Q1: How long have you been on [LOCATION]?

Respondents reported an average of 1.2 years in [LOCATION] (SD=1.18), with a median of 1 year.

Q2: How long have you been in the [DOD] (or connected to the [DOD], if civilian)?

Respondents reported an average of 4.5 years of in service to or connection to the [DOD] (SD=5.78), with a median of 2 years.

Q16: What is your rank/grade?
Responses were coded as Junior [SERVICE MEMBERS] (1), NCO (2), SNCO (3), Officer (4), Spouse/Dependent (5), and Other (6).

63% (*n*=96) E1-E3
20% (*n*=30) E4-E5
6% (*n*=9) E6-E9
6% (*n*=9) Spouse or Dependent
5% (*n*=7) Officer
<1% (*n*=1) Other
Missing (*n*=20)

Viable percentages displayed (152 of the 182 responded to this question).

Q4: Do you have awareness of the [CLINIC] and what it does?
Q5: If yes, what have you seen or heard?

63.08% (*n*=123) reported yes to, 29.23% (*n*=57) reported no, and 7.69% (*n*=15) did not respond. Those who answered yes have been in the military longer. The mean length of time connected to [DOD] for those who reported yes was 5.43 years, and those who reported no was 2.48 years.
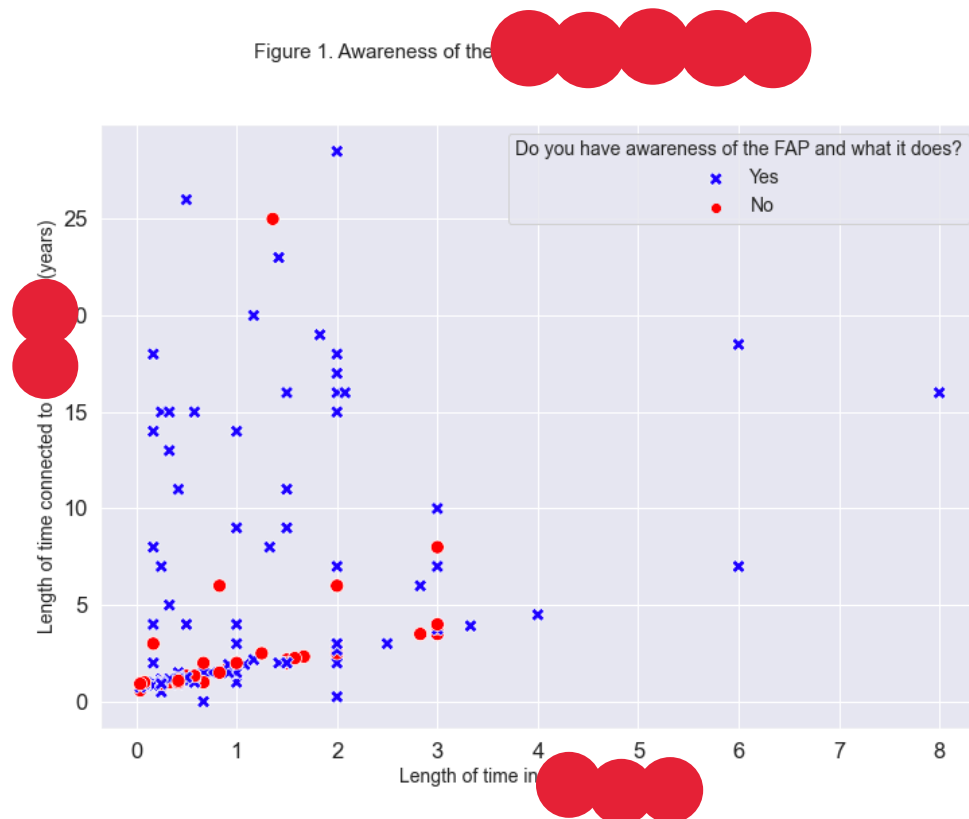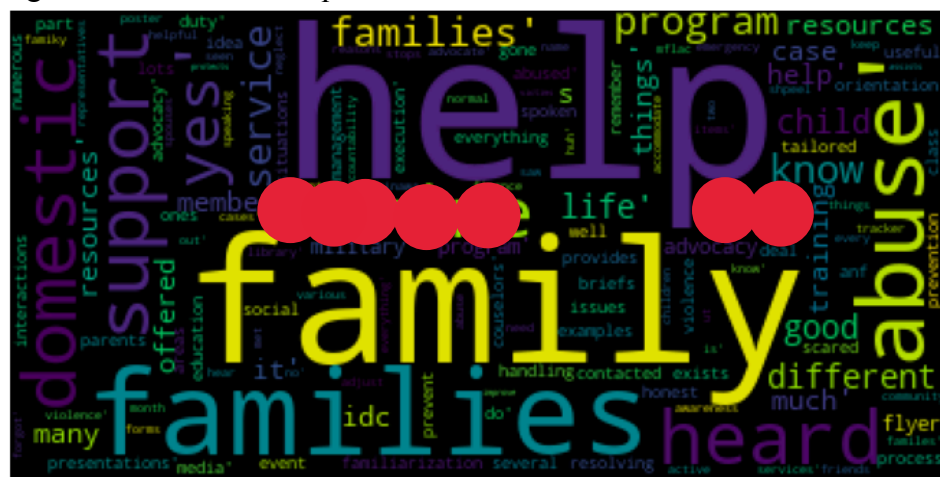
Figure 1. Awareness of the

Figure 2. Word cloud to question 5.

Q6: Do you have awareness of the prevention services offered by the [CLINIC]?
Q7: If yes, what have you seen or heard?

22.05% (*n*=43) reported yes, 57.43% reported no (*n*=112), and 20.51% (*n*=40) did not respond. Like the above question, those who answered yes to awareness of [CLINIC] prevention services had a longer connection to the [DOD]; the mean years for those who said yes was 6.86, and those who said no was 2.53 years.

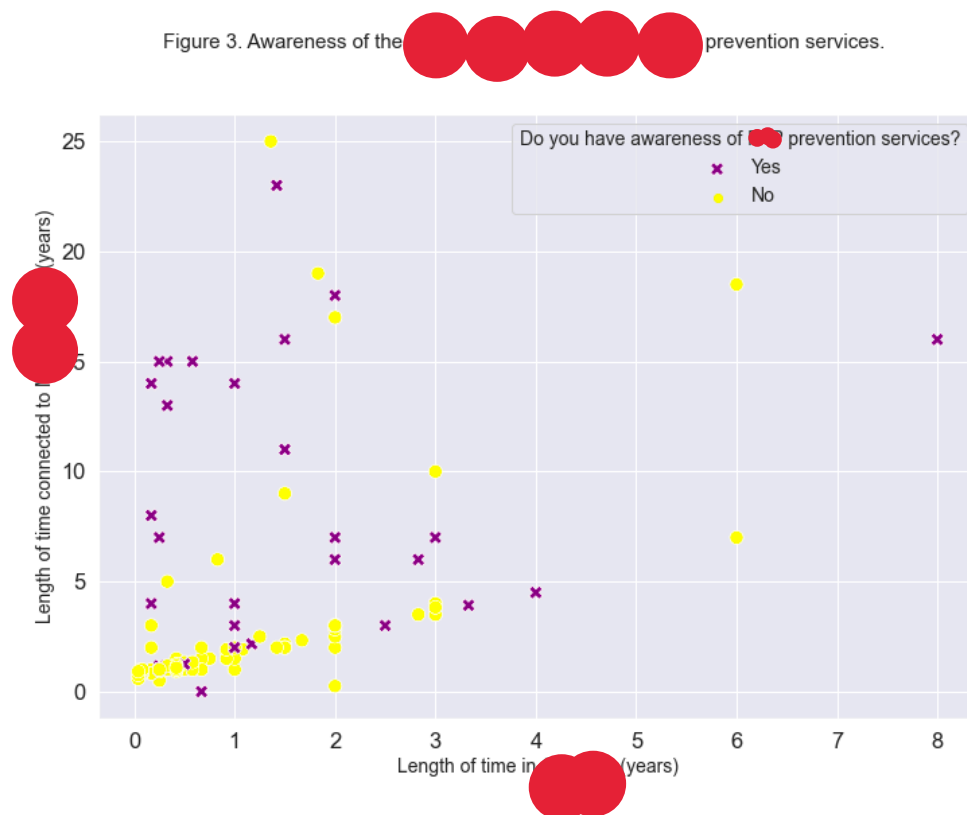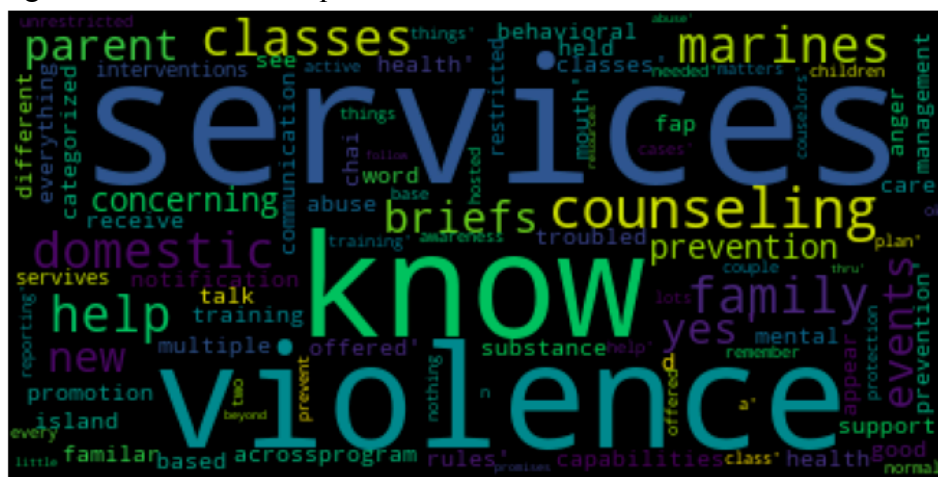Figure 3. Awareness of the ●●●●● prevention services.

