



DoD INSTRUCTION 6400.09

DoD POLICY ON INTEGRATED PRIMARY PREVENTION OF SELF-DIRECTED HARM AND PROHIBITED ABUSE OR HARM

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Incorporates and Cancels: See Paragraph 1.4.

Approved by: Matthew P. Donovan, Under Secretary of Defense for Personnel and Readiness

Purpose: In accordance with the authority in DoD Directive (DoDD) 5124.02, this issuance:

- Establishes and integrates policies and responsibilities to mitigate self-directed harm and prohibited abusive or harmful acts using a career-cycle perspective to promote enduring force readiness.
- Leverages existing capabilities, where possible, to establish a DoD-wide prevention system that facilitates data-informed actions to integrate primary prevention activities to prevent self-directed harm and prohibited abusive or harmful acts.
- Focuses prevention efforts on research-based programs, policies, and practices.
- Identifies the Prevention Collaboration Forum (PCF) as the governance body to oversee this policy and assess the prevention system and data-informed actions.
- Implements Section 540D of Public Law (P.L.) 116-92.
- Adapts and applies the Centers for Disease Control and Prevention's framework for sexual violence prevention to comply with Government Accountability Office-18-33 Recommendation 1 to include specific risk and protective factors, risk domains, and tertiary strategies for harassment prevention.

TABLE OF CONTENTS

SECTION 1: GENERAL ISSUANCE INFORMATION	4
1.1. Applicability.	4
1.2. Policy.	4
1.3. Information Collections.	4
1.4. Changes to Existing DoD Policy.	5
SECTION 2: RESPONSIBILITIES	6
2.1. Under Secretary of Defense for Personnel and Readiness (USD(P&R)).	6
2.2. Executive Director, Force Resiliency (EDFR).	6
2.3. Assistant Secretary of Defense for Manpower and Reserve Affairs.	6
2.4. Deputy Assistant Secretary of Defense for Civilian Personnel Policy.	7
2.5. Director, DoD Education Activity (DoDEA).	7
2.6. Assistant Secretary of Defense for Health Affairs.	7
2.7. Director, Defense Health Agency.	7
2.8. Deputy Assistant Secretary of Defense for Force Education and Training.	7
2.9. Director, Department of Defense Human Resources Activity.	7
2.10. Assistant Secretary of Defense for Special Operations and Low Intensity Conflict.	8
2.11. DoD Component Heads.	9
2.12. OSD Component Heads, Directors of the Defense Agencies and DoD Field Activities, and Other DoD Component Heads, Excluding the Secretaries of the Military Departments.	9
2.13. Secretaries of the Military Departments.	9
2.14. Chief, NGB.	10
SECTION 3: INTEGRATED PRIMARY PREVENTION REQUIREMENTS	12
3.1. Prevention System.	12
3.2. Data-Informed Actions.	13
SECTION 4: ELEMENTS OF INTEGRATED PRIMARY PREVENTION	15
4.1. Overview.	15
4.2. Skill Development.	15
4.3. Protective Environments and Healthy Climates.	15
4.4. Substance Use.	16
4.5. Military Dependent Support.	16
4.6. Financial Readiness.	17
4.7. Selected Primary Prevention.	17
SECTION 5: PREVENTION OF SPECIFIC TYPES OF SELF-DIRECTED HARM AND PROHIBITED ABUSE OR HARM	19
5.1. Overview.	19
5.2. Suicide.	19
5.3. Harassment.	21
5.4. Sexual Assault.	22
5.5. Domestic Abuse, Child Abuse, and Problematic Sexual Behavior in Children and Youth.	22
SECTION 6: ACCESS TO LETHAL MEANS	24
6.1. Guidance.	24

6.2. Procedures in Cases of Danger to Self or Others.....	24
GLOSSARY	26
G.1. Acronyms	26
G.2. Definitions.....	26
REFERENCES	32

TABLES

Table 1. DoDI 6490.16 Material Cancellation.....	5
Table 2. DoDI 6495.02 Material Cancellation.....	5

SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

This issuance applies to:

- a. OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).
- b. Service members and DoD civilian personnel.

1.2. POLICY.

a. DoD’s holistic approach for primary prevention of self-directed harm and prohibited abusive or harmful acts is based on these foundational principles:

(1) All leaders and members of the military community play a role in the prevention of self-directed harm and prohibited abusive or harmful acts within the military community.

(2) A unity of effort to identify and prevent self-directed harm and prohibited abusive or harmful acts promotes enduring force readiness.

(3) Various forms of self-directed harm and prohibited abusive or harmful acts share risk and protective factors.

b. Leveraging existing capabilities, where possible, the DoD will establish and implement a prevention system and execute data-informed actions as outlined in Section 3 to reduce and stop self-directed harm and prohibited abusive or harmful acts within the military community before they occur, using a career-cycle perspective.

c. The DoD will distinguish community-based primary prevention as outlined in this issuance from the assessment and mitigation of individual risk addressed through prevention, assistance, and response capabilities of the insider threat program. This will be done by maintaining separate entities, albeit potentially with the same functional participants, at the command or installation level that oversee prevention, assistance, and response capabilities and those that oversee integrated primary prevention.

1.3. INFORMATION COLLECTIONS.

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

1.4. CHANGES TO EXISTING DOD POLICY.

a. This issuance incorporates and cancels the material in DoD Instruction (DoDI) 6490.16, as described in Table 1.

Table 1. DoDI 6490.16 Material Cancellation

<i>Section / Paragraph Numbers:</i>	<i>Page(s)</i>
Paragraphs 1.2.a., 1.2.b.(1-2), 1.2.c., 1.2.e., 1.2.g., 1.2.j, 1.2.k.	5-6
Paragraph 2.16.e.	15
Paragraphs 2.17.b. – c.	16
Paragraph 2.18.g., 2.18.j., 2.18.k.(1)	17
Paragraph 2.18.q.(1)	18
Section 3	20-22

b. This issuance incorporates and cancels the material in DoDI 6495.02 as described in Table 2.

Table 2. DoDI 6495.02 Material Cancellation

<i>Enclosure / Section Numbers:</i>	<i>Page(s)</i>
Enclosure 1, Reference (ax)	16
Enclosure 5, Section 9	59-60

c. This issuance updates the prevention reference in DoDD 6495.01 from the “2014-2016 Sexual Assault Prevention Strategy” to this issuance.

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).

In addition to the responsibilities in Paragraph 2.11., the USD(P&R) identifies the PCF as the official governance body for assessment and oversight of primary prevention policies under the purview of the USD(P&R).

2.2. EXECUTIVE DIRECTOR, FORCE RESILIENCY (EDFR).

Under the authority, direction, and control of the USD(P&R), the EDFR:

- a. Provides policy direction to, and oversight of, the PCF.
- b. Chairs or appoints a designee at the Senior Executive Service, general or flag officer, or equivalent level to chair the PCF Executive Council.
- c. Invites representatives from the Military Departments, Military Services, National Guard Bureau (NGB), Defense Agencies, and other DoD Components to attend PCF meetings for oversight of the requirements set forth in this issuance.
- d. Designates the creation of and provides oversight to PCF sub-committees or working groups in support of the PCF mission.
- e. Through the PCF:
 - (1) Oversees the development and maintenance of standardized metrics for tracking and assessment of integrated primary prevention as outlined in this issuance.
 - (2) Requires alignment of prevention personnel training developed by the DoD Components with this issuance.
 - (3) Oversees USD(P&R) funded research and evaluation to advance the prevention system.

2.3. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS.

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Manpower and Reserve Affairs oversees implementation of DoD prevention policy and programs, in accordance with DoDIs 1342.22 and 6490.16.

2.4. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR CIVILIAN PERSONNEL POLICY.

Under the authority, direction, and control of the USD(P&R) through the Assistant Secretary of Defense for Manpower and Reserve Affairs, the Deputy Assistant Secretary of Defense for Civilian Personnel Policy directs implementation of workplace violence prevention and response programs, in accordance with DoDI 1438.06.

2.5. DIRECTOR, DOD EDUCATION ACTIVITY (DODEA).

In addition to the responsibilities in Paragraphs 2.11. and 2.12. and under the authority, direction, and control of the USD(P&R) through the Assistant Secretary of Defense for Manpower and Reserve Affairs, the Director, DoDEA oversees and delivers research-based prevention activities to students and staff in DoDEA schools.

2.6. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS.

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Health Affairs develops policy guidance, competencies, and education for clinical DoD prevention personnel that reflect integrated primary prevention knowledge, skills, and abilities.

2.7. DIRECTOR, DEFENSE HEALTH AGENCY.

In addition to the responsibilities in Paragraphs 2.11. and 2.12. and under the authority, direction, and control of the USD(P&R) through the Assistant Secretary of Defense for Health Affairs, the Director, Defense Health Agency, builds clinical capacity to address the physical and psychological effects that self-directed harm and prohibited abusive or harmful acts have on Service members and their dependents.

2.8. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR FORCE EDUCATION AND TRAINING.

Under the authority, direction, and control of the USD(P&R) through the Assistant Secretary of Defense for Readiness, the Deputy Assistant Secretary of Defense for Force Education and Training establishes policy and exercises oversight of common military training, professional military education, and financial literacy education and counseling in accordance with DoDD 5124.11.

2.9. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY.

In addition to the responsibilities in Paragraphs 2.11 and 2.12 and under the authority, direction, and control of the USD(P&R), the Director, Department of Defense Human Resources Activity:

a. Coordinates with the EDFR on the operational responsibilities of the Director, Defense Suicide Prevention Office and Director, DoD Sexual Assault Prevention and Response Office (DoD SAPRO).

b. Supports the Office of People Analytics; Defense Suicide Prevention Office; DoD SAPRO; Diversity Management Operations Center; and Defense Equal Opportunity Management Institute (DEOMI), including human capital and resources, funding and budget, and logistics.

c. Through the Director, Office of People Analytics:

(1) Provides prevention-related data and analytic support to the EDFR and the PCF, as requested.

(2) Helps develop, monitor, and disseminate metrics to assess the prevention system, data-informed actions, and components in Sections 3 and 4.

(3) Develops, administers, and analyzes the Defense Organizational Climate Survey.

(4) Conducts research and evaluation to advance the prevention system.

d. Through the Director, DoD SAPRO, maintains a prevention community of practice.

e. Through the Director, Defense Civilian Personnel Advisory Service, provides support to the Deputy Assistant Secretary of Defense for Civilian Personnel Policy, as appropriate, in performing duties and responsibilities assigned in DoDI 1438.06.

2.10. ASSISTANT SECRETARY OF DEFENSE FOR SPECIAL OPERATIONS AND LOW INTENSITY CONFLICT.

Under the authority, direction, and control of the Under Secretary of Defense for Policy, the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict:

a. Establishes or modifies policy and procedures to align to, or implement, this issuance specific to special operations forces.

b. Supports Military Department, including Military Service, prevention policies, programs, and practices and coordinates with the Military Departments to facilitate access to prevention programs and resources for special operations forces personnel and military families.

c. Oversees additional special operations unique prevention efforts against self-directed harm and prohibited abuse or harm.

d. Upon request, submits a copy of primary prevention-related activities to the USD(P&R) through the PCF for evaluation of consistency and compliance with this issuance.

2.11. DOD COMPONENT HEADS.

In addition to the responsibilities in Paragraph 2.12., the DoD Component heads:

a. Upon request from the USD (P&R), submit a copy of their prevention policies through the EDFR for evaluation of compliance with this issuance. Those prevention policies must align with this issuance; however, Components have flexibility on how self-directed harm and prohibited abusive or harmful acts are termed or referenced within those policies provided that the terms used by the DoD Components are defined in their respective policies to align with this issuance.

b. Upon request from the USD (P&R), submit relevant plans, evidence summaries, or data for primary prevention activities or assessments, as requested, to the PCF to inform integrated primary prevention efforts.

c. Comply with collective bargaining obligations, as applicable.

