



# EVALUATION REPORT

## IMPROVING ACCESS AND ATTITUDINAL CHANGES FOR DOMESTIC VIOLENCE SERVICES IN GEORGIA

2019

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## Table of Contents

<b>Key Terms .....</b>	<b>1</b>
<b>Overview of the Program.....</b>	<b>3</b>
<b>Pilot Program for Domestic Violence Shelters .....</b>	<b>4</b>
<b>Domestic Violence Task Force for the Deaf and HOH .....</b>	<b>5</b>
<b>Overview of the Evaluation .....</b>	<b>6</b>
<b>Achievement of Targeted Outcomes.....</b>	<b>10</b>
<b>Outcome 1: 100% of pilot shelters address physical barriers and attitudinal barriers impacting Deaf and HOH survivors.....</b>	<b>10</b>
<b>Results of pilot shelter trainings and technical assistance. ....</b>	<b>12</b>
<b>Findings from pilot site pre- and post-training survey. ....</b>	<b>15</b>
<b>Findings from evaluation pilot site visits.....</b>	<b>34</b>
<b>Results of summative interviews with pilot shelters.....</b>	<b>39</b>
<b>Outcome 2: Members of the task force demonstrate increased knowledge of the needs of Deaf and HOH domestic violence survivors, available resources, and how to access resources. ....</b>	<b>41</b>
<b>Outcome 3: Increased capacity of GCADV and shelters to meet the needs of Deaf and HOH survivors. ....</b>	<b>46</b>
<b>Conclusions.....</b>	<b>48</b>

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The Survey Research and Evaluation (SRE) unit of the University of Georgia's Carl Vinson Institute of Government conducted formative and summative evaluations of the Georgia Coalition Against Domestic Violence's (GCADV) Enhancing Access and Attitudinal Changes in Domestic Violence Shelters for Individuals with Disabilities Grant program. The evaluation was conducted (a) to assess implementation and progress towards achieving the program's targeted outcomes, (b) to provide timely feedback and recommendations to support continuous program improvement, and (c) to assess the degree to which the program achieved its outcomes by the end of the grant period.

### **Key Terms**

**Abuse:** Actions, with or without physical contact that cause harm. To harm or injure by maltreatment, neglect or improper use of power or resources.

**Accessibility:** A basic right to an environment that allows an individual and/or a service animal to move freely, communicate, obtain services and participate in work and community activities.

**Advocate:** A person who acts in support, or on behalf of, an individual, in order to ensure the individual's interests are represented and/or rights upheld.

**American Sign Language (ASL):** American Sign Language is a visually perceived language based on a naturally evolved system of articulated hand gestures and their placement relative to the body, along with non-manual markers such as facial expressions, head movements, shoulder raises, mouth morphemes, and movements of the body. It is the primary sign language used by Deaf and hard of hearing people in the United States and Canada.

**Assistive Technology:** Assistive Technology is any item or piece of equipment that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities in all aspects of life, including at school, work, home, and in the

community. Assistive Technology ranges from low tech to high tech devices or equipment.

**Deaf:** Individuals that have shared social beliefs, behaviors, art, literary traditions, history, values, and shared institutions of communities that are affected by deafness and which use American Sign Languages as the main means of communication. Deaf individuals have their own sense of identity and resultant actions. As with all social groups that a person chooses to belong to, a person is a member of the Deaf community if he or she identifies him/herself as a member of the Deaf community, and other members accept that person as a part of the community.

**deaf:** The term deaf (written with a lowercase "d") refers to a physical condition characterized by a relative lack of auditory ability, or individuals that are hard of hearing. These individuals identify themselves mostly with the hearing community and are not culturally Deaf.

**Deaf-blind:** A concomitant physical condition characterized by relative lack of auditory and visual abilities.

**Deafened (late deafened):** A term that refers to individuals that have a relative lack of auditory ability, which occurred after the development of speech and language. Persons who are late deafened can benefit from the use of visual display technology, but usually very little from hearing aids or other listening technology.

**Domestic Violence (DV):** Physical, sexual, emotional, and/or psychological harm by a current or former partner or spouse.

**Hard of Hearing (HOH):** refers to individuals who have some degree of relative lack of auditory ability, ranging from mild to profound. This may be because they were born with a relative lack of auditory ability or they may have lost some or all

of their hearing later in life. People who are hard of hearing may benefit from the use of hearing aids or other assistive listening devices.

**Technical Assistance (TA):** Providing advice, assistance, and resources to systems, agencies, and individuals in order to build capacity for services to survivors of domestic violence and/or individuals who are Deaf, deaf, hard of hearing, deaf-blind or late deafened. TA often involves troubleshooting challenges, providing access to resources on specific topics and assistance with policy planning and program implementation.

**Video Phone:** Technology which allows people who are Deaf and hard of hearing to communicate with others using American Sign Language over a videophone connection. They can contact other Deaf persons who also have videophones directly, or they can contact hearing persons through the Video Relay Service.

**Video Relay Service (VRS):** A video telecommunication service that allows Deaf and hard of hearing persons to communicate via video telephones.

**Video Remote Interpreting (VRI):** A video telecommunication service that uses video devices to provide interpretation through sign language or spoken language

**Key terms source:** P.E.A.C.H. Collaboration, 2013

## **Overview of the Program**

The purpose of the grant program was to improve support for Deaf and HOH survivors of domestic violence by facilitating positive change at the facility/shelter level as well as the system level. The program facilitated physical, attitudinal, and operational change at six pilot shelters through training and technical assistance and mentorship. To promote system change, GCADV created the Domestic Violence Task Force for the Deaf and HOH that included members from domestic violence, Deaf and HOH, judicial, social services, and community support organizations.

## **Pilot Program for Domestic Violence Shelters**

The program conducted trainings for staff at each of the six pilot shelter locations. The training focused on increasing shelter staff's awareness of challenges unique to Deaf and HOH survivors and increasing their understanding of cultural factors that influence these survivors' experiences of domestic violence. In addition to increasing understanding and combating misconceptions, the training described strategies and assistive technologies for establishing supportive and effective communication with Deaf and HOH survivors as well as an inclusive, safe, and comforting environment. GCADV met its goal of training at least 85% of staff at each of the pilot shelters. After the training, the Disabilities Program Manager provided technical assistance and mentoring to shelters as they began implementing what they had learned in the form of policy and procedure changes and facility and equipment upgrades. All of the sites asked for additional information and assistance identifying and implementing assistive technologies. In response, the Disabilities Program Manager provided information and guidance and created a document explaining the difference between Video Remote Interpreting (VRI) and Video Relay Service (VRS)—the technologies that have replaced TTY phones as primary modes of communication for the Deaf and HOH community.

In Fall 2018 (between August 29-October 15, 2018), the Disabilities Program Manager and a representative from the Georgia Council for the Deaf and Hard of Hearing (GCDHH) visited each of the pilot shelters to conduct a safety and access assessment. The purpose of the assessment was to measure the safety and Deaf-friendliness of the participating pilot shelters approximately a year after the initial training and to identify and recommend additional improvements. The pilot shelters received a summary of the findings from their assessments with recommendations for how they could make shelters more Deaf friendly. Key factors addressed during the assessments were:

- Accessibility of the front entrance for Deaf and HOH individuals. That is, was it necessary for the individual to hear or speak to enter the shelter.
- Signage upon entering the shelter instructing visitors that they can request alternate forms of communication, including American Sign Language.

- Availability of videophone or iPad with VRI services for use with Deaf and HOH survivors.
- Staff knowledge and experience with VRI or VRS.
- Staff training that includes information on Deaf culture and working with Deaf and HOH survivors.
- Language and/or access symbols on the shelter's website indicating it serves Deaf and HOH survivors.
- Easy to read website or brochures containing access symbols or videos/vlogs.
- Accessible/visual fire alarms throughout the shelter, including in bedrooms.
- Accessible/visual doorbell at shelter.
- Televisions with closed captioