

LAURA L. MILLER, DMITRY KHODYAKOV, JOACHIM O. HERO, LISA WAGNER, COREEN FARRIS,
KATIE FEISTEL, EMILY DAO, JULIA ROLLISON, ROSEMARY LI, JAMIE RYAN, STEPHANIE BROOKS
HOLLIDAY, LAURIE T. MARTIN, AMY L. SHEARER

Domestic Abuse in the Armed Forces

Improving Prevention and Outreach



For more information on this publication, visit www.rand.org/t/RRA1550-1.

About RAND

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. To learn more about RAND, visit www.rand.org.

Research Integrity

Our mission to help improve policy and decisionmaking through research and analysis is enabled through our core values of quality and objectivity and our unwavering commitment to the highest level of integrity and ethical behavior. To help ensure our research and analysis are rigorous, objective, and nonpartisan, we subject our research publications to a robust and exacting quality-assurance process; avoid both the appearance and reality of financial and other conflicts of interest through staff training, project screening, and a policy of mandatory disclosure; and pursue transparency in our research engagements through our commitment to the open publication of our research findings and recommendations, disclosure of the source of funding of published research, and policies to ensure intellectual independence. For more information, visit www.rand.org/about/research-integrity.

RAND's publications do not necessarily reflect the opinions of its research clients and sponsors.

Published by the RAND Corporation, Santa Monica, Calif.

© 2023 RAND Corporation

RAND® is a registered trademark.

Cover: Pcess609/Getty Images composited with laurha/Adobe Stock

Limited Print and Electronic Distribution Rights

This publication and trademark(s) contained herein are protected by law. This representation of RAND intellectual property is provided for noncommercial use only. Unauthorized posting of this publication online is prohibited; linking directly to its webpage on rand.org is encouraged. Permission is required from RAND to reproduce, or reuse in another form, any of its research products for commercial purposes. For information on reprint and reuse permissions, please visit www.rand.org/pubs/permissions.

About This Report

Domestic abuse among members of the U.S Armed Forces is a public health issue with severe consequences for military personnel, their families, and, potentially, unit readiness. The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy is sponsoring a RAND National Defense Research Institute (NDRI) study on military-specific risk factors for domestic abuse, best approaches for coordinated community response systems, and sustainable solutions for preventing violence before it occurs. The study will address Department of Defense priorities and meet Congress’s request for independent recommendations on domestic abuse in the armed forces per Section 549C of the Fiscal Year 2021 National Defense Authorization Act.

As part of this larger project, we are conducting research to identify gaps between recommended and existing approaches to domestic abuse prevention. During the first phase of the project, we focused on identifying recommended domestic abuse prevention practices through (1) a systematic scoping review of the literature and (2) expert panels. This report contains the results of these phase one efforts and identifies recommended domestic abuse prevention practices. In the second phase of the research, we will review existing military approaches to domestic abuse prevention, describe areas of congruence and gaps between current and recommended practices, and describe the barriers that hinder implementation.

The research reported here was completed in December 2022 and underwent security review with the sponsor and the Defense Office of Prepublication and Security Review before public release.

RAND National Security Research Division

This research was sponsored by the Office of the Secretary of Defense and conducted within the Forces and Resources Policy Program of the RAND National Security Research Division (NSRD), which operates the National Defense Research Institute (NDRI), a federally funded research and development center sponsored by the Office of the Secretary of Defense, the Joint Staff, the Unified Combatant Commands, the Navy, the Marine Corps, the defense agencies, and the defense intelligence enterprise.

For more information on the RAND Forces and Resources Policy Program, see www.rand.org/nsrd/frp or contact the director (contact information is provided on the webpage).

Acknowledgments

We thank our project monitors in the Military Community and Family Policy Office and the Military Community Advocacy Directorate, who shared their subject-matter expertise and

assisted with the coordination necessary to complete this research: Najah Barton, Towanda Street, and Kathleen Chiarantona. We also benefited from the insights of the Military Community Advocacy Directorate data and research staff, Valija Rose and Leasley Besetsny. We are grateful to the many individuals within and outside the U.S. military who nominated experts for the panels or who participated in the panels.

Our work was also improved by constructive reviews from Lisa Jaycox, Daniel Ginsberg, and Margaret Maglione.

Summary

Issue

Section 549C of the Fiscal Year 2021 National Defense Authorization Act directs the Department of Defense (DoD) to provide an independent analysis of and recommendations on issues related to domestic abuse in the armed forces (Public Law 116-283, 2021). This report is one part of a larger effort to respond to this request and provides results from work done by the RAND Corporation's National Defense Research Institute to answer the following research questions:

1. What strategies can help **prevent** domestic abuse among service members and their spouses or partners before it occurs?
2. What strategies can help the military with **outreach and communication** to reach individuals who might have risk factors for domestic abuse?
3. What strategies can help the military **measure or evaluate** how well its domestic abuse outreach, communication, and prevention activities are working?

Approach

Given limited scientific knowledge on the exact domestic abuse prevention activities that are effective with military-affiliated populations, this project took a two-pronged approach to developing recommended strategies for DoD. We conducted online modified Delphi panels of 80 experts, including domestic abuse survivor experts and advocates, military program or service providers and practitioners, military leaders, and domestic abuse scholars. The purpose was to identify prevention strategies that this diverse group of experts could agree are important, feasible, and likely to have impact in the military setting and for military populations. Across multiple rounds, the experts proposed, rated, and discussed prevention and outreach strategies in a forum that kept their identities unknown to the other panelists. This process is described in detail in Appendix A. (Appendixes A–D are available at www.rand.org/t/RRA1550-1.)

Concurrently, we conducted a scoping review of the literature published since January 2001 on prevention strategies to reduce the incidence of domestic abuse, including a focus on outreach strategies to populations with risk factors for domestic abuse. We searched eight academic literature databases and conducted a targeted search of websites and non-academic databases, and we systematically screened the results for relevance and recorded reasons for exclusion. Appendix C describes the methods in detail. The prevention strategies identified from the review were grouped and analyzed in categories drawn from the Centers for Disease Control and Prevention Division of Violence Prevention technical package on preventing intimate partner violence across the lifespan (Niolon et al., 2017).

Recommended Strategies

- **Teach safe and healthy relationship skills** by developing and delivering an engaging, military-specific domestic abuse prevention curriculum for service members and their spouses or partners (strategy 1.1), expanding the types of services available to support individuals and couples struggling with relationship and parenting issues (strategy 1.2), and addressing abusive leadership behaviors in the workplace and providing guidance on military-appropriate leadership skills that are not well suited to the home (strategy 1.3).
- **Engage influential community members** by preparing military leaders to actively participate in prevention activities and conveying the expectation that leaders will participate (strategy 2.1) and engaging peers and survivors in planning, implementing, and assessing domestic abuse prevention education, training, and information awareness campaigns (strategy 2.2).
- **Create protective environments** by focusing on spouse and partner supports and community integration to counter isolation and dependency risk factors (strategy 3.1) and on improving prevention by increasing efforts to hold perpetrators convicted of the crime of domestic violence and leaders accountable for their actions or inaction following a domestic violence conviction (strategy 3.2).
- **Strengthen economic supports for families** by coordinating and promoting efforts to help relieve economic risk factors for domestic abuse and reducing economic control in relationships (strategy 4.1).
- **Support survivors to increase safety and lessen harms** by partnering with community organizations to facilitate outreach and avenues for assistance (strategy 5.1); including language in military messaging, outreach, and interactions that can reduce stigma, normalize experiences, and encourage help-seeking (strategy 5.2); confidentially screening for risk factors for domestic abuse and offering confidential assistance and intervention planning to prevent abuse from occurring (strategy 5.3); and improving efforts to help those with risk factors who are concerned about their safety (strategy 5.4).
- **Strengthen the prevention system** by increasing the number of prevention and education specialists and providers to increase capacity to focus on prevention before domestic abuse occurs (strategy 6.1) and integrating domestic abuse prevention activities within other violence prevention programs and other efforts to reduce risk factors (strategy 6.2).
- **Measure, monitor, and evaluate prevention activities** by collecting and using data on domestic abuse prevention activities and resources and potential impacts (strategy 7.1), conducting population surveys with service members and spouses or partners (strategy 7.2), and conducting surveys or interviews with users of domestic abuse prevention resources (strategy 7.3).

Selected Key Findings

- Both the expert panel and scoping review results pointed to the need for prevention strategies to address not only individual and relationship risk factors, but also the broader social, cultural, and systemic factors, such as social isolation and perceived tolerance of domestic abuse.

- A comprehensive prevention approach would include strategies that fall outside the primary purview of DoD’s Family Advocacy Program (FAP) and would require contributions from, for example, the Office of Force Resiliency, the Military Health Agency, training commands, military leaders, community organizations, and military offices tasked with preventing other problematic behaviors.
- Experts cautioned against risk factors being treated as excuses or causal factors for domestic abuse, domestic abuse material becoming too diluted by other content, and non–subject-matter experts addressing sensitive domestic abuse topics.
- Across discussions of strategies, experts noted that existing installation-level staffing, expertise, and resources were insufficient to implement some recommendations. This concern encompassed the capacity of not only FAP but also other potential key actors, such as counselors and medical staff.
- Nearly half of the research studies in our scoping review focused on domestic abuse prevention strategies to educate and teach skills to individuals, couples, and families, with those focused on relationship and individual skills the most common. Most studies of relationship skills strategies showed a positive impact on reducing the occurrence of domestic abuse.

Follow-on research with selected installations across the armed forces will explore: (1) the extent to which these recommended strategies are already being pursued or implemented, (2) barriers and facilitators to implementation, (3) innovations and lessons learned, and (4) efforts to monitor. We will gather feedback from these discussions and modify these proposed strategies as needed. Since the strategies, as presented in this report, are preliminary, we do not recommend that oversight authorities move forward to implement recommendations solely on the basis of this report.

Contents

About This Report	iii
Summary.....	v
Tables	x
Chapter 1. Introduction.....	1
The Centers for Disease Control and Prevention Framework for Domestic Abuse Prevention	2
Department of Defense Definitions of Domestic Abuse, Intimate Partner, and Domestic Violence	3
Research Objective and Approach	5
Organization of the Remainder of This Report.....	7
Chapter 2. Teach Safe and Healthy Relationship Skills.....	8
Recommended Strategies	8
Research Evidence	17
Chapter 3. Engage Influential Community Members.....	19
Recommended Strategies	19
Research Evidence	23
Chapter 4. Create Protective Environments	26
Recommended Strategies	26
Research Evidence	32
Chapter 5. Strengthen Economic Supports for Families	35
Recommended Strategy.....	35
Research Evidence	38
Chapter 6. Support Survivors to Increase Safety and Lessen Harms	40
Recommended Strategies	40
Research Evidence	50
Conclusion.....	51
Chapter 7. Strengthen the Prevention System	52
Recommended Strategy.....	52
Research Evidence	58
Conclusion.....	58
Chapter 8. Measuring, Monitoring, and Evaluating Prevention Strategies.....	59
Recommended Strategies	59
Measures to Evaluate Prevention Activities.....	66
Conclusion.....	70
Chapter 9. Overview of Recommendations.....	71
Prevention System.....	71
Alignment with the CDC Model of Domestic Abuse Prevention.....	72
Measuring, Monitoring, and Evaluating Prevention Strategies	73
Draft Oversight and Implementation Authority	74

A Way Forward.....	77
Abbreviations	78
References	79

Appendixes

Available at www.rand.org/t/RR1550-1

- A. Detailed Expert Panel Methods Description
- B. Proposed Strategies as Written for the Expert Panel Rating and Discussion
- C. Detailed Scoping Review Methods and Findings
- D. List of the 104 Studies Included in the Scoping Literature Review

Tables

Table 9.1. Overview of Recommendation Categories, Draft Oversight Authorities, and Implementation Staff	75
---------------------------------------------------------------------------------------------------------------	----

Chapter 1. Introduction

Domestic abuse among members of the U.S. Armed Forces is a public health issue with severe consequences for military personnel and their families. Congress and the Department of Defense (DoD) have identified domestic abuse as a threat to unit readiness (Kamarck, Ott, and Sacco, 2019). Military relationships face unique stressors and also have strengths that distinguish them from civilian relationships. Aspects that may put military relationships at higher risk for domestic abuse include combat- and deployment-related stressors and frequent transitions. Other aspects, such as steady pay and benefits, education, and training, likely have a positive influence on relationship health and may be protective against domestic abuse.

DoD and the Services have implemented several domestic abuse prevention strategies across different levels of prevention, including education and training curriculum for personnel handling cases of domestic abuse, various prevention activities provided by the Family Advocacy Program (FAP), free counseling services through Military and Family Life Counseling, and counseling and self-service resources through Military OneSource. As required by DoD Instruction (DoDI) 6400.06, the military Services have independently implemented prevention programs, including new parent support programs, education and training promoting skills for healthy relationships, and awareness campaigns to promote FAP resources (DoDI 6400.06, 2022).

Recent reports have described the resources and approaches that the Services have taken to both prevent and respond to domestic abuse. The RAND Corporation's research on the availability of family violence services for military service members found a desire among FAP providers and leaders for more resources to be committed to prevention. This included a belief that outreach and prevention programming for domestic abuse lagged behind that for military sexual assault despite posing equivalent risks to force readiness (Farris et al., 2019). Subsequently, the DoD Independent Review Commission on Military Sexual Assault found substantial deficits in services' prevention capacity, demonstrating shared prevention workforce challenges for the Services across violence prevention programs (Independent Review Commission, 2021). Partners and spouses of service members may also lack awareness of available resources for domestic abuse prevention and response, limiting the effectiveness of existing domestic abuse prevention.

In June 2022, the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD P&R) directed the implementation of a full-time prevention workforce model dedicated to the primary prevention of harmful behaviors, which will result in hiring preventionists and evaluating their activities (OUSD P&R, 2022b). Among multiple needs, it is therefore important to develop a comprehensive understanding of the current literature and expert consensus regarding evidence-informed strategies to prevent domestic abuse, successfully reach military-

affiliated populations, to include providing prevention programming and building awareness of resources.

The Centers for Disease Control and Prevention Framework for Domestic Abuse Prevention

Domestic abuse prevention can be classified into three approaches: primary, secondary, and tertiary. For this work, we used the Centers for Disease Control and Prevention (CDC) definitions for these strategies (CDC, 2004).

- *Primary prevention* includes all strategies that are designed to prevent domestic abuse before it occurs. It can include both
 - *universal* primary prevention, which delivers the programming or strategy to everyone in a population (e.g., a healthy dating curriculum included as part of health class for all high school students)
 - *targeted* primary prevention, which delivers the programming only to people who are at higher risk for domestic abuse (e.g., home visitation supports to young couples welcoming their first child).
- *Secondary prevention* encompasses strategies to identify domestic abuse as early as possible and intervene to prevent it from occurring again or becoming more severe.
- *Tertiary prevention*, often called *response* in military systems, is a set of strategies designed to slow or stop domestic abuse after it has already begun.

Within these three approaches of possible prevention, several strategies have been shown to be effective at preventing domestic abuse or reducing the risk factors that can lead to domestic abuse (Niolon et al., 2017). In the CDC's *Technical Package on Preventing Intimate Partner Violence Across the Lifespan* (Niolon et al., 2017), these strategies are divided into six approaches, five of which we used to structure our analysis and are reflected in the organization of this report:¹

1. **Teach safe and healthy relationship skills** that will create respectful relationships that leave no room for domestic abuse.
2. **Engage influential community members** to build a culture that promotes positive relationships and marginalizes unhealthy relationship behaviors.
3. **Create protective environments** that foster safe and supportive social settings that are intolerant of domestic abuse.
4. **Strengthen economic supports for families** by supporting financial security for families and investing in women's education and employment.
5. **Support survivors to increase safety and lessen harms** by addressing the psychological, financial, and physical costs borne by survivors.

¹ This project focused on adult behaviors and intervention points. The sixth approach, which is disrupting the developmental pathways in children and adolescents that may lead to domestic abuse, was not included in the scope.

In addition to the five CDC implementation categories, we included two additional categories to capture recommendations related to the structure of the system and the evaluation of prevention strategies:

6. **Strengthen the prevention system** to ensure that the organization has the manpower, resources, and structural support to deliver high-quality prevention programming.
7. **Measure, monitor, and evaluate prevention activities** to continually improve the performance of the system.

Department of Defense Definitions of Domestic Abuse, Intimate Partner, and Domestic Violence

Outside the military, the terms *domestic abuse*, *domestic violence*, and *intimate partner violence* (IPV) are sometimes used interchangeably. It is possible that some subject-matter expert quotes or research literature references presented in subsequent chapters of this report do just that. However, in DoD, *domestic abuse* is the umbrella term used to describe a variety of behaviors, including emotional, financial, sexual, and physical abuse. *Domestic violence* refers specifically to a criminal offense under military law (the Uniform Code of Military Justice, or UCMJ [DoD, 2019]). To ensure a common understanding of key terms that are essential to this project's research objective and approach, we provide formal definitions for those key terms used in the remainder of this report.

Domestic abuse is defined in DoDI 6400.06, the main DoD policy on domestic abuse in the military, as

domestic violence or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a person who is one or more of the following:

Current or former spouse.

Person with whom the alleged abuser shares a child in common.

Current or former intimate partner with whom the alleged abuser shares or has shared a common domicile.

Person who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner (as defined in this issuance). (DoDI 6400.06, 2022, p. 80)

Domestic abuse behaviors may include, but are not limited to, physical force, threats, verbal abuse, and neglect. DoD's manual for implementing policy clarifies the meaning of *emotional abuse of a spouse or intimate partner* as a

type of domestic abuse including acts or threats adversely affecting the psychological well-being of a current or former spouse or intimate partner, including those intended to intimidate, coerce, or terrorize the spouse or intimate partner. Such acts and threats include those presenting likely physical injury,

property damage or loss, or economic injury. (Department of Defense Manual 6400.01, 2021, p. 35)

Intimate partner is defined in DoDI 6400.06 as follows:

Within the context of eligibility for FAP services, a person who is or has been in a social relationship of a romantic or intimate nature with the alleged abuser, as determined by the length of the relationship, the type of relationship, and the frequency of interaction between the person and the alleged abuser. An intimate partner is informed by, but not limited to, the totality of factors such as:

Previous or ongoing consensual intimate or sexual behaviors.

History of ongoing dating or expressed interest in continued dating or the potential for an ongoing relationship (e.g., history of repeated break-ups and reconciliations).

Self-identification by the victim or alleged abuser as intimate partners or identification by others as a couple.

Emotional connectedness (e.g., relationship is a priority, partners may have discussed a future together).

Familiarity and knowledge of each other's lives. (DoDI 6400.06, 2022, p. 84)

Domestic violence is the legal and law enforcement term for a type of criminal act. Domestic violence is a *subset* of domestic abuse and an offense under the UCMJ as a violation of Article 128b, Section 928b of U.S. Code Title 10 (as amended December 20, 2019), which states:

Any person who—

- (1) Commits a violent offense against a spouse, an intimate partner, or an immediate family member of that person;
- (2) With intent to threaten or intimidate a spouse, an intimate partner, or an immediate family member of that person:
 - (A) Commits an offense under this chapter against any person; or
 - (B) Commits an offense under this chapter against any property, including an animal;
- (3) With intent to threaten or intimidate a spouse, an intimate partner, or an immediate family member of that person, violates a protective order;
- (4) With intent to commit a violent offense against a spouse, an intimate partner, or an immediate family member of that person, violates a protective order; or
- (5) Assaults a spouse, an intimate partner, or an immediate family member of that person by strangling or suffocating;

shall be punished as a court-martial may direct.

Thus, DoD definitions clarify that domestic abuse in the armed forces is not limited to married couples, is not limited to physical violence, and is not focused on mere disagreements between couples.

Research Objective and Approach

The overall study is designed to address DoD priorities and satisfy a congressional request for independent analysis of and recommendations on issues related to domestic abuse in the armed forces, as outlined in Section 549C of the Fiscal Year 2021 National Defense Authorization Act (Public Law 116-283, 2021). This report is one part of that larger effort and provides results from our work to address three questions:

1. What strategies can help **prevent domestic abuse** before it occurs?
2. What strategies can help the military with **outreach and communication** to reach individuals who may be at risk for domestic abuse?
3. What strategies can help the military **measure or evaluate** how well its domestic abuse prevention, outreach, and communication activities are working?

Our first research question is linked to the Section 549C requirement to develop recommendations for the use and dissemination of military domestic abuse prevention resources (requirement 2) and clarifies that the focus is on primary prevention (although secondary and tertiary prevention approaches also appear in the final recommendations).

The second research question is linked to the Section 549C requirement to develop recommendations for outreach targeting prevention resources to individuals with risk factors for domestic abuse (requirement 3). Risk factors for domestic abuse include individual risk factors (such as low income, young adulthood, stress, anxiety, depression, anger, low self-esteem, social isolation, substance abuse, and strict gender role attitudes), relationship risk factors (such as arguments, break-ups, controlling behavior, and financial strains), social, community, or societal risk factors (including poverty, lack of positive social networks, and low willingness of neighbors to intervene), and harmful gender norms (Chen et al., 2021).

The third research question, requested by the research sponsor, focuses on measuring and evaluating those prevention and outreach strategies identified by the first two questions. The goal is to aid DoD program managers and oversight bodies with monitoring prevention and outreach activities, understanding their reach and impact, and identifying areas for improvement.

Expert Panel

To date, there is limited research guidance on the best military-specific approaches to domestic abuse prevention. To address gaps in scientific knowledge, we assembled panels to explore whether a diverse group of experts could agree on recommended strategies for DoD to (1) prevent domestic abuse among service members and their spouses and partners, (2) reach out to and communicate with individuals who might have risk factors for domestic abuse, and (3) measure and evaluate the effectiveness of these strategies in the military context.

The panels were conducted using a modified Delphi approach and were hosted on the RAND-developed ExpertLens[®] online platform (Dalal et al., 2011; Khodyakov et al., 2011; Khodyakov, Grant, et al., 2016; Khodyakov, Grant, et al., 2017). All 108 experts who expressed

interest in participating were randomized into one of two panels that included roughly the same number of participants representing four key stakeholder communities:

1. domestic abuse survivor experts and advocates
2. military advocates, service providers, and practitioners
3. military leaders
4. academic scholars.

Results from the two panels were combined to form the analytical sample.

In a preliminary round, those 108 experts were asked to propose candidate domestic abuse prevention, outreach, and evaluation strategies for the panel to consider. The 18 strategies that the experts rated and discussed in subsequent rounds were developed primarily from the input collected in this preliminary round but were also informed by the research literature, team expertise, and feedback from the research sponsor. Eighty experts participated in at least one out of three rounds of online sessions conducted from March 28 to May 9, 2022. Appendix A contains details of the expert panel methodology. (Appendixes A–D are available at www.rand.org/t/RRA1550-1.)

The expert panel considered 18 possible recommendations for presentation to DoD and the Services as strategies to improve domestic abuse prevention and outreach in the armed forces. Two recommendations related to developing and implementing domestic abuse prevention programming were combined into a single recommendation for this report, resulting in a final list of 17 recommendations.

In the body of this report, the recommendation wording and the overview and implementation sections for each recommendation appear exactly as viewed by the experts who rated them, with some exceptions. If experts raised significant concerns about a portion of the text, we revised it, attempting to correct the issue or implement the changes suggested by their discussion. For full transparency, we include a description of those revisions in each section where they appear. Minor editorial changes to improve readability have been implemented without comment (e.g., changes in verb tense). Appendix B contains the initially proposed strategies, overview sections, and implementation sections as they appeared when rated by the panels.

Scoping Review

Concurrent with the expert panel effort, we conducted a scoping review of the literature published since January 2001 related to strategies to reduce the incidence of domestic abuse, including outreach strategies to reach populations with risk factors for domestic abuse. During this review, we also collected information on the measures used to evaluate the effectiveness of these strategies. As requested by the sponsor for the scope of this study, we prioritized research on programs targeting individuals or relationships (adults over 18 years of age) before any abuse is reported or is readily apparent to members of the institution or community. These strategies are considered primary and secondary prevention.

The review, which yielded 104 relevant studies, was conducted using systematic searches, screening practices, and reporting of the evidence based on standardized and internationally recognized methods. Appendix C contains a detailed description of the scoping review methodology; Appendix D lists the final 104 studies evaluated in the review.

Organization of the Remainder of This Report

We grouped the 17 expert-proposed recommendations into the five domestic abuse prevention strategies identified by CDC (Chapters 2 through 6) and the two additional RAND-developed categories described above (Chapters 7 and 8). Within each of these chapters, we included findings from the scoping review that were relevant to the topic.

Note that the expert panels and scoping review efforts were conducted in parallel, so we did not ask the experts to deliberate about all of the strategies identified in the literature, and we did not search the literature for all of the strategies proposed by the experts. We observed that the literature search findings at times echoed key issues raised by the experts, which was expected, but often did not, as few studies focused on military-specific strategies or populations the way that the experts did.

The last chapter lists all of the recommended strategies by category and corresponding key Office of the Secretary of Defense (OSD) headquarters-level organizations that would potentially need to be involved or have a stake in implementing the proposed strategies.

Chapter 2. Teach Safe and Healthy Relationship Skills

The CDC model of domestic abuse prevention identifies training healthy relationship skills as an important component of an evidence-based approach (Niolon et al., 2017). Although we did not prime expert panelists to consider CDC strategies in the military context, three recommendations emerged from their deliberations that are linked in whole or in part to healthy relationship skill training. After reviewing the experts' rationales for each recommendation and their assessments of the feasibility and challenges that would be faced in a military setting, we summarized our findings from the scoping review.

Recommended Strategies

Strategy 1.1. Develop and deliver a military-specific domestic abuse prevention education and training curriculum for service members and their spouses or partners.

Overview

DoD should develop a cohesive series of military-specific education and training modules addressing the following issues:²

- safe and healthy relationships, including equity, consent within relationships, communication skills, problem-solving, and conflict resolution
- unsafe and unhealthy relationships, including domestic abuse definitions and behaviors; individual, relational, community, and societal risk factors for domestic abuse; power and control tactics; early warning signs; and harmful impacts of domestic abuse
- stress management, emotion regulation, coping mechanisms, and managing the effects of trauma (e.g., military trauma, trauma from childhood)
- positive masculinity
- military domestic abuse and domestic violence policies and regulations, military and community resources available to address risk factors for domestic abuse, bystander intervention, reporting channels and processes (e.g., who will be informed), protection and services for victims, and consequences/accountability for abusers.

DoD should deliver domestic abuse prevention education and training as a universal prevention approach. This approach will reach individuals with risk factors for domestic abuse

² Experts responded to two strategies, one to *develop* a prevention curriculum and the second to *deliver* the curriculum; they rated both as important and feasible. For this report, we combined these recommendations into a single recommendation.

without having to identify and single them out. It will also reach bystanders, leaders, and individuals who will develop risk factors in the future.

