

**Safe States Alliance**

**Partner and Sexual Violence Prevention Special Interest Group**

**National Intimate Partner and Sexual Violence  
Prevention Specialist Core Competencies**

By Core Competency Workgroup:

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Pending Final Approval

## **Safe States Alliance National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies**

### Introduction

The following core competencies have been developed by a Core Competencies Workgroup (CCW) within the Safe States Alliance *Partner and Sexual Violence Prevention Special Interest Group (SIG)*. The Safe States Alliance (Safe States) is a national non-profit 501(c)(3) organization and professional association whose mission is to strengthen the practice of injury and violence prevention. The purpose of this SIG is to provide a forum for Safe States members to discuss and share program strategies, resources and policy initiatives aimed at reducing intimate partner and sexual violence (IP&SV). Members of the SIG felt that the development of core competencies would be an excellent resource not only for members of Safe States, but for others working in the field at both the community and state level, including state level Rape Prevention and Education (RPE) Program Directors funded through the National Centers for Disease Control and Prevention (CDC). The CCW engaged in a year-long development process that included: researching existing competencies and related guidelines; creating draft guidelines; vetting draft guidelines with SIG members; sharing draft guidelines with CDC staff; and finally, soliciting input nationally through an online survey (SurveyMonkey, Inc).

A core competency is a fundamental knowledge, ability, or expertise in a specific subject area or skill set <sup>1</sup>. The “core” part of the term indicates that the individual has a strong basis from which to gain additional competence to do a specific job. Theoretically, a core competency should allow an individual to expand and grow their knowledge and skills to provide a significant benefit to themselves and the people they serve.

The main purpose of these core competencies is to systematically guide the development of technical assistance and in person and on-line training programs for the IP&SV Prevention Specialist (Preventionist). These competencies can also be used to create job descriptions, to develop needs assessments, or to assist with performance evaluation. They have been designed to encompass essential knowledge and skills in five areas that are widely considered necessary to do IP&SV prevention work in the field of injury and violence prevention: general knowledge, assessment and evaluation, project management, communications and training and self-care and resiliency building.

It is not expected that an individual will need to be an expert in all of the competencies in order to effectively carry out their job. Many of the competencies may be more relevant to someone working at the state level than at the local level, or vice versa. And in some cases, larger programs may have multi-disciplinary teams that share responsibilities and therefore the competencies associated with those tasks. The intent is that the individual should ascertain those competencies that are a priority given their job responsibilities, and gain knowledge and skills throughout the course of their career in prevention to strengthen those competencies. This document is designed to accomplish this by providing the user with a roadmap for gaining and building on the competencies through 1) a three month introductory stage, 2) a subsequent nine months, and 3) progressing to ongoing growth and education. The remainder of the document is for all professionals to engage in continuous quality improvement.

The Core Competency Workgroup envisions that in the future the competencies will be distributed as a self-assessment tool that includes an individual development plan template. Individuals would be able to assess each competency using a four point scale, with:

- 1 = None. I am unaware or have very little knowledge of the skill
- 2 = Aware. I have heard of, but have limited knowledge or ability to apply the skill
- 3 = Knowledgeable. I am comfortable with my knowledge or ability to apply the skill
- 4 = Proficient. I am very comfortable, am an expert, or could teach this skill to others

The self-assessment tool will assist the IP&SV Preventionist to develop a training plan to assist with growth and advancement in the field of intimate partner and sexual violence prevention. The Core Competency Workgroup also envisions that local and national resources will be linked to each competency to provide knowledge and skills needed to become an expert.

To ensure that the IP&SV Prevention Competencies are kept up-to-date, the Core Competency Workgroup recommends a scheduled review by the Safe States Partner/Sexual Violence SIG.

"core competency." *Dictionary.com's 21st Century Lexicon*. Dictionary.com, LLC. 25 Apr. 2014. <Dictionary.com [http://dictionary.reference.com/browse/core competency](http://dictionary.reference.com/browse/core%20competency)>.

The Safe States Alliance National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies document has been cross walked with the essential core competencies developed by SAVIR§-Safe States Alliance Joint Committee on Infrastructure Development. Below is the key.

### **Core Competencies for Injury and Violence Prevention**

*Developed by the SAVIR§-Safe States Alliance Joint Committee on Infrastructure Development*

The essential competencies for injury and/or violence prevention are identified below. Following the general list of competencies is a more detailed list including learning objectives.

1. Ability to describe and explain injury and/or violence as a major social and health problem.
2. Ability to access, interpret, use and present injury and/or violence data.
3. Ability to design and implement injury and/or violence prevention activities.
4. Ability to evaluate injury and/or violence prevention activities.
5. Ability to build and manage an injury and/or violence prevention program.
6. Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
7. Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.
8. Ability to maintain and further develop competency as an injury and/or violence prevention professional.
9. Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.

## **National Intimate Partner and Sexual Violence (IP&SV) Prevention Specialist Core Competencies**

### **First Three Months**

- A. By the end of the first three months, the IP&SV prevention specialist will be familiar with:
1. The history of the IP&SV movements including prevention. (1, 9)
  2. At least three theories as a basis for addressing IP&SV prevention. (1,3,9)
  3. The Principles of Effective Prevention. (1, 2, 3, 4)
  4. The Spectrum of Prevention and Social-Ecological Models. (1, 3)
  5. The concept of anti-oppression practice (9)
  6. The principles of social justice (1, 8, 9)
  7. Effective presentation and facilitation skills. (9)
  8. The continuum of evidence for IP&SV prevention discussed in the Center for Disease Control's paper Understanding Evidence. (1, 2, 4)
  9. Tools for program planning: grand writing, logic model, work plans, goal writing and outcome statements. (2, 3, 4, 5)
  10. State and federal laws regarding IP&SV that have an impact on program policies and procedures. (5,7,9)
  11. Procedure for handling disclosures that could include mandated reporting requirements. (5,7,9)
- B. After the first three months the IP&SV specialist prevention will or is able to:

#### **General Knowledge:**

1. Apply the public health approach to IP&SV prevention. (1,2,3,4,9)
2. Distinguish the difference between primary prevention compared to secondary and tertiary prevention in IP&SV. (1,9)
3. Give examples of how primary prevention can contribute to social change. (1,7)
4. Identify modifiable risk and protective factors for IP&SV perpetration. (1,9)
5. Challenge personal biases and beliefs that may interfere with work. (3,9)

#### **Assessment and Evaluation:**

1. Identify sources of existing data for IP&SV related issues. (2,9)

#### **Project Management:**

1. Identify available funding streams for IP&SV prevention. (5,9)
2. Read IP&SV current grant guidelines and requirements applicable to position. (5,9)

#### **Communications and Training:**

1. Tailor and adapt effective communication messages and training content to meet the needs of different audiences. (3,4,6,7)
2. Describe the differences between: evidence based, evidence informed, theory based, and practice based prevention strategies. (1)

3. Identify informational sources to respond to various IP&SV prevention topics requests. (2,6,7,9)

**Self-Care and Resiliency Building**

1. Identify the ways in which IP&SV may affect both personal and professional life. (9)
2. Identify ways you can implement self-care into your professional life. (9)
3. Devise a plan to use clear boundaries between personal and professional life. (9)

## **First Year**

A. By the end of the first year, the IP&SV prevention specialist will be familiar with:

1. The intersections with other forms of violence and its application to strategies in your program. (1,9)
2. The concept of a community of practice. (9)
3. Building community and stakeholder trust through collaboration and collaborative decision making process. (1,3,5)
4. Recognize the intersections (e.g., risk and protective factors or identified population) to other public health prevention program. (1,9)
5. Different types of data collection used to systematically measure outcomes of implemented strategies. (2,3,4)
6. Sustainability and institutionalizing prevention strategies and resources. (5)
7. The use of continuous quality improvement (CQI) to improve an existing service, strategies and product or to design a new service, strategies or product. (2,3,4,5)
8. Basic financial management principles. (5)
9. The differences between public relations, media advocacy and social media. (6,7)
10. The differences between lobbying, advocacy and education. (6,7)
11. Trauma stewardship and the effect of direct and indirect trauma exposure on self, co-workers, and others. (9)

B. By the end of the first year, the IP&SV prevention specialist will or is able to:

### **General Knowledge:**

1. Apply the Principles of Effective Prevention. (1,2,3,4)
2. Recognize the importance of linking prevention program strategies to evidence and theory. (1,2,3,4)
3. Identify the connections IP&SV has to civil rights and human rights. (9)
4. Give examples of how Social Determinants of Health contribute to IP&SV including: racism, sexism, economic inequity, power, oppression, patriarchy and privilege. (1,3,9)
5. Address personal biases and beliefs that may interfere with work. (3,9)

### **Assessment and Evaluation:**

1. Identify different methods for assessing community's needs and assets related to IP&SV prevention. (2,9)
2. Explain the importance of evaluating IP&SV prevention strategies. (1,2,4,9)
3. Explain the difference between process and outcome evaluation. (9)
4. Develop a work plan including goal writing and measurable outcome statements based on a community or state assessment. (1,3,9)
5. Utilize valid and reliable tools to measure the effectiveness of IP&SV prevention strategies. (2,4,9)
6. Read and interpret data sets used to inform IP&SV prevention strategies. (2,4,9)
7. Use and cite data to tell the story to engage potential stakeholders by increasing the understanding of the value and impact of IP&SV prevention on the individual, community and societal level. (2,4,6,9)

