. Research assistants were also present during focus group interviews to collect interviewee responses allowing team members to engage with focus group participants in a fluid manner.

Several improvements and modifications were made from the 2021 OSIEs to better pertain to the 2023 MSA OSIEs which included adjusting the language and flow of the discussion protocols to improve clarity and simplicity. Improvements were also made to scoring and reporting, including development of processes to organize notes to better align with scoring. Finally, two additional discussion protocols were developed for the MSAs: one for fourth-class and third-class cadets/midshipmen and one for second-class and first-class cadets and midshipmen. The scenario used for the TTX was adapted to increase relevance to the MSA mission.

At the end of the MSA OSIE, research assistants from Miami University, through an Intergovernmental Personnel Act agreement with DoD, compiled responses from the DPs and TTX into a single document using the Qualtrics (2023) online secure survey platform. The compiled document and survey mean scores were sent to the SVT for scoring. Individually, team members used the data to derive a maturity score for each dimension. To ensure inter-rater reliability, the individual scores were provided to the team leader to measure the consistency of scoring across team members. The team lead was responsible for validating scores. When team member scores differed, the team conferred to assign and validate scores. Only validated teams scores were used for the final assessment of the MSAs.

Appendix C References

Acosta, J., Chinman, M., Tharp, A., Baker, J., Flaspohler, P., Fortson, B., Kerr, A., Lamont, A., Meyer, A., Smucker, S., Wargel, K., & Wandersman, A. (2022). Development and pilot test of criteria defining best practices for organizational sexual assault prevention. *Preventive Medicine Reports*, *26*, 101723. https://doi.org/10.1016/j.pmedr.2022.101723

Agboola, F., McCarthy, T., & Biddinger, P. D. (2013). Impact of emergency preparedness exercise on performance. *Journal of Public Health Management and Practice 19 Suppl 2*, S77–S83. https://doi.org/10.1097/PHH.0b013e31828ecd84

Ahmed, S. M., & Palermo, A. G. S. (2010). Community engagement in research: frameworks for education and peer review. *American Journal of Public Health*, *100*(8), 1380-1387.

Ayuso, S., Rodríguez, M. A., García-Castro, R., & Ariño, M. A. (2014). Maximizing stakeholders' interests: An empirical analysis of the stakeholder approach to corporate governance. *Business & Society*, *53*(3), 414-439.

Banyard, V. L., Eckstein, R. P., & Moynihan, M. M. (2010). Sexual violence prevention: The role of stages of change. *Journal of Interpersonal Violence*, 25(1), 111-135.

Batorowicz, B. & Shepherd, T.A. (2008). Measuring the quality of transdisciplinary teams, *Journal of Interprofessional Car*e, *22*: 612-620.

Bernoff, J., & Schadler, T. (2010). *Empowered: unleash your employees, energize your customers, transform your business.* Boston, Mass., Harvard Business Press.

Bond, L. A., & Hauf, A. M. C. (2004). Taking stock and putting stock in primary prevention: Characteristics of effective programs. *Journal of Primary Prevention, 24*(3), 199-221.

Bronfenbrenner, U. (1992). Ecological systems theory. London: Jessica Kingsley Publishers.

Bronfenbrenner, U. (2005). Ecological systems theory (1992). In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 106–173). Sage Publications Ltd.

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development.* Sage Publications Ltd.

Brubaker, S. J. (2009). Sexual assault prevalence, reporting and policies: Comparing college and university campuses and military service academies. *Security Journal*, *22*(1), 56-72.

Campbell, R., & Wasco, S. M. (2005). Understanding rape and SA: 20 years of progress and future directions. *Journal of Interpersonal Violence*, *20*(1), 127-131.

Cartmill, C., Soklaridis, S., & Cassidy, J. (2011). Transdisciplinary teamwork: the experience of clinicians at a functional restoration program, *Journal of Occupational Rehabilitation*, *21*: 1-8.

Casey, E. A., & Lindhorst, T. P. (2009). Toward a multi-level, ecological approach to the primary prevention of SA: Prevention in peer and community contexts. *Trauma, Violence, & Abuse, 10*(2), 91-114.

Center for the Army Profession and Leadership, *Building and Maintaining a Positive Climate Handbook*, July 2020.