Implementation

- Subject-matter experts will develop and deliver the material and periodically refresh the content to keep it current.
- The education and training will be open to all spouses and partners.
- The material will be delivered through a variety of modes (e.g., webinar, in person, online video/film).
- The dissemination of the materials must include options for anonymous and on-demand access to instructional materials (e.g., guides, videos).
- The materials will be easily accessible across multiple military and nonmilitary platforms at any time (e.g., on military websites, social media such as YouTube, posters and literature posted in locations frequented by military families, military television networks, emails to service members and spouses).

Importance

On average, the experts rated the implementation of universal domestic abuse prevention programming as important and pointed out that “healthy relationships and stress management are critical for everyone.” They saw such training as an option that could benefit all service members and partners, and even individuals who may not be experiencing or at risk for domestic abuse. For example, according to one panelist,

education . . . is positive, speaking to positive masculinity, positive family relationships, positive tools for any family to use. If these measures also aid in preventing domestic violence, they’re a win-win.

Experts appreciated that many of the suggested approaches were strengths-based (focused on building skills) rather than shame-based, treated individuals holistically, and addressed the root causes of domestic abuse. It was also common for experts to back up their importance ratings by mentioning the link to “best practices and evidence-based programming.” For example:

Relationship education programming, anger management, and parenting education have all shown to have positive outcomes related to reducing risk factors for domestic violence, as well as reducing domestic violence in some studies.

Still others cautioned that the positive outcomes reported in some research studies are more likely to be replicated within the military if they are implemented with fidelity to the original structure and content of the program: “[T]he devil is in the details.”

Feasibility

Although the experts did foresee significant challenges that would need to be addressed prior to implementing comprehensive, universal domestic abuse prevention programming, they nonetheless tended to rate it as a feasible undertaking for the military. Perhaps the strongest

evidence of feasibility, as described by several panelists, comes from past performance implementing similar initiatives.

DoD has the capability to provide bootcamps for individuals and groups and can come up with a creative way to educate and equip individuals and couples on a variety of topics as proven in the past with marriage, family.

This already exists to some extent but could be more consistent and based on up-to-date research versus using curriculum from those bidding to sell their products to us.

This process of mandatory training is used for SAPR [sexual assault prevention and response] cases and suicide prevention and DV [domestic violence] incidents and intimate partner sexual assaults are just as prevalent, if not more.

To be successful, it will be critical that the undertaking be supported by highly qualified individuals during both development and implementation. For example, a panelist suggested that during the development stage, a

team of SMEs [subject-matter experts] would need to be pulled together to review existing programs and services, research, and resource[s] to develop this curriculum. It would take some time, effort, staff hours, and funding.

The recommendation that subject-matter experts be heavily involved in the development of domestic abuse prevention education and training was repeated by multiple panelists with such comments as “consider including a content development advisory committee together [composed] of national experts in and out of the military” and “there are many subject-matter experts who would be willing to partner with the DoD to create military-specific, high-quality trainings that are continually updated.”

Just as important, the preventionists who deliver the curriculum should be professionals with “the credentials to expertly teach and discuss these topics.” Experts were not naïve about the significant manpower requirements of rolling out comprehensive, universal domestic abuse prevention programming. Nonetheless, they saw the armed Services as capable of taking on this challenge, and, indeed, DoD recently signaled its plan to significantly increase the workforce of trained and qualified preventionists (Lopez, 2022).

Experts were generally enthusiastic about high-quality prevention programming and, conversely, also cautious about avoiding the pitfalls of dry, annual, PowerPoint-supported training that often constitutes prevention programming in the Services. They noted that “service members are already saturated with training requirements” and that the impact of domestic abuse prevention could be minimal if this were to become just “one more annual training” or “briefed to all incoming soldiers at in-processing, as well as 30 other programs.” Consistent with other guides that outline the characteristics of effective prevention programming (Nation et al., 2003), experts provided development and implementation advice including

- prioritizing in-person training
- designing programming to be engaging and interactive

- providing alternatives that improve access, such as
 - scheduling sessions for morning, evening, and weekend times
 - hosting sessions on and off base
 - posting online versions that have been optimized for online learning
 - providing translation services
- ensuring adequate time to teach new skills, breaking the material across multiple sessions, if necessary
- varying teaching methods within each training or program (e.g., role plays, small group discussions, demonstrations, learning games)
- varying the content from year to year if trainings are delivered on an annual basis
- ensuring content remains relatable to young service members; refreshing content regularly.

Although the recommendation language calls for “military-specific” domestic abuse prevention programming, panelists disagreed about the importance of tailoring the content specifically to the military population. Some experts saw relationship skills, such as communication, problem-solving, and emotion regulation, as critical to all intimate relationships and did not make large distinctions between civilian and military relationships. Although it “could be nice to use something specific to the military,” the panelists were not convinced “that it’s necessary.” Others took a related middle-ground stance, saying that it would be important to tailor trainings to a military context but “it does not need to be developed from scratch—there are a lot of good trainings that already exist and that could be customized for this population.”³

At the same time, another group felt strongly that military specificity was critical for success, noting that “military couples face different stressors” and that the “military is very unique from the standpoint of working relationships and the stresses and frustrations that accompany life in the military.” Therefore, “it is important that [military families] receive education that caters to their culture.” The lack of clear consensus on this point suggests that it may need to be resolved on a case-by-case basis. Content developers may find that little tailoring is required when teaching fundamental relationship skills, such as active listening, but that substantial investments in military-specific content may be necessary when teaching other skills, such as strategies to manage separations.

Compared with the recommendation language that experts discussed during the panel, the final recommendation has been changed in three ways for this report. First, anger management classes were dropped as an example of a training module, given expert input that this approach is not an effective strategy for domestic abuse. Second, prevention programming for spouses is now described as being available rather than mandatory. Expert panelists explained that DoD and the Services cannot mandate spouses to participate in any programming; spouses and intimate

³ Farris et al. (2021) provide a guide to tailoring healthy relationship programs originally designed for civilian populations to the military context.

partners are not employed by or are otherwise under the jurisdiction of military policy. Third, the note that training be delivered “annually to all service members” was removed in light of panelists’ negative opinions of standardized, annual trainings on this and related topics.

Strategy 1.2. Expand the types of services available to support individuals and couples struggling with relationship and parenting issues.

Overview

Provide opportunities beyond individual and couples counseling for relationship support to intervene in unhealthy behaviors—opportunities that are nonpunitive and do not jeopardize the service member’s career.

Implementation

- Provide prevention forums or workgroups for populations with risk factors for domestic abuse.
- Host local “healthy households” meetings, required monthly or quarterly for on-installation residents and open to those who live off the installation, in which relationship skills are taught and discussed and “toxic” dynamics are explored.
- Ensure that programming to help new parents deal with the stress of having young children includes responsible fatherhood programs and home visitation for new parents.

Importance

On average, the experts believed that “providing education, support, and early intervention is key in helping to build healthy, strong families and relationships.” One went on to say that most

of the service members that we care for are quite young, often had no one modeling good relationships growing up, and the military lifestyle tends to be lonely and can be financially difficult. Significant others are not considered a legitimate option, so marriage is often the gift that brings companionship and BAH [the basic allowance for housing] to help with the bills.

Framing relationship and parenting supports using a strength-building approach (rather than a stigmatizing deficit correction) was seen as a critical element to the potential success of this strategy. The experts noted that there is still stigma in the military related to asking for any kind of help and believed that these alternatives could improve willingness to participate. For example, they saw service members as more willing to talk to peers or to participate in community-based programs than they would be to talk to a service provider. The fact that these types of services could be offered in the community near family housing or even within the service member’s own home was highlighted as an important success factor.

Some of the experts justified their high importance rating for this strategy by citing the research evidence for these types of approaches. Experts highlighted responsible fatherhood and home visitation programs as “best practices in domestic abuse prevention” or “proven prevention strategies.” One expert explained that, “The evidence on these family strengthening approaches

is some of the strongest we have in the field for actually reducing violence, especially on children.” Even with the research evidence supporting some of these approaches with civilian groups, it will be important to assess its continued use in the military. As one expert noted, “It’s very important to constantly reevaluate the service/resources available and relevancy of such in order to provide the most meaningful impact.”

Feasibility

Some of these approaches have already been implemented in one or more services. Many FAP offices already offer new parent support programming to help service members and their families successfully manage the stressful transition into parenthood (DoD, 2022b). The chaplaincy offers activities to nurture and strengthen relationships, and Military Family Life counselors can provide both couples and family therapy as part of their nonmedical counseling services (Trail et al., 2018).

Although examples of these approaches are being implemented by various entities in the Services, experts expressed uncertainty about the feasibility of implementing healthy relationship and parenting supports relative to some of the other recommendations. On a rating scale of 1 (not at all feasible) to 9 (very feasible), the median rating for this approach was a 6. Acknowledging that delivering any service comes with challenges, an expert summarized that they did not “think it would be any more difficult than the processes currently in place.”

Perhaps some of this uncertainty came from the observation that this type of work can be offered but requires significant investments in manpower and other resources: “We have the infrastructure but need to increase manning and budget.” Another panelist shared the following:

Very feasible, and various approaches internally and externally should be considered. For me, one of the biggest barriers and challenges I’ve observed with taking this approach is funding. It’s no secret that the military has historically provided ample funding to address SHARP [Sexual Harassment/Assault Response and Prevention]/SAPR/SAPRR [Sexual Assault Prevention Response and Recovery] programs but has not provided the same level of funding for FAP/Work-Life programming. So, feasibility may be dependent on funding, a community collaborative partnership with state/county coalitions, or combination of both.

In addition to ensuring that there are resources to recruit, train, and support the facilitators who would deliver healthy relationship and parenting strategies, successful implementation will also require outreach to eligible families to encourage participation. Expert panelists with visibility on current efforts shared that “attendance at voluntary educational events is disappointingly low,” that “many people may be too busy to attend these types of programming,” and that impact depends on “if you can get them to come.” Based on their first-hand knowledge of the challenges in recruiting military couples and families to participate in these efforts, the experts were able offer the following recommendations for how to improve turnout:

- offer childcare

- use a variety of modalities (e.g., in-person, synchronous online)
- train leaders to recognize risk factors and suggest participation
- advertise widely
- schedule events for evenings and weekends
- offer incentives.

Although perhaps tempting (and feasible within a military context), experts strongly cautioned against making participation mandatory out of concern for the safety of people who are currently being abused by their spouses or partners. Moreover, experience with the currently required annual prevention training for a variety of problem behaviors led some experts to fear that the same outcome would occur for domestic violence prevention; that is, “service members and people wouldn’t take them very seriously.”

There were no changes to the original recommendation offered or discussed by the expert panelists. We removed a bullet from the implementation section that had suggested separate support groups for men and women. Experts were troubled by the gendered aspect of the suggestion, which did not take into account participant preference, violence that is not cross-gender, or the experiences of transgender and nonbinary service members and partners.

Strategy 1.3. Address abusive leadership behaviors in the workplace and provide guidance on military-appropriate leadership skills that are not well suited to the home.

Overview

Provide guidance on leadership skills that are critical in some military settings but that may be counterproductive outside of those settings.

Implementation

- Coordinate with military training and professional military education commands, so they understand the potential harm of misuse of power and control dynamics and can address it within military training and education.
- Provide integrated violence prevention training to help service members understand abuse of authority and workplace violence within military units and how to address or report it.

Importance

Military leadership training includes teaching new leaders the strategies to develop and maintain authority over one’s subordinates. Helping those same new leaders set boundaries around the use of those skills has not always been emphasized. Many experts made similar comments about the challenge that subsequently arises:

It is sometimes difficult for military personnel who are trained to gain compliance [in the] military unit via many methods that would not be appropriate

at home and to expect full obedience, which is not reasonable in family settings. Learning to differentiate these expectations would be valuable.

Similarly, other experts noted that “the military culture most definitely bleeds into the home life, and it’s extremely important to begin to understand the difficulty that service members have in ‘shutting off’ their work self before going home,” and “We often see [service members] who take the environment of the military [to their] home (e.g., command voice, threats, demands, etc.)” Many of these skills, which can be so critical to maintaining good order and discipline in the military work setting, are inappropriate elsewhere. As one expert summarized: “It is important to remind service members that spouses and kids are not in the military.”

More practicably, the panelists were in strong agreement that DoD and the Services should consider developing strategies to set expectations about which military control techniques should not be transferred outside the workplace (or even outside specific settings within the workplace). In addition to establishing expectations, and perhaps more importantly, service members may need help, advice, and practice for how to successfully make the (often) daily transitions between work and family roles. Some experts believed this support could be best integrated into military training settings, whereas others believed it should be included in the healthy relationship training (which is part of a different recommendation, strategy 1.1). Of course, it could be integrated in both learning environments.

Separately, some panelists believed that it was not just the military-appropriate use of organizational power that can be problematic, but that military-inappropriate abuse of power was also occurring and contributing to a climate in which domestic abuse at home becomes more likely. They argued that “it’s very important not to model abusive behaviors in the military setting, especially since they are often accepted as the norm and appropriate in military settings (sending a very wrong message).” “Behaviors that aren’t addressed in the larger population as inappropriate and unacceptable lead to a silent permission to utilize them in all circumstances.” For these experts, the problem was not only appropriate leadership skills but also the genuine abuse of power that is sometimes layered over it. According to one expert, “This is about a full culture shift. This is ideally what we need, but it’s a tall order.”

On the opposite end of the spectrum, other experts dissented, reacting negatively to the built-in assumption that intimidation, coercion, threats, and abuse of authority are a normative or even appropriate part of military culture. They commented that the wording of the original recommendation “seems to be based on stereotypes about the military” and urged their colleagues to not “go through this exercise and end up recommending something so old and narrow.” One expert commented that “violent behavior, whether workplace or otherwise, is already taught as an unacceptable form of misconduct.”

Feasibility

Experts saw the integration of this content into existing training as feasible and could point to several contexts in which it would be appropriate. One panelist believed that “it would be easy

enough to incorporate this type of content into existing training. Addressing abuse of power and examining power and control is a good thing to include in training.” At the same time, the presentation and content itself will need careful forethought. As stated by one panelist:

In my humble opinion, this will need some seasoned experts to approach. The language and communication have to be spot on if it’s going to be digested by the masses. A community that thrives on being hypermasculine and has layers of power and control weaved into its framework are what create some of the challenges we might see when approaching this subject area.

The “seasoned experts” will need to include at least two groups. First, training material will need to be “vetted by experts in the GBV [gender-based violence] field,” and second,

this strategy MUST have buy-in from the military leader receiving the training. If the VPI [violence prevention integrator] has to put effort into buy-in from the instillation commander and other commanders, it probably won’t be feasible. If this is stressed by the MAJCOM [major command] and the instillation commander makes this a priority, it is more than likely to work.

Although panelists were generally enthusiastic about the strategy, they nonetheless cautioned that it would likely take a long time to see the effects of such an approach because even though “the culture is slowly shifting away from power, control, and aggression in leadership . . . there is still resistance to these concepts due to the fear of appearing weak.” Similarly, it is

often difficult to get midlevel supervisors, like NCOs [noncommissioned officers], younger officers, etc., to change the dominance model of the culture. They feel like they had to “pay their dues,” and so others should have to also. They even feel like if people aren’t hazed or “taught their place” that they won’t be a great soldier/airman/sailor. This would have to come from commanders, and people would have to believe they are being held accountable for correct action and behavior.

“Getting people to change behaviors . . . is incredibly difficult. But that doesn’t mean it shouldn’t be done. Culture change is slow, but worth it.”

The final recommendation has been edited substantially from the version viewed by the expert panelists (see Appendix B). Based on expert input, we eliminated the phrase “addressing intimidation, coercion, threats, abuse of authority, and other dynamics occurring in military units,” which appeared to convey that such behavior is common and accepted. The recommendation now simply reads that “abusive leadership behaviors in the workplace” should be addressed. We also updated the language to map to a more subtle issue discussed by panelists, which is that some legitimate leadership behaviors (e.g., command voice) may not be well-suited to the home. The overview section has been edited to reflect these changes to the recommendation itself. Finally, the original recommendation language included an illustration of the military-specific power and control wheel, a visual depiction of categories of abusive behavior (National Center on Domestic and Sexual Violence, 2003). Some experts reacted negatively to the figure, which was heteronormative and outdated; therefore, the figure was removed from the final recommendation.

Research Evidence

Within our scoping review, the majority of studied strategies to teach safe and healthy skills often adopted the framework that perpetration and victimization are not independent of one another and should be addressed together when possible. Among these strategies, a focus on teaching relationship skills was most common. The goals of these relationship skills strategies frequently emphasized improving or strengthening an existing relationship, rather than avoiding or breaking apart harmful relationships, and often sought to improve relationship satisfaction and boost communication and conflict resolution skills. Most studies of relationship skills strategies showed a positive impact on the occurrence of domestic abuse. Occurrence was often measured by self-reports using validated scales, such as the Conflict Tactics Scale (Chapman and Gillespie, 2019; Straus, Hamby, and Warren, 2003), which measures instances of either perpetrating or being a victim of psychological aggression, physical assault, or sexual coercion in the past year; however, only one-half of these studies showed improvements in relationship satisfaction. Consistent with these findings, a recent systematic review of domestic abuse interventions that included relationship education programs found them to be “probably” efficacious based on six studies of couples and families (Stith et al., 2021).

Other strategies to teach safe and healthy skills targeted either perpetration or victimization only. Strategies centered on perpetration prevention alone usually focused on teaching self-regulation, such as anger management, and positive relationship attitudes. Results for these strategies were positive for improving self-regulation and, in one case, for reducing the occurrence of domestic abuse, although the number of studies was very low. These results contrast with a recent review by Graham et al. (2021) of perpetration prevention programs (sexual violence, dating violence, and IPV) for men and boys, which found that most programs were ineffective at preventing violence. The subjects of the programs reviewed by this research (Graham et al., 2021) appeared to be younger and lower risk, and prevention was focused more on sexual violence and consent compared with the studies examined in our scoping review, which focused on adults and included all forms of domestic abuse. Strategies that targeted preventing victimization alone were more common and often aimed to raise awareness of domestic abuse resources and boost beliefs and feelings of empowerment. While these strategies mostly reported success in increasing awareness and empowerment, most did not detect differences in the occurrence of domestic abuse.

Several relationship education efforts were tailored to a military population, such as by including trauma-informed content and by focusing on relationship stressors such as deployment that are known to be unique to that population. Commonly studied relationship education programs available for the general population (e.g., Prevention and Relationship Enhancement Program [PREP], OurRelationship) have developed curricula specifically for military and veteran couples (Georgia Salivar et al., 2020). In some cases, domestic abuse prevention

strategies were also cointegrated with prevention for other commonly co-occurring issues for this population, including posttraumatic stress disorder and substance use disorder.

Gender variation detected in some relationship skills programs may suggest lower effectiveness among men than women, indicating that the content of relationship skills programs may need to be developed with more consideration given to male audiences. Variation by racial group was investigated rarely, and those studies that did explore this variation detected no difference. Similarly, only a handful of studies examined or described how prevention approach or outcomes varied for lesbian, gay, bisexual, transgender, queer, questioning, and/or other non-straight, non-cisgender identities (LGBTQ+) groups. In several cases, studies identified the low number of LGBTQ+ participants as a limitation and an area where future study for variation in strategy impact was needed (Negash et al., 2016; Wenzel et al., 2009).

Chapter 3. Engage Influential Community Members

Strategies in this chapter center on engaging influential community members to help develop prevention materials, promote preventative values in the community (such as positive relationship expectations and beliefs), and guide people to needed resources. Stemming from the expert panel input, this chapter covers one recommendation for engaging leaders and a second recommendation for engaging influential peers, including peers known to have had experiences with domestic abuse. From the research literature review, we present highlights from studies of strategies to engage military leaders, faith leaders, peers, and bystanders.

Recommended Strategies

Strategy 2.1. Prepare military leaders to actively participate in prevention activities and convey the expectation that they will participate.

Overview

Provide officers and NCOs with the education, training, guidance, and incentives they need to help advance domestic abuse prevention efforts in the armed forces.

Implementation

- This strategy would educate all junior and senior military leaders about what constitutes domestic abuse, and how to
 - identify risk factors for domestic abuse
 - proactively discuss domestic abuse throughout the year
 - dispel myths about domestic abuse
 - approach and guide service members and spouses or intimate partners experiencing risk factors
 - encourage service members to use relationship support and other domestic abuse prevention resources
 - incentivize service members to invite family members to community events.
- The approach would provide annual training for military leaders about the various courses of action they can take (e.g., legal, disciplinary, reporting, and referral) toward someone exhibiting adverse behaviors that are risk factors for domestic abuse and available community resources for domestic abuse prevention.
- The approach would also encourage leaders to raise awareness of FAP and other domestic abuse prevention resources within preexisting orientation, commander's calls, trainings, professional military education, common military training, or briefing opportunities.

Importance

On average, the expert panelists believed that preparing leaders to take an active role would be an important component of successful domestic abuse prevention. These experts recognized that

leadership participation and education are paramount in a setting such as the military, where leaders hold a lot of sway and power over service members, as does their behavior. Service members take their cues from leadership, making leaders' involvement in this work paramount.

Several experts commented that prevention efforts cannot succeed without command buy-in. They believed that service members will not take seriously any effort around domestic abuse prevention until they “see their leaders at the head of the charge.” In fact, for many of the other recommendations supported by the panelists, experts reiterated their belief that military leaders must be involved, invested, and proactively supportive for the strategy to be successful.

At the same time, several experts added that it would not be enough for leaders to participate in prevention; efforts to train and involve leaders must be successful in ensuring that leader involvement is genuine. As one expert explained:

It's important to do this to help spur a culture change, but it needs to be recognized that junior and senior military leaders are also those who might abuse or hold attitudes supportive of abuse. They may also engage in abusive actions against those lower in rank, so messaging from them might seem hypocritical at times The wrong messenger can tank efforts.

Indeed, panelists emphasized that leaders will need guidance and information that “they can willingly, regularly, and wholeheartedly share in order for any of the other ideas identified here to take root.”

Feasibility

In general, expert panelists believed that it would be feasible to prepare leaders to be actively engaged in prevention efforts. Some experts noted that leaders already receive informational FAP briefings when they transition into a command role and offered this as confirmation that the approach is feasible. One expert added that most of the implementation approaches (previously listed) were “already being done.” Others took a more nuanced perspective, agreeing that “this is already done in practice,” but adding that “it does not accomplish much when leaders are only receiving informational training without any efforts that address their own beliefs/behaviors that minimize or reinforce abusive behavior.”

Expert panelists cautioned against assuming that leaders are already opposed to domestic abuse and are ready to take proactive roles in promoting healthy and respectful intimate relationships.

Like everyone, leadership at all levels in DoD have their own attitudes and beliefs about DA [domestic abuse]/DV, and some have their own experience with it, sometimes in the family of origin and sometimes in their current relationships.

Given this reality, training for leaders will need to be more extensive than simple policy and procedural knowledge dumps. Military leaders will need high-quality education that incorporates time to examine their own experiences, perspectives, and biases that may interfere with or support their capacity to implement official DoD and Service-level policies around domestic abuse. Training should include a focus on soft skills (e.g., active listening skills) that are critical to the effective application of the prevention and should also be interactive and use techniques, such as role plays, to help practice skills and promote confidence and preparedness to use prevention skills.

After DoD and the Services are satisfied that leaders are receiving the education they need to support domestic abuse prevention efforts actively and genuinely, experts encouraged the organizations to consider holding leaders accountable for failures to do so. For example, if MAJCOM leadership decides to begin delivering healthy relationship trainings as a prevention effort, local unit leaders who ridicule and criticize the programming in front of their command should be reprimanded, even if only informally, for undermining the approach by encouraging junior service members to disengage from or devalue the learning opportunity. As one expert summarized:

Leaders definitely need the education and training and preparation for how to handle situations as they arise with their service members. Then, they need to be held accountable for their actions as well.

There were no changes to the original recommendation offered and discussed by the expert panelists.

Strategy 2.2. Engage peers and survivors in planning, implementing, and assessing domestic abuse prevention education, training, and information awareness campaigns.

Overview

Identify influential peers and survivors to work with FAP and other prevention staff in developing tailored and effective prevention activities, outreach, and communication.

Implementation

- Involve influential peers and popular opinion leaders to better tailor efforts and reach diverse populations, such as different age groups, genders, groups living overseas, individuals with limited English proficiency, and communities with different barriers.
- Solicit input and feedback from domestic abuse survivors on messaging and strategies, including survivors from marginalized groups.
- Engage peers and survivors in developing culturally sensitive messaging tailored to communities within the military (e.g., racial, ethnic, or sexual minorities).

Importance

Expert comments on this strategy were relatively uniform in their enthusiasm. One panelist explained that engaging peers and survivors “is so important that it shouldn’t even be listed as an option. It should be assumed that peers and survivors will be included in some capacity . . . and not just as a rubber stamp.” Experts believed that three primary groups should be involved in domestic abuse prevention: influential peers, domestic abuse survivors, and individuals with diverse perspectives and lived experiences.

First, **influential peers** can play a role in both the development and dissemination of prevention programming. Influential peers are individuals who are similar to the target population on key characteristics and whom the target population perceives as credible. For example, if the target population is junior enlisted soldiers, an influential peer could be someone in the same or similar Army occupation who is close in age and rank and successful in their career.⁴ It may be necessary to work with the target population to learn the parameters that define an influential peer for a specific group. Otherwise, errors can occur; a prevention developer might personally see a college student majoring in psychology as an influential peer to similarly aged junior enlisted service members but will likely learn that the targeted service members are inclined to reject the influence of a perceived outsider.

The experts believed that it would be important to engage influential peers to help design prevention programming that is relevant, credible, and engaging for the targeted population. In addition, many successful prevention programs for other topics select influential peers to serve as facilitators to deliver the programming. As one expert commented, “hearing information from people like you can mean more than someone with a degree or title.”

Domestic abuse survivors were also identified as critical voices to include in prevention efforts. Experts believed that these individuals brought an irreplaceable perspective on messaging, education, and training, and that survivor testimonials help make programming more personal and relatable. Representative comments on the importance of survivor perspectives included the following:

Incorporating the voice of survivors can provide insights and sensitive messaging that would not otherwise be obtained.

Their point of view may help us to see flaws in our plans and help support empowerment for those needing that to change.

The individuals closest to the problem [have] the solutions!

Many experts commented that domestic abuse prevention would be improved by active engagement with individuals with **diverse perspectives and lived experiences**. One panelist argued that trainings should be “culturally agnostic,” but this was by far the minority opinion.

⁴ Occasionally, prevention programs prioritize *near peers*, messengers who have many similarities to the target population but have a higher standing in the social setting (for example, a high school senior would be an influential near peer for high school freshman).