### **Project Management:**

1. Craft goals and outcomes statements in IP&SV prevention strategies based on community or state assessment results. (2,3,4,5,9)
2. Develop evidence informed IP&SV prevention strategies using the Social-Ecological and/or Spectrum of Prevention and Effective Principles of Prevention. (1,3,9)
3. Develop IP&SV strategies that are informed by Social Determinants of Health and anti-oppression practice and social justice principles. (1,3,9)
4. Implement prevention strategies for IP&SV based on the public health approach. (1,2,3,4,9)
5. Build effective partnerships with multi-sector stakeholders by increasing connections, reciprocity and trustworthiness. (1,3,5)
6. Use evidence based and/or evidence informed curriculum, strategies and approaches for IP&SV prevention. (2,3,4,9)
7. Use collaborative decision making for developing and implementing prevention strategies. (5)
8. Identify skills needed for leadership development. (8)
9. Utilize project management skills: problem solving, decision making, planning, delegating, communication, meeting management, managing self. (5,8)
10. Identify elements needed for writing a successful grant proposal. (5)
11. Monitor grant's deliverables. (5)
12. Generate information for progress or other reports. (5)
13. Critique and assess grant applications/proposals to determine eligibility for funding. (5)
14. Leverage human, technological and financial resources to assist in implementing IP&SV prevention strategies. (1,3,5,9)

### **Communications and Training:**

1. Utilize effective presentation and facilitation skills. (6,7,9)
2. Provide accurate and appropriate technical assistance related to IP& SV prevention tailored to specific audiences. (7,9)
3. Communicate the complexities of IP&SV prevention issues to stakeholders and the public. (5,6,7,9)
4. Establish and maintain positive working relationships with partners and stakeholders. (1,3,4,5)

### **Self Care and Resiliency Building:**

1. Understand how burnout, vicarious trauma and compassion fatigue may be presented in self and co-workers doing IP&SV prevention work. (9)
2. Apply self-care into your personal and professional life. (9)
3. Identify a mentor or ally to assist and help guide your efforts in IP&SV prevention. (9)



## **On-going Professional Competencies**

The IP&SV prevention specialist will or is able to:

### **General Knowledge:**

1. Recognize how power, patriarchy, oppression and privilege can affect IP&SV prevention strategies. (1,9)
2. Seek new ways to grow in understanding Social Determinants of Health including cultural, ethnic and racial differences, sexism, economic inequity, etc. (1,3,8)
3. Examine and challenge personal biases and beliefs towards people who are different from self. (3,9)
4. Assess personal strengths and challenges and seek out training opportunities for needed areas of improvement. (5,8)
5. Stay current on emerging and best practices, evidence and research by attending training and networking opportunities. (5,8)
6. Develop mentoring skills and practices in order support a new IP&SV prevention specialist. (5,8)
7. Recognize training and technical assistance needs for personal and professional growth. (5,8)

### **Assessment and Evaluation:**

1. Translate data in order to tell prevention stories to engage stakeholders and diverse audiences to build their capacity of understanding the impact of IP&SV. (2,4,6,7,9)
2. Use appropriate reference materials to support IP&SV work. (5,9)
3. Use varied methods and tools for assessing community prevention needs for IP&SV. (2,3,9)
4. Coordinate the design and implementation of a community and/or state needs assessment. (1,2,3)
5. Coordinate the design and implementation of valid and reliable evaluation tools to measure the effectiveness of IP&SV prevention strategies. (2,3,4,9)
6. Analyze and interpret outcome and process data to determine what strategies should be sustained, modified or discontinued. (2,4,5)

### **Project Management**

1. Use continuous quality improvement to inform work strategies. (2,3,4,5)
2. Write grant proposals to implement and sustain IP&SV prevention strategies. (5,9)
3. Monitor budget for IP&SV programs. (5,9)
4. Implement strategies to sustain IP&SV prevention programs. (3,5,9)
5. Build and maintain partnerships with community and/or state stakeholders to implement and sustain IP&SV prevention strategies. (1,3,5,9)
6. Collaborate with other public health areas and social justice efforts to address IP&SV prevention strategies. (1,3,5,9)

7. Recognize training needs to partner with culturally specific agencies from your community to assist in implementing culturally appropriate education and build community relationships. (1,3,5,7,8)
8. Identify new (i.e., human, technological, financial resources and other assets from community) to support implementing IP&SV prevention strategies and project management. (1,5,9)
9. Understand the roles and responsibility related to informing policy development. (6,7)

**Communication and Training**

1. Use media advocacy to support implementation of IP&SV prevention goals. (6,7,9)
2. Use social media to support implementation of IP&SV prevention goals. (6,7,9)

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