Chandra, A., Williams, M. V., Lopez, C., Tang, J., Eisenman, D., & Magana, A. (2015). Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project. *Disaster Medicine and Public Health Preparedness*, *9*(5), 484–488. https://doi.org/10.1017/dmp.2015.99

Chinman, M., Acosta, J., Ebener, P. *et al.* Can implementation support help community-based settings better deliver evidence-based sexual health promotion programs? A randomized trial of Getting To Outcomes®. *Implementation Sci* **11**, 78 (2015). https://doi.org/10.1186/s13012-016-0446-y

Chinman, M., Ebener, P., Malone, P. S., Cannon, J., D'Amico, E. J., & Acosta, J. (2018). Testing implementation support for evidence-based programs in community settings: a replication cluster-randomized trial of Getting To Outcomes®. *Implementation Science: IS*, *13*(1), 131. https://doi.org/10.1186/s13012-018-0825-7

Cook, P., Jones, A., Lipari, R. & Lancaster, A. (2005). Service academy 2005 sexual harassment and assault survey. Defense Manpower Data Center, Arlington, VA: Survey and Program Evaluation Division.

Crittendon, D. & Hope, R.O. (2017). An assessment of FY2016 locally developed questions from the DEOMI Organizational Climate Survey: Recommendations and potential implications, No. 10-17, 2017, Defense Equal Opportunity Management Institute, Patrick Air Force Base, Florida.

DeGue, S., Holt, M. K., Massetti, G. M., Matjasko, J. L., Tharp, A. T., & Valle, L. A. (2012). Looking ahead toward community-level strategies to prevent sexual violence. *Journal of Women's Health*, *21*(1), 1-3.

Dills, J., Fowler, D., & Payne, G. (2016). Sexual violence on campus: Strategies for prevention. National Center for Injury Prevention and Control (U.S.). Division of Violence Prevention.

Desai, V. M. (2017). Collaborative stakeholder engagement: An integration between theories of organizational legitimacy and learning. *Academy of Management Journal*, *61*, 2018, 220-244.

Dyer, J.A. (2003). Multidisciplinary, interdisciplinary, and transdisciplinary: educational models and nursing education. *Nursing Education Perspectives*, *24*: 186-188.

Frahm, K. A., Gardner, P. J., Brown, L. M., Rogoff, D. P., & Troutman, A. (2014). Community-Based Disaster Coalition training. *Journal of Public Health Management and Practice*, *20 Suppl 5*, S111–S117. https://doi.org/10.1097/PHH.0000000000000058

Francisco, V. T., Paine, A., & Fawcett, S. B. (1993). A methodology for monitoring and evaluating community health coalitions. *Health Education Research: Theory and Practice*, *8,* 403-416.

García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., ... & Watts, C. (2015). Addressing violence against women: a call to action. *The Lancet*, 385(9978), 1685-1695.

Gidycz, C.A., Wyatt, J., Galbreath, N.W., Axelrad, S. & McCone, D.R. (2018). Sexual assault prevention in the military: Key issues and recommendations, *Military Psychology, 30*.3, 2018, 240-251.

Goodman, M. S., Thompson, V. L. S., Arroyo Johnson, C., Gennarelli, R., Drake, B. F., Bajwa, P., ... & Bowen, D. (2017). Evaluating community engagement in research: quantitative measure development. *Journal of Community Psychology, 45*(1), 17-32.

Hawkins, J. D., Shapiro, V. B., & Fagan, A. A. (2010). Disseminating effective community prevention practices: Opportunities for social work education. *Research on Social Work Practice, 2*0(5), 518-527.

Hood, N. E., Brewer, T., Jackson, R., & Wewers, M. E. (2010). Survey of community engagement in NIH-funded research. *Clinical and Translational Science*, 3(1), 19-22.

Hoover, E. C., Randolph, J.S., Elig, T.W. & Klein, P.M. (2001). Overview of the 2000 Military Exit Survey, No.2 2001-001. Defense Manpower Data Center, Arlington, VA: Survey and Program Evaluation Division.

International Association for Public Participation. (2018). *Public Participation Pillars*. Available online at www.iap2.org.

Jolibert, C., & Wesselink, A. (2012). Research impacts and impact on research in biodiversity conservation: The influence of stakeholder engagement. *Environmental Science & Policy, 22*, 100-111.

Jonas, J.M., Boha, J., Sörhammar, D. and Moeslein, K.M. (2018). Stakeholder engagement in intra- and inter-organizational innovation: Exploring antecedents of engagement in service ecosystems. *Journal of Service Management*, Vol. 29 No. 3, pp. 399-421. https://doi.org/10.1108/JOSM-09-2016-0239

Jones, S. M., & Bullis, C. (2003). *Improving Accountability for Effective Command Climate: A Strategic Imperative*. United States Army War Colleges, Carlisle, Pennsylvania.

King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington M. (2009). The application of a transdisciplinary model for early intervention services. *Infants and Young Children, 22*: 211-223.

Klima, D. A., Seiler, S. H., Peterson, J. B., Christmas, A. B., Green, J. M., Fleming, G., Thomason, M. H., & Sing, R. F. (2012). Full-scale regional exercises: closing the gaps in disaster preparedness. *The journal of Trauma and Acute Care Surgery*, *73*(3), 592–598. https://doi.org/10.1097/TA.0b013e318265cbb2

Kratochwill, T. R., Volpiansky, P., Clements, M., & Ball, C. (2007). Professional development in implementing and sustaining multitier prevention models: Implications for response to intervention. *School Psychology Review*, 36(4).

Kreuter, M.W., Lezin, N.A., & Young, L.A. (2000). Evaluating community-based collaborative mechanisms: Implications for practitioners. *Health Promotion Practice*, 1, 49-63.

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, *360*(9339), 1083-1088.

Kujala, J. & Sachs, S. (2019). The practice of stakeholder engagement (Chapter 14), *The Cambridge Handbook of Stakeholder Theory*, 227.

Lipnack, J., & Stamps, J. (1997). *Virtual teams: Reaching across space, time, and organizations with technology*. New York: John Wiley & Sons.

Andrzej, L. (2016). The manifestations of positive leadership strategies in the doctrinal assumptions of the U.S. army leadership concept. *Journal of Corporate Responsibility and Leadership, 2* (51) 51, 2016.

Lundgren, R., & Amin, A. (2015). Addressing intimate partner violence and sexual violence among adolescents: emerging evidence of effectiveness. *Journal of Adolescent Health, 56*(1), S42-S50.

Mandinach, E. B. (2012). A perfect time for data use: Using data-driven decision making to inform practice. *Educational Psychologist*, 47(2), 71-85.

Matthews, M., Morral, A.M, Schell, T.L., Cefalu, M., Snoke, J., & Briggs, R.J. (2020). *Organizational Characteristics Associated with Sexual Assault Risk in the U.S. Marine Corps*, Santa Monica, Calif.: RAND Corporation.

McIntosh, K., Filter, K. J., Bennett, J. L., Ryan, C., & Sugai, G. (2010). Principles of sustainable prevention: Designing scale-up of school-wide positive behavior support to promote durable systems. *Psychology in the Schools, 47*(1), 5-21.

McCartan, K. F., Kemshall, H., & Tabachnick, J. (2015). The construction of community understandings of sexual violence: Rethinking public, practitioner and policy discourses. *Journal of Sexual Aggression, 21*(1), 100-116.

McDonald, P., Charlesworth, S., & Graham, T. (2015). Developing a framework of effective prevention and response strategies in workplace SH. *Asia Pacific Journal of Human Resources, 53*(1), 41-58.

McMahon, S., Postmus, J. L., & Koenick, R. A. (2011). Conceptualizing the engaging bystander approach to sexual violence prevention on college campuses. *Journal of College Student Development, 52*(1), 115-130.

Mihalic, S. F., & Irwin, K. (2003). Blueprints for violence prevention: From research to real-world settings—factors influencing the successful replication of model programs. *Youth Violence and Juvenile Justice, 1*(4), 307-329.

Morral, A.R., Schell, T.L., Cefalu, M., Hwang, J. & Gelman, A. (2021). Sexual Assault and SH in the U.S. Military: Volume 5. Estimates for Installation- and Command-Level Risk of Sexual Assault and SH from the 2014 RAND Military Workplace Study, Santa Monica, Calif.: RAND Corporation

Murnieks, C. Y., Allen, S. T., & Ferrante, C. J. (2011). Combating the effects of turnover: Military lessons learned from project teams rebuilding Iraq. *Business Horizons, 54*(5), 481-491.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist, 58*(6-7), 449.

Noonan, R. K., Emshoff, J. G., Mooss, A., Armstrong, M., Weinberg, J., & Ball, B. (2009). Adoption, adaptation, and fidelity of implementation of sexual violence prevention programs. *Health Promotion Practice*, 10(1_suppl), 59S-70S.

O'Neill, A. S., Acosta, J. D., Chinman, M., Tharp, A. L., & Fortson, B. L. (2023). Development and pilot test of the competency assessment for sexual assault prevention practitioners. *Health Promotion Practice*, *24*(3), 514–522. https://doi.org/10.1177/15248399221084228

Patton, M. Q. (2010). *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use.* Guilford Press.

Powell, A., Watson, J., Staley, P., Patrick, S., Horn, M., Fetzer, L., ... & Verma, S. (2015). *Blending Learning: The Evolution of Online and Face-to-Face Education from 2008-2015. Promising Practices in Blended and Online Learning Series*. International association for K-12 online learning.

Prochaska, J. J., & Prochaska, J. O. (2011). A review of multiple health behavior change interventions for primary prevention. *American Journal of Lifestyle Medicine, 5*(3), 208-221.

Provost, F., & Fawcett, T. (2013). Data science and its relationship to big data and data-driven decision making. *Big Data, 1*(1), 51-59.

Ratcliff, N. J., Key-Roberts, M., Simmons, M.J & Jiménez-Rodríguez, M. (2018). *Inclusive Leadership Survey Item Development, No. 2018-03.* Consortium of Universities, Washington DC.

Rich, M. D., Utley, E.A., Janke, K. & Moldoveanu, M. (2010). I'd rather be doing something else: male resistance to rape prevention programs, *The Journal of Men's Studies* 18, 268-288.

Rosenfield, P.L. (1992). The potential of transdisciplinary research for sustaining and extending linkages between the health and social sciences. *Social Science and Medicine, 35*: 1343-1357.

Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to reporting SA for women and men: Perspectives of college students. *Journal of American College Health, 55*(3), 157-162.

Sadler, A. G., Lindsay, D.R., Hunter, S.T., & Day, D.V. (2018). The impact of leadership on sexual harassment and sexual assault in the military. *Military Psychology*, 30(3).

Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). A practical implementation science heuristic for organizational readiness: R = MC^2. *Journal of Community Psychology*, *43*(4), 484–501. https://doi.org/10.1002/jcop.21698

Stepans, M.B., Thompson, C.L. & Buchanan, M.L. (2002). The role of the nurse on a transdisciplinary early intervention assessment team, *Public Health Nursing*, 19: 238-245.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). *Prevention Core Competencies*. Publication No. PEP20-03-08-001. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Thompson, R. S., Taplin, S. H., McAfee, T. A., Mandelson, M. T., & Smith, A. E. (1995). Primary and secondary prevention services in clinical practice: twenty years' experience in development, implementation, and evaluation. *JAMA, 273*(14), 1130-1135.

Vladutiu, C. J., Martin, S. L., & Macy, R. J. (2011). College-or university-based SA prevention programs: A review of program outcomes, characteristics, and recommendations. *Trauma, Violence, & Abuse, 12*(2), 67-86.

Wandersman, A., & Florin, P. (2003). Community interventions and effective prevention. *American Psychologist*, 58(6-7), 441.

Appendix D: Acronyms List

ACT   Addressing Sexual Harassment/Sexual Assault; Creating Healthy Climates; and Tackling Holistic Health

AOC   Air Officers Commanding

DEOCS   Defense Organizational Climate Survey

DoD   Department of Defense

DP   Discussion protocol

MSA   Military Service Academy

NCO   Non-Commissioned Officer

OSD   Office of Secretary of Defense

OSIE   On-site installation evaluation

SAGR   Sexual Assault Gender Relations Survey

SVT   Site visit team

TAC   Tactical Officer

TTX   Table-top exercise

USAFA   United States Air Force Academy

USC   Unwanted Sexual Contact

USMA   United States Military Academy

USNA   United States Naval Academy