Instead, a more representative statement was that ensuring “more diverse voices are included and communicating that equal representation is not only important but is required to have quality products.” Experts were not arguing that there are different perspectives on whether domestic abuse should or should not be tolerated or accepted, but rather that different people have different sources of strength to build and demand safe and healthy relationships and face different challenges when responding to abusive relationships. Incorporating the entirety of the sources of strengths and potential roadblocks can strengthen prevention programming and increase the opportunity for positive outcomes.

Feasibility

In general, the expert panelists saw the involvement of peers and survivors in the development and implementation of domestic abuse prevention as feasible. They did caution that care be taken to choose the right influencers, who will be accepted as credible messengers. This process may slow initial program development but will contribute to a higher-quality program in the end. Although some experts were worried that survivors may not want to be in the spotlight or may feel unsafe taking on a public role, this concern is easily addressed. As noted by other panelists, participation would be voluntary and programming does not require input from the full universe of survivors: “Many survivors of abuse want to speak out and help others.” Experts advised program developers to avoid “tokenizing survivors and those from various groups.” Finally, some experts shared that involving the perspectives of many stakeholders would be a paradigm shift for the military, which may not be

used to seeking input from survivors and marginalized groups. This would take some major sensitivity and would require outside assistance to think through how to go about doing this. There is a tendency to rely on “experts” within the system when there are lessons to be learned from other systems and organizations and even foreign military.

Research Evidence

The scoping review identified several studies that evaluated strategies to engage influential community members in domestic abuse prevention. Among these effectiveness evaluations, no study measured the direct impact of the engagements on domestic abuse incidents. Instead, intermediate outcomes were assessed, including such targets as knowledge, attitudes, and intention to participate in prevention behaviors in the future. Studies engaged a variety of community member groups, including military leaders, faith leaders, peers, bystanders, and other community members.

Military Leaders

Most relevant to the first recommendation in this chapter was an evaluation of the Air Force’s mandatory FAP training for military leaders and key personnel (Mitnick et al., 2021).

The training provides activities designed to teach attendees to identify and prevent child and partner abuse. Compared to their pretraining baseline, military leaders showed improvements in their knowledge of domestic abuse topics, beliefs and attitudes about domestic abuse, and confidence in their ability to detect and intervene in cases of suspected child or partner abuse after the training (Mitnick et al., 2021).

Faith Leaders

Several studies focused on the use of faith leaders, especially clergy, to engage in domestic abuse prevention at their places of worship (Choi et al., 2018; Choi et al., 2019; Choi and Cramer, 2016; Drumm et al., 2018; Hancock, Ames, and Behnke, 2014; Jones et al., 2006; Raymond et al., 2016). One possible advantage with this approach is the targeted delivery of domestic abuse prevention that is consistent with the cultural and spiritual beliefs of the community, possibly improving effectiveness. For instance, in one study, the educational material for Christian faith leaders serving Hispanic immigrant families followed a biblically supported approach that took into consideration the traditional role of fathers and husbands in the community (Hancock, Ames, and Behnke, 2014).

Across studies, faith leader engagement strategies included education and training to improve communication with church membership on domestic abuse and often also included training on recognizing and responding to domestic abuse. All the studies in our sample that engaged faith leaders showed improvements for at least some domestic abuse prevention–related outcomes post-intervention, such as improvement in knowledge about domestic abuse resources and reductions in misperceptions about abuse (Choi et al., 2018; Choi et al., 2019; Choi and Cramer, 2016; Drumm et al., 2018; Hancock, Ames and Behnke, 2014; Jones et al., 2006; Raymond et al., 2016). However, the only study that collected longer-term outcomes found that after six months, these intervention-related improvements had disappeared or decreased significantly (Jones et al., 2006).

Community Leaders

We identified three studies that evaluated different forms of community engagement aimed at reducing domestic abuse (Magnussen et al., 2019; Shoultz et al., 2015; Burnette and Sanders, 2017). All three interventions used community engagement principles or recommended approaches centered around local culture and customs. To achieve this, all three studies incorporated a bottom-up approach with elements of the prevention design and implementation developed in consultation with community members. Evaluation included measures of perceived acceptability of violence, accurate knowledge about domestic abuse, confidence to intervene, and perception of the capacity to address domestic abuse in the community.

Two studies evaluated a prevention strategy among residents of Hawaii (Magnussen et al., 2019; Shoultz et al., 2015). The interventions emphasized addressing domestic abuse prevention with a community focus, recruiting informal leaders from the community, and hosting a series of

five group discussions led by trained community members to spread awareness, change attitudes, and develop leaders in domestic abuse prevention. They used *talk story*, an informal, relaxed, in-person group discussion to share thoughts and ideas that is an important form of communication among Hawaii residents. Both studies found an improvement in the scores of participating community leaders for awareness of domestic abuse, confidence to address domestic abuse, and perception of community capacity to address it (Magnussen et al., 2019; Shoultz et al., 2015). Only one of the two studies (Magnussen et al., 2019) saw a decrease in the perceived acceptability of violence, which the authors attributed to the already low rates of violence acceptance at the start of the other intervention (Shoultz et al., 2015).

The third study that focused on community engagement included interviews with community members and professionals who work with tribal members affected by IPV on solutions to prevent domestic abuse among U.S. indigenous women (Burnette and Sanders, 2017). Based on a qualitative analysis of the interviews, the authors reported that community women and professionals focused on holistic and preventative strategies, such as raising community engagement, awareness, and family-focused interventions, rather than individual or psychological interventions (Burnette and Sanders, 2017).

Peers and Bystanders

Most relevant to the second recommendation in this chapter (to engage influential peers) are studies of bystander intervention strategies. This approach engages the peer community to promote positive bystander beliefs and confidence to safely intervene and prevent domestic abuse. These strategies typically incorporated one of two approaches, sometimes in combination: mass awareness campaigns and active education or training sessions (Moynihan et al., 2011). Results of mass awareness campaigns were split on whether they affected domestic abuse attitudes and bystander intentions, although all strategies were found to have made a positive impact in at least one measured domain (Ames, Glenn, and Simons, 2014; Borsky et al., 2018; Kim and Muralidharan, 2020). One study of a successful campaign found a particularly strong effect on bystander intentions to intervene by using narratives to elicit empathy rather than non-narrative messages (e.g., statistics) (Kim and Muralidharan, 2020). Active education or training interventions were mostly successful in increasing bystander intentions (willingness or intention of intervening in domestic abuse when encountered) and self-efficacy (the belief that one can make a difference in domestic abuse) but were less successful in changing norms, attitudes, or beliefs regarding domestic abuse (see the discussion of Table C.4 in Appendix C for further details).

Chapter 4. Create Protective Environments

This chapter describes strategies to shape protective environments to foster prevention of domestic abuse. Organizations can create protective environments through programs, policies, and procedures that target the broader social, cultural, or physical environment. The expert panelists supported two recommendations in this domain: efforts to counter spouse and intimate partner isolation, and dependency risk factors and efforts that aim to reduce the perceived tolerance of domestic abuse in the military by increasing efforts to hold perpetrators convicted of the crime of domestic violence accountable. The chapter concludes with selected highlights from the literature that evaluated prevention strategies in this category of creating protective environments, including workplace strategies, public policy strategies, and organizational and professional coordination and capacity-building strategies.

Recommended Strategies

Strategy 3.1. Focus on spouse and partner supports and community integration to counter isolation and dependency risk factors.

Overview

Integrate awareness of and access to social, legal, and economic supports into domestic abuse prevention activities.

Implementation

- Promote many, varied opportunities for families to engage in the military community and build social networks to avoid isolation and facilitate outreach.
- Ensure spouses are aware of and can access legal and financial resources so they can be or become self-sufficient. Financial resources would include financial literacy courses, advice from financial planners, existing programs to support spouse employment, and help applying for financial aid or assistance. Legal supports can assist with separation, divorce, child custody, and immigration issues.

Importance

In general, experts felt this was an important strategy, in that it would equip spouses with information and resources that could help them to become self-sufficient, regardless of whether they have experienced domestic abuse. In addition, informal community integration can be important for avoiding the social isolation and dependency that is sometimes associated with domestic abuse. Formal and informal resources could also be helpful for spouses when their partner is on an extended deployment or if the couple is considering separation or divorce. One

expert noted, “This is not only important for domestic abuse prevention, but also for overall mental health.” Experts also appreciated the focus on integrating community resources, since some legal services are not offered within DoD, such as divorce and custody decisions. Community resources allow people to seek assistance in a way that is not directly or indirectly tied to the service member’s military career. Experts felt the focus on supporting spouses was key to this recommendation in the following ways:

From my perspective, the more financially and educationally literate and independent a spouse is, the better will be their position if things become difficult in their marriage. We want to empower spouses and service members to be as independent and self-sufficient as they desire to be.

This initiative would help to alleviate concerns surrounding military families reaching out directly to command at risk of their service member’s career. By increasingly bringing community service into the fold, service members and their families would be better equipped to address domestic violence in their lives.

So often, the spouses feel isolated from and unaware of resources available to them. Assisting spouses and families with increased engagement would allow them to increase self-sufficiency and independence, and also obtain their own networks of support.

Other experts cautioned that, while it could be helpful to make victims of abuse aware of services, special considerations need to be made related to how such services can be accessed safely and whether victims have the autonomy to do so. For example:

Though I believe the strategy could be helpful, it misses the mark. The issue isn’t necessarily about access to opportunities to counter isolation and dependency . . . it’s more that [the] victim’s autonomy is often limited in their ability to engage in these activities.

Confidentiality and safety (beyond physical safety) is critically important with implementation of this strategy.

Feasibility

While many experts noted that such services already exist in many installations, others pointed out that the availability of services and resources at each location varies widely. Such variability also poses risks to continuity for families who frequently move. As one panelist explained:

I worry about the feasibility of making this universally successful. Resources vary drastically from location to location, and a PCS [permanent change of station] could impact a family’s ability to continue to rely on resources and build financial freedom and security. With the constant relocation and distance from a “home” community, families may be forced to start over with each location. This would serve to prolong domestic violence, which can lead to escalating violence and more-severe outcomes for spouse and children.

Some experts felt that the primary threat to feasibility is not so much a lack of community resources or services as it is the numerous barriers that prevent spouses from knowing about and

engaging in such services. Several experts pointed to the fact that most information flows through the service member, which in many cases means that the one inflicting the abuse is also the gatekeeper of relevant information that could help the victim. Several panelists commented on the reality of such barriers.

Finding ways to get information to spouses and partners is a barrier. Service members often do not take information home and spouses are left isolated.

Oftentimes spouses have no idea how to access resources that they have available to them through the military and are dependent on the service member to provide access.

We do a pretty good job at getting the message to the [service member], but a poor job at reaching the dependent. We need family-friendly hours, and we need buy-in from the spouses/partners. We cannot rely on the service member to deliver our information to their dependents—that's our job.

The issue is how do you get the information to the spouses. FAP workers have no way of accessing the spouses' contact information to inform them of what is available. Unless it were somehow made mandatory, you will have the same problem as [we] currently have. The services are available, but no one knows about it or participates.

In general, experts supported this recommendation and saw its value for all spouses, regardless of domestic abuse history. Several experts cautioned, however, that when thinking of this as part of a comprehensive strategy to address domestic abuse, more attention needs to be paid to issues of how victims can safely and confidentially find and access services when doing so could put them at greater risk. Information about such services may also not be reaching victims through typical channels, particularly if the person perpetrating the violence is controlling what information is passed along.

Strategy 3.2. Improve prevention by increasing efforts to hold perpetrators convicted of the crime of domestic violence and their leaders accountable for their actions or inaction following a domestic violence conviction.

The U.S. military has its own unique criminal justice system. Authorities' actions can send implicit messages to the military community about the seriousness of a given transgression. Leader inaction and lack of consequences for offenders can be interpreted as tacit approval of behaviors that are formally prohibited.

Overview

Demonstrate to service members with risk factors for domestic abuse perpetration the importance of seeking help before behavior escalates by following through with accountability for those convicted of the crime of domestic violence. Note that here we are referring specifically to the crime of domestic violence (see Chapter 1 for a definition and distinction from the broader overarching category of domestic abuse).

Implementation

- Through education, training, and messaging campaigns, ensure that service members, spouses, and intimate partners are aware that domestic violence is a *crime* under the UCMJ as a violation of Article 128b (U.S. Code, Title 10).
- Create and enforce policies that hold abusers accountable. Follow through with the punishment if a service member is convicted of domestic violence. Ensure compliance with firearm restrictions for those convicted of domestic violence.
- Create and enforce policies that hold commanders accountable for their actions or inaction following a domestic violence conviction.

Importance

Many experts endorsed the importance of this strategy, underscoring that accountability is critical. As one expert said, “No other efforts will succeed if accountability is not in place.” Experts highlighted that enforcing accountability for perpetrators of domestic violence not only would send a clear message that domestic violence will not be tolerated but also could contribute to a culture shift in the way that domestic violence is perceived in the military. For example, one expert noted:

The impact of creating accountability mechanisms would be profound. On a surface level, they would disincentivize domestic abuse for fear of retribution or career struggles. But on a deeper level, they would bring a culture shift that would make strides towards ending domestic abuse at large.

This type of culture shift could have multiple positive effects. For example, some experts said that victims might be more likely to report domestic violence if they felt assured that action would be taken: “If people really believed they would get help and that offenders would be held accountable, they’d be more likely to report.” Another expert echoed this theme:

Believing that leadership will hold perpetrators accountable and that they take domestic violence seriously will allow for survivors to come forward with confidence that they will get the support that they need. This can allow for more reporting, thus preventing future domestic violence.

However, the experts’ responses also underscored the importance of communicating and enforcing such policies consistently if they are to be effective.

Another potential benefit of increasing accountability for perpetrators and leaders is that service members and spouses might be willing to seek help and address relationship issues before they turn violent. For example, one expert said, “If service members felt there would be consequences for their actions, they may be more inclined to seek help before abuse occurred.”

However, other experts noted that holding perpetrators and leadership accountable is not a *prevention* effort and had mixed views on whether it would deter future domestic violence. For example, one expert said, “This is a largely after-the-fact strategy that is important to have in place and can prevent some secondary assaults.” Another expert had a different perspective, stating, “In general, this strategy is punitive, and I am not sure of its overall benefits.” Some

questioned whether punitive strategies are effective at creating “positive cultural change” and highlighted the fact that research is mixed on the deterrent effect of punitive policies. In this vein, some experts suggested that provision of services is a more effective prevention strategy than punishment.

Threats of consequences are often less motivating and impactful than focusing on strengths and motivation to change.

Experts also had mixed reactions to part of the original recommendation language that seemed to apply to all domestic abuse cases, not just those that resulted in a conviction. One issue that was raised pointed out that current policies allow leaders a certain level of discretion as to when they report domestic violence. Some experts said that this can have problematic implications, such as the uneven treatment of service members.

When the responsibility to hold individuals accountable lies at the respective unit commander, [it is] likely each commander [holds] members accountable with a certain degree of difference.

Other experts said that commanders sometimes downplay the severity of an incident so that they can try to handle the issue themselves.

Many times, commands don't tell FAP about cases and try to handle it themselves. When cases go to IDC [Incident Determination Committee], the command [representatives] vote that things don't meet criteria, when it clearly is abusive.

But some experts presented different views, noting that it was appropriate for leaders to have a certain level of discretion, especially in circumstances in which the military decides not to prosecute a case.

However, commanders have to make choices based off of the evidence they are given, and it isn't always a cut and dry case. If legal does not want to prosecute based off of lack of evidence, they should not be able to pigeonhole commanders into one particular type of punishment.

When it comes to holding leadership accountable, one solution that was offered to increase the impact of this strategy is to simplify the formal expectations, so that all leaders are clear about their expected role and the processes by which they should report incidents of domestic violence in their unit. One panelist mentioned the following:

Accountability is certainly a key component here, and I believe the military as a whole has a lot of checklists currently in place to address oversight and accountability. An easier, more user-friendly approach for command teams to adopt would benefit them and the community.

Finally, some experts noted that a key consideration in the implementation of this type of strategy should be the preferences of the victim. For example, some experts noted that not all survivors of domestic violence want their partner to experience legal consequences.

The preferences of the victim must also be taken into account, however. Many victims who call the police don't actually want their offender convicted, they just want the violence to stop. Proceeding with cases that the victim opposes could create a chilling effect on calling the police for those victims who don't want conviction.

Feasibility

Most of the expert panelists provided high ratings for feasibility; however, there was a small number who disagreed. For example, one expert commented that "DoD has been talking about holding offenders accountable for quite a long time and it hasn't seemed to happen yet, so I'm guessing it is not as feasible as it would seem." Others commented that there are existing systems in place that make this strategy possible even if it is not widely implemented. They believed that "there is no reason why DoD can't increase accountability for perpetrators and leadership. They hold people accountable when they want to."

Although implementing such policies was seen to be *logistically* feasible, some expert panelists acknowledged that shifting the culture to actually enforce these policies would be more challenging. Two expert comments underscored this theme:

It involves some culture change, which I don't take lightly. But in terms of logistics, it could happen tomorrow.

Logistically, this is feasible; but, politically, it's not.

Although some experts believed that the logistical change would subsequently lead to cultural change, others believed that the culture would need to shift first for this strategy to be effective and noted that this could be an uphill climb.

This strategy may require a larger cultural shift than some of the others, so it may be harder to implement though it is very important.

Several of the comments related to feasibility pertained to the role of leadership. Some experts indicated that one way to improve the feasibility of this strategy is to provide clearer guidance for leadership. This would have multiple benefits. First, more clearly delineating expectations for commanders could address the concerns described previously regarding the role of commander discretion.

Give leadership clear directives on how they are to punish serious and criminal acts of DV regardless of and/or in conjunction with civilian law enforcement, and then this becomes feasible. Leave it open to interpretation at the commander's [discretion], and end up with discrepancies of how punishment is implemented from command to command and from base to base.

Given the many responsibilities military leaders carry out, simplifying their role in enforcing accountability is key. Clear policies, potentially accompanied by decision support tools (e.g., outlines of what actions to take in what circumstances), could increase the feasibility of this strategy.

Finally, some experts noted that leaders may be reluctant to report a service member, particularly if it is seen as negatively affecting the mission or adversely affecting the individual's readiness or career. One expert suggested that a way to address this issue would be to promote the message that domestic violence can adversely affect the mission.

Commands (they are usually pretty good) have to be really clear that it is truly about the mission. Domestic violence within the family is a risk to that mission.

Given indicators that leadership accountability was perceived as applying to a broad range of circumstances, including some where it might not be appropriate (e.g., cases when the domestic abuse was not known to the leader), the original recommendation language and the last bullet of the "Implementation" section were revised to clarify that the recommendation was specific to cases with a conviction for domestic violence. See Appendix B for the original text.

Research Evidence

A variety of prevention strategies identified in our scoping review aimed to create protective environments—such as through rules, programs, policies, or institutional capabilities—to foster prevention of domestic abuse. The strategies targeted community or institutional levels, sometimes in combination with relationship or individual strategies. We identified research on three approaches in this category: workplace strategies, public policies, and organizational and professional coordination and capacity building.

Workplace Strategies

Workplace strategies for preventing domestic abuse were motivated by the economic costs of abuse that occur as a consequence of reduced productivity and increased health costs and the risk that workplaces could become sites of domestic abuse (Navarro, Jasinski, and Wick, 2014; Wagner, Yates, and Walcott, 2012; Glass et al., 2016). One study provided supervisors in randomized Oregon counties with behavior change training and knowledge dissemination through active electronic education modules (Glass et al., 2016). These virtual trainings sought to increase supervisor knowledge of domestic abuse; methods for improving workplace climate; and available supports, such as state law providing medical leave benefits for victims of domestic abuse. Relative to the control group, the intervention was associated with a significantly more positive workplace climate, an increased likelihood that new workplace policies around domestic abuse would be developed, and a greater chance that the workplaces would provide employees with information on medical leave for domestic abuse (Glass et al., 2016).

Another study evaluated an in-person workplace training session to inform employees and employers of the impact of intimate partner abuse in the workplace and approaches for supporting employees (Navarro, Jasinski, and Wick, 2014). Trainees completed questionnaires before and after the training about their willingness to respond to domestic abuse and their

knowledge about recognizing and referring possible domestic abuse cases. After the training, participants were more willing to indicate intentions to intervene to prevent domestic abuse and their knowledge of domestic abuse was significantly higher as well (Navarro, Jasinski, and Wick, 2014).

Public Policy Strategies

In the scoping review sample of research papers, we identified two studies that evaluated community-level prevention strategies (Zeoli and Webster, 2010; Salazar et al., 2003). The first assessed the impact of state policies on intimate partner homicide (Zeoli and Webster, 2010). The study found that state statutes restricting access to firearms for individuals with domestic violence restraining orders, laws that allowed for warrantless arrests of domestic violence restraining order violators, and higher police staffing levels reduced both intimate partner homicide with firearms and intimate partner homicide overall (an effect of alcohol excise taxes on intimate partner homicides was not detected).

Salazar and colleagues (2003) evaluated whether public *perceptions* of enacted criminal justice policies for domestic violence could affect social norms toward domestic abuse. Researchers examined community member victim-blaming attitudes and attitudes toward criminal justice response before and after policy enactment in intervention communities compared with attitudes in control communities. Results revealed that people who perceived criminal justice system policies to be responsive to domestic abuse were more likely to believe that they *should* be involved, which, in turn, was associated with fewer victim-blaming attitudes (Salazar et al., 2003).

Organizational and Professional Coordination and Capacity-Building

Noting the importance of primary prevention of domestic abuse, the CDC has invested resources in implementing and evaluating coordinated domestic abuse prevention efforts that span community organizations (e.g., education, justice, health care) and ecological levels of risk and protective factors (e.g., individual, social, community). The CDC's Coordinated Community Response (CCR) effort funded communities for three to six years as they developed and implemented coordinated domestic abuse prevention strategies. Unfortunately, the associated evaluation showed no differences between CCR communities and neighboring communities without CCR (Post et al., 2010). There was no detected change in domestic abuse attitudes or beliefs, in the receipt or provision of information or support, or in reported incidents of domestic abuse in the community (Post et al., 2010).

Subsequently, CDC tested the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) effort, which was a multipronged, state-level project that provided a variety of supports (including grant awards, training events, technical assistance, and action planning resources) to facilitate coalition development for primary prevention efforts across 19 state domestic violence coalitions. A later effort, DELTA PREP (Preparing and Raising

Expectations for Prevention), continued these efforts to specifically build capacity in *primary* prevention of domestic abuse, including assistance in the development of action plans. A third effort, DELTA FOCUS (Focusing on Outcomes for Communities United with States), funded state domestic violence coalitions to support local coordinated community response teams that involve members of many sectors (e.g., health care, education, criminal justice) to implement domestic abuse prevention strategies.

Evaluations of the DELTA coalitions focused on process outcomes and showed that all 19 improved their prevention capacity, developed detailed action plans for organizational change, and implemented primary prevention strategies in their communities (Freire et al., 2015; Schober and Fawcett, 2015). An evaluation of the subsequent DELTA FOCUS effort found that participant coalitions broadly disseminated their experience and knowledge of domestic abuse to help other organizations in their prevention efforts and worked directly with other partner agencies to help effect change (Estefan et al., 2019).

A separate community-focused study that assessed training of professionals and paraprofessionals across sectors (health care, social work, advocacy) in domestic abuse interventions, data collection and interpretation, and professional collaboration found that the training increased community partnerships and collaborations and use of violence prevention data (Lia-Hoagberg et al., 2001).

The only study of military coalition-building in our sample evaluated the New Orientation for Reducing Threats to Health from Secretive Problems that Affect Readiness (NORTH STAR) program. The program was implemented by the U.S. Air Force and is a prevention system that includes a community assessment, planning, and action framework and support to military leaders to reduce secretive problems in military communities, including substance use, domestic abuse, and suicidality. NORTH STAR targeted both active-duty military members and their spouses and included components to train and assist community action teams and base leadership. The evaluation showed that, compared with bases without NORTH STAR, bases with NORTH STAR had lower rates of intimate partner emotional abuse, child physical abuse, and suicidality (Smith Slep et al., 2020).

Chapter 5. Strengthen Economic Supports for Families

This chapter focuses on strategies intended to prevent domestic abuse through economic supports that could reduce financial stress, instability, control, or dependence in relationships. Although active component service members are fully employed and have benefits such as health care and housing support, they are not immune to financial challenges. A 2020 DoD survey of active-duty service members found that 19 percent reported facing some financial difficulties in the past year and that 10 percent had no emergency savings (OUSD P&R, 2022a, pp. 5, 9).

Furthermore, some military families face incidents of limited access to adequate healthy food due to financial or other resource constraints known as *food insecurity* (OUSD P&R, 2022c). Mandatory military geographic relocations can disrupt spouse career trajectories and have negative impacts on employment and earnings (Burke and Miller, 2018). Women who live near military installations, which includes military spouses and partners, earn less than similar women working in other areas (Booth et al., 2000; Meadows et al., 2015). Recognizing these challenges, the expert panelists in our study emphasized the importance of addressing economic needs as part of a domestic abuse prevention strategy.

Recommended Strategy

Strategy 4.1. Coordinate and promote efforts to help relieve family financial stressors that can be risk factors for domestic abuse.

Overview

Integrate into domestic abuse prevention activities information about possible sources of financial support and other assistance for families facing food insecurity, spouse or partner unemployment, child expenses, debt, foreclosure, bankruptcy, and other financial challenges. Similarly, financial support activities would integrate references to domestic abuse prevention resources.

Implementation

Messaging, training, literature, websites, and other domestic abuse prevention and financial support activities and materials include content related to the relationship between domestic abuse and economic control and/or financial stressors and help publicize organizations and resources that can help.

Importance

In general, most experts believed that reducing economic stress among families could help to contribute to domestic abuse prevention. Those that were less supportive tended to focus on the importance of economic risk factors relative to other strategies, rather than dismissing the strategy altogether, as reflected in this comment:

It could have a marginal impact on potential drivers of abuse, but main prevention strategies should focus on interpersonal communications and resolution or coping strategies. There would still need to be a high focus on education on healthy relationships, conflict resolution, etc., but a comprehensive program would need to include financial management and prevention efforts.

In support of their importance ratings, some panelists pointed to the scientific evidence. As one expert explained, “Research has shown that providing families with stronger household financial security through economic supports is an effective primary prevention strategy to prevent intimate partner violence.” Others cited the research-based evidence of its importance in preventing ongoing abuse: “Considering that financial abuse is one of the main reason survivors return to abusive situations, this intervention would have a high impact in reducing abuse.”

Indeed, financial support was seen not only as a primary prevention strategy that could prevent domestic abuse from ever beginning, but also as a critical component of empowering victims to leave abusive relationships. Experts believed that “providing victims with resources they’ve been always told by their abusers didn’t exist will help empower them,” and they would be “more likely to report if they knew they had financial resources.”

Several experts believed that it was important to clarify that while financial stress does not cause domestic abuse, it can be a contributing factor to arguments and a risk factor for people with poor communication or emotion regulation skills. As one expert noted, “Stress related to finances can escalate an already tense or volatile situation in the home.” For this reason, some experts expressed support for greater prevention coordination with financial resources.

Any couples’ therapist will tell you that finances (along with children and infidelity) are big sources of marital conflict and stress. Yet our interaction with financial planners is very minimal. More targeted partnerships between SMEs would be a tangible option to an overwhelming problem.

And similarly:

Empirically, across the board, finances are in the top three things couples fight about. Having education and access to financial advisors, financial planners, couples finance workshops, etc. could be hugely impactful on the front end of things, especially if couples already have poor communication skills or conflicts management. This is prevention!

Ultimately, most panelists believed that addressing economic stressors would be an important component of comprehensive domestic abuse prevention.

In my humble opinion, financial strain does not necessarily lead to domestic violence/IPV in the military, but it is a significant stressor that many military

families face. The more stressors a family has, the more likely there is to be disagreements, arguments, or highly emotional feelings about who did what. Someone mentioned it earlier that this is something we should weave into the discussion, but it is not as high of a priority as other areas.

I agree, but we can't overlook the significance of addressing this with the military community. Personally, I feel it still has a place for discussion because many people who harm use their control of the finances as a way to keep control [of] their partner and, for that reason, this is something that can't be overlooked. We would essentially be addressing a tactic that many abusers use, while minimizing stressors in the homes of military families.

Feasibility

Perhaps the strongest argument for the feasibility of this strategy is the fact that DoD and the Services already provide a variety of financial supports to service members and their families.⁵ Perhaps in recognition of these available services, most expert panelists rated this strategy as feasible. The discussion turned quickly to finding ways to make them available to more families and to share the resources with isolated partners and nonmarried partners. Panelists offered a variety of perspectives:

. . . many spouses have shared that they were extremely isolated and/or had no clue about resources when they first arrived at a duty station—most specifically the younger enlisted spouses. Having a spouse mentor and/or sending check-in boxes with pamphlets and resources would be helpful.

What about adding something to the household goods portion of in-processing? Like when your household goods are delivered there's a welcome packet with all the resources. This could access those families that can't come or don't want to come to in-processing.

Check-in is a great access point; however, given the whirlwind of changes they are experiencing at that time, retaining information and awareness of these resources pose a challenge as they are being inundated with information at that time. It would be prudent to identify a recurring event which all beneficiaries funnel through and make it a routine orientation to resources. An example might

⁵ DoD and the Services already offer financial readiness programs and resources to educate, advise, and equip service members to prevent or address financial problems. These resources should continue to be leveraged as part of a domestic abuse prevention strategy. Service members receive financial literacy education and training at key points across the military career lifecycle, such as initial entry training, transfer to a new duty station, pre- and post-deployment, promotion, and related to key points in their personal lives, such as parenthood, marriage, and divorce (OUSD P&R, 2022a). DoD also maintains a financial readiness website (Office of Financial Readiness, undated) to provide education and links to resources and a financial education website specifically for spouses (MilSpouse Money Mission, undated). Service members and their spouses can receive financial counseling from DoD's nationally accredited workforce of approximately 400 professional financial managers and more than 300 professional financial advisors, and free and confidential financial and tax counseling through the Military OneSource call center and website (Military OneSource, undated-a).

DoD also offers a variety of supports to spouses through the Spouse Education and Career Opportunities Program, which includes education and career coaching and tools, connections to employers committed to hiring and retaining military spouses, and MyCAA scholarships for tuition and fees for licenses, certifications, and associate's degrees in portable career fields (Military OneSource, undated-b).

be requiring an updated financial resource orientation at the time of CAC [common access card] renewal or DEERS [Defense Enrollment Eligibility Reporting System] submission for self or child . . . or some similar routine event that would be necessary for the service member and the partner to attend separately.

Agree that upon check-in [at an installation], resources should be made available to service members and spouses. The missing [people] there will be people that cohabitate together. They will be left out and therefore without services Social media, Facebook postings about job fairs, Fleet and Family Support Centers, and social service agencies for child care are a few ways to get the word out, as they are easily accessed. These would also reach those victims that cohabitate without [spouse] benefits.

I see something along these lines as useful if directed toward ACTIVE engagement of nonworking or civilian spouses, who I perceive as most [at] risk of financial resource abuse or exploitation. Active engagement would not just mean having signs or pamphlets offering information or resources, as this is already current practice; it would mean holding workshops and kiosk events in various “in your face” accessible locations around base.

At the same time, experts cautioned that awareness-raising and dissemination efforts be sensitive and avoid stigmatizing language and statements that might appear to justify violence.

Just be sure to not pathologize people with fewer resources as more prone to violence.

I also believe it’s important to unpack this conversation in such a way that does not condone or make excuses for domestic violence/IPV through financial strains that relationships encounter.

. . . shame about financial insecurity may compel people to ignore the resources who could be better served by direct financial assistance.

Research Evidence

In the sample of studies identified in the scoping review, every study that assessed the influence of economic and job support strategies on domestic abuse showed an associated reduction in domestic abuse in the targeted population. Although military prevention efforts would operate differently than the civilian systems that were tested here, these studies show that when victims have access to a steady income that they control and an identity outside of the home, it provides protection against future domestic abuse.

Most of the identified studies focused on welfare-to-work policies that promote employment over public assistance. The theory behind these efforts is that welfare dependence increases the risk of domestic abuse by leading people to stay in unhealthy or abusive relationships due to the lack of resources to live independently, whereas employment can produce financial independence. Welfare reforms encouraged employment through such changes as time-limited benefits, mandatory participation in employment-focused efforts and services, and financial incentives to make employment relatively more appealing than public assistance. Three

evaluations focused on the impact of welfare reforms on domestic abuse among low-income, single mothers and showed that efforts promoting a return to work were associated with reductions in domestic abuse (Gibson-Davis et al., 2005; Nou and Timmins, 2005). For two evaluations, these reductions were measured with a self-reported survey (Gibson-Davis et al., 2005) and in one study, the reductions were confirmed using an official law enforcement state violence reporting program (Nou and Timmins, 2005).

Outcomes have been mixed for the relationship between domestic abuse and anti-poverty measures, such as higher minimum wage policies, direct cash assistance through Temporary Assistance for Needy Families (TANF), and Earned Income Tax Credit (Spencer et al., 2020). The refundable Earned Income Tax Credit, which requires employment but has few other conditions on receipt, is protective against domestic abuse (Spencer et al., 2020). However, there is a complex relationship between TANF, race and ethnicity, and domestic abuse; African American women in states with less restrictive TANF had increased odds of coercive victimization (Spencer et al., 2020). The relationship between minimum wage policies and domestic abuse is not significant (Spencer et al., 2020).

Chapter 6. Support Survivors to Increase Safety and Lessen Harms

The CDC model of domestic abuse prevention includes a component to support survivors to increase safety and lesson harms (Niolon et al., 2017). Here, the focus is on relationships in which abuse has already occurred, and, therefore, the effort has shifted to identification of the abuse as early as possible in the relationship, so that interventions can be provided that may prevent abuse from occurring again (i.e., secondary prevention). The expert panelists supported four strategies in this category. They recommended partnering with organizations that can increase the reach of outreach efforts, crafting outreach messaging to reduce stigma, screening for domestic abuse and risk factors for domestic abuse, and improving safety services.

Recommended Strategies

Strategy 5.1. Partner with community organizations to facilitate outreach and avenues for assistance.

Overview

FAP domestic abuse prevention and education staff would continue to identify and build mutually beneficial relationships with relevant civilian community organizations where installation personnel and their families live.

Implementation

To implement these partnerships with community organizations, FAP could:

- Ensure that military domestic abuse prevention training and messaging includes contact information for nonmilitary community resources, including local agencies and religious organizations.
- Publicize to members and their spouses or partners that local agencies can support them through stressful life situations, such as parenting young children and experiencing relationship conflicts.
- Engage community organizations, including religious organizations, so that they are aware of the military's domestic abuse prevention activities and resources for service members and their families, and so the organizations can participate in installation prevention activities as appropriate (e.g., health fairs, awareness campaigns).

Importance

Promoting civilian avenues of support may provide alternatives for “families [that] are reluctant or hesitant to come forward out of fear of impact on spouse career and retaliation.” One

expert noted, “I also would imagine that folks would find it helpful to have an agency where there is less worry about breach of confidentiality.” The point is not, however, that community organizations are always preferable, as expressed here: “I think many victims would be more comfortable seeking help on the installation, but just as many would be more comfortable seeking help outside the military. Making both options known and visible is key.”

Partnering with community organizations would also help reach spouses and partners who do not live near the installation, who would not have access (e.g., no military identification or transportation), or who would not be able to come on installation during business hours because of competing obligations, such as work or responsibilities for children. Even among those who live or work on an installation, such coordination and cross-promotion means “simply more opportunities for someone to see information they need, when they need it.”

Additionally, this strategy could complement local military capabilities. As one expert noted, “[i]n some areas, the services on base are very limited already.” Moreover, “This issue is too big for DoD or VA [Department of Veterans Affairs] to manage alone and—due to the stigma, shame, and embarrassment of airing private issues within the military environment—giving clear pathways to other assistance can be vital.”

Alternative avenues also provide greater opportunities for help-seekers to find someone they feel more comfortable speaking with or who can offer specialized support, which could be especially important for members of minority or marginalized groups. According to one participant:

Building these kinds of bridges with already existing organizations is not a heavy lift. The resources offered should be as robust as possible and consider the various races, ethnicities, and cultures of service members and their families who may seek specific kinds of supports.

In addition to collaborations to pave the roads for direct supports to individuals, collaborations with community organizations could also be important for bringing more expertise and ideas to prevention activity planning, tailoring to the local environment, and administering assessments. Community organizations might hear perspectives from service members, spouses, and partners that military organizations do not, including perceptions of FAP that could be valuable and otherwise hidden feedback.

Feasibility

Overall, the panelists believed that community partnerships would be feasible, especially with planning and time to build the relationships. As one panelist emphasized, “It should be quite feasible, as there are local domestic violence programs and coalitions in every state and territory.” Military experts confirmed the feasibility by reminding the panel that such partnerships already occur:

We have MOUs [memoranda of understanding] with a number of organizations serving service members and their families. It makes coordination of care and case oversight much more effective.

Many installation FAP offices do this already with MOUs with local DV advocacy agencies and information fairs, in which the civilian agencies attend and provide information.

But the experts also sought to raise awareness of the hurdles that could be encountered. In some military locations, there could be cultural barriers to establishing or maintaining these partnerships, as described by one strong supporter of this strategy:

This is a must! Many military advocacy programs have a tendency of shying away from off-base programs or serving as the gatekeeper for off-base programs. At the end of the day, it's important that the community understands where they can get help. There are many reasons why the military community does not trust resources that are tied to an organization. There is nothing we can do about that, but we can make sure communities have an exhaustive list of resources available to them (on and off-base).

One potential source of resistance is that the military loses visibility when members or their spouses or partners use nonmilitary services, although one expert commented that if

the concern is statistics, we may be able to let this go in favor of victims feeling more comfortable with their commands being out of the process. If the concern is safety, usually the more severe cases will at some point come to light through police reports, PMO [Provost Marshal Office] reports, etc. and the Command/FAP will then have visibility.

And possibilities for conserving some degree of visibility were offered:

Ideally, there would be a task force or liaison role that could relay aggregate data to military sources. For example, if a local domestic violence shelter/program is experiencing an increase in military-affiliated clients, an aggregate report could be shared with an installation liaison.

In response to the expert comments, the recommendation was modified to remove the clause that originally stated that improved outreach was for the purpose of reaching “those who are afraid to seek help on the installation.” Experts saw the benefits of outreach to a variety of groups, not just people who are fearful. In the overview section, we added the phrase that FAP staff would *continue* to identify and build mutually beneficial relationships to acknowledge the many partnerships that are already in place (Farris et al., 2019).

Strategy 5.2. In military messaging, outreach, and interactions, include language that can reduce stigma, normalize experiences, and encourage help-seeking.

Overview

Messaging designed to encourage help-seeking should include language that normalizes the experiences of stress and relationship struggles, focuses on behaviors rather than criminal labels, and promotes relationship support and enhancement.

Implementation

- Minimize use of the terms *domestic abuse* or *domestic violence*. People will not necessarily associate themselves with these terms. Many who have experienced domestic abuse do not consider themselves to be *victims*.
- Communicate about conduct rather than automatically using criminal labels. Encourage help-seeking by using language that describes conflict as “fighting a lot with your partner,” “disagreements that sometimes get physical,” or “partner behavior that worries or scares you.”
- Publicize the results of an anonymous survey on domestic abuse, so that individuals at risk for or experiencing abuse know they are not alone.
- Develop a clear, succinct, memorable message or key phrase, similar to the mantra “see something, say something.”

Importance

As noted in strategy 1.1, the experts did advise that domestic abuse prevention strategies include training that teaches the military community that domestic violence is a crime and that those convicted will face serious consequences. However, an exclusive focus on criminal conduct, investigations, and punishment could deter people from seeking help for fear that they or their spouse or partner might be investigated for domestic violence. As summarized in the selected quotations, experts generally believed that it would be very important to select outreach language that reduces stigma and encourages help-seeking. Several experts also felt that sharing data on domestic abuse could be beneficial for victims, who may see that they are not alone in experiencing abuse. This could encourage reaching out for help, as several experts pointed out:

Improving language could assist in reaching more people and not being as stigmatizing. Often times when people hear the term “domestic violence” or “victim” they shut down quickly because they do not identify with these terms.

Using language to reduce stigma could allow for more people to seek services or resources. Normalizing experiences could also allow more people to reach out for help if needed, as it may reduce shame around domestic violence.

This could make members and dependents more willing to talk about problematic behavior without worry of being stigmatized or penalized.

Publicizing results from surveys on domestic violence can help in many ways a victim of abuse and feel they are not alone.

Because knowledge is power, publicizing survey results is key and can help people feel that they are not the only ones going through this.

Several experts noted, however, that softening vocabulary is not necessarily helpful and could normalize domestic violence. Others cautioned that such changes have the potential to send mixed messages and minimize the seriousness of the issue, as the following comments from experts explain:

Domestic violence/abuse is not normal and to “normalize” it seems dismissive. I understand the concept is for individuals to seek services, but in prevention this

should already be in use. For example, prevention services are simply those services targeted to assist/help prior to domestic violence. Once domestic violence is discovered, then to change the language almost distracts from the seriousness of the issue.

Domestic violence is domestic violence and when we call it something else, it reduces the seriousness of the issue. When we try to label the STOP group as something other than a domestic violence offender's group, it minimizes why they are there.

Other experts pointed to a practical concern and the potential for a major disconnect between reframing messaging around domestic violence and the reality that domestic violence is a crime with real-world implications for military careers. For example:

In theory, language changes are impactful. In application, they want to get to the point. Also, it then can lead to feelings of betrayal when we discuss nonpunitive ways to report and intervene with DV, only for an NJP [non-judicial punishment] to come down because sometimes it's necessary (and often an NJP can come with loss of pay, which affects the very victims that come forward to report—hard to not see that as punitive from their lens).

Not likely to be impactful when the LANGUAGE changes to reduce stigma but service members are still criminalized in practice. . . . “Come get treatment, you're not a bad person, get help to work out your problems and change for the better” but also, “we will punish you and destroy your career because you are definitely a criminal.” And the resulting alternative, “We don't want you to be punished like a criminal so we will pretend your actions were not actually abusive, because we want to preserve your career.”

Several experts were particularly concerned with a proposed implementation strategy included in the original ExpertLens rating related to promoting a growth mindset that frames abusers as capable of change. Several experts felt this implementation strategy could put victims at risk longer than they would be otherwise. Other experts noted that its inclusion was one reason they rated this strategy lower.

Normalizing help-seeking and avoiding language that is automatically system-based can be critical. It is not ranked higher, however, because the idea that normalizing the growth mentality/people are capable of change risks normalizing staying in risky relationships longer than perhaps is healthy. The strategy needs to be somewhere in the middle.

Be careful with the second bullet [promoting a growth mindset that frames people as capable of change], however. Unrealistic expectations of change often echo abusers' false promises and keep victims trapped for much longer.

Language matters both for people coming forward to discuss their experiences and also to seek help. Universal messaging using supportive language can be powerful. I think that those with expertise in working with those who use IPV would need to craft careful language about capacity for changes as this is more sensitive.

Given these concerns, we removed this specific implementation strategy from the summary.

Overall, the experts saw the value in thinking about how messaging and outreach strategies might be modified to decrease stigma and increase help-seeking behaviors, particularly among those who may not have previously considered themselves abusers or victims. At the same time, many of the experts who saw value in such changes dampened enthusiasm for this recommendation by offering cautions related to the unintended consequence that such changes might normalize abuse or promote unrealistic expectations of change, which could be harmful for victims. The experts noted that proceeding with such a strategy would need to strike a delicate balance to obtain maximum benefit while avoiding negative or unintended consequences.

Feasibility

When thinking about feasibility, the experts distinguished between messaging development and the adoption and use of new messaging. Most felt that while adopting new messaging seems feasible on the surface, it may take some time—possibly years—for new messaging to become embedded as standard practice, particularly when there is a need to obtain buy-in and active participation from a wide range of stakeholders. As some experts pointed out:

This plan seems feasible. Changing the narrative, publishing research findings, and promoting growth mindsets have all been successfully implemented before. At its core, this approach is a new marketing strategy that lessens the burden of stigma around domestic violence; marketing strategies have been implemented successfully in the past.

It will require a great deal of changing paradigms of staff, training, and mindset, [of] PR [public relations], outreach, and revamping of materials.

Changing documents and computer programs is relatively easy. Changing language broadly is considerably more difficult and likely to take years.

Implementing this strategy would require consistent messaging across the system at all levels. That is a challenge in a system as large as DoD, with all of its moving parts. It could be done if there is a commitment of leadership at all levels in all the Services and if it is defined as a priority.

The experts rated the feasibility of crafting new messaging in a similar way—although feasible, it is more complicated than what some experts perceived as a quick fix. Some experts pointed to the need for a consistent DoD-wide messaging strategy to avoid challenges likely to emerge if each installation creates its own. Experts felt that engaging victims and other experts to develop and test messaging prior to implementation will also be critical to avoid downplaying the seriousness of domestic abuse, its impact, or its consequences. The following selected expert comments illustrate the range of perspectives:

This would be very feasible. Altering language in training and education would not be difficult to do.

The military SHARP and SAPR programs, although in a different lane than FAP, [have] dabbled quite a bit with language and communication to address taboo

topics. In my humble opinion, FAP can absolutely take similar approaches with this strategy . . . and they should.

It is important to find messaging [that] decreases stigma and resonates with the target audiences. It is important for the messaging to be strength-based and not negatively focused. However, if violence has occurred in a relationship, it is also important to have clear messaging about domestic violence being against the law with serious legal consequences. I think there has to be a balance with the messaging. It is not helpful to soft-pedal the reality of harm caused by domestic abuse/violence to the entire family, including the perpetrator. I don't think it is helpful to tiptoe around this, but I understand wanting to emphasize healthy relationships, etc.

This is important . . . getting survivors' input in messaging, to make sure that the language is able to be "heard" and resonates with survivors.

Materials would need to be developed to be used for all messaging throughout the system. When people are left to develop their own materials, their explicit and implicit biases tend to become apparent. It would be best to avoid that situation.

Following the expert discussions, the overview description was simplified and rephrased to clarify that stress and relationship struggles should be normalized but that violence should not be. In the implementation section, a bullet promoting a "growth mindset that frames people as capable of change" was removed for reasons explained earlier in this section. In addition, several revisions were made to improve the clarity of the suggestions. See Appendix B for the original text.

Strategy 5.3. Confidentially screen for risk factors for domestic abuse and offer confidential assistance and intervention planning to prevent abuse from occurring.

Overview

Use the military health care system and TRICARE health care providers for confidential risk factor screening. Providers would not have any new reporting requirements tied to the screening results.

Implementation

This strategy would require DoD to establish processes to

- screen all incoming service members and new spouses for risk factors
- screen during annual physicals
- offer options for confidential assistance to those who experienced domestic abuse (as a victim or perpetrator), sexual abuse, child abuse, or other forms of abuse that may be risk factors, or who currently have other risk factors for domestic abuse, such as marital stress
- coordinate across programs, if necessary, to develop confidential intervention plans for those with several risk factors.

Importance

Screening is an important tool that has been recommended and used for decades in civilian settings. Panelists indicated that it is an important strategy because it has the potential to identify those who may not know they need help or those who are unsure of how to access it.

Adopting a public health and trauma-informed care model, screening is at the heart of early detection, universal education, and prevention. Screening needs to be meaningful and routine.

Screening also has the potential to facilitate early detection of risk factors that can aid in preventing abuse. Simply stated, “it would allow medical providers to proactively identify possible risk factors.” Panelists noted that for this strategy to be successful, screening must be confidential and be part of a well-coordinated system that links individuals to confidential resources and services. Fear of disclosure may prevent individuals from answering screening questions honestly; therefore, ensuring confidentiality is essential. As stated by one panelist:

Being able to talk to someone confidentially can go a long way in helping those with risk factors for DA or seeking help for others, especially if those they turn to are trained in intervention planning. However, there must be trust in the system they are turning to in that they will have people’s best interest in mind.

Panelists noted that screening should also be part of a multitiered prevention strategy that includes universal prevention strategies (i.e., resources and information regardless of risk factors), selective prevention strategies (i.e., screening and resources for those with risk factors), and indicated prevention strategies (i.e., screening and resources for those exhibiting warning signs of domestic abuse).

Feasibility

Quantitative ratings indicated that panelists were uncertain about the feasibility of this recommendation. Panelists noted that overall, implementing the screening *itself* would be feasible given that it requires minimal new resources beyond up-front time to train medical staff, and there is existing precedence in the form of alcohol and suicide risk screenings. Uncertainty centered on issues of maintaining confidentiality, the ability to screen family members, the existence of effective screening tools, and how to link screening to confidential resources. Specifically, the experts noted that due to mandatory abuse reporting laws, confidentiality may not be able to be ensured, which would be critical for effective implementation. Similarly, while the screening itself may be possible, the challenge would be providing confidential follow-up care.

It would also be difficult or impossible to mandate screening for those who are not in the military (i.e., spouses and dependents). Panelists noted that a critical task would also be to identify a universally applicable, brief, and straightforward screening tool. It would be critical for staff administering the screening to be highly trained in the dynamics of domestic abuse, as

screening without proper safety supports has the possibility of increasing risks to the patient. As one panelist explained:

This is very doable, but screening should not be done unless personnel are adequately trained about DA/DV, dynamics, risk factors, danger, etc. They also need to be adequately trained about how to intervene safely and how and where to make appropriate referrals. Screening is of no value if there is no follow-on action that maximizes safety of all involved. It is possible to intervene in a way that increases harm and danger.

Some suggested that the screening could be added to the periodic health assessment, similar to screening for other health conditions. This would also resolve the challenge of procuring off-base medical records.

We revised the implementation section of this recommendation for clarity following the expert panels. To compare the language with the text that expert panelists viewed, see Appendix B.

Strategy 5.4. Improve efforts to help those with risk factors who are concerned about their safety.

Overview

Focus on the safety needs of service members and spouses or partners who are worried about the risk for domestic abuse or violence. This would include individuals who are concerned that abuse or violence they have seen directed toward others will be turned toward themselves.

Implementation

- Seek and/or grant protective orders or no-contact orders as a preventative measure.
- Ensure that policies on the early return of dependents from overseas accommodate those who are seeking distance from their spouses because of domestic abuse risk factors.
- Establish or partner with local safe houses near each installation where people and/or their children can stay for a limited time while they work with available supports to make a plan to remove themselves from situations they fear are dangerous.

Importance

Most expert panelists indicated that it was very important to improve support for people who are concerned about their safety. They noted that “we must prioritize protecting those at most risk” and that safe housing “can literally be a life saver for victims/survivors.” One panelist explained that securing safety for potential victims is a “key and critical component because if a person has come forward and is worried about their safety, it is essential that the individual get the help they need, as it probably has taken a huge amount of courage (and time) for the person to come forward and seek assistance.” Others supported the strategy and added that in addition to securing safety, it is important to also improve “access to transitional compensation and

expedited transfers” and ensure that “legal as well as financial resources are available for them even if they are overseas.”

Experts also perceived this strategy as being a high-impact approach to reaching out and assisting individuals with risk factors for domestic abuse.

If this could be feasibly implemented, this strategy would have a profound immediate impact to victims of domestic abuse. The ability to remove themselves from their situation, to have protection against their abuser, and have a safety net of resources in the community could be life-changing for military-connected victims of domestic abuse.

Despite the belief that these efforts were critical as part of a holistic approach to domestic abuse, some experts pointed out that this is not a *primary* prevention strategy, that is, it does not contribute to stopping domestic abuse before it occurs. One expert explained:

While this is marked as very important because taking care of victims of DV who are fearful for their safety is paramount, I do not see this as a preventative measure (except that helping them leave can prevent further DV or injury).

Another expert succinctly offered that “[p]rimary prevention = strategies that prevent first-time perpetration or victimization.” Finally, an expert explored the issue by offering the following thoughts:

This strategy is unclear to me because it is to take place before any intimate partner violence occurs. For example, I don’t know any safe house that has the resources to shelter people who have not experienced any violence. I think an issue here may be what the definition of risk factors is. If some of those risk factors are things like threats and verbal abuse, then that already is domestic violence. It seems to me that this strategy may be about the prevention of physical abuse, and not the whole of domestic violence.

Feasibility

Many of the same experts who saw this strategy as important and potentially impactful cautioned that the quality of implementation will ultimately determine its value, noting that positive outcomes depend on the strategy being “done correctly” and “consistently carried out throughout the DoD.” More specifically, “[p]rotective orders and no-contact orders can be useful, but only if they are enforced and reports of violation are taken seriously.”

Overall, most experts rated safety supports as a very feasible strategy. They explained that “in the context of the control that the military has over its members and its ability to act quickly given the command structure, this should be very doable.” The experts further offered that strategies to secure the safety of at-risk individuals are “very feasible for DoD to use and it should be implemented and budgeted as soon as possible.” Many validated their high feasibility ratings by explaining that protective orders, early return, and safe houses are already offered in their area.

This is absolutely necessary, but my feeling is that there are already elements of this occurring within the current FAP/Work-Life programs. Could it be

improved? Probably so, and leaning on local area support mechanisms and resource centers is a must. Many communities already have these support resources off base to support these very issues.

Another panelist said that their Service

is already granting Military Protective Orders, works closely with local law enforcement to help attain Temporary Restraining Orders, and allows dependents/service members to return from overseas early if they are in an unsafe situation.

There were, however, some experts from locations without these services, suggesting that more work may need to be done to ensure consistent coverage and availability across all types of installations.

DoD does not have the capability to have shelters and/or safe houses at each installation. DoD has had shelters and safe houses at selected sites in the past, but they were discontinued in favor of utilizing community-based programs.

I do not think partnering with local safe houses near the installation would work because, typically, our local shelters are always full. We need to have the ability and money to get space in installation lodging or local hotels temporarily for families who need a safe space.

Finally, one expert called out the problematic nature of shelters and safe houses by noting that “this approach skips many interventions that could keep families in place and seek to build on their strengths to create safety.” Advocates of the shelter-at-home approach have criticized processes that lead to victims and their children bearing the brunt of relocation, upheaval, and disruption of their daily routines instead of the person who was responsible for the violence (Snyder, 2019). Domestic violence community organizations are increasingly focused on other measures, such as changing locks, installing security systems, and police partnerships to secure drive-by safety checks.

Research Evidence

The scoping review protocol was developed and implemented in parallel with the ExpertLens panels. Both were designed to focus on primary prevention and outreach to individuals who might have risk factors for domestic abuse. For many topics, the two methods converged, and we were able to provide summaries of the research evidence collected in the scoping review to support the recommendations that the expert panelists believed were important and feasible. However, for expert recommendations that extended to survivor safety and harm reduction, this duplication of content areas did not occur. Some sections of the scoping review do touch briefly on outreach strategies, such as social media campaigns or survivor reactions to messaging; details are available in Appendix C.

Conclusion

The expert panelists generally agreed with the importance of providing support to survivors as a means of increasing safety and lessening harm, and the recommended strategies presented in this chapter reflect that view. Nevertheless, the panelists offered many different perspectives about how these strategies should be pursued, particularly when viewed through a *preventative* lens, as some strategies tend toward assisting victims after the fact. An important dichotomy raised in these discussions, particularly with respect to messaging (which applies to several strategies), is finding the right balance between contextualizing domestic abuse in a way that will encourage help-seeking without becoming too soft and appearing to overlook the fact that, in the end, domestic violence is a crime. Overall, these strategies offer considerable opportunities to partner with community organizations that offer resources that might appeal more to individuals who are concerned about the implications of asking for help in the military environment, whether that concern stems from a reflection of personal shame or fear of career repercussions to oneself or to a partner or spouse.

Chapter 7. Strengthen the Prevention System

This chapter describes a recommended strategy for integrating domestic abuse prevention activities with other violence prevention and risk reduction efforts. This strategy aligns with the relatively new DoDI 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm*, created to develop a system that will “integrate primary prevention activities to prevent self-directed harm and prohibited abusive or harmful acts” (DoDI 6400.09, 2020, p. 1). The Prevention Collaboration Forum, in which OSD FAP participates, oversees implementation of this policy, which is designed to holistically address the risk factors that contribute to suicide, harassment, discrimination, bullying, hazing, sexual harassment, sexual assault, domestic abuse, child abuse, and other types of harmful behaviors (DoDI 6400.09, 2020). Comments from experts on our panels who have military affiliations noted that efforts to integrate violence prevention activities are already being implemented to some extent in certain locations, which would be consistent with the requirements in DoDI 6400.09 (2020). These expert perspectives informed the advice and concerns addressed in this chapter.

Responsibilities for prevention of and response to these destructive behaviors have been distributed across DoD and Service programs and organizations, with a heavier focus on response than prevention. Findings of a recent assessment of installation-level prevention activities across DoD included “a pervasive misunderstanding of what prevention is, how to do it, and what it takes to do it well,” gaps in identifying and meeting the needs of those with the greatest risk factors for violence, and a lack of integrated prevention and coordinated services (DoD 2022b, p. 5). The CDC Division of Violence Prevention technical package on preventing IPV also recommends a comprehensive prevention approach integrating various sectors, including public health, education, social services, health services, and government, across multiple types of strategies (Niolon et al., 2017, pp. 43–44). Our panel experts spoke not only about the need for integrated activities, but also about strategies for how that might work and challenges to accomplishing this goal.

Recommended Strategy

Strategy 6.1. Increase the number of prevention and education specialists and providers to increase capacity to focus on prevention before domestic abuse occurs.

Overview

DoD and the Services would identify where prevention and education specialist and provider capacity does not support a meaningful level of effort toward prevention activities or reducing

risk factors and would increase authorizations or position fill rates where position authorizations already exist.

Implementation

- Increase the number of FAP staff across military installations, so a subject-matter expert at each can be dedicated full time to planning, coordinating, carrying out, and assessing prevention activities across the installation for different types of populations and risk factors.
- Increase the number of medical, mental health, and substance abuse providers, so that service members with risk factors do not have to wait months for an appointment and have ready access to quality support and services.

Importance

If prevention and outreach are truly the goals, then staffing needs to have capacity for prevention activities. As one panelist put it directly, “Other strategies can’t be implemented if this isn’t true.” Prevention is more than just making a poster or giving an annual training. People involved in these activities need to have the time to keep current on the science and the local community, tailor activities and delivery mode and channels, use adult learning principles, coordinate internally and externally with other organizations, create a variety of activities to speak to diverse subgroups or situations, get activities out into the units, make the additional effort to try to reach spouses or partners who live off the installation, have time to solicit feedback on activities, assess what is working and what is not, and make improvements.

Otherwise, with a shortage of people, staff will prioritize responses to those who are already experiencing abuse. One panelist familiar with the military community shared this perspective on staffing:

Onboard my installation, the FAP staff are very responsive, but they seem to be understaffed and unable to keep up with the workload. They focus on the aftereffects [versus] prevention. With more staff and FAP being their main focus, this could enable them to focus more on training and prevention.

At the same time, increasing the number of medical, mental health, and substance abuse providers would ensure that those in need are identified and able to access services in a timely manner. Wait times across the services can be exceptionally lengthy, potentially contributing to stressors and risk factors for domestic abuse. As one panelist explained:

At every command I have been at in the last 10 years, there [have] not been enough medical, mental health, or substance abuse providers. Sailors have to wait four to six weeks to be seen for their initial consultation. If we are focusing on preventing domestic abuse and violence, more providers could identify signs in sailors of domestic abuse earlier if they are seeking help.

This strain on the current workforce results in burnout and hiring and retention challenges. As one panelist put it, “This is a very important strategy that often gets overlooked. Therefore, the existing staff becomes burned out.” Increasing the number of positions would decrease the

strain on individual providers. Ultimately, as one panelist explained, an expanded workforce will help providers reach more individuals:

If providers are more in numbers, they can access more individuals and they won't be spread thin to communicate opportunities, resources, and engage individuals.

Feasibility

Panelists indicated this strategy was feasible, but would require both dedicated funding and robust training for preventionists and providers.

I believe that this strategy could have a strong impact on preventing domestic violence. However, it is not only quantity of staff and providers, but the quality and ensuring that they are adequately trained.

As several panelists indicated, DoD and the Services are already undertaking efforts to recruit and train prevention workforce personnel who will be tasked with implementing integrated primary prevention strategies (DoDI 6400.09, 2020). Panelists noted that these kinds of “dedicated prevention specialist positions [would] help with sustainability.” While this ongoing effort will establish a dedicated prevention workforce, it does not address the shortage of providers. As panelists noted, ideally, any training for these prevention personnel should include adequate coverage of domestic abuse risk factors, identification, and appropriate responses.

Panelists also recommended that, in addition to new staff, staff roles should be reviewed so that clinical staff do not spend disproportionate amounts of time on administrative and non-clinical tasks. These types of tasks might best be performed by other personnel, which could free up clinical staff to provide direct services.

One challenge will be retention. Turnover is a problem among FAP and providers due to noncompetitive pay and job stress. One panelist suggested this solution:

The prevention and education specialist positions need to be government positions and not contract positions in order to reduce turnover. Contractors do not have the same benefits and perks as government employees, which causes a lot of turnover.

Personnel would also need adequate resources with which to support individuals. As one panelist mentioned:

While you are increasing numbers, be sure that you are providing resources to increase capacity. Increased numbers are not the solution if FAP staff does not have the resources and capacity to work with diverse individuals using an equity, trauma-informed approach.

Providers must also be accessible. Imbedding them within units may be one way to achieve this, an approach explained in this way by one panelist:

Increasing the number of providers works great to ensure people get the help they need . . . My unit has imbedded assets within the unit and the ease of access to

needed help is way more beneficial than having increased personnel at the medical clinic. I wish all units had imbedded assets like my unit does, and I want even more within my unit to better take care of my people.

Strategy 6.2. Integrate domestic abuse prevention activities within other violence prevention programs and other efforts to reduce risk factors.

Overview

Military domestic abuse prevention and education specialists would regularly coordinate efforts across military programs and support providers to integrate domestic abuse prevention strategies.⁶

Implementation

The experts discussed ways to implement this strategy within the military setting, including

- having FAP prevention specialists meet at least quarterly with other prevention specialists and providers to plan, discuss, and assess integrated prevention activities
- having FAP prevention specialists assist other preventionists focused on drug and alcohol abuse, sexual assault, sexual harassment, self-harm and suicide, and child abuse and neglect to align content and approaches across areas
- using treatment and prevention efforts to reduce risk factors (e.g., drug and alcohol abuse treatment) as outreach channels to raise awareness of prevention resources, such as relationship support and parent programs
- educating and involving military chaplains in prevention activities so their efforts, such as premarital or marital counseling and faith or spiritual interventions, are informed by and contribute to domestic abuse prevention efforts.

Importance

The experts noted that many harmful behaviors (and the underlying risk factors for those behaviors) are interrelated. They believed that integrated efforts could achieve a greater impact through mutual support rather than fragmented and siloed efforts. As one expert noted, “A collaborative approach between different entities could increase the likelihood that everyone’s populations are reached. Since so many of the risk factors overlap, reducing risk in one area could improve all outcomes.”

Others noted that the repetition of material across time can improve learning: “I think if domestic abuse training was interlaced into multiple different training sessions, it would have a greater impact. That repetition and hearing about domestic abuse more than once a year would have a greater influence on our service members.”

⁶ DoDI 6400.09 (2020) provides guidance on integrating domestic abuse prevention with the prevention of other harmful behaviors and directs programs to coordinate programming that addresses shared risk factors, such as substance use and financial readiness. Some, but not all, experts were aware of this policy.

Coordination meetings to integrate prevention activities would also provide a forum for sharing ideas, strategies, trends, and concerns that will contribute to and improve a cohesive and comprehensive approach tailored to the local military population. The leaders involved in these efforts should include not only commanders but also NCOs who have relevant expertise to contribute to prevention efforts: “The senior enlisted within the military have a wealth of knowledge on the topics and are the ones that have to deal on a daily basis with the individuals that are encountering the issues mentioned above. Include them to assist with making a difference.” By integrating efforts, the prevention workforce can connect the dots between different types of abuse and violence occurring in their communities, evaluate how the behaviors relate to one another, and share resources to respond.

More knowledgeable preventionists, spanning content areas, would mean more eyes to identify domestic abuse risks or active domestic abuse, better outreach and communication, and a better ability to link people to resources and generally help keep at-risk individuals from slipping through the cracks.

Feasibility

Although, overall, the expert panels strongly supported the strategy of integrating domestic abuse prevention with other prevention and risk reduction efforts, the proposed strategy was not without objection or reservation. When asked about the feasibility of this strategy, one expert stated that it is “[p]robably easy to do not very well . . . and much harder to do with integrity.” Another expert was concerned that the domestic abuse prevention messages could be diluted or lost among a mix of violence prevention training and education emphasizing other topics.

It is critical that all programs cross-train, meet regularly, and collaborate in a coordinated way. There need to be policies and procedures in place to ensure smooth and seamless referrals and follow up. It is not helpful when the programs and services are siloed without regular collaboration and coordination. It is also important that all programs understand risk factors for domestic abuse and how to intervene in a way that does not increase danger to the survivors and family members.

Experts also cautioned that domestic abuse content needs to be integrated in a meaningful way, so important nuances are not omitted or glossed over.

Dilution of content depends on the presenter and how effectively they present a large amount of information. It also depends on how well the presenter is trained, not just on the information . . . but evidenced-based methods of how to effectively disseminate the information. The training will also determine how much of a priority [domestic violence] prevention is to the DoD. The train-the-trainer model of one or two people from the unit learning and then disseminat[ing] to colleagues after the training practice doesn’t usually work in situations where insincerity by trainer is present and obvious to trainees.

Further concerns reflected on the need for the individuals delivering the integrated messages to be sufficiently cross-trained and well educated, so that they are qualified to lead sensitive

discussions and appropriately answer or refer questions related to domestic abuse, domestic abuse risk factors, and available resources. The panel discussions surfaced concerns that having non-subject-matter experts addressing these topics unprepared could be counterproductive. For example, nonexperts could be dismissive of situations they do not fully understand as potential precursors to domestic abuse and influence others to be dismissive too. Another fear that was expressed was that presentations by nonexperts could misstep in ways that provide excuses or reinforce misperceptions regarding domestic abuse.

This would have to be carefully done to make sure there's no resurgence in the beliefs that substance abuse, stress, etc. "causes" domestic violence. Anger management programs have been demonstrated repeatedly to have little impact on the use of violence.

It is likely unrealistic, however, to expect the entire prevention workforce to be subject-matter experts on all types of abuse and violence, associated risk factors, and evidence-informed prevention strategies. Team teaching or developing a scenario to be interwoven across prevention activities were options suggested for addressing this challenge. According to one expert:

On our installation, we already do at least half of it with great feedback and good results. We have a [quarterly meeting], which includes a representative from every program on base. Additionally, we have put together a "Roadshow" with a vignette scenario that integrates personnel from Family Advocacy, Sexual Assault Prevention and Response, Substance Abuse, Drug Demand Reduction, and Suicide Prevention and how they all relate to one another for annual trainings. This has been a good way to ensure that there is no misinformation given, as each representative is the subject-matter expert in their area. Domestic abuse often includes most of these other things (sexual abuse, substance abuse, suicide, and drugs), so I don't think that it would "dilute" the issue by integrating these topics. It's extremely important to shed light on the dynamics that they all bring to the table and how it affects domestic abuse situations and what resources our [service members] have on base to combat all of them, if necessary.

Finally, a truly integrated and effective approach will require time, resources, and consistent effort to achieve. Meetings alone are not a measure of collaboration and can fall short of the intended goal. For example, one expert explained that "the Community Action Team is this platform, but rarely is it collaboration— just each agency saying what they are working on individually per their program guidelines." Preventionists, service providers, and military leaders might well be motivated to collaborate, but success requires time and sufficient personnel.

My experience has been that it is difficult enough to get the various departments on base to regularly attend already required meetings, mainly due to staffing issues. I consistently see a desire from most to want to do more, but due to most entities having more work than time, it becomes a reactive response instead of a preventative one.

The implementation section for this strategy has been updated in two ways. First, the description has been simplified and edited for clarity. Second, anger management classes were

dropped as an example of a prevention effort, given expert input that this approach is not an effective strategy for domestic abuse. The original text is available in Appendix B.

Research Evidence

The scoping literature review, conducted concurrently with the expert panels, focused on evaluations of domestic abuse prevention activities specifically. However, we did identify one study that showed a lower occurrence of domestic abuse among patients in substance use disorder programs that also incorporate domestic abuse intervention services and staff crosstrained in domestic abuse prevention (Timko et al., 2015).⁷ Our search also identified a study that examined a prevention strategy cointegrated into a human immunodeficiency virus (HIV) risk reduction intervention (Wingood et al., 2004). The program used community leaders to teach women healthy relationship skills in the context of safe sex and provided information about domestic abuse community resources; however, no impact on the occurrence of domestic abuse among the participants was detected (Wingood et al., 2004). As DoD moves forward with efforts to integrate violence prevention programs, rigorous assessments of implementation and outcomes would have the potential to improve DoD's implementation and contribute to this broader body of knowledge.

Conclusion

This study's expert panels strongly endorsed DoD integrating violence prevention and risk reduction efforts. DoD's past efforts have focused heavily on response, rather than prevention, and have assigned responsibilities for addressing different types of violence to different offices and programs. DoD has recently taken steps to focus attention on prevention and to develop and implement requirements for integrated and data-informed prevention activities. The expert panel provided input on why such a strategy would be important for DoD's domestic abuse prevention and outreach efforts, ways it could be implemented in the military setting, precautions that should be taken, and feasibility challenges. The scoping literature review found studies evaluating the impact of strategies that integrated domestic abuse prevention or risk reduction activities with other behavioral or mental health programming. Although the number of evaluated programs we identified is small, there is evidence that joint reduction in adverse outcomes can occur.

⁷ The review also identified two additional studies that evaluated couples therapy as an adjunct to treatment for alcohol use disorders and reported a positive impact of the combination on the risk of domestic abuse (Fals-Stewart, Birchler, and Kelley, 2006; Lam, Fals-Stewart, and Kelley, 2009). However, William Fals-Stewart was subsequently investigated for research misconduct, including credible claims of data falsification (Golden, Mazzotta, and Zittel-Barr, 2021). Although Fals-Stewart died before the investigation could be completed, we recommend against including his work to support claims regarding the value of integrating substance abuse and domestic abuse prevention.

Chapter 8. Measuring, Monitoring, and Evaluating Prevention Strategies

This chapter presents three recommended strategies for measuring, monitoring, and evaluating domestic abuse prevention and outreach strategies. DoD is already familiar with and engaged in working toward improving the measuring, monitoring, and evaluating of prevention and outreach strategies, so those suggested by our expert panelists are not new to the department, but there are many difficult challenges to consider. The main contribution from the expert panels are their specific comments related to implementation, importance, feasibility, challenges, and precautions. This chapter concludes with a review of the domestic abuse prevention-related measures described in the studies included in our scoping review.

Recommended Strategies

Strategy 7.1. Collect and use data on domestic abuse prevention activities and resources and potential impacts.

Overview

Across multiple hierarchical levels, DoD would systematically gather, monitor, analyze, share, and report data on its domestic abuse prevention activities, resources, and potential impacts in support of continuous improvement.⁸

Implementation

Proposed methods for implementation include

- creating an incident database that is compatible across DoD and able to be cross-referenced, including the FAP Central Registry and law enforcement and legal databases, which include actions taken to hold abusers accountable
- tracking quarterly reports data, such as
 - *participation*: number participating in activities, frequency and type of activities, command participation in prevention activities, command engagement with FAP staff, statistics on website and social media views and information downloads
 - *capacity*: number of FAP prevention specialists dedicated to prevention activities, hours of service for programs and providers, wait list or wait times to use prevention resources
 - *risk factors*: aggregated data from health care provider screening for risk factors

⁸ The overview section was not included during expert panel deliberations; it was created for this report.

- *incidents*: number and type of reported incidents (to hotlines, FAP, law enforcement), timeline for processes to address reported incidents, incident determinations and service recommendations, and number of cases without further issues or recidivism.

Importance

The experts' rationales for rating this strategy as important touched on its value for multiple levels in the military hierarchy and multiple utilities. One expert asserted that assessments of prevention activities, resources, and outcomes would be important for ensuring that DoD is prompted to keep looking for ways to improve its approach.

Ongoing assessments are very important, especially if they lead to refinements. One of the things I remember from the Defense Task Force on Domestic Violence is that much of what DoD and the military Services had first instituted was progressive at the time of adoption and then it just sat there, not evolving, improving, learning. DoD and those in the Services did not continue to engage with the civilian community as we kept learning and changing. There's always a danger of getting stuck in . . . the way we've always done things Hope collecting the data will result in analysis and improvement to policy and practice guidance, along with advancing the three c's of cooperation, coordination, and collaboration with the civilian community as we all keep learning more.

Another panelist stated simply, "It is important to know where we are in order to figure out where we are going." This strategy was also deemed essential for demonstrating and improving the value of prevention activities.

We would be hard-pressed to find a system or strategy for preventing domestic violence in the military community that would not benefit from collecting data regarding each of these strategies and the impacts. Not only would this prove the importance of such activities, it would help our community to continuously improve support.

The experts' perspectives included the view that prevention activity data are important to know what is working and what is not and where adjustments might be needed. One expert provided this view:

This strategy could have a large impact in identifying trends related to what is working well and what needs to be investigated further. This strategy will provide knowledge of the activities or programs provided (and what may need to be better advertised). This data could also be connected to outcomes. Keeping track of wait list or wait times would be useful in identifying installations who may need additional providers. Quarterly reports on risk factors would be very useful in highlighting risk factors that could be targeted in prevention and intervention resources. Tracking incidents will also show trends over time and potentially if prevention strategies are helpful over time. This strategy could have many positive impacts in preventing and reducing domestic violence.

Centralized data on activities, resources, and potential outcomes could be analyzed centrally for planning purposes: "Having a large pool of data to sift through would be extremely beneficial and would help carve out future prevention strategies and focus areas."

Sharing and comparing data could be important for installation-level staff developing domestic abuse prevention activities locally. According to one expert:

Tracking data is a surefire way to see if a prevention strategy is actually working on a particular installation or not. It would also allow cross-referencing to see what is working on other installations and what you can apply to your own in hopes of recreating their success.

In addition to identifying broader patterns and trends, experts discussed how a centralized, shared database could also assist with supporting and monitoring individuals.

Having a seamless continuum of care is important to providing the most-effective resources to victims. Having a DoD-wide database to cross-reference this information could not only [hold] abusers more accountable, it could give those working in these programs a better idea of barriers that need to be addressed.

Feasibility

The reasons that experts rated this strategy as feasible included the fact that many data tracking activities are already underway: “Everyone is already saving necessary data. It just needs to be combined somehow in a coherent way so we know what exactly we are dealing with.” Along with the rationales supporting feasibility was advice for successful practices.

A common theme among the experts’ comments was the need to be able to share these types of prevention activity data across diverse units, locations, and organizations. One expert asserted, “It is imperative that there is compatibility and communication DoD-wide. The database is needed and overdue.” Another elaborated as follows:

The main thing is compatibility across databases. They have to be able to talk to each other. Without this, DoD is just shooting in the dark because they do not have a way of seeing the entire picture of domestic abuse and domestic violence throughout all parts of prevention and intervention. I’m not sure that this would help prevention efforts too much, but the data would provide information about trends which could be extrapolated to prevention efforts.

Value will, in part, rest on who has access, as pointed out by one military expert: “The Family Advocacy Program already has a central registry in place, but individual FAPs do not have access. They do not share a central communication system and must go through CNIC [Commander, Naval Installations Command] to get records from other installations or branches of the military.” Without accessibility to prevention activity planners, the data’s value will be limited: “Collection of these data are important, but they should be accessible such that they can continuously inform quality improvement of services (and should not be used punitively).” Access carries risk too, as alluded to in the reference to punitive uses and in this observation: “A database that gathers data across multiple agencies may grant someone too much access of things they do not need to know about.”

In addition to access, prevention staff will of course need to know how to use the database that contains the information on prevention activities, resources, and outcomes. As explained by one expert:

For this strategy to have a meaningful impact, the first step would be to have a user-friendly system and interface that is easier used and acceptable to all parties using the program. Integrate the system without making troublesome requirements for learning the system that will be used. There is no reason to re-invent the wheel. Make databases easier to use and people will use them, thus, having a meaningful impact.

Aligning with comments elsewhere about FAP workload and personnel shortages, one expert asserted that this strategy would be “feasible ONLY if this will be hired out by a data analytics team. [It is] NOT feasible to add this to the already inundated providers with forms, bubble sheets, and studies. This should not be the provider’s responsibility. This should be able to be pulled from the work they already do.”

Additionally, there may be information technology and network issues that will need to be considered in the design and development of the database: “This is totally feasible, and one challenge would be finding a platform that would be user friendly with the wide variety of security features often found on military bases.”

Experts also advised being thoughtful and reflecting on the data gathered. For example, one expert cautioned, “Just be aware that abusers often report their partners, claim mutual violence, and other falsehoods to distract from their own violence and shift blame.” Another warned against becoming so focused on formal data collection methods that preventionists ignore other critical signals:

I think it’s important to note that data are important, but we tend to have an overreliance on it to “tell us what’s going on” and we wait for data before doing anything. It’s important to recognize the many experts in the field right now with boots on the ground yelling and shouting for help.

Others noted that the importance of the strategy will depend upon how the data are used: “I suppose it is important to collect but misses the mark. The DoD has always messed this part up. Useful for the bean counters at headquarters to appease the budget people, but counting how many staff and how many clients/patients are seen does not tell you how effective the service is.” A comprehensive data collection strategy may not have the desired impact if a plan is not in place for who will be responsible for developing solutions and acting on them, as shown by the following expert’s comment:

Collecting data that actually means something and has actionable resolutions. For example, if we track wait lists and times and they are always terribly long, what are we going to do to fix that short of hiring more clinicians? A lot of this data is already tracked, and we have the trends to determine actionable solutions to them, we just haven’t done it. Possibly the only thing I see here that might be new and impactful is tracking Command engagement and participation in prevention events and with staff. But again, what is the actionable solution to that

if the participation is low? Tracking helps with having data and trends and numbers, but it has to be implemented correctly to have any [effect] on prevention efforts.

Strategy 7.2. Conduct population surveys with service members and spouses or partners.

Overview

DoD would sponsor surveys of a sample of service members, spouses, and partners. The sample would *not* be limited to individuals who had participated in any FAP prevention activities, had used any FAP services, or had been identified as using or experiencing domestic abuse.⁹

Implementation

- Administer anonymous or confidential population surveys to measure knowledge and understanding of domestic abuse, risk factors, experiences with domestic abuse (including type, frequency, severity), awareness of and attitudes toward domestic abuse prevention activities or resources and reporting channels, barriers to help-seeking, and command buy-in or involvement in prevention.
- Longitudinal survey use could measure changes over time.

Importance

The expert panelists typically believed that population surveys are an important part of monitoring the prevention system. A survey drawn from the population would include individuals who cannot or choose not to use military resources to reduce or prevent the emergence of risk factors: “This is very important. There are often times that victims chose not to participate in services at all. If they do not participate, [then] there is no awareness of any difficulties or barriers faced.” The survey data could complement data on reported domestic abuse cases in the military.

It is critical to monitor the program. We know the number of individuals that currently fall into the net (established cases of domestic violence) (client-based surveillance). However, we need to know the upper limit—the number of total cases, the majority of which are not identified (survey surveillance). From a public health perspective, this gap is important to know and understand.

Such a survey could also be important for understanding (1) risk factors within the military community, which could differ from the civilian population in important ways, and (2) any knowledge gap: “It is true that it is hard to find accurate data on domestic violence in the military or veteran population and if done well, this could glean helpful insights.”

⁹ The overview section was not included during expert panel deliberations; it was created for this report. For transparency, we note that RAND researchers will be conducting such a survey in connection with this project.

One expert posited that a population survey on domestic abuse would serve another function, too: “The more attention, the more everyone will believe it’s taken seriously and that DoD wants to prevent, but will intervene as well when needed.”

From a preventionist, provider, or leader perspective, surveys are key to receiving input from the community: “Direct feedback from service members and spouses is crucial. After all, they are our customers. They are the ones who will know if we are getting things right.” Longitudinal surveys can be a measure of progress over time: “It is always good to know if you are heading in the direction you want to go.”

Furthermore, it was recommended that the results be integrated into prevention activity planning: “Clear information about the current state of the problem is needed to drive programming and policy.” Of course, the survey will not likely be all good news: “If done right, this could help us reach areas in more effective ways. I think honest participation might be discouraging and eye-opening at the same time.”

One panelist argued that data collection from users of the prevention resources would be more important than population surveys. They provided a detailed example of how the results of a local base survey led to a change in the direction of their prevention practice:

We do an Annual Needs Assessment across the whole base and have been able to gather amazing, qualitative data that has informed our prevention practices. For example, 70 percent of our SMs [service members] surveyed said that annual 300 people safety stand-down trainings are useless, and that they would rather have more, in-shop, intimate, and informal trainings, so we switched gears. Anonymous answers are a must for them to be honest, and we found that doing an in-person survey (one-on-one or in a focus group format) was hugely beneficial, and our service members tended to engage much more that way openly and honestly. We even offered LoAs [leaves of absence] or worked with SgtsMajs [sergeant majors] to offer some liberty for participating in our assessment. This helped a lot. Surveying for needs should be about qualitative data rather than quantitative, because we already get the numbers from DoD. We need to hear how our customers are actually feeling and what they need. Once we implement what the service members directly ask us to, we begin to get better feedback, engagement, etc.

As with the previous strategy, the importance of the surveys was argued to rest in part on how they are used. One expert simply said, “surveys are great but. . . then what?”

Feasibility

Most experts agreed that conducting a population survey to better understand domestic abuse in the military and to track changes over time would be feasible, noting that “it could be done easily, given that DoD already has the mechanisms and processes in place to conduct such surveys.” Several experts pointed out that valid survey research is “expensive to do correctly” and that implementing such a strategy is “solely a resources issue.”

Experts did raise concerns about low participation in survey efforts, reminding each other that “service members can’t be mandated to take these surveys. They are already bombarded

with surveys that cover hundreds of topics.” Others noted that it “can be difficult to get survey members to participate in surveys without incentives,” and that DoD will need to “figure out the incentives first” for such a survey to be successful.

There was also a concern that “there is so much potential for people to not be truthful on these.” Another expert explored this further by noting that to address potential

underreporting, such a survey would require . . . DV questions that are very specific to describe behavior or events rather than generalized questions about abuse. If the survey can be identified as targeting domestic violence, it falls immediately into the trap of underreporting. In order to blend in the target questions/subject, such a broad survey would be quite lengthy. Questions aimed to properly capture abuse would require very careful phrasing and assembly, which may require unique expenses and/or outsourcing.

Strategy 7.3. Conduct surveys or interviews with users of domestic abuse prevention resources.

Overview

DoD or Service headquarters staff, local prevention staff, or independent evaluators should conduct surveys or interviews with individuals who use domestic abuse prevention resources, such as new parent support services or couples counseling, to understand their reactions to prevention services and recommendations for improvements and to measure whether the prevention strategy is achieving its goals.¹⁰

Implementation

- Conduct surveys before and after education and training to assess participant understanding of the material, awareness of support resources, and willingness to use available resources.
- Conduct surveys or interviews with users of relationship support programs on how they learned about those programs, their experiences with and attitudes toward those programs, perceived program quality, and self-reported impacts on risk factors for domestic abuse.
- Interview survivors about domestic abuse prevention-related policies and resources.
- Interview providers and practitioners involved in prevention activities (e.g., instructors, relationship counselors, screeners for risk factors).

Importance

Most experts believed that it was critical to assess prevention programming from the perspective of users: “How else will you know if your efforts are succeeding without evaluating them?” Some noted that it is or “should be standard practice” and explained that “no program is perfect and can always be improved. Feedback directly from the user is the best way to improve

¹⁰ The overview section was not included during expert panel deliberations; it was created for this report.

it.” One expert stressed that “it is important to know how effective the interventions being used are. There are multiple being used in the military, but I guarantee not all have sound data to support them.” It will be important that user surveys and interviews be conducted alongside other strategies for monitoring and evaluating the prevention system. One expert emphasized the following:

While this could provide good information specifically about impression of services (which could be used for continuous quality improvement), it misses an important group of people—those who need services but do not receive them or seek them out. As such, this could be one component of evaluation but needs to be coupled with more broad surveying.

Feasibility

Conducting surveys or interviews with the users of prevention programming was seen as very feasible. In fact, experts noted that the military already “has the mechanisms in place to implement this strategy” and that “this is already done and is an easy thing to start up.” Others, who agreed that the strategy was feasible, still raised some concerns that indicated that the process may not be entirely straightforward or simple to initiate. For example, one expert believed that it would be “easy to implement,” but caveated that this is true only “with enough money and the right team.”

Experts offered advice for how to ensure that user surveys and interviews would be of high quality and yield useful results. They indicated that solid research methods would ensure

- avoidance of response bias or the risk that only certain types of users would respond to surveys or interviews and that others would opt out. One expert noted that “this is essentially a feedback form, which sometimes provides good feedback, but other times captures subjective bias and bitterness based on a [service member’s] current situation rather than the actual class, content, or impact.”
- appropriate sample sizes that burden only the minimum number of service members necessary with the research task
- candid feedback from users; the research “should not be initiated by the agency that provided services if they are seeking to gain honest feedback”
- the measurement of “outcomes that are both relevant and beneficial to the participants”
- the avoidance of other common pitfalls, such as designs that are poorly matched to the research question. One expert gave this example: “Before/after training surveys may not provide much useful data unless the after survey is delayed a bit. Do people remember the education and resources three months after the training?”

Measures to Evaluate Prevention Activities

To evaluate the effectiveness of domestic abuse prevention strategies, researchers may use a variety of measures to estimate their effects. Direct measures of domestic abuse or risk factors for domestic abuse are of ultimate concern but may be challenging to obtain because of study features such as design, time frame, or resources. In some cases, such as a small study sample

size, the frequency of domestic abuse may be too low to detect a change, or the direct link between an intervention and the rate of domestic abuse is too diffuse (e.g., efforts to change institutional culture) to infer a causal influence. In these cases, researchers may measure intermediate outcomes to understand how a strategy or a particular activity may be performing, such as whether participants are retaining information provided to them during educational sessions. Other measures may reflect the direct product of services, such as rates of participation or attrition, and provide evidence on the success of outreach and implementation.

Most commonly across the literature, but particularly for outcomes related to domestic abuse attitudes and behaviors, outcomes are self-reported in surveys or interviews. Self-reporting of behaviors or events that are viewed as socially undesirable or that subjects may be afraid or embarrassed to report tend to be underreported (Norwood, Hughes, and Amico, 2016; Walby and Myhill, 2001).

Across the studies included in our scoping review, a vast array of measures was used to evaluate prevention strategies. Here, we provide a high-level discussion for the general reader about types of measures; for the technical reader, Appendix C contains tables mapping measured characteristics and outcomes to prevention strategies with corresponding citations. The most-common measures found in the literature target intermediate outcomes that might be instrumental to subsequent prevention of domestic abuse. These measures include the impact of prevention programs on domestic abuse knowledge, skills and attitudes, domestic abuse actions and behaviors, and the reduction in risk factors for domestic abuse.

Another area where strategies may be compared is the success in reaching at-risk populations, although evaluations of outreach measures against a benchmark or a comparator were rare. Finally, some studies used measures intended to evaluate the impact of a strategy on preventing domestic abuse, such as measures of domestic abuse occurrence. In the following sections, we summarize several categories of measures found in the literature.

Activities: Services Offered

A basic requirement of evaluating the effectiveness of prevention strategies is to record the number and types of services offered, level of exposure of each participant or community to the intervention, amount of outreach conducted, or other description of the actions taken to implement a prevention strategy.

Outputs: Direct Products of Services

When assessing domestic abuse outreach strategies, direct products of services are often used as evaluative measures. We identified several ways in which outreach strategies were evaluated in the literature, including measures of implementation, such as whether practitioners performed outreach activities when indicated (Humphreys et al., 2011; Miller et al., 2016); metrics of participation in prevention programs (e.g., hours of total programming attended) (Rhoades, 2015); program completion (Timko et al., 2015); metrics of whether and how the outreach was

received (e.g., conducting a survey of the rate at which materials were noticed, read, and retained from individuals exiting a room where those materials could be seen) (Edwardsen and Morse, 2006); population surveys measuring receipt of messages from a public health campaign (Gadomski et al., 2001); asking program participants the means by which they learned of a program (Voth Schrag et al., 2021); and reactions to outreach content (e.g., views of intended targets regarding health communication campaigns) (West, 2013). Across the identified research, the performance of outreach was typically descriptive and few research efforts sought to test the relative effectiveness of different outreach approaches or identified evidence-based benchmarks or goals. Without a comparison group or benchmarks, it is not possible to determine whether any approach was successful in either a relative or absolute way.

Outcomes: Knowledge, Skills, Attitudes

Across domestic abuse prevention evaluations, outcome measures often include measures designed to capture changes in knowledge and attitudes following exposure to the outreach effort or prevention program. These included views of what does and does not constitute domestic abuse, such as reactions to descriptions of physical, psychological, sexual, or other forms of abuse (Fuchsel et al., 2016); belief in common domestic abuse myths, such as victims are to blame by not leaving a relationship (Dill-Shackleford et al., 2015); knowledge of domestic abuse resources, such as where to go for support (Choi et al., 2019); tolerance for abusive behaviors, such as viewing abusive behavior as sometimes justified (Mitnick et al., 2021); and empowerment to expect a healthy relationship (Fuchsel et al., 2016). Across domains, studies of prevention strategies often found positive programming effects on participant knowledge. Measures of attitudes, such as tolerance for abuse, were also frequently found to be positively affected by preventative strategies, although bystander and peer strategies were less commonly affected.

Outcomes regarding the acquisition of skills hypothesized to be preventative included communication—both positive (McCabe et al., 2016) and negative (Khalifian et al., 2019)—skills for conflict resolution within relationships (McKinley and Theall, 2021), and emotion regulation skills (Finkel et al., 2009).

Outcomes: Actions and Behaviors

Strategies involving relationship interventions, such as relationship education or counseling, often were evaluated using self-reported measures of healthy communication (Antle et al., 2019), conflict behaviors (Heyman et al., 2019), and measures of conflict (not reaching abusive levels) (Georgia Salivar et al., 2020). In one instance, relationship termination was used as an outcome (Cigrang et al., 2016). Measures of relationship satisfaction were also used; however, several studies found evidence that suggested reduced domestic abuse risk is not always accompanied by improved relationship satisfaction (e.g., Taft et al., 2014).

Strategies seeking to engage influential community members are commonly evaluated using measures of actions and behaviors (including intended actions or behaviors). These included measures of individual intention to intervene in instances of domestic abuse (Kim and Muralidharan, 2020) and of self-efficacy (confidence in ability to make a difference) (Alegría-Flores et al., 2017), as well as measures of domestic abuse prevention behaviors (e.g., communicating with others about domestic abuse and its prevention) (Drumm et al., 2018).

Longer-Term Outcomes: Prevention and Reduction of Risk Factors

Longer-term outcomes include the prevention and reduction of risk factors for domestic abuse perpetration or victimization. For perpetration, one study that focused on strategies to curb individuals from perpetrating domestic abuse evaluated intervention impact on risk factors for future domestic abuse by using a measure of the risk of eruptive violence (Cavanaugh, Solomon, and Gelles, 2011). In measuring the impact of an intervention on risk factors to becoming a victim, studies used measures of change in self-esteem (Fuchsel et al., 2016).

In some studies of strategies creating protective environments, longer-term measures of strategy success were not focused on individuals but on environmental conditions. For example, in one study, authors developed a measure of workplace climate toward domestic violence, which provides an overall index based on several domains that are relevant to workplace climate, such as confidentiality, training, and policies (Glass et al., 2016). To measure changes in culture, one study used population-level questionnaires to detect changes in social norms (Post et al., 2010).

To measure gains in organizational and professional coordination and capacity-building, measures were used to track organizational and professional prevention capacity; planned organizational changes in domestic abuse policies; and metrics of collaboration, such as coalition member information and resource sharing.

Final Impact: Prevention of Domestic Abuse

To evaluate whether strategies prevented domestic abuse from occurring, studies we reviewed often used measures of the occurrence of domestic abuse recorded before and after an intervention. The most common type of measures used were validated self-report measures. For example, the Revised Conflict Tactics Scale is a 39-item self-reported questionnaire (Chapman and Gillespie, 2019) developed from an earlier Conflict Tactics Scale (Straus, Hamby, and Warren, 2003). The scale measures how frequently a person has perpetrated or been a victim of an abusive act in their relationship over a specific period (e.g., over the past year). The scale measures three base tactics employed in conflicts between partners including physical aggression, psychological aggression, and negotiation. It also has supplementary scales to measure injury and sexual coercion. Independent research has found the instrument to be valid and reliable to measure IPV across different populations and cultures (Chapman and Gillespie, 2019).

Other methods for detecting domestic abuse incidents included physician-administered screening tools, personal interviews conducted by investigators, and—for studies evaluating population impact—official law enforcement violence reporting systems (e.g., Federal Bureau of Investigation homicide reports). Other measures of abuse were specific to the intervention context, such as using measures of reproductive coercion during family planning visits. Measures of domestic abuse occurrence were commonly used to evaluate strategies that focused on teaching safe and healthy relationship skills, on strengthening economic supports, and on integrating interventions into other behavioral health treatments.

Conclusion

Measuring, monitoring, and evaluating prevention strategies is particularly important for tailoring efforts to the military community, determining what is working for whom and what is not, and identifying pathways for improvement. Measures and evaluation strategies are standard elements in research articles and reports, and we provide an accounting of measured outcomes in Appendix C. Continuous quality improvement is one approach to monitoring and evaluating prevention strategies and could be considered as part of addressing expert recommendations to (1) monitor prevention activities as an input to support continuous improvement, (2) conduct population surveys to track issues related to domestic abuse prevention across the entire force, and (3) conduct surveys or interviews with service members and partners who engage with domestic abuse prevention services to learn from their perspectives.

Chapter 9. Overview of Recommendations

This report presents recommendations for 17 strategies that DoD could use to help (1) prevent domestic abuse among service members and their spouses and partners, (2) reach out to and communicate with individuals who may be at risk for domestic abuse, and (3) measure and evaluate the effectiveness of these strategies in the military context. The final recommendations were developed primarily through virtual panels with 80 subject-matter experts representing four key stakeholder communities: domestic abuse survivors and advocates, military program providers and practitioners, military leaders, and domestic abuse scholars. In this chapter, we summarize those recommendations and describe a path forward.

The next step, conducted under phase two of this research plan, will be to gather feedback from FAP managers, FAP staff, related installation stakeholders, and DoD and Service headquarter offices across related problem behaviors to identify which recommendations are already in place and which recommendations are in process but not yet fully implemented and functional. For recommendations that are not currently in process, we will gather insights from the same stakeholders about the expected barriers and potential facilitators to implementation.

Following the phase two research, the recommendations will be updated to reflect current practices and gaps. As such, we do not recommend that DoD move toward immediate implementation of all expert recommendations. While there may be some recommendations that DoD chooses to move forward with soon (or has already begun to implement under separate initiatives), we see the input from installation stakeholders (who understand current processes and structures) as critical to identifying the changes that would have the most influence on improving domestic abuse prevention and outreach.

Prevention System

According to FAP providers serving in installation offices, the program faces high turnover, staffing shortages, and associated heavy workloads (Farris et al., 2019). Under these conditions, providers have understandably focused on supporting families who are already in crisis and in need of immediate services (Farris et al., 2019). As much as local offices would like to do more primary and secondary prevention work, the current system does not support it (Farris et al., 2019). The expert panelists offered two key recommendations that address elements of a functional prevention system. Such a system would need to be in place before many of the remaining recommendations can be tackled. First, **there must be a skilled prevention workforce** available to implement any newly adopted recommendations. The current workforce is unlikely to have the manpower to take on additional responsibilities. Second, most experts believed that **domestic abuse prevention would be improved by integrating efforts with**

other prevention programming. Not only are there efficiencies to be derived by working together, but joint efforts may also improve the effectiveness of the prevention system (Knox et al., 2003; Nation et al., 2003).

Alignment with the CDC Model of Domestic Abuse Prevention

Although expert panelists were not instructed to organize their recommendations according to the CDC model of domestic abuse prevention (Niolon et al., 2017), the recommendations they believed to be important and feasible tended to fall with the five approaches suggested by the CDC. Taken together, they provide touchpoints for planning; however, they should not be construed as a complete guidebook to constructing an effective prevention system.

There was general agreement that **teaching safe and healthy relationship skills** is an important part of prevention. Strong, respectful relationships leave little room for abusive behavior. As a primary prevention strategy, a military-specific education and training curriculum should be developed to teach service members and their partners such skills as problem solving, active listening, and emotion regulation. As a secondary prevention strategy, it will also be important to support couples struggling with relationships and parenting issues to resolve conflicts and crises *before* they escalate to violence. Finally, and unique to the military, experts believed that it would be important to explicitly address leadership and command behaviors, such as command voice and the expectation of immediate compliance, that must be left in the workplace. These behaviors do not belong in healthy romantic relationships.

While experts were enthusiastic about positive prevention strategies that teach healthy and prosocial behaviors, they recognized that a complete system will also include efforts to reduce risk factors for domestic abuse. For example, experts recommended that DoD consider **economic supports for families** that would ease financial stress and potentially break the link between economic insecurity and domestic abuse. Sometimes financial stressors are dismissed as not relevant for military populations given steady employment, but financial stress can occur for reasons other than low income, including financial shocks to the family (e.g., unexpected spouse unemployment), unwise spending and debt accumulation, or disadvantageous loan or credit card terms. Some service members bring financial stressors that were incurred prior to military service into their military career.

Other strategies to reduce the risk of domestic abuse centered on **creating protective environments**. These strategies would include efforts to improve community integration of military spouses and partners to counter isolation and dependency risk factors. Experts also believed that prevention would be improved by holding perpetrators accountable under the assumption that perpetrators who receive a judicial or administrative punishment and others will be deterred from being abusive in the future.

When thinking about these prevention strategies, many experts commented that they were likely to fail without leadership support. Indeed, senior leaders control service members' training

schedules and the potential inclusion of primary prevention programming in those schedules. Officers and NCOs control decisions for most service members about whether to grant leave time to attend any couples or parenting interventions that occur during duty hours. Moreover, leaders set the tone for acceptable and unacceptable behavior. They communicate whether prevention programs are serious elements of service members' training regimens and should be approached as important learning opportunities. Finally, they model appropriate command behavior and set expectations for which leadership skills must be left in the workplace. In sum, leaders must be included as part of prevention efforts to **engage influential community members**. Other community groups highlighted by experts as influential community members were credible peers of the specific target population, domestic abuse survivors, and individuals who can bring diverse perspectives and lived experiences to programming decisions.

Although the focus of this effort was on primary and secondary prevention and outreach, experts did provide some recommendations that are better aligned with the military response system (sometimes called tertiary prevention). Collectively, these strategies would be included in the CDC recommendation to **support survivors to increase safety and lessen harms**. These recommendations included screening to identify domestic abuse earlier, outreach messages designed to reach at-risk individuals without introducing language that primes the stigma associated with domestic abuse, partnering with community organizations on outreach and response services, and helping domestic abuse victims to stay safe.

Measuring, Monitoring, and Evaluating Prevention Strategies

Consistent with guidance in DoDI 6400.09, a functional prevention system will develop, implement, evaluate, and revise the constellation of strategies included in comprehensive prevention programming. Often called *continuous quality improvement*, this cycling of development, implementation, evaluation, and revision is intended to create incremental improvements in the effectiveness of domestic abuse prevention efforts. Summed across many cycles, the prevention system may move from minimal impact to dramatic impact on the prevalence of domestic abuse.

As part of this study, we included a research question about how to measure or evaluate the effectiveness of military prevention, outreach, and communication activities. Chapter 8 includes a description of the common measures used in the research literature to assess domestic abuse prevention. More generally, the expert panelists believed that measurement should occur and be tracked across three approaches: (1) domestic abuse prevention activities (e.g., percentage of service members who attended healthy relationship training), (2) audience perceptions of activities (e.g., the audience perceived the event to be personally relevant), and (3) trends in the prevalence of domestic abuse over time. Guidance for how these data collection efforts can contribute to a high-quality evaluation of domestic abuse prevention is available elsewhere (e.g., Chinman, Imm, and Wandersman, 2004; Hunter et al., 2015).

Draft Oversight and Implementation Authority

In this effort, the expert panelists who developed the recommendations were not restricted by military silos. Rather than considering only those strategies that a single military organization has the authority to implement, experts were agnostic to chains of command and coordination challenges.¹ Panelists did consider whether the approaches were feasible; however, many answered the feasibility question under the assumption that an appropriate authority had requested and funded the effort. Thus, any implementation effort *begins* with obtaining these inputs.

In Table 9.1, we list the 17 expert recommendations and provide a draft supposition of the OSD office(s) with the authority to direct implementation of the recommendation. We developed this list internally and expect that the offices listed will be revised following phase two of the research. In phase two, the on-the-ground expertise of FAP staff, allied organizations, and headquarters staff will be used to update the recommendations and clarify the authority structure with oversight of the programs and staff members who would be implementing the recommendation. The table may prove helpful for development and planning activities but should not be used in a directive way at this time.

¹ Phase two of the research will assess barriers to implementation.

Table 9.1. Overview of Recommendation Categories, Draft Oversight Authorities, and Implementation Staff

Category	Recommendation	Oversight Authority	Implementation Responsibility
Teach safe and healthy relationship skills	Develop and deliver a military-specific domestic abuse prevention education and training curriculum for service members and their spouses or partners	OFR, FAP	Installation FAP staff or general preventionists
	Expand the types of services available to support individuals and couples struggling with relationship and parenting issues	MC&FP, FAP, AFCB, MHS, MFLC, OneSource	Installation chaplains, mental health professionals, FAP providers; non medical counselors with MFLC or OneSource
	Address abusive leadership behaviors in the workplace and provide guidance on military-appropriate leadership skills that are not well suited to the home	FE&T	Training instructors, unit commanders, and NCOs
Engage influential community members	Prepare military leaders to actively participate in prevention activities and convey the expectation that they will participate	FE&T	Training instructors, FAP
	Engage peers and survivors in planning, implementing, and assessing domestic abuse prevention education, training, and information awareness campaigns	MC&FP, FAP	Service HQ FAP
Create protective environments	Focus on spouse and partner supports and community integration to counter isolation and dependency risk factors	MC&FP, MWR	Installation FAP, MWR, general preventionists
	Improve prevention by increasing efforts to hold perpetrators convicted of the crime of domestic violence and their leaders accountable for their actions	OGC, Service JAG, MCIOs, FE&T	JAG Corps, Commanders
Strengthen economic supports for families	Coordinate and promote efforts to help relieve family financial stressors that can be risk factors for domestic abuse	FAP, SECO, Financial Readiness	
Support survivors to increase safety and lessen harms	Partner with community organizations to facilitate outreach and avenues for assistance	FAP	Service HQ FAP; FAP managers
	In military messaging, outreach, and interactions, include language that can reduce stigma, normalize experiences, and encourage help-seeking	FAP	Installation FAP staff
	Confidentially screen for risk factors for domestic abuse and offer confidential assistance and intervention planning to prevent abuse from occurring	MHS	MTF staff
	Improve efforts to help those with risk factors who are concerned about their safety	FAP	Installation FAP providers

Category	Recommendation	Oversight Authority	Implementation Responsibility
Strengthen the prevention system	Increase the number of prevention and education specialists and providers to increase capacity to focus on prevention before domestic abuse occurs	OFR	OFR
	Integrate domestic abuse prevention activities within other violence prevention programs and other efforts to reduce risk factors	OFR, FE&T, MHS, AFCB	Installation FAP staff, chaplains, DSPO staff, MTF staff, ODEI staff, SAPR/SHARP staff, MFLC staff, general preventionists, and/or military training instructors
Measuring, monitoring and evaluating prevention strategies	Collect and use data on domestic abuse prevention activities and resources and potential impacts	MC&FP, FAP, AFCB	Service HQ and FAP staff
	Conduct population surveys with service members and spouses or partners	FAP, OPA	FAP, OPA
	Conduct surveys or interviews with users of domestic abuse prevention resources	FAP, Service HQ FAP	Installation FAP staff
NOTE: AFCB = Armed Forces Chaplains Board; DSPO = Defense Suicide Prevention Office; FE&T = Force Education and Training; HQ = headquarters; MC&FP = Military Community and Family Policy; MCIO = Military Criminal Investigative Organizations; MFLC = Military and Family Life Counseling; MHS = Military Health System; MTF = Military Treatment Facility; MWR = Morale, Welfare, and Recreation; ODEI = Office for Diversity, Equity, and Inclusion; OFR = Office of Force Resiliency; OGC = Office of General Counsel; OPA = Office of People Analytics; SECO = Spouse Education and Career Opportunities; JAG = Judge Advocate General.			

A Way Forward

This report provides results from the first component of a two-part research plan. In phase one, we gathered inputs from the research literature and from experts in domestic abuse prevention to identify best practice recommendations for an ideal prevention system in a textbook world.

Since these recommendations must be applied to the real world, the second phase of the research will focus on learning more about the military setting in which FAP operates. Through material reviews, interviews with knowledgeable stakeholders, and observations, we will identify the recommendations that have already been implemented, the recommendations that have begun to be implemented but are not yet functional, and the recommendations that have not yet been applied within the military system. We will also document the barriers that prevent or restrict some prevention strategies and, when possible, the facilitators that have allowed some communities to successfully implement a given strategy when others have not been successful. Where appropriate, recommendations will be updated to reflect the insights derived from those most closely involved in implementation.

In light of the in-process nature of this work, we do not recommend that oversight authorities move forward to implement recommendations solely on the basis of this report. Some of these recommendations have already been implemented in whole or part, and these existing efforts should continue. We hope the expert consensus offered by the panelists will help to support and legitimize those efforts. Other recommendations are in development by OSD and the Services, motivated by other research and processes, and will also continue. Those novel approaches that remain should be informed by the collective expertise of those most familiar with military systems *before* they are considered for implementation.