2.12. OSD COMPONENT HEADS, DIRECTORS OF THE DEFENSE AGENCIES AND DOD FIELD ACTIVITIES, AND OTHER DOD COMPONENT HEADS, EXCLUDING THE SECRETARIES OF THE MILITARY DEPARTMENTS.

The OSD Component heads, Directors of the Defense Agencies and DoD Field Activities, and other DoD Component heads, excluding the Secretaries of the Military Departments:

a. Establish or modify policy and procedures to align to, or implement, this instruction.

b. Support Service prevention policies, programs, practices.

2.13. SECRETARIES OF THE MILITARY DEPARTMENTS.

In addition to the responsibilities in Paragraph 2.11., the Secretaries of the Military Departments:

a. Establish or modify policy and procedures to align to, and implement, this issuance.

b. Through their respective Military Service Chiefs:

(1) Implement and align Service primary prevention efforts with this issuance.

(2) Promote total force fitness and resilience in accordance with Chairman of the Joint Chiefs of Staff Instruction 3405.01.

(3) Promote opportunities for DoD civilian personnel and the families of Service members to participate in prevention activities.

(4) Direct commanders at all levels to:

(a) Monitor the organization's command climate pursuant to Section 572 of P.L. 112-239, as amended by Section 1721 of P.L. 113-66, and respond with appropriate action toward any negative trends that may emerge.

(b) Model healthy and safe relationships (e.g., as described in Paragraphs 4.2. and 5.4.b.(1)) in their personal and professional environments, and promote a culture of dignity, respect, inclusion, and connectedness that actively deters self-directed harm and prohibited abusive or harmful behavior.

(c) Foster an environment that promotes help-seeking behaviors and reduces stigma for help-seeking.

(5) Direct commanders at the command or installation level to:

(a) Designate a military or civilian individual or entity that serves as the integrator of primary prevention activities at the command or installation level. That individual or entity has oversight of primary prevention activities to require all prevention activities across areas of self-directed harm and prohibited abuse or harm:

1. Align with the prevention system, data-informed actions, applicable components, and command climate assessment results.

2. Are integrated when possible and not unnecessarily duplicative.

(b) Conduct, at a minimum, annual reviews of integrated primary prevention activities. Reviews may be accomplished using existing forums.

(c) Identify and oversee prevention personnel and require them to complete initial training and ongoing professional development as determined by each Military Service or the NGB (e.g., DoD-developed or authorized training), and document training completion.

c. Upon request, submit a copy of primary prevention-related activities to the USD(P&R) through PCF for evaluation of consistency and compliance with this issuance.

2.14. CHIEF, NGB.

In addition to the responsibilities in Paragraphs 2.11. and 2.12., the Chief, NGB, on behalf of and with the approval of the Secretaries of the Army and Air Force, and in coordination with the State Adjutants General:

a. Establishes or modifies policy and procedures to align to, and implement, this issuance.

b. Supports and, where practicable, implements Service prevention policies, programs, and practices.

c. Establishes policies for providing National Guard members with State and local prevention resources at the community level that target critical periods such as demobilization and redeployment, in accordance with applicable laws and regulations.

d. Identifies and oversees prevention personnel and requires they complete initial training and ongoing professional development as determined by the NGB (e.g., DoD-developed or authorized training) and documents training completion.

e. Upon request, submits a copy of primary prevention-related activities to the USD(P&R) through the PCF for evaluation of consistency and compliance with this issuance.

f. Performs additional suicide prevention responsibilities as outlined in DoDI 6490.16.

SECTION 3: INTEGRATED PRIMARY PREVENTION REQUIREMENTS

3.1. PREVENTION SYSTEM.

The following standard elements of the prevention system will be established and implemented by leveraging existing capabilities, where possible, in order to execute data-informed actions for the primary prevention of self-directed harm and prohibited abusive or harmful acts:

a. Military leaders at the command or installation level will:

(1) Implement the prevention system, data-informed actions, and elements of integrated prevention as applied to the military context.

(2) Assess and take actions to foster command climates of dignity, respect, inclusion, and connectedness.

(3) Encourage a culture of help-seeking, coordinated referrals to resources with appropriate, trauma-informed, and recovery-oriented response, and reintegration following care.

(4) Access and collaborate with the DoD and Service prevention resources and stakeholders.

b. Prevention personnel at the command or installation level will:

(1) Implement the prevention system, data-informed actions, and elements of integrated prevention as applied to the military context.

(2) Identify, adapt, implement, and evaluate research-based prevention programs, policies, and practices effectively and in collaboration, as appropriate, with individual(s) or entities responsible for prevention programming and other relevant oversight entities in accordance with federal laws and applicable regulations.

(3) Consult and collaborate with leaders and prevention stakeholders within the military and civilian community to optimize the access and usage of resources, in accordance with applicable laws and DoD policy and regulations.

c. Members of the military community will promote DoD, military, and Service core values through their individual actions to shape, reaffirm, and share norms of dignity, respect, inclusion, and connectedness that actively deter self-directed harm and prohibited abusive or harmful acts through their professional spheres of influence.

d. Collaboration among military leaders, prevention personnel, and community stakeholders will facilitate the sharing of information and the linking of research-based prevention policies, programs, and practices to the extent authorized by applicable laws and DoD policy and regulations.

e. Infrastructure, such as policy, resources, and data, will be applied in the evaluation of strategies to determine and institutionalize effective primary prevention practices, programs, and policies.

3.2. DATA-INFORMED ACTIONS.

Identified prevention personnel at the command or installation level will be empowered and supported by military leaders to:

a. Identify risk and protective factors and emerging issues for their targeted population including:

(1) Risk and protective factors for Service members that increase or decrease the risk for abuse or harm to self or others.

(2) Risk and protective factors for DoD civilian personnel that increase or decrease the risk for abuse or harm to self or others that affects the workplace.

(3) Risk and protective factors for military families that increase or decrease the risk for abuse or harm to self or others.

(4) Risk and protective factors for other personnel that work with the DoD, including foreign nationals and coalition forces in accordance with host nation laws or any applicable agreements, as appropriate.

b. Based on factors identified in Paragraph 3.2.a.:

(1) Integrate primary prevention programs, policies, and practices that are research-based.

(2) Address individual, interpersonal, and organizational risk and protective factors among Service members and their dependents and DoD civilian personnel, consistent with the applicable elements of integrated primary prevention as outlined in Section 4.

c. Implement primary prevention activities and have mechanisms in place to monitor the degree to which:

(1) Primary prevention activities are planned (e.g., determine how and when the activity will be implemented, by whom it will be implemented, and what outcomes are expected) and delivered as planned.

(2) The military community is engaged and participates in primary prevention activities to build and practice skills.

(3) Primary prevention activities have leadership and organizational support (e.g., time to implement, leadership engagement, vocal support for military community participation).

d. Assess, using an established ongoing cycle, the quality and impact of primary prevention practices, policies, and programs and use evaluation findings from all prevention activities to inform improvement, planning, and resourcing.

(1) Evaluation of primary prevention policies, programs, or practices will use tools such as planning or logic models to describe the intended connections between activities, outputs, and short-, intermediate-, and long-term outcomes.

(2) Evaluation of promising primary prevention activities must include assessment of short- and intermediate-term outcomes, using established methods to evaluate the risk and protective factors the activity aims to mitigate.

(3) Evaluation of activities that have been evaluated previously in military or civilian settings and shown positive impact may assess long-term outcomes using established evaluation methods. The data collected in such evaluations will not be used to represent or establish a generalizable prevalence estimate.

(4) Primary prevention evaluation practices will adhere to DoD policies concerning privacy, ethics, human subjects, data-sharing, and other applicable laws and regulations.

e. Discontinue prevention activities that are not data-informed or research-based.

SECTION 4: ELEMENTS OF INTEGRATED PRIMARY PREVENTION

4.1. OVERVIEW.

Integrated primary prevention, as outlined in Section 3, will include a focus on the individual, interpersonal, and organizational elements in this section through a holistic approach to address risk and protective factors for self-directed harm and prohibited abusive or harmful acts, leveraging, where possible and appropriate, existing prevention efforts.

4.2. SKILL DEVELOPMENT.

DoD integrated primary prevention policies and programs will foster healthy behaviors, life skills, and stress management early on and will reinforce these behaviors and skills using appropriate educational strategies to maintain proficiency throughout one's military career or civilian employment cycle by developing the skills for:

- a. Healthy relationships (e.g., respectful professional and personal relationships, appropriate boundary setting).
- b. Responsible alcohol use (e.g., social resistance skills).
- c. Healthy coping (e.g., problem-solving skills).
- d. Emotional intelligence (e.g., managing strong emotions in a non-destructive manner, identifying and addressing bias, exhibiting empathy).
- e. Effective communication (e.g., conflict management, assertive communication of sexual boundaries and consent, bystander intervention).
- f. Resilience (e.g., mindfulness).
- g. Other capabilities as determined by the DoD Component head concerned.

4.3. PROTECTIVE ENVIRONMENTS AND HEALTHY CLIMATES.

DoD integrated primary prevention policies and programs will establish and maintain protective environments and healthy climates, which will include:

- a. Preventing the full spectrum of prohibited behaviors by consistently applying policies such as those contained in DoDIs 1350.02, 1438.06, 1010.04, 1020.03, 1020.04, 6490.16, and 6495.02 and DoDDs 1020.02E, and 1440.1 and implementing the programs established by these policies that promote a healthy and professional workplace.
- b. Promoting an understanding of lethal means (e.g., firearms, medications, household poisons) safety among the military community.

c. Promoting awareness of availability of confidential chaplain counseling to discuss or disclose self-directed harm and prohibited abusive or harmful acts, in accordance with the regulations of the Military Department and Service concerned.

4.4. SUBSTANCE USE.

DoD integrated primary prevention policies and programs will prevent substance misuse and abuse by:

- a. Working with community partners on responsible alcohol use, including:
 - (1) Responsible sales practices.
 - (2) Prohibiting distribution to minors.
 - (3) Effective bystander intervention among alcohol servers, where possible.
- b. Implementing alcohol policies that decrease the likelihood of overconsumption.
- c. Implementing policies that support early intervention for alcohol treatment that do not impact operational readiness.
- d. Enforcing substance abuse prevention policies as outlined in DoDIs 1010.01, 1010.04, 1010.09, and 1010.16.
- e. Promoting and disseminating research-based tools and resources aimed to prevent substance misuse and support positive behavior changes to reduce self-directed harm and prohibited abusive or harmful acts.

4.5. MILITARY DEPENDENT SUPPORT.

DoD integrated primary prevention policies and programs will facilitate command support for Service members and military dependents in accordance with DoDI 1342.22, which will include:

- a. Mitigating the risk of child abuse and neglect in military families through home visitations to promote effective parenting skill development and increased awareness of child social and emotional developmental stages, in accordance with DoDI 6400.05. Reserve component members may receive support in accordance with applicable memorandums of understanding (MOUs) or memorandums of agreement (MOAs) with established community partners.
- b. Preventing domestic abuse through command and peer support for Service members and their spouses or intimate partners to proactively seek help for unhealthy relationships before the onset of a crisis, such as through the Family Advocacy Program (FAP), in accordance with DoDI 6400.01. Reserve component members may receive support through applicable MOUs or MOAs established with community partners.

c. Military parent engagement with DoD and community resources providing developmentally attuned strategies for parents to teach their children about healthy relationships and peer interactions. Eligible reserve component members may receive support applicable MOUs or MOAs established with community partners.

d. Encouraging Service members and their spouses or intimate partners to participate in recommended clinical treatment and non-clinical services or interventions to develop safe and healthy parenting practices and to learn skills for maintaining healthy, non-violent relationships with their spouse, intimate partner, or children.

e. Promoting safety for military families through home safety checks by command and other appropriate professionals for assessment of access to lethal means.

f. Collaboration with community organizations, as appropriate, on prevention outreach.

4.6. FINANCIAL READINESS.

DoD integrated primary prevention policies and programs, in accordance with DoDI 1342.22, will strengthen financial readiness of:

a. Service members and their dependents, by focusing on promoting and encouraging use of DoD, Military Department, and Military Service financial literacy education and financial counseling services to develop knowledge and skills to:

(1) Make informed financial decisions.

(2) Address the effects of financial decisions on personal and professional lives.

(3) Achieve and maintain financial readiness.

b. DoD civilian personnel, by focusing on promoting and disseminating tools and resources for financial readiness.

4.7. SELECTED PRIMARY PREVENTION.

DoD integrated primary prevention policies and programs will work to reduce the risk for harm by:

a. Addressing the needs of high-risk groups as identified in Paragraph 3.2.a., including those at risk for re-victimization or who have been affected by multiple self-directed harm and prohibited abusive or harmful acts (e.g., sexual assault survivor at risk for suicide).

b. Implementing safety measures (e.g., increased leadership supervision) for high risk on-base locations (e.g., barracks) and on social media and other virtual or digital communications, where possible.

c. Encouraging personnel to seek help early and without stigma, before destructive behaviors escalate and require more intensive intervention.

d. Providing advocacy, behavioral health, and other methods of recovery care that are victim-centered, trauma-informed, and culturally-competent.

e. Providing communication strategy training and education for public affairs officers and military leaders across the DoD to support help-seeking efforts and privacy when discussing, responding to, and reporting self-directed harm and prohibited abusive or harmful acts through the media, including social media platforms.

SECTION 5: PREVENTION OF SPECIFIC TYPES OF SELF-DIRECTED HARM AND PROHIBITED ABUSE OR HARM

5.1. OVERVIEW.

The PCF will oversee DoD implementation of the prevention policies in this section that apply to specific self-directed harmful acts and prohibited abusive or harmful acts for an integrated approach across the DoD.

5.2. SUICIDE.

DoD suicide prevention policies and programs will:

a. Implement a suicide prevention policy and program that addresses prevention as outlined in this section, incorporating the following elements and, when appropriate, including these elements in integrated primary prevention as outlined in Sections 3 and 4:

(1) Promote and encourage use of DoD financial readiness programs and resources (e.g., raise awareness of and encourage participation in one-on-one financial counseling at installation).

(2) Strengthen access and delivery of suicide prevention and intervention (e.g., remove barriers to help-seeking, have on staff medical personnel trained on suicide risk assessment and safety planning).

(3) Create protective environments (e.g., communities that have been educated on access to lethal means and have gatekeepers, such as chaplains, front line supervisors, legal personnel, schoolhouse instructors, medical personnel, trained to counsel Service members on access to lethal means).

(4) Promote connectedness (e.g., implement peer-to-peer support programs, maintain availability of non-medical counseling services, such as chaplains and military family life counselors).

(5) Develop coping and problem-solving skills (e.g., training that teaches foundational skills, to include rational thinking, emotion regulation, and problem solving to deal with life stressors such as relationship issues and financial challenges).

(6) Identify and support members of the military community who are at risk (e.g., educate Service members, families, chaplains, front line supervisors, DoDEA teachers and student support staff, and other non-medical support personnel on warning signs and risk factors for suicide, and strategies to seek help for themselves or their loved ones).

(7) Promote reduction in self-harm and reduce future risk through postvention and bereavement support, and provide education to public affairs personnel on safe reporting on suicide.

- b. Promote help-seeking behaviors and encourage resilience.
- c. Increase awareness about behavioral healthcare and reduce the stigma for Service members and DoD civilian personnel who seek behavioral healthcare.
- d. Protect the privacy of Service members and DoD civilian personnel seeking or receiving treatment relating to suicidal behavior, consistent with applicable laws and DoD policy, regulations, and standards, including DoDIs 6490.04, 6490.08, 5400.11, as well as DoD 5400.11-R, and DoDM 6025.18. This includes data collected over the course of suicide prevention, intervention, and postvention activities.
- e. Provide Service members and their dependents access to behavioral healthcare and other supportive services, including:
 - (1) Crisis services.
 - (2) Collaboration of DoD suicide prevention efforts.
 - (3) Services to strengthen readiness and resilience of the military community.
- f. Develop program standards and critical procedures for evaluation of suicide prevention, intervention, and postvention efforts.
- g. Consistent with applicable laws and DoD policy and regulations, foster collaboration and cooperation among stakeholders to support suicide prevention policies and programs in accordance with Section 591 of P.L. 114-92, including:
 - (1) Other federal agencies.
 - (2) Appropriate public, private, and international entities.
 - (3) Academia.
- h. Develop guidelines and criteria for DoD Components to use when coordinating with non-governmental organizations in suicide prevention efforts in accordance with Section 591 of P.L. 114-92, and applicable law and DoD policy and regulations as applicable.
- i. Recognize the relationship between effective suicide prevention and putting time and space between someone at risk and means of suicide. As referenced in Section 6, establish procedures to:
 - (1) Promote the use of gun locks, safes, and storage options outside the home for privately owned firearms as a matter of general household safety and risk reduction.
 - (2) Provide Service members and their dependents in their households, not living on a military installation or other DoD-owned or operated property, an opportunity for voluntary safe storage of privately owned firearms on the relevant installation for a duration determined by the firearm owner.

(3) Encourage the Service member to voluntarily store privately owned firearm(s) on the relevant installation on a temporary basis, in cases where commanders or health professionals have reasonable grounds to believe a Service member is at risk of suicide or causing harm to others.

(4) Educate Service members and DoD civilian personnel, regarding the range of means for suicide and ways to mitigate risks that these present.

5.3. HARASSMENT.

DoD harassment prevention policies and programs will:

a. Make substantial efforts to prevent behavior that is unwelcome or offensive, creates conditions that interfere with work performance, or creates a hostile environment.

b. Use and reinforce the prevention system and data-informed actions as outlined in Section 3.

c. Address harassment; discrimination, including sexual harassment, bullying, hazing, reprisal; and retaliation as outlined in this section, incorporating the following elements and, when appropriate, including these elements in integrated primary prevention as outlined in Sections 3 and 4:

(1) Committed and engaged leadership.

(2) Strong and comprehensive harassment prevention policies.

(3) Consistent enforcement of policies.

(4) Accessible complaint procedures.

(5) Regular, interactive training (e.g., workplace civility, bystander intervention) tailored to the audience and the organization.

(6) Prevention of behaviors on the continuum of harm.

d. Require individuals as outlined in DoDIs 1020.03, 1020.04, and 1350.02 to:

(1) Attend the mandatory equal opportunity advisor course and graduate from DEOMI.

(2) Understand and implement equal opportunity advisor core competencies.

(3) Upon graduation from DEOMI, perform duties and roles at the leadership and unit levels and execute data informed actions to include conducting command climate assessments.

5.4. SEXUAL ASSAULT.

DoD sexual assault prevention policies and programs will:

a. Focus on prevention activities that equip Service members and DoD civilian personnel to engage in and promote positive and healthy behaviors, attitudes, norms, and environments that prevent sexual assault and related abusive and harmful acts across the continuum of harm.

b. Address sexual assault prevention as outlined in this section, incorporating the following elements and, when appropriate, include these elements in integrated primary prevention as outlined in Sections 3 and 4:

(1) Develop skills for healthy and safe interpersonal interactions (e.g., empathy; expectations for caring, respectful, and non-violent behavior; sexual communication; consensual sexual behaviors; sexual respect).

(2) Establish and maintain healthy command climates (e.g., reinforce norms that counter sexual assault, enforce harassment policies, implement bystander approaches).

(3) Reduce harm and mitigate risk of sexual assault and behaviors on the continuum of harm (e.g., encourage help-seeking and reporting, enforce policies preventing retaliation).

5.5. DOMESTIC ABUSE, CHILD ABUSE, AND PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN AND YOUTH.

DoD prevention policies and programs under FAP will address prevention in relationships between spouses and intimate partners and among parents and children as outlined in this section, incorporating the following elements and, when appropriate, include these elements in integrated primary prevention as outlined in Sections 3 and 4:

a. Address the risk and protective factors for domestic abuse, including in the context of military life, through:

(1) An emphasis on promoting a military community culture that rejects the use of violence, harm, or controlling behaviors in spouse and intimate partner relationships, and promotes the dignity and equal worth of spouses and intimate partners.

(2) A focus on support for commanders to engage Service members early and throughout their career to develop and enhance communication and conflict management skills.

(3) Promoting connectedness across the military community, with special attention to military couples, spouses, and intimate partners who may be at risk of social isolation as a result of permanent change of station or deployments.

(4) Equipping commanders with knowledge to detect risk for domestic abuse and family stress among the Service members in their units and, in high-risk cases, encouraging them to conduct safety checks for access to firearms or other lethal means inside the home.

(5) Informing military behavioral health care providers of their role in promoting early intervention for domestic abuse when they recognize risk for violence or harm.

b. Address the risk and protective factors for child abuse and neglect by:

(1) Teaching new or expecting military parents' skills for healthy parent-child attachment with an emphasis on children's social emotional development, and the lifelong impact of positive parenting on children's future relationships.

(2) Educating military parents of children at multiple ages and stages of life on safe and developmentally attuned disciplinary practices.

(3) Teaching military parents about safe storage practices for lethal means and other physical safety hazards inside the home.

(4) Reducing stigma across the military community for parents to acknowledge the difficulties of parenting, especially young children, by promoting positive associations with seeking help to learn new skills, manage stress, or obtain a respite from caregiving.

c. Address the risk and protective factors associated with children and youth exhibiting or impacted by problematic sexual behavior through:

(1) Teaching new or expecting military parents about healthy child sexual development across their ages and stages, so parents can understand what behaviors are normative.

(2) Empowering military parents to educate their children from an early age, through a developmentally attuned lens, about:

(a) Respect for personal physical boundaries.

(b) Healthy peer relationships.

(c) Social emotional competence.

(d) Consensual sexual behaviors.

SECTION 6: ACCESS TO LETHAL MEANS

6.1. GUIDANCE.

a. In accordance with Section 1057 of P.L. 112-239, as amended, a DoD Component as a general rule will not issue any requirement relating to (or collect or record any information relating to) lawful acquisition, possession, ownership, carrying, or other use of privately owned firearms, ammunition, or other weapons by a Service member on property that is not on a military installation or other DoD-owned or operated property. This prohibition does not apply if the Service member is engaged in official duties on behalf of the DoD.

b. DoD Components will promote the voluntary use of gun locks and other safe storage methods for privately owned firearms on property that is not on a military installation or other DoD-owned or operated property.

c. DoD installations will provide Service members and the immediate family members in their households, not living on the installation or other DoD-owned or operated property, an opportunity for voluntary safe storage of privately owned firearms on the installation. This must be completely voluntary and for a duration determined solely by the owner of the firearm. While stored on the installation, the firearm must be stored in accordance with DoDM 5100.76.

d. Commanders and health professionals may ask for, collect, or record information about a Service member's privately owned firearms, ammunition, or other weapons if the commanders or health professionals have reasonable grounds to believe the Service member is at risk of suicide or causing harm to others, and may take the other actions outlined in Paragraph 6.2.

e. In cases in which possession of a privately owned firearm on a DoD installation or DoD owned or operated property is not otherwise lawful under applicable federal, State, or host nation laws the DoD Components will cooperate with appropriate authorities involved in implementing such law.

