Individuals who have suffered physical and mental trauma from intimate partner violence (IPV) and abuse are at greater risk for many of our nation's leading negative health outcomes, including depression, heart disease and hypertension, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, unintended pregnancies, diabetes, and even asthma and obesity. Viewing IPV through a health lens and employing effective strategies to prevent IPV could have a major impact on the health and well-being of Delawareans as well as the response burden of Delaware’s health care and domestic violence systems. The effects of IPV on health and health care are unsustainable for individuals and for our communities.

While great strides have been made in intervention and response, success in preventing intimate partner violence requires Delaware’s Domestic Violence and Health systems to expand their framework for addressing IPV to include preventing intimate partner violence. To this end, DCADV is implementing a workforce development strategy aimed at expanding two formal programs designed to cultivate Delaware’s workforce primarily rooted in systems advocacy, intervention, and response to include a significant focus on prevention (including addressing IPV as a preventable health disparity). The two programs included in this strategy are:

**Domestic Violence Prevention and Services Concentration and Minor (DVPS)**

DVPS, a program of the Department of Women and Gender Studies at the University of Delaware, prepares students for a range of careers focused on domestic violence through a combination of coursework and practical experience with local DV programs and state systems. The program is the only one of its kind available to undergraduates in the United States, and was developed in conjunction with the certification and training curriculum of DCADV.

**Domestic Violence Specialist Certification (DVS)**

DVS certification was established by DCADV, to both recognize and enhance the skills of advocates and service providers working in the field of intimate partner violence. The certification process helps to ensure standards for training and service are consistently high for those working in Delaware’s Domestic Violence system.

Key activities of this strategy include:

- Expansion of course content within DVPS to include and align with concepts contained in other DCADV DELTA FOCUS training and education sessions (such as health equity frameworks, IPV as a health issue, etc.) and to include content that fulfills DVS certification prevention training requirements;

- Establishment of a prevention-focused student practicum to provide opportunity for students to engage in real-world application of prevention principles;

- Establishment of a prevention track for Domestic Violence Specialist Certification, including establishment of training and education requirements, service hour experience requirements, and topics for mentoring as well as creating an opportunity for attaining dual certification (meeting requirements of both direct service and prevention);

- Alignment of expected core competencies and philosophical frameworks for DV practitioners across both the DVPS and DVS programs in order to shape and reinforce norms and practices within Delaware’s DV system.

**GOAL**

The goal of this DELTA FOCUS strategy is to strengthen prevention competencies of current and future practitioners within Delaware’s Domestic Violence system through enhancement of two key workforce development programs: Domestic Violence Prevention and Services Concentration and Minor and Domestic Violence Specialist Certification (DVS), to ensure Delaware’s institutionalized response to IPV incorporates prevention and that prevention efforts are grounded in best practices and guided by well-trained staff to systemically impact social and structural conditions to reduce incidences of intimate partner violence in Delaware.

**EVALUATION**

Evaluation of this strategy centers on two main questions:

- To what extent are the development and support of a Domestic Violence workforce contribute to expansion in system norms?
- Are key components of the workforce development strategy being implemented as intended?

The evaluation addresses these questions through a mixed-methods design including both quantitative (participation tracking, rubric assessments, document review, surveys) and qualitative (exit interviews, key informant interviews) methods for data collection and incorporates a developmental evaluation perspective by adjusting tools, methods, and outcomes based upon ongoing feedback and review. The evaluation also employs methods designed to allow for uncovering unanticipated insights and outcomes. Key indicators being tracked or measured include:

**Process Indicators**

- Number of DVPS prevention-focused students
- Number of DVPS graduates seeking prevention-focused employment
- Number/Ratio of Prevention/Dual Certified Specialists
- Satisfaction with the DVS program (graduates and DV organizations)
- Satisfaction with DCADV’s DVS Certification program

**Outcome Indicators**

- Understanding of prevention and public health approach to IPV among DVPS students
- Increased confidence in application of prevention competencies among Prevention Practicum students
- Self-reported incorporation of prevention framework/approach by DVPS graduates into their positions/organizations
- Increase in number/ratio of Dual/Prevention DV Certified Specialists in Delaware’s Domestic Violence workforce
- Increase in number of prevention-focused positions in Delaware’s Domestic Violence workforce

**FINDINGS**

**Summary of DVPS Post Graduation Key Informant Interviews**

- Overall, 10 completed interviews (out of 30 graduates); Response rate = 33.3%
- All respondents expressed that the DVPS Concentration/Minor was an extremely valuable experience and expressed satisfaction with the program.
- All respondents currently employed in DV/DV-related field expressed that the DVPS program fully prepared them for employment and that the program provided them with confidence and gave them a “leg-up” on their capacity and readiness in their positions.
- Respondents were limited in their ability to directly apply prevention concepts/frameworks depending on funding restrictions, nature of position, or focus of work of the organization but several expressed incorporating broader prevention concepts or engaging in prevention outside of their direct work (i.e., volunteer efforts).
- Respondents suggested the need for expansion/more emphasis on prevention content in the coursework in order to provide more content preparation for incorporating/applying prevention concepts.