Abbreviations

CCR	Coordinated Community Response
CDC	Centers for Disease Control and Prevention
CTS	Conflict Tactics Scale
DA	domestic abuse
DELTA	Domestic Violence prevention Enhancements and Leadership Through Alliances
DoD	Department of Defense
DoDI	Department of Defense Instruction
DV	domestic violence
FAP	Family Advocacy Program
HIV	human immunodeficiency virus
IPV	intimate partner violence
LGBTQ+	lesbian, gay, bisexual, transgender, queer, questioning, and/or other non-straight, non-cisgender identities
MAJCOM	major command
NCO	noncommissioned officer
NDRI	National Defense Research Institute
NORTH STAR	New Orientation for Reducing Threats to Health from Secretive Problems that Affect Readiness
OSD	Office of the Secretary of Defense
OUSD P&R	Office of the Under Secretary of Defense for Personnel and Readiness
PREP	Prevention and Relationship Enhancement Program
SAPR	Sexual Assault Prevention and Response
SHARP	Sexual Harassment/Assault Response and Prevention
SME	subject-matter expert
TANF	Temporary Assistance for Needy Families
UCMJ	Uniform Code of Military Justice

References

- Alegria-Flores, Kei, Kelli Raker, Robert K. Pleasants, Mark A. Weaver, and Morris Weinberger, "Preventing Interpersonal Violence on College Campuses: The Effect of One Act Training on Bystander Intervention," *Journal of Interpersonal Violence*, Vol. 32, No. 7, April 2017, pp. 1103–1126.
- Amar, Angela Frederick, Melissa Sutherland, and Erin Kesler, "Evaluation of a Bystander Education Program," *Issues in Mental Health Nursing*, Vol. 33, No. 12, December 2012, pp. 851–857.
- Ames, Terry L., Lori A. Glenn, and Leslie E. Simons, "Dating Violence: Promoting Awareness and Mitigating Risk Through Nursing Innovations," *Journal of the American Association of Nurse Practitioners*, Vol. 26, No. 3, 2014, pp. 143–147.
- Antle, Becky F., Anita P. Barbee, Jesse Owen, Erin E. Ness, and Amanda Minogue, "Gender Differences in Outcomes of a Healthy Relationships Program to Prevent Intimate Partner Violence," *Journal of Loss and Trauma*, Vol. 24, No. 4, 2019, pp. 322–338.
- Antle, Becky F., Eli A. Karam, Anita P. Barbee, Dana Sullivan, Amanda Minogue, and Amanda Glover, "Intergenerational Transmission of Intimate Partner Violence and Its Impact on Adolescent Relationship Attitudes: A Qualitative Study," *Journal of Loss and Trauma*, Vol. 25, No. 1, 2020, pp. 1–21.
- Antle, Becky F., Dana J. Sullivan, Althea Dryden, Eli A. Karam, and Anita P. Barbee, "Healthy Relationship Education for Dating Violence Prevention Among High-Risk Youth," *Children and Youth Services Review*, Vol. 33, No. 1, 2011, pp. 173–179.
- Banyard, Victoria, Katie Edwards, and Andrew Rizzo, "What Would the Neighbors Do? Measuring Sexual and Domestic Violence Prevention Social Norms Among Youth and Adults," *Journal of Community Psychology*, Vol. 47, No. 8, November 2019, pp. 1817–1833.
- Behnke, Andrew O., Natalie Ames, and Tina U. Hancock, "What Would They Do? Latino Church Leaders and Domestic Violence," *Journal of Interpersonal Violence*, Vol. 27, No. 7, May 2012, pp. 1259–1275.
- Bodnar, Lisa M., Dimitry Khodyakov, Sara M. Parisi, Katherine P. Himes, Jessica G. Burke, and Jennifer A. Hutcheon, "Rating the Seriousness of Maternal and Child Health Outcomes Linked with Pregnancy Weight Gain," *Paediatric and Perinatal Epidemiology*, Vol. 35, No. 4, 2021, pp. 459–468.

- Booth, Bradford, William W. Falk, David R. Segal, and Mady Wechsler Segal, "The Impact of Military Presence in Local Labor Markets on the Employment of Women," *Gender and Society*, Vol. 14, No. 2, 2000, pp. 318–332.
- Borsky, Amanda E., Karen McDonnell, Monique Mitchell Turner, and Rajiv Rimal, "Raising a Red Flag on Dating Violence: Evaluation of a Low-Resource, College-Based Bystander Behavior Intervention Program," *Journal of Interpersonal Violence*, Vol. 33, No. 22, November 2018, pp. 3480–3501.
- Braithwaite, Scott R., and Frank D. Fincham, "A Randomized Clinical Trial of a Computer Based Preventive Intervention: Replication and Extension of ePREP," *Journal of Family Psychology*, Vol. 23, No. 1, February 2009, pp. 32–38.
- Braithwaite, Scott R., and Frank D. Fincham, "Computer-Based Prevention of Intimate Partner Violence in Marriage," *Behaviour Research and Therapy*, Vol. 54, March 2014, pp. 12–21.
- Bridges, Ana J., Marie Karlsson, and Elizabeth Lindly, "The Effect of Brief, Passive Psychoeducation on Knowledge and Ratings of Intimate Partner Violence in the United States and Argentina," *Journal of Interpersonal Violence*, Vol. 30, No. 2, January 2015, pp. 272–294.
- Brown, Amy, and Manisha Joshi, "Intimate Partner Violence Among Female Service Members and Veterans: Information and Resources Available Through Military and Non-Military Websites," *Social Work in Health Care*, Vol. 53, No. 8, 2014, pp. 714–738.
- Burke, Jeremy, and Amalia R. Miller, "The Effects of Job Relocation on Spousal Careers: Evidence from Military Change of Station Moves," *Economic Inquiry*, Vol. 56, No. 2, 2018, pp. 1261–1277.
- Burnette, Catherine E., and Sara Sanders, "Indigenous Women and Professionals' Proposed Solutions to Prevent Intimate Partner Violence in Tribal Communities," *Journal of Ethnic and Cultural Diversity in Social Work*, Vol. 26, No. 4, 2017, pp. 271–288.
- Butler, Mary, Richard A. Epstein, Annette Totten, Evelyn P. Whitlock, Mohammed T. Ansari, Laura J. Damschroder, Ethan Balk, Eric B. Bass, Nancy D. Berkman, Susanne Hempel, Suchitra Iyer, Karen Schoelles, and Jeanne-Marie Guise, "AHRQ Series on Complex Intervention Systematic Reviews—Paper 3: Adapting Frameworks to Develop Protocols," *Journal of Clinical Epidemiology*, Vol. 90, 2017, pp. 19–27.
- Carande-Kulis, Vilma, Randy W. Elder, Dyann Matson-Koffman, "Standards Required for the Development of CDC Evidence-Based Guidelines," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, Vol. 71, No. 1, Supp., 2022, pp.1–6.

- Carlson, Ryan G., Naomi J. Wheeler, and Justin J. Adams, “The Influence of Individual-Oriented Relationship Education on Equality and Conflict-Related Behaviors,” *Journal of Counseling and Development*, Vol. 96, No. 2, 2018, pp. 144–154.
- Casey, Erin A., and Kristin Ohler, “Being a Positive Bystander: Male Antiviolence Allies’ Experiences of ‘Stepping Up,’” *Journal of Interpersonal Violence*, Vol. 27, No. 1, January 2012, pp. 62–83.
- Cavanaugh, Mary M., Phyllis L. Solomon, and Richard J. Gelles, “The Dialectical Psychoeducational Workshop (DPEW) for Males at Risk for Intimate Partner Violence: A Pilot Randomized Controlled Trial,” *Journal of Experimental Criminology*, Vol. 7, No. 3, 2011, pp. 275–291.
- CDC—See Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention, *Sexual Violence Prevention: Beginning the Dialogue*, 2004.
- Chapman, Harriet, and Steven M. Gillespie, “The Revised Conflict Tactics Scales (CTS2): A Review of the Properties, Reliability, and Validity of the CTS2 as a Measure of Partner Abuse in Community and Clinical Samples,” *Aggression and Violent Behavior*, Vol. 44, 2019, pp. 27–35.
- Charles, Pajarita, Anne Jones, and Shenyang Guo, “Treatment Effects of a Relationship-Strengthening Intervention for Economically Disadvantaged New Parents,” *Research on Social Work Practice*, Vol. 24, No. 3, 2014, pp. 321–338.
- Chen, May S., Marcie-jo Kresnow, Sharon G. Smith, Srijana Khatiwada, and Ashley D’Inverno, *Prevalence of Intimate Partner Violence, Stalking, and Sexual Violence Among Active Duty Women and Wives of Active Duty Men—Comparisons with Women in the U.S. General Population, 2016/2017*, Centers for Disease Control and Prevention, Technical Report, 2021.
- Chinman, Matthew, Pamela Imm, and Abraham Wandersman, *Getting to Outcomes™ 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*, RAND Corporation, TR-101-CDC, 2004. As of February 14, 2023: https://www.rand.org/pubs/technical_reports/TR101.html
- Choi, Y. Joon, and Elizabeth P. Cramer, “An Exploratory Study of Female Korean American Church Leaders’ Views on Domestic Violence,” *Social Work and Christianity*, Vol. 43, No. 4, 2016, pp. 3–32.
- Choi, Y. Joon, Pamela Orpinas, Irang Kim, and Junhoe Kim, “Korean American Clergy: Knowledge, Attitude, Self-Efficacy, and Behaviors Related to the Prevention of Intimate Partner Violence,” *Social Work and Christianity*, Vol. 45, No. 4, 2018, pp. 41–60.

- Choi, Y. Joon, Pamela Orpinas, Irang Kim, and Kyung Soon Ko, “Korean Clergy for Healthy Families: Online Intervention for Preventing Intimate Partner Violence,” *Global Health Promotion*, Vol. 26, No. 4, 2019, pp. 25–32.
- Cigrang, Jeffrey A., James V. Cordova, Tatiana D. Gray, Elizabeth Najera, Matt Hawrilenko, Crystal Pinkley, Matthew Nielsen, JoLyn Tatum, and Kristen Redd, “The Marriage Checkup: Adapting and Implementing a Brief Relationship Intervention for Military Couples,” *Cognitive and Behavioral Practice*, Vol. 23, No. 4, 2016, pp. 561–570.
- Claassen, Cynthia A., Jane L. Pearson, Dmitry Khodyakov, Phillip M. Satow, Robert Gebbia, Alan L. Berman, Daniel J. Reidenberg, Saul Feldman, Sherry Molock, Michelle C. Carras, René M. Lento, Joel Sherrill, Beverly Pringle, Siddhartha Dalal, and Thomas R. Insel, “Reducing the Burden of Suicide in the U.S.: The Aspirational Research Goals of the National Action Alliance for Suicide Prevention Research Prioritization Task Force,” *American Journal of Preventive Medicine*, Vol. 47, No. 3, 2014, pp. 309–314.
- Creech, Suzannah K., Carey S. Pulverman, Mollie E. Shin, Kathryn T. Roe, Golfo Tzilos Wernette, Lindsay M. Orchowski, Christopher W. Kahler, M. Tracie Shea, and Caron Zlotnick, “An Open Trial to Test Participant Satisfaction with and Feasibility of a Computerized Intervention for Women Veterans with Sexual Trauma Histories Seeking Primary Care Treatment,” *Violence Against Women*, Vol. 27, Nos. 3–4, 2021, pp. 597–614.
- Dalal, Siddhartha, Dmitry Khodyakov, Ramesh Srinivasan, Susan G. Straus, and John L. Adams, “ExpertLens: A System for Eliciting Opinions from a Large Pool of Non-Collocated Experts with Diverse Knowledge,” *Technological Forecasting and Social Change*, Vol. 78, No. 8, 2011, pp. 1426–1444.
- Dalkey, Norman, and Olaf Helmer, *An Experimental Application of the Delphi Method to the Use of Experts*, RAND Corporation, RM-727/1-Abridged, 1962. As of February 14, 2023: https://www.rand.org/pubs/research_memoranda/RM727z1.html
- Davila, Yolanda R., Elsa Bonilla, Dolores Gonzalez-Ramirez, Susan Grinslade, and Antonia M. Villarruel, “Pilot Testing HIV and Intimate Partner Violence Prevention Modules Among Spanish-Speaking Latinas,” *Journal of the Association of Nurses in AIDS Care*, Vol. 19, No. 3, May–June 2008, pp. 219–224.
- Decker, Michele R., Sarah Flessa, Ruchita V. Pillai, Rebecca N. Dick, Jamie Quam, Diana Cheng, Raegan McDonald-Mosley, Kamila A. Alexander, Charvonne N. Holliday, and Elizabeth Miller, “Implementing Trauma-Informed Partner Violence Assessment in Family Planning Clinics,” *Journal of Women’s Health*, Vol. 26, No. 9, September 2017, pp. 957–965.
- Department of Defense, *2021 On-Site Installation Evaluation Report*, 2022a.
- Department of Defense, *Manual for Courts-Martial United States (2019 Edition)*, 2019.

- Department of Defense, *Report on Child Abuse and Neglect and Domestic Abuse in the Military for Fiscal Year 2020*, 2021.
- Department of Defense, *Report on Child Abuse and Neglect and Domestic Abuse in the Military for Fiscal Year 2021*, 2022b.
- Department of Defense Instruction 6400.06, *DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*, Department of Defense, December 15, 2021, Incorporating Change 1 Effective May 10, 2022.
- Department of Defense Instruction 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm*, Department of Defense, September 11, 2020.
- Department of Defense Manual 6400.01, *Family Advocacy Program: Clinical Case Staff Meeting and Incident Determination Committee*, Vol. 3, Department of Defense, August 11, 2016, Incorporating Change 1, Effective July 16, 2021.
- Dill-Shackleford, Karen E., Melanie C. Green, Erica Scharrer, Craig Wetterer, and Lee E. Shackleford, “Setting the Stage for Social Change: Using Live Theater to Dispel Myths About Intimate Partner Violence,” *Journal of Health Communication*, Vol. 20, No. 8, August 2015, pp. 969–976.
- DoD—*See* Department of Defense
- DoDI—*See* Department of Defense Instruction
- Drumm, Rene D., Jerome Thayer, Laurie L. Cooper, Sylvia Mayer, Tricia Foster, Holly Gadd, and Kelly Brayak, “Clergy Training for Effective Response to Intimate Partner Violence Disclosure: Immediate and Long-Term Benefits,” *Journal of Religion and Spirituality in Social Work: Social Thought*, Vol. 37, No. 1, 2018, pp. 77–93.
- Edwards, Katie M., Victoria L. Banyard, Elizabeth A. Moschella, and Katherine M. Seavey, “Rural Young Adults’ Lay Theories of Intimate Partner Violence: A Qualitative Examination,” *American Journal of Community Psychology*, Vol. 58, Nos. 3–4, December 2016, pp. 434–445.
- Edwardsen, Elizabeth A., and Diane Morse, “Intimate Partner Violence Resource Materials: Assessment of Information Distribution,” *Journal of Interpersonal Violence*, Vol. 21, No. 8, August 2006, pp. 971–981.
- El-Mohandes, Ayman A. E., Michele Kiely, Jill G. Joseph, Siva Subramanian, Allan Alexander Johnson, Susan M. Blake, Marie G. Gantz, and M. Nabil El-Khorazaty, “An Intervention to Improve Postpartum Outcomes in African-American Mothers: A Randomized Controlled Trial,” *Obstetrics and Gynecology*, Vol. 112, No. 3, 2008, pp. 611–620.

- Ernst, Amy A., Steven J. Weiss, Kenlyn Hobley, Ian Medoro, Joe Jebb Baker, and Julie Kanter, “Brief Intervention for Perpetration of Intimate Partner Violence (IPV): Simulation Versus Instruction Alone,” *Southern Medical Journal*, Vol. 104, No. 6, June 2011, pp. 446–455.
- Estefan, Lianne Fuino, Theresa L. Armstead, Moira Shaw Rivera, Megan C. Kearns, Denise Carter, Jessica Crowell, Rasha El-Beshti, and Brandy Daniels, “Enhancing the National Dialogue on the Prevention of Intimate Partner Violence,” *American Journal of Community Psychology*, Vol. 63, Nos. 1–2, 2019, pp. 153–167.
- Faherty, Laura J., Stephanie Dellva, Emily Dao, and Dmitry Khodyakov, *Informing the Development of Standardized Clinical Definitions of Neonatal Abstinence Syndrome and Neonatal Opioid Withdrawal Syndrome: Results of Two Modified-Delphi Expert Panels*, RAND Corporation, RR-A577-1, 2021. As of February 14, 2023:
https://www.rand.org/pubs/research_reports/RR4577-1.html
- Fals-Stewart, William, Gary R. Birchler, and Michelle L. Kelley, “Learning Sobriety Together: A Randomized Clinical Trial Examining Behavioral Couples Therapy with Alcoholic Female Patients,” *Journal of Consulting and Clinical Psychology*, Vol. 74, No. 3, June 2006, pp. 579–591.
- Family Advocacy Program, “FAP Prevention Logic Model: Preventing Domestic Abuse (DA) and Child Abuse & Neglect (CAN) in Military Relationships and Families,” Office of the Secretary of Defense, email to authors, 2021.
- FAP—See Family Advocacy Program.
- Farris, Coreen, Melissa M. Labriola, Sierra Smucker, Thomas E. Trail, Samuel Peterson, Brandon Crosby, and Terry L. Schell, *Healthy Relationship Approaches to Sexual Assault Prevention: Programs and Strategies for Use Within the U.S. Military*, RAND Corporation, RR-4241-OSD, 2021. As of February 14, 2023:
https://www.rand.org/pubs/research_reports/RR4241.html
- Farris, Coreen, Margaret Tankard, Praise O. Iyiewuare, Lynn Rosenthal, Angela Clague, Laura L. Miller, Peter Glick, Katharine Sieck, and Radha Iyengar Plumb, *Availability of Family Violence Services for Military Service Members and Their Families*, RAND Corporation; RR-3019-OSD, 2019. As of February 14, 2023:
https://www.rand.org/pubs/research_reports/RR3019.html
- Feder, Lynette, Phyllis Holditch Niolon, Jacquelyn Campbell, Daniel J. Whitaker, Jessica Brown, Whitney Rostad, and Sarah Bacon, “An Intimate Partner Violence Prevention Intervention in a Nurse Home Visitation Program: A Randomized Clinical Trial,” *Journal of Women’s Health*, Vol. 27, No. 12, December 2018, pp. 1482–1490.

- Feinberg, Mark E., Damon E. Jones, Michelle L. Hostetler, Michael E. Roettger, Ian M. Paul, and Deborah B. Ehrenthal, "Couple-Focused Prevention at the Transition to Parenthood, a Randomized Trial: Effects on Coparenting, Parenting, Family Violence, and Parent and Child Adjustment," *Prevention Science*, Vol. 17, No. 6, August 2016, pp. 751–764.
- Finkel, Eli J., C. Nathan DeWall, Erica B. Slotter, Megan Oaten, and Vangie A. Foshee, "Self-Regulatory Failure and Intimate Partner Violence Perpetration," *Journal of Personality and Social Psychology*, Vol. 97, No. 3, September 2009, pp. 483–499.
- Fitch, Kathryn, Steven J. Bernstein, Maria Dolores Aguilar, Bernard Burnand, Juan Ramon LaCalle, Pablo Lazaro, Mirjam van het Loo, Joseph McDonnell, Janneke Vader, and James P. Kahan, *The RAND/UCLA Appropriateness Method User's Manual*, RAND Corporation, MR-1269-DG-XII/RE, 2001. As of February 14, 2023:
https://www.rand.org/pubs/monograph_reports/MR1269.html
- Freire, Kimberley E., Ronda Zakocs, Brenda Le, Jessica A. Hill, Pamela Brown, and Jocelyn Wheaton, "Evaluation of DELTA PREP: A Project Aimed at Integrating Primary Prevention of Intimate Partner Violence Within State Domestic Violence Coalitions," *Health Education and Behavior*, Vol. 42, No. 4, 2015, pp. 436–448.
- Frye, Victoria, Margaret M. Paul, Mary-Justine Todd, Veronica Lewis, Malik Cupid, Jane Coleman, Christina Salmon, and Patricia O'Campo, "Informal Social Control of Intimate Partner Violence Against Women: Results from a Concept Mapping Study of Urban Neighborhoods," *Journal of Community Psychology*, Vol. 40, No. 7, 2012, pp. 828–844.
- Fuchsel, Catherine L. Marrs, and Blaire Hysjulien, "Exploring a Domestic Violence Intervention Curriculum for Immigrant Mexican Women in a Group Setting: A Pilot Study," *Social Work with Groups*, Vol. 36, No. 4, 2013, pp. 304–320.
- Fuchsel, Catherine L. Marrs, Roxana Linares, Ana Abugattas, Maria Padilla, and Leigh Hartenberg, "Sí, Po Puedo Curricula: Latinas Examining Domestic Violence and Self," *Affilia: Journal of Women and Social Work*, Vol. 31, No. 2, 2016, pp. 219–231.
- Fiscal Year 2021 National Defense Authorization Act—See Public Law 116-283.
- Gadomski, Anne M., Maria Tripp, Debra A. Wolff, Carol Lewis, and Paul Jenkins, "Impact of a Rural Domestic Violence Prevention Campaign," *Journal of Rural Health*, Vol. 17, No. 3, Summer 2001, pp. 266–277.
- Georgia Salivar, Emily, Kayla Knopp, McKenzie K. Roddy, Leslie A. Morland, and Brian D. Doss, "Effectiveness of Online OurRelationship and ePREP Programs for Low-Income Military Couples," *Journal of Consulting and Clinical Psychology*, Vol. 88, No. 10, 2020, pp. 899–906.

- Gibson-Davis, Christina M., Katherine Magnuson, Lisa A. Gennetian, and Greg J. Duncan, "Employment and the Risk of Domestic Abuse Among Low-Income Women," *Journal of Marriage and Family*, Vol. 67, No. 5, 2005, pp. 1149–1168.
- Gilbert, Louis, Dawn Goddard-Eckrich, Timothy Hunt, Xin Ma, Mingway Chang, Jessica Rowe, Tara McCrimmon, Karen Johnson, Sharun Goodwin, Maria Almonte, and Stacey A. Shaw, "Efficacy of a Computerized Intervention on HIV and Intimate Partner Violence Among Substance-Using Women in Community Corrections: A Randomized Controlled Trial," *American Journal of Public Health*, Vol. 106, No. 7, July 2016, pp. 1278–1286.
- Glass, Nancy, Ginger C. Hanson, Naima Laharnar, W. Kent Anger, and Nancy Perrin, "Interactive Training Improves Workplace Climate, Knowledge, and Support Towards Domestic Violence," *American Journal of Industrial Medicine*, Vol. 59, No. 7, 2016, pp. 538–548.
- Golden, James, Catherine M. Mazzotta, and Kimberly Zittel-Barr, "Systemic Obstacles to Addressing Research Misconduct in Higher Education: A Case Study," *Journal of Academic Ethics*, Vol. 21, 2021, pp. 1-12.
- Graham, Laurie M., Venita Embry, Belinda-Rose Young, Rebecca J. Macy, Kathryn E. Moracco, Heather Luz McNaughton Reyes, and Sandra L. Martin, "Evaluations of Prevention Programs for Sexual, Dating, and Intimate Partner Violence for Boys and Men: A Systematic Review," *Trauma, Violence, and Abuse*, Vol. 22, No. 3, 2021, pp. 439–465.
- Hancock, Tina U., Natalie Ames, and Andrew O. Behnke, "Protecting Rural Church-Going Immigrant Women from Family Violence," *Journal of Family Violence*, Vol. 29, No. 3, 2014, pp. 323–332.
- Herzig, Karen, Dale Danley, Rebecca Jackson, Ruth Petersen, Linda Chamberlain, and Barbara Gerbert, "Seizing the 9-Month Moment: Addressing Behavioral Risks in Prenatal Patients," *Patient Education and Counseling*, Vol. 61, No. 2, 2006, pp. 228–235.
- Heyman, Richard E., Katherine J. W. Baucom, Amy M. Smith Slep, Danielle M. Mitnick, and W. Kim Halford, "An Uncontrolled Trial of Flexibly Delivered Relationship Education with Low-Income, Unmarried Perinatal Couples," *Family Relations*, Vol. 69, No. 4, October 2020.
- Heyman, Richard E., Katherine J. W. Baucom, Amy M. Smith Slep, Danielle M. Mitnick, and Michael F. Lorber, "A Research Program Testing the Effectiveness of a Preventive Intervention for Couples with a Newborn," *Family Process*, Vol. 58, No. 3, September 2019, pp. 669–684.

- Humphreys, Janice, Janice Y. Tsoh, Michael A. Kohn, and Barbara Gerbert, “Increasing Discussions of Intimate Partner Violence in Prenatal Care Using Video Doctor Plus Provider Cueing: A Randomized, Controlled Trial,” *Women’s Health Issues*, Vol. 21, No. 2, March–April 2011, pp. 136–144.
- Hunter, Sarah B., Patricia A. Ebener, Matthew Chinman, Allison J. Ober, and Christina Y. Huang, *Promoting Success: A Getting to Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations*, RAND Corporation, TL-179-NIDA, 2015. As of February 14, 2023:
<https://www.rand.org/pubs/tools/TL179.html>
- Independent Review Commission on Sexual Assault in the Military, *Hard Truths and the Duty to Change: Recommendations from the Independent Review Commission on Sexual Assault in the Military*, 2021.
- Jack, Susan M., Michael Boyle, Christine McKee, Marilyn Ford-Gilboe, C. Nadine Wathen, Philip Scribano, Danielle Davidov, Diane McNaughton, Ruth O’Brien, Carolyn Johnston, Mariarosa Gasbarro, Masako Tanaka, Melissa Kimber, Jeffery Coben, David L. Olds, and Harriet L. MacMillan, “Effect of Addition of an Intimate Partner Violence Intervention to a Nurse Home Visitation Program on Maternal Quality of Life: A Randomized Clinical Trial,” *JAMA*, Vol. 321, No. 16, April 23, 2019, pp. 1576–1585.
- Jacobs, Francine, M. Ann Easterbrooks, Jessica Goldberg, Jayanthi Mistry, Erin Bumgarner, Maryna Raskin, Nathan Fosse, and Rebecca Fauth, “Improving Adolescent Parenting: Results From a Randomized Controlled Trial of a Home Visiting Program for Young Families,” *American Journal of Public Health*, Vol. 106, No. 2, February 2016, pp. 342–349.
- Jilani, Shahla M., Hendrée E. Jones, Matthew Grossman, Dmitry Khodyakov, Stephen W. Patrick, and Jonathan M. Davis, “Standardizing the Clinical Definition of Opioid Withdrawal in the Neonate,” *Journal of Pediatrics*, Vol. 243, 2022, pp. 33–39.
- Jones, Alison Snow, T. Sharee Fowler, Deborah F. Farmer, Roger T. Anderson, and David W. Richmond, “Description and Evaluation of a Faith Community-Based Domestic Violence Pilot Program in Forsyth County, NC,” *Journal of Religion and Abuse*, Vol. 7, No. 4, 2006, pp. 55–87.
- Kamarck, Kristy N., Alan Ott, and Lisa N. Sacco, *Military Families and Intimate Partner Violence: Background and Issues for Congress*, Congressional Research Service, R46097, 2019.

- Karberg, Elizabeth, Jenita Parekh, Mindy E. Scott, Juan Carlos Areán, Lisa Kim, Jessie Laurore, Samuel Hanft, Ilana Huz, Heather Wasik, Lonna Davis, Bonnie Solomon, Brooke Whitfield, Megan Bair-Merritt, *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, Successes, and Promising Practices from Responsible Fatherhood Programs*, Washington, D.C.: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2020.
- Keller, Sarah N., and Joy C. Honea, “Navigating the Gender Minefield: An IPV Prevention Campaign Sheds Light on the Gender Gap,” *Global Public Health*, Vol. 11, Nos. 1–2, 2016, pp. 184–197.
- Keller, Sarah N., Timothy Wilkinson, and A. J. Otjen, “Unintended Effects of a Domestic Violence Campaign,” *Journal of Advertising*, Vol. 39, No. 4, 2013, pp. 53–67.
- Khalifian, Chandra E., Christopher M. Murphy, Robin A. Barry, and Bruce Herman, “Skills for Healthy Adult Relationships at the University of Maryland, Baltimore County: Program Development and Preliminary Data,” *Journal of Interpersonal Violence*, Vol. 34, No. 12, June 2019, pp. 2551–2572.
- Khodyakov, Dmitry, Sean Grant, Claire E. H. Barber, Deboarh A. Marshall, and John M. Esdaile, and Diane Lacaille, “Acceptability of an Online Modified Delphi Panel Approach for Developing Health Services Performance Measures: Results from 3 Panels on Arthritis Research,” *Journal of Evaluation in Clinical Practice*, Vol. 23, No. 2, 2017, pp. 354–360.
- Khodyakov, Dmitry, Sean Grant, Brian Denger, Kathi Kinnett, Ann Martin, Marika Booth, Courtney Armstrong, Emily Dao, Christine Chen, Ian Coulter, Holly Peay, Glen Hazlewood, and Natalie Street, “Using an Online, Modified-Delphi Approach to Engage Patients and Caregivers in Determining the Patient-Centeredness of Duchenne Muscular Dystrophy Care Considerations,” *Medical Decision Making*, Vol. 39, No. 8, 2019, pp. 1019–1031.
- Khodyakov, Dmitry, Sean Grant, Brian Denger, Kathi Kinnett, Ann Martin, Holly Peay, and Ian Coulter, “Practical Considerations in Using Online Modified-Delphi Approaches to Engage Patients and Other Stakeholders in Clinical Practice Guideline Development,” *Patient*, Vol. 13, No. 1, 2020, pp. 11–21.
- Khodyakov, Dmitry, Sean Grant, Daniella Meeker, Marika Booth, Nathaly Pacheco-Santivanez, and Katherine K. Kim, “Comparative Analysis of Stakeholder Experiences with an Online Approach to Prioritizing Patient-Centered Research Topics,” *Journal of the American Medical Informatics Association*, Vol. 24, No. 3, 2016, pp. 537–543.
- Khodyakov, Dmitry, Susanne Hempel, Lisa Rubenstein, Paul Shekelle, Robbie Foy, Susanne Salem-Schatz, Sean O’Neill, Margie Danz, and Siddhartha Dalal, “Conducting Online Expert Panels: A Feasibility and Experimental Replicability Study,” *BMC Medical Research Methodology*, Vol. 11, No. 174, 2011.

- Khodyakov, Dmitry, Kathi Kinnett, Brian Denger, Sean Grant, Courtney Armstrong, Ann Martin, and Ian Coulter, *Developing a Process for Getting Patient and Caregiver Input on Clinical Practice Guidelines*, Patient-Centered Outcomes Research Institute, 2020.
- Khodyakov, Dmitry, Lisa Mikesell, Ron Schraiber, Marika Booth, and Elizabeth Bromley, “On Using Ethical Principles of Community-Engaged Research in Translational Science,” *Translational Research*, Vol. 171, 2016, pp. 52–62.
- Khodyakov, Dmitry, Susan E. Stockdale, Nina Smith, Marika Booth, Lisa Altman, and Lisa V. Rubenstein, “Patient Engagement in the Process of Planning and Designing Outpatient Care Improvements at the Veterans Administration Health-Care System: Findings from an Online Expert Panel,” *Health Expectations*, Vol. 20, No. 1, 2017, pp. 130–145.
- Kim, Eunjin (Anna), and Sidharth Muralidharan, “The Role of Empathy and Efficacy in Public Service Announcements: Using Narratives to Induce Bystander Intervention in Domestic Violence,” *Journal of Advertising Research*, Vol. 60, No. 4, 2020, pp. 452–466.
- Knox, Kerry L., David A. Litts, G. Wayne Talcott, Jill Catalano Feig, and Eric D. Caine, “Risk of Suicide and Related Adverse Outcomes After Exposure to a Suicide Prevention Programme in the US Air Force: Cohort Study,” *British Medical Journal*, Vol. 327, No. 7428, 2003, pp. 1–5.
- Krans, Elizabeth E., Matthew M. Davis, and Eleanor B. Schwarz, “Psychosocial Risk, Prenatal Counseling, and Maternal Behavior: Findings from PRAMS, 2004–2008,” *American Journal of Obstetrics and Gynecology*, Vol. 208, No. 2, February 2013, pp. e141–147.
- Lam, Wendy K. K., William Fals-Stewart, and Michelle L. Kelley, “Parent Training with Behavioral Couples Therapy for Fathers’ Alcohol Abuse: Effects on Substance Use, Parental Relationship, Parenting, and CPS Involvement,” *Child Maltreatment*, Vol. 14, No. 3, 2009, pp. 243–254.
- Lewis, Robin J., Robert J. Milletich, Michelle L. Kelley, and Alex Woody, “Minority Stress, Substance Use, and Intimate Partner Violence Among Sexual Minority Women,” *Aggression and Violent Behavior*, Vol. 17, No. 3, 2012, pp. 247–256.
- Lia-Hoagberg, Betty, Candy Kragthorpe, Marjorie Schaffer, and Doris Leal Hill, “Community Interdisciplinary Education to Promote Partnerships in Family Violence Prevention,” *Family and Community Health*, Vol. 24, No. 1, April 2001, pp. 15–27.
- Lopez, C. Todd, “DoD, Services Moving Ahead on Recommendations to Combat Sexual Assault,” *DoD News*, September 22, 2022. As of October 25, 2022: <https://www.defense.gov/News/News-Stories/Article/Article/3167285/dod-services-moving-ahead-on-recommendations-to-combat-sexual-assault/>

- Magnussen, Lois, Jan Shoultz, Cindy Iannce-Spencer, and Kathryn L. Braun, “Testing a Talkstory Intervention to Create Supportive and Safe Violence-Free Communities for Women,” *Hawaii Journal of Medicine and Public Health*, Vol. 78, No. 5, May 2019, pp. 169–174.
- McCabe, Brian E., Rosa M. Gonzalez-Guarda, Nilda P. Peragallo, and Victoria B. Mitrani, “Mechanisms of Partner Violence Reduction in a Group HIV-Risk Intervention for Hispanic Women,” *Journal of Interpersonal Violence*, Vol. 31, No. 13, August 2016, pp. 2316–2337.
- McKinley, Catherine E., and Katherine P. Theall, “Weaving Healthy Families Program: Promoting Resilience While Reducing Violence and Substance Use,” *Research on Social Work Practice*, Vol. 31, No. 5, July 2021, pp. 476–492.
- McMahon, Sarah, and Alexandria Dick, “‘Being in a Room With Like-Minded Men’: An Exploratory Study of Men’s Participation in a Bystander Intervention Program to Prevent Intimate Partner Violence,” *Journal of Men’s Studies*, Vol. 19, No. 1, January 2011, pp. 3–18.
- Meadows, Sarah O., Beth Ann Griffin, Benjamin R. Karney, and Julia Pollak, “Employment Gaps Between Military Spouses and Matched Civilians,” *Armed Forces and Society*, Vol. 42, No. 3, 2015, pp. 542–561.
- Military OneSource, homepage, undated-a. As of October 22, 2022:
<https://www.militaryonesource.mil>
- Military OneSource, “Spouse Education and Career Opportunities,” webpage, undated-b. As of October 22, 2022:
<https://myseco.militaryonesource.mil/portal/>
- Miller, Elizabeth, Michele R. Decker, Heather L. McCauley, Daniel J. Tancredi, Rebecca R. Levenson, Jeffery Waldman, Phyllis Schoenwald, and Jay G. Silverman, “A Family Planning Clinic Partner Violence Intervention to Reduce Risk Associated with Reproductive Coercion,” *Contraception*, Vol. 83, No. 3, March 2011, pp. 274–280.
- Miller, Elizabeth, Daniel J. Tancredi, Michele R. Decker, Heather L. McCauley, Kelley A. Jones, Heather Anderson, Lisa James, and Jay G. Silverman, “A Family Planning Clinic-Based Intervention to Address Reproductive Coercion: A Cluster Randomized Controlled Trial,” *Contraception*, Vol. 94, No. 1, July 2016, pp. 58–67.
- MilSpouse Money Mission, homepage, undated. As of October 22, 2022:
<https://www.milspousemoneymission.org>

- Mitnick, Danielle M., Richard E. Heyman, Amy M. Smith Slep, Michael L. Lorber, and Ashley L. Dills, "Evidence-Based Social Work Outreach to Military Leaders to Facilitate Intimate Partner Violence and Child Maltreatment Identification and Referral: An Evaluation," *Journal of Family Social Work*, Vol. 24, No. 4, 2021, pp. 320–338.
- Moher, David, Larissa Shamseer, Mike Clarke, Davina Gherzi, Alessandro Liberati, Mark Petticrew, Paul Shekelle, and Leslie A. Stewart, "Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) 2015 Statement," *Systematic Reviews*, Vol. 4, No. 1, 2015.
- Moynihan, Mary M., Victoria L. Banyard, Julie S. Arnold, Robert P. Eckstein, and Jane G. Stapleton, "Engaging Intercollegiate Athletes in Preventing and Intervening in Sexual and Intimate Partner Violence," *Journal of American College Health*, Vol. 59, No. 3, 2010, pp. 197–204.
- Moynihan, Mary M., Victoria L. Banyard, Julie S. Arnold, Robert P. Eckstein, and Jane G. Stapleton, "Sisterhood May Be Powerful for Reducing Sexual and Intimate Partner Violence: An Evaluation of the Bringing in the Bystander In-Person Program with Sorority Members," *Violence Against Women*, Vol. 17, No. 6, June 2011, pp. 703–719.
- Nation, Maury, Cindy Crusto, Abraham Wandersman, Karol L. Kumpfer, Diana Seybolt, Erin Morrissey-Kane, and Katrina Davino, "What Works in Prevention: Principles of Effective Prevention Programs," *American Psychologist*, Vol. 58, Nos. 6–7, 2003, pp. 449–456.
- National Center on Domestic and Sexual Violence, *Military Power and Control Wheel*, 2003 (version provided directly to the project team).
- National Center on Domestic and Sexual Violence, *Power and Control Wheel*, 2018 (version provided directly to the project team).
- Navarro, Jordana N., Jana L. Jasinski, and Carol Wick, "Working for Change: Empowering Employees and Employers to 'Recognize, Respond, and Refer' for Intimate Partner Abuse," *Journal of Workplace Behavioral Health*, Vol. 29, No. 3, 2014, pp. 224–239.
- Negash, Sesen, Jaclyn D. Cravens, Preston C. Brown, and Frank D. Fincham, "Relationship Dissolution and Psychologically Aggressive Dating Relationships: Preliminary Findings from a College-Based Relationship Education Course," *Violence and Victims*, Vol. 31, No. 5, 2016, pp. 921–937.
- Niolon, Phyllis Holditch, Megan Kearns, Jenny Dills, Kirsten Rambo, Shalon Irving, Theresa L. Armstead, and Leah Gilbert, *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017.

- Norwood, Marlena S., James P. Hughes, and K. Rivet Amico, “The Validity of Self-Reported Behaviors: Methods for Estimating Underreporting of Risk Behaviors,” *Annals of Epidemiology*, Vol. 26, No. 9, 2016, pp. 612–618.
- Nou, Jennifer, and Christopher Timmins, “How Do Changes in Welfare Law Affect Domestic Violence? An Analysis of Connecticut Towns, 1990–2000,” *Journal of Legal Studies*, Vol. 34, No. 2, 2005, pp. 445–469.
- Nowlan, Kathryn M., Emily J. Georgia, and Brian D. Doss, “Long-Term Effectiveness of Treatment-as-Usual Couple Therapy for Military Veterans,” *Behavior Therapy*, Vol. 48, No. 6, 2017, pp. 847–859.
- Office of Financial Readiness, homepage, undated. As of October 22, 2022:
<https://finred.usalearning.gov>
- Office of the Under Secretary of Defense for Personnel and Readiness, *Department of Defense Annual Report on the Financial Literacy and Preparedness of Members of the Armed Forces: Results from the 2020 Status of Forces Survey*, Department of Defense, April 2022a. As of August 25, 2022:
<https://finred.usalearning.gov/assets/downloads/FINRED-2022-FinancialLiteracy-R.pdf>
- Office of the Under Secretary of Defense for Personnel and Readiness, “Implementation of a Dedicated Primary Prevention Workforce Model,” Memorandum for secretaries of the military departments and chief of the national guard bureau, Department of Defense, June 13, 2022b.
- Office of the Under Secretary of Defense for Personnel and Readiness, *Strengthening Food Security in the Force: Strategy and Roadmap*, Department of Defense, July 2022c. As of August 25, 2022:
<https://media.defense.gov/2022/Jul/14/2003035423/-1/-1/1/STRENGTHENING-FOOD-SECURITY-IN-THE-FORCE-STRATEGY-AND-ROADMAP.PDF>
- Olds, David L., JoAnn Robinson, Lisa Pettitt, Dennis W. Luckey, John Holmberg, Rosanna K. Ng, Kathy Isacks, Karen Sheff, and Charles R. Henderson, Jr., “Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-Up Results of a Randomized Trial,” *Pediatrics*, Vol. 114, No. 6, 2004, pp. 1560–1568.
- OUSD P&R—See Office of the Under Secretary of Defense for Personnel and Readiness.
- Owen, Jesse, Becky Antle, and Kelley Quirk, “Individual Relationship Education Program as a Prevention Method for Intimate Partner Violence,” *Journal of Family Social Work*, Vol. 20, No. 5, 2017, pp. 457–469.

- Peters, Micah D. J., Christina M. Godfrey, Hanan Khalil, Patricia McInerney, Deborah Parker, and Cassia Baldini Soares, "Guidance for Conducting Systematic Scoping Reviews," *International Journal of Evidence-Based Healthcare*, Vol. 13, No. 3, 2015, pp. 141–146.
- Pomeroy, Elizabeth, Geeta Cowlagi, Danielle E. Parrish, Pam Cook, Jane Bost, and Kelly Stepura, "Educating Students About Interpersonal Violence: Comparing Two Methods," *Journal of Social Work Education*, Vol. 47, No. 3, 2011, pp. 525–544.
- Post, Lori Ann, Joanne Klevens, Christopher D. Maxwell, Gene A. Shelley, and Eben Ingram, "An Examination of Whether Coordinated Community Responses Affect Intimate Partner Violence," *Journal of Interpersonal Violence*, Vol. 25, No. 1, January 2010, pp. 75–93.
- Public Law 116-283, William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, January 1, 2021. As of July 6, 2022:
<https://www.congress.gov/bill/116th-congress/house-bill/6395/text>
- Radomski, Thomas R., Alison Decker, Dmitry Khodyakov, Carolyn T. Thorpe, Joseph T. Hanlon, Mark S. Roberts, Michael J. Fine, and Walid F. Gellad, "Development of a Metric to Detect and Decrease Low-Value Prescribing in Older Adults," *JAMA Network Open*, Vol. 5, No. 2, 2022.
- Randell, Kimberly A., Linda K. Bledsoe, Purvi L. Shroff, and Mary Clyde Pierce, "Educational Interventions for Intimate Partner Violence: Guidance From Survivors," *Pediatric Emergency Care*, Vol. 28, No. 11, November 2012, pp. 1190–1196.
- Raymond, Jeannette L., Rachael A. Spencer, Alice O. Lynch, and Cari Jo Clark, "Building Nehemiah's Wall: The North Minneapolis Faith Community's Role in the Prevention of Intimate Partner Violence," *Violence and Victims*, Vol. 31, No. 6, December 1, 2016, pp. 1064–1079.
- Reis, Ben Y., Isaac S. Kohane, and Kenneth D. Mandl, "Longitudinal Histories as Predictors of Future Diagnoses of Domestic Abuse: Modelling Study," *BMJ*, Vol. 339, b3677, September 29, 2009.
- Rhoades, Galena K., "The Effectiveness of the Within Our Reach Relationship Education Program for Couples: Findings from a Federal Randomized Trial," *Family Process*, Vol. 54, No. 4, December 2015, pp. 672–685.
- Roddy, McKenzie K., Emily J. Georgia, and Brian D. Doss, "Couples with Intimate Partner Violence Seeking Relationship Help: Associations and Implications for Self-Help and Online Interventions," *Family Process*, Vol. 57, No. 2, June 2018, pp. 293–307.

- Rodriguez, Lindsey M., Sherry H. Stewart, and Clayton Neighbors, "Effects of a Brief Web-Based Interpersonal Conflict Cognitive Reappraisal Expressive-Writing Intervention on Changes in Romantic Conflict During COVID-19 Quarantine," *Couple and Family Psychology: Research and Practice*, Vol. 10, No. 3, 2021.
- Ryan, Charlotte, Mike Anastario, and Alfredo DaCunha, "Changing Coverage of Domestic Violence Murders: A Longitudinal Experiment in Participatory Communication," *Journal of Interpersonal Violence*, Vol. 21, No. 2, February 2006.
- Salazar, Laura F., Charlene K. Baker, Ann W. Price, and Kathleen Carlin, "Moving Beyond the Individual: Examining the Effects of Domestic Violence Policies on Social Norms," *American Journal of Community Psychology*, Vol. 32, Nos. 3–4, December 2003, pp. 253–264.
- Schober, Daniel J., and Stephen B. Fawcett, "Using Action Planning to Build Organizational Capacity for the Prevention of Intimate Partner Violence," *Health Education and Behavior*, Vol. 42, No. 4, 2015, pp. 449–457.
- Shoultz, Jan, Lois Magnussen, Nanci Kreidman, Mary Frances Oneha, Cindy Iannce-Spencer, and Ronda Hayashi-Simpliciano, "Engaging Native Hawaiians and Pilipinos in Creating Supportive and Safe Violence-Free Communities for Women Through a Piloted 'Talkstory' Intervention: Implications for Program Development," *Evaluation and Program Planning*, Vol. 51, August 2015, pp. 78–84.
- Smith Slep, Amy M., Richard E. Heyman, Michael F. Lorber, Katherine J. W. Baucom, and David J. Linkh, "Evaluating the Effectiveness of NORTH STAR: A Community-Based Framework to Reduce Adult Substance Misuse, Intimate Partner Violence, Child Abuse, Suicidality, and Cumulative Risk," *Prevention Science*, Vol. 21, August 2020, pp. 949–959.
- Snyder, Rachel Louise, *No Visible Bruises: What We Don't Know About Domestic Violence Can Kill Us*, Bloomsbury, 2019.
- Spencer, Rachael A., Melvin D. Livingston, Briana Woods-Jaeger, Shelby T. Rentmeester, Nolan Sroczyński, and Kelli A. Komro, "The Impact of Temporary Assistance for Needy Families, Minimum Wage, and Earned Income Tax Credit on Women's Well-Being and Intimate Partner Violence Victimization," *Social Science and Medicine*, Vol. 266, 2020.
- Stith, Sandra M., Glade L. Topham, Chelsea Spencer, Benjamin Jones, Katelyn Coburn, Zachary Langston, and Lorin Kelly, "Using Systemic Interventions to Reduce Intimate Partner Violence or Child Maltreatment: A Systematic Review of Publications Between 2010 and 2019," *Journal of Marital and Family Therapy*, Vol. 48, No. 1, 2021.
- Straus, Murray Arnold, Sherry L. Hamby, and W. Louise Warren, *The Conflict Tactics Scales Handbook*, Western Psychological Services, 2003.

- Taft, Casey T., Suzannah K. Creech, Matthew W. Gallagher, Alexandra Macdonald, Christopher M. Murphy, and Candice M. Monson, “Strength at Home Couples Program to Prevent Military Partner Violence: A Randomized Controlled Trial,” *Journal of Consulting and Clinical Psychology*, Vol. 84, No. 11, November 2016, pp. 935–945.
- Taft, Casey T., Jamie Howard, Candice M. Monson, Sherry M. Walling, Patricia A. Resick, and Christopher M. Murphy, “‘Strength at Home’ Intervention to Prevent Conflict and Violence in Military Couples: Pilot Findings,” *Partner Abuse*, Vol. 5, No. 1, 2014, pp. 41–57.
- Timko, Christine, Helen Valenstein, Gregory L. Stuart, and Rudolf H. Moos, “Substance Abuse and Batterer Programmes in California, USA: Factors Associated with Treatment Outcomes,” *Health and Social Care in the Community*, Vol. 23, No. 6, November 2015, pp. 642–653.
- Trail, Thomas E., Laurie T. Martin, Lane F. Burgette, Linnea Warren May, Ammarah Mahmud, Nupur Nanda, and Anita Chandra, “An Evaluation of U.S. Military Non-Medical Counseling Programs,” *RAND Health Quarterly*, Vol. 8, No. 2, 2018, p. 6.
- Tricco, Andrea C., Erin Lillie, Wasifa Zarin, Kelly K. O’Brien, Heather Colquhoun, Danielle Levac, David Moher, Micah D. J. Peters, Tanya Horsley, Laura Weeks, Susanne Hempel, Elie A. Akl, Christine Chang, Jessie McGowan, Lesley Stewart, Lisa Hartling, Adrian Aldcroft, Michael G. Wilson, Chantelle Garritty, Simon Lewin, Christina M. Godfrey, Marilyn T. Macdonald, Etienne V. Langlois, Karla Soares-Weiser, Jo Moriarty, Tammy Clifford, Özge Tunçalp, and Sharon E. Straus, “PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation,” *Annals of Internal Medicine*, Vol. 169, No. 7, October 2, 2018, pp. 467–473.
- U.S. Code, Title 10, Armed Forces; Subtitle A, General Military Law; Part II, Chapter 47, Uniform Code of Military Justice; Subchapter X, Punitive Articles, Section 928b, Article 128b, Domestic Violence.
- Voth Schrag, Rachel, Dixie Hairston, Megan L. Brown, and Lelia Wood, “Advocate and Survivor Perspectives on the Role of Technology in Help Seeking and Services with Emerging Adults in Higher Education,” *Journal of Family Violence*, Vol. 37, May 13, 2021, pp. 1–14.
- Wagner, K. C., Diane Yates, and Quentin Walcott, “Engaging Men and Women as Allies: A Workplace Curriculum Module to Challenge Gender Norms About Domestic Violence, Male Bullying and Workplace Violence and Encourage Ally Behavior,” *Work*, Vol. 42, No. 1, 2012, pp. 107–113.
- Walby, Sylvia, and Andrew Myhill, “New Survey Methodologies in Researching Violence Against Women,” *British Journal of Criminology*, Vol. 41, No. 3, 2001, pp. 502–522.

- Webermann, Aliya R., Christopher M. Murphy, Rupsha Singh, and Rebecca L. Schacht, "Preventing Relationship Abuse Among College Students: A Controlled Trial of the Skills for Healthy Adult Relationships (SHARe) Program," *Journal of Interpersonal Violence*, June 20, 2020, pp. NP1860–NP1885.
- Weir, Brian W., Kerth O'Brien, Ronda S. Bard, Carol J. Casciato, Julie E. Maher, Clyde W. Dent, John A. Dougherty, and Michael J. Stark, "Reducing HIV and Partner Violence Risk Among Women with Criminal Justice System Involvement: A Randomized Controlled Trial of Two Motivational Interviewing-Based Interventions," *AIDS and Behavior*, Vol. 13, No. 3, June 2009, pp. 509–522.
- Wenzel, Suzanne L., Elizabeth J. D'Amico, Dionne Barnes, and Mary Lou Gilbert, "A Pilot of a Tripartite Prevention Program for Homeless Young Women in the Transition to Adulthood," *Women's Health Issues*, Vol. 19, No. 3, May–June 2009, pp. 193–201.
- West, Jean Jaymes, "Doing More Harm Than Good: Negative Health Effects of Intimate-Partner Violence Campaigns," *Health Marketing Quarterly*, Vol. 30, No. 3, 2013, pp. 195–205.
- Whitaker, Daniel J., Charlene K. Baker, Carter Pratt, Elizabeth Reed, Sonia Suri, Carlene Pavlos, Beth Jacklin Nagy, and Jay Silverman, "A Network Model for Providing Culturally Competent Services for Intimate Partner Violence and Sexual Violence," *Violence Against Women*, Vol. 13, No. 2, February 2007.
- White, Jacquelyn W., Holly C. Sienkiewicz, and Paige Hall Smith, "Envisioning Future Directions: Conversations with Leaders in Domestic and Sexual Assault Advocacy, Policy, Service, and Research," *Violence Against Women*, Vol. 25, No. 1, 2019, pp. 105–127.
- Williamson, Hannah C., Ronald D. Rogge, Rebecca J. Cobb, Matthew D. Johnson, Erika Lawrence, and Thomas N. Bradbury, "Risk Moderates the Outcome of Relationship Education: A Randomized Controlled Trial," *Journal of Consulting and Clinical Psychology*, Vol. 83, No. 3, June 2015, pp. 617–629.
- Wingood, Gina M., Ralph J. DiClemente, Isis Mikhail, Delia L. Lang, Donna Hubbard McCree, Susan L. Davies, James W. Hardin, Edward W. Hook III, and Michael Saag, "A Randomized Controlled Trial to Reduce HIV Transmission Risk Behaviors and Sexually Transmitted Diseases Among Women Living with HIV: The WiLLOW Program," *Journal of Acquired Immune Deficiency Syndromes*, Vol. 37, Supp. No. 2, October 2004, pp. S58–S67.
- Zeoli, April M., and Daniel W. Webster, "Effects of Domestic Violence Policies, Alcohol Taxes and Police Staffing Levels on Intimate Partner Homicide in Large U.S. Cities," *Injury Prevention*, Vol. 16, No. 2, April 2010, pp. 90–95.



Domestic abuse is among many harmful behaviors of concern to the U.S. Department of Defense (DoD) because of its consequences for military personnel, their families, and military readiness. RAND's National Defense Research Institute is conducting a multi-year research effort, requested by Congress in Section 546C of the Fiscal Year 2021 National Defense Authorization Act, to study domestic abuse from a variety of perspectives.

In the first phase of this study, the RAND team focused its work on identifying strategies that can help DoD and the Services prevent domestic abuse among service members and their spouses or partners before it occurs and strategies for outreach and communication to individuals who might have risk factors that could affect the military environment.

The prevention and outreach strategies highlighted in this research were synthesized from recommendations made by 80 experts—domestic abuse survivor experts and advocates, military program or service providers and practitioners, military leaders, and domestic abuse scholars—and a scoping review of relevant literature published in the past two decades.

www.rand.org