(1) Such laws may include those applicable to possession of a firearm by an individual convicted of a misdemeanor crime of domestic violence, or subject to a domestic abuse protective order, which may under some applicable State laws include temporary domestic abuse protective orders.

(2) Installation commanders will consult with their respective judge advocates, FAP managers, and other appropriate program personnel to require appropriate procedures are in place, in accordance with DoDI 6400.06.

6.2. PROCEDURES IN CASES OF DANGER TO SELF OR OTHERS.

a. For situations involving Service members who are a danger to themselves or others, DoD personnel will take rapid action to ensure care for said Service members and reduction of risk, in accordance with applicable laws and DoD policies and regulations, including making necessary notifications to authorities.

b. If health professionals and commanders (in consultation with health professionals) reasonably believe a Service member is at risk of suicide or causing harm to others, they will, consistent with the law and DoD regulations, ask the Service member to voluntarily store their privately owned firearms and ammunition for temporary safekeeping. The action must be entirely voluntary for the Service member; the request by the commander may not be accompanied by any command incentives or disincentives.

c. In implementing the procedures in this issuance, the commanders' or supervisors' and health professionals' responsibilities pursuant to DoDIs 6490.04 and 6490.08 remain in effect. Commanders and supervisors who, in good faith, believe a subordinate Service member may require a mental health evaluation are authorized to direct an evaluation in accordance with DoDI 6490.04 or to take other actions consistent with the procedures in Enclosure 3 of that issuance. In those circumstances, a command-directed mental health evaluation has the same status and force as any other lawful military order.

d. The commander will follow DoDI 5200.08, DoDM 5100.76, and Service-specific policies and plans to temporarily store and maintain accountability of privately owned firearms and ammunition that are voluntarily relinquished by Service members, in coordination with installation law enforcement and in accordance with local installation procedures.

e. In accordance with Paragraph 6.2.b., if the Service member indicates that he or she has possession of privately owned firearms, the commander will:

(1) Ask the Service member to voluntarily store firearms and ammunition temporarily at a location designated by local policy for a specified period of time.

(2) If the Service member voluntarily agrees to store his or her firearms and ammunition for temporary safekeeping, direct the weapons and ammunition are safeguarded in accordance with DoDM 5100.76 and returned in accordance with Service and installation policies when the specified period ends or the Service member asks for the firearm(s) and ammunition to be returned.

(3) If the Service member is unwilling to voluntarily surrender their privately owned firearms, commanders have the authority to order Service member to be restricted to post until the potential for harm has been successfully mitigated.

(4) Require protected healthcare information or personally identifiable information contained in any documentation is safeguarded in accordance with applicable laws, and DoD policies and regulations, including DoD 5400.11-R and DoDM 6025.18.

f. Nothing in this section limits the authority of commanders to issue lawful orders relating to matters not addressed by this section when the commander determines such orders are necessary to foster the safety of the Service member, families, and others. These actions include, but are not limited to, regulating the possession of firearms on military installations in accordance with DoDD 5210.56, and DoDIs 5200.08, 5100.76, and 5400.11.

GLOSSARY

G.1. ACRONYMS.

ACRONYM	MEANING
DEOMI	Defense Equal Opportunity Management Institute
DoDEA	DoD Education Activity
DoDD	DoD directive
DoDI	DoD instruction
DoDM	DoD manual
DoD SAPRO	DoD Sexual Assault Prevention and Response Office
EDFR	Executive Director, Force Resiliency
MOA	memorandum of agreement
MOU	memorandum of understanding
NGB	National Guard Bureau
PCF	Prevention Collaboration Forum
P.L.	public law
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

G.2. DEFINITIONS.

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

TERM	DEFINITION
bullying	Defined in DoDI 1020.03.
child abuse	Defined in DoDI 6400.01.
complaint	Defined in DoDIs 1020.03.
connectedness	The feeling of support and willingness to help. Involves the quality and number of connections one has with other people in a social circle of family, friends, and acquaintances.
continuum of harm	Defined in Section 540D of P.L. 116-92.
culturally-competent care	Defined in DoDD 6495.01.

TERM	DEFINITION
data-informed actions	Decisions based on the collection and analysis of available data.
dependent	Defined in Section 1072 (2) of the Title 10, United States Code.
discriminatory harassment	Defined in DoDI 1020.03.
domestic abuse	Defined in 6400.06.
financial readiness	The ability to maximize wealth, manage setbacks, and avoid financial hardship.
harassment	Defined in DoDI 1020.03.
hazing	Defined in DoDI 1020.03.
healthy	Beneficial to one's physical, mental, or emotional state.
high-risk groups	Those individuals at highest risk for a certain outcome owing to some risk factor.
incidence	The frequency of new occurrences of self-directed harm or prohibited abusive or harmful acts within a defined time interval.
integrator	An individual or entity that has oversight of local primary prevention activities to require all prevention activities across areas of self-directed harm and prohibited abuse or harm are aligned and integrated.
integrated primary prevention	Refers to prevention activities that simultaneously address multiple self-directed harm and prohibited abusive or harmful acts or the inclusion of prevention activities across self-directed harm and prohibited abusive or harmful acts into a cohesive, comprehensive approach that promotes unity of effort, avoids unnecessary duplication, and lessens training fatigue.
intervention	A strategy or approach that is intended to prevent an outcome or alter the course of a challenge, stress, or situation.
lethal means	Method for suicide or homicide that has a high likelihood of resulting in death (e.g., firearms, drugs, and poisons).

TERM	DEFINITION
lethal means safety	Process of ensuring that highly lethal means of suicide or other prohibited abusive and harmful acts are out of reach during times of increased stress, when risk of such acts is heightened.
long-term outcomes	Outcomes of prevention activities that are evident 6 or more months following the implementation of the activity. Includes behavior changes such as decreased incidence of sexual assault or harassment.
military community	Service members, military dependents, and DoD civilian personnel.
military leader	A Service member or DoD civilian personnel in a professional position of leadership. The rank and role of military leaders varies by Military Service and NGB. Includes, at a minimum, supervisors, managers, and the command triad. Additional leaders to which this issuance applies may be specified in Service and NGB guidance.
neglect	Defined in DoDI 6400.01.
postvention	Defined in DoDI 6490.16.
prevalence	Proportion of people in a population who have some attribute or condition at a given point in time or during a specified time period.
prevention activities	Policies, programs, or practices that aim to prevent self-directed harm and prohibited abusive or harmful acts.
PCF	Governance body for primary prevention across the DoD that is chaired by the Office of Force Resiliency, with standing and voting members and other subject matter experts and DoD Component representatives invited as needed. The PCF Executive Council is comprised of full-time or permanent part-time federal civilian employees and Service members at the Senior Executive Service or general or flag officer level, or may be General Schedule 15/O-6 designees in Director or Associate Director leadership positions with specific subject matter expertise addressing self-directed harm and prohibited abusive or harmful acts.
prevention community of practice	A group of prevention personnel who interact regularly to advance their individual and collective prevention efforts.

TERM	DEFINITION
prevention personnel	Military members or DoD civilian personnel whose official duties (to include collateral and additional duties) involve prevention of self-directed harm and prohibited abusive or harmful acts and who attain and sustain prevention-specific knowledge and skills (e.g., chaplains, suicide prevention program managers, command climate specialists).
prevention stakeholders	Individuals or organizations with equity in prevention of self-directed harm and prohibited abusive or harmful acts.
prevention system	Organizational factors that constitute the prevention system include human resources, such as equipped and empowered leadership and prevention personnel; infrastructure, such as prevention-specific policy, resources, and data systems; and, collaborative relationships within and across organizations. In an optimized prevention system, human resources attain and sustain prevention-specific knowledge and skills, productive and collaborative relationships form and strengthen, and infrastructure facilitates and institutionalizes effective planning, execution, evaluation, and quality improvement.
primary prevention	<p>Stopping a self-directed harm and prohibited abusive or harmful act before it occurs. Can be implemented for an entire group or population without regard to risk (universal primary prevention) or can be implemented for individuals, groups, or a population that is at risk (selected primary prevention).</p> <p>Primary prevention activities can target:</p> <ol style="list-style-type: none">1. Influencers, such as leaders who set a climate and shape norms, but may not be present when a self-directed harm or prohibited abusive or harmful acts may take place;2. Bystanders, who may be present when self-directed harm or prohibited abusive or harmful act may take place;3. Individuals, who may commit self-directed harm or prohibited abusive or harmful acts; or,4. Individuals who may be affected by self-directed harm or prohibited abusive or harmful acts.

TERM	DEFINITION
problematic sexual behavior in children and youth	Defined in DoDI 6400.01.
professional development	Engagement in progressively advanced levels of learning that prepare individuals to fulfill their next level of leadership or that focus on earning or maintaining professional or subject matter expertise. Includes usage of training, tools, and/or technical assistance to advance subject matter expertise.
prohibited abuse or harm	Behaviors characterized by the intentional use of physical force or power, threatened or actual, against a person or group that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. Includes behaviors such as sexual assault, harassment, retaliation, stalking, and domestic abuse. In this issuance, prohibited abusive and harmful acts do not include forms of violence that may be required as part of the Profession of Arms. Military Services have flexibility in how this is termed or referenced within their Service policies.
promising primary prevention activities	Prevention programs, policies, or practices that include measurable results and report successful outcomes, but do not have enough research evidence to prove they will be effective across a wide range of settings and Service members.
protective factors	Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events (e.g., inclusion, help-seeking behavior, financial literacy). These factors increase the ability to avoid risks and promote healthy behaviors to thrive in all aspects of life.
reprisal	Defined in Appendix B of the Retaliation Prevention and Response Strategy.
research-based prevention policies, programs, and practices	Prevention activities selected based on research evidence that they have shown promise in evaluations to decrease the behavior of interest for a specific population or that the activity affected one or more contributing factors to the behavior of interest in settings similar to those being considered for the activity and that positive effects were sustained over time.
retaliation	Defined in Appendix B of the Retaliation Prevention and Response Strategy, Appendix B.

TERM	DEFINITION
risk factors	Factors that increase the likelihood of self-directed harm and prohibited abusive or harmful acts.
self-directed harm	Behavior directed towards oneself that deliberately results in injury or the potential for injury to oneself. Military Services have flexibility in how this is termed or referenced within their Service policies.
Service member	A Regular or Reserve Component officer (commissioned or warrant) or enlisted member of the Army, Marine Corps, Navy, Air Force, Space Force, and the Coast Guard (when it is operating as a Service in the Navy). Includes Cadets and Midshipmen at the Military Service Academies.
sexual assault	Defined in DoDI 6495.02.
sexual harassment	Defined in DoDI 1020.03.
social media	Web-based tools, websites, applications, and media that connect users and allow them to engage in dialogue, share information, collaborate, and interact.
stigma	A set of negative and often untrue beliefs that a society or group of people have about something.
supervisor	A commissioned officer, non-commissioned officer, or DoD civilian employee in a supervisory or command position.
trauma-informed	Describes a program, organization, or system that recognizes the widespread impact of trauma, potential paths for recovery, signs and symptoms of trauma, and integrates knowledge about trauma into policies, procedures, and practices seeking to actively resist re-traumatization.

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DoD Instruction 6490.04, “Mental Health Evaluations of Members of the Military Services,” March 4, 2013, as amended

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