Figure 4. Word cloud to question 7.

Q8: In your opinion, what can [CLINIC] Prevention & Education Specialists do to support [SERVICE MEMBERS] and their families in [LOCATION]?
Q9: Do you have any other thoughts or suggestions?

Topic modeling is a type of statistical modeling tool and was used to computationally assess what all topics were discussed in the responses to this question. Topic modeling is performed by counting words, their proportions and related indicators. After performing the topic modeling analysis, the following were recommended actions for [CLINIC] Specialists: classroom learning, campaigns, advertisements (other than flyers), command training, command involvement. Noteworthy actionable recommendations were:

- More training with the command
- Possibly be part of units Force Preservation Councils
- Reduce the stigma of accessing services with the [CLINIC]
- Prepare families to be ready in the event of an emergency NEO
- Provide an informational campaign to alleviate fear of child removal due to arbitrary/ unsubstantiated neighbor or teacher complaints
- Continue to advertise your services and make it abundantly clear what services are available (posters, social media, etc
- Provide support and resources to [DOD] and other services families
- Talk to [SNCOS]
- Presentations, in class learning
- Be a tool promoting education of a positive family relationship, fostering strong values even outside of the [DOD]
- More seminars
- Have more briefs about services to small unit leadership
- Information campaign should provide clear guidelines for what is considered child abuse by the program and what is considered acceptable parenting practices as governed by black and white standards. I understand there are grey areas but providing hard guidelines does help

Q10: What is your impression of the relationships [SERVICE MEMBERS] have with their children here in [LOCATION]?
Q11: What is your impression of the relationships [SERVICE MEMBERS] have with their significant others in [LOCATION]?

VADER (Valence Aware Dictionary and sEntiment Reasoner) sentiment analysis was used to computationally determine the emotion and opinion of the impressions [SERVICE MEMBERS] have with their children and significant others in [LOCATION]. VADER uses a combination of lexical features (e.g., words) which are generally labeled according to their semantic orientation as either positive or negative. VADER sentiment analysis calculates both positive and negative sentiment and the magnitude of the sentiment. Compound scores were utilized in the analysis of these two questions (the compound score is the sum of positive, negative, and neutral scores which is then normalized between -1, most negative, and +1, most positive).

For relationships [SERVICE MEMBERS] have with their children, an average sentiment score of 0.25 was found across 108 respondents. 15.75% of respondents had a negative sentiment score (defined as a score less than 0).

For relationships [SERVICE MEMBERS] have with their significant others, 0.18 average sentiment score across 108 respondents. 20.37% of respondents had a negative sentiment score (defined as a score less than 0). An example of a negatively scored response was, "*many spouses are unhappy here and it creates bitterness within these relationships and if [SERVICE MEMBERS] are not understanding of how tough it really is for spouses to be away from families, they do not properly support their spouse or make them feel heard.*"
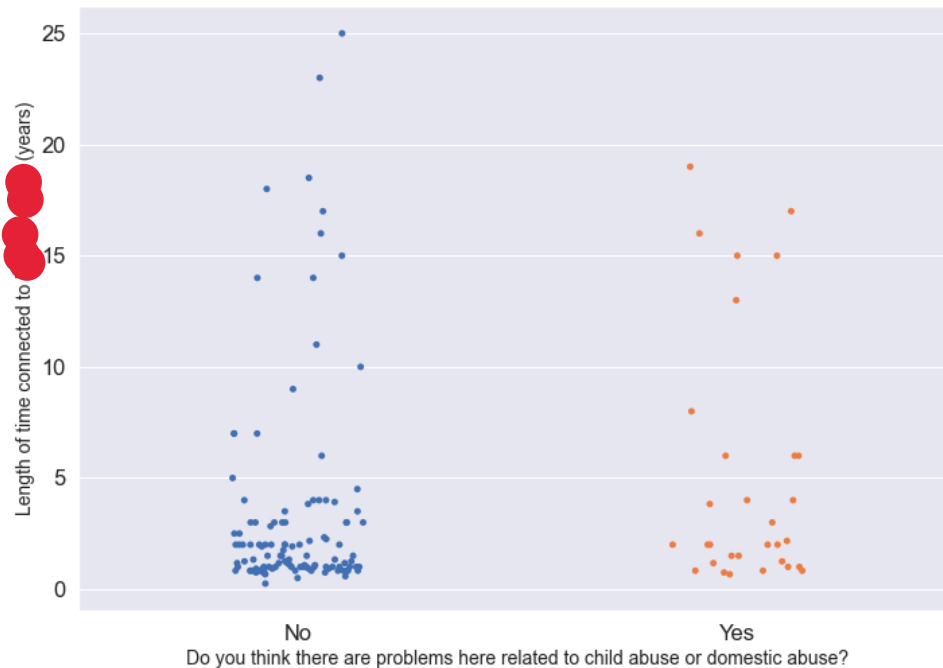
Figure 5. Relationship between sentiment scores.
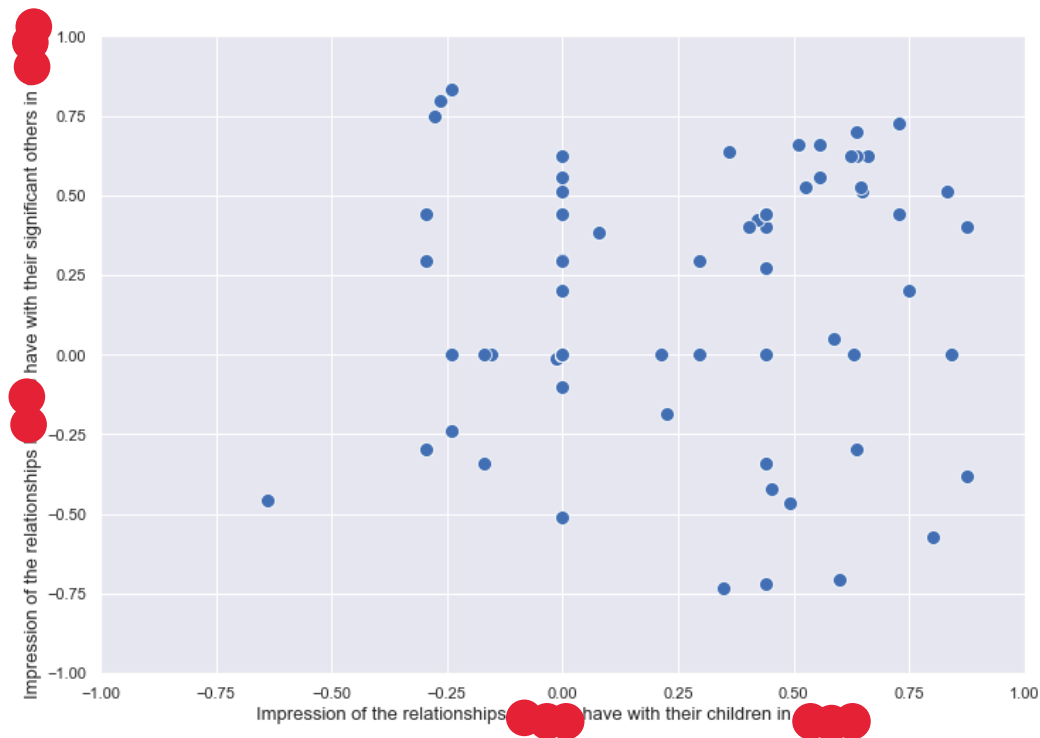
Q12: Do you think there are problems here related to child abuse or domestic abuse?

60.51% (*n*=118) reported no, 15.90% (*n*=31) reported yes, and 23.59% (*n*=46) did not answer.

Figure 6. Distribution of ■■■■■ connection.

Q14: Can you tell me about your command's approach here related to family violence?

Majority (49%, *n*=55) of the comments for this question were neutral (i.e., had a sentiment score of 0). Many of the neutrally scored responses were "I don't know". Of the 28.57% comments that were scored negative (*n*=32), many reported it is a topic that is not discussed and that they have not heard anything about it. The remaining positive comments (*n*=25) reported a zero-tolerance atmosphere, an approach that is supportive of families, and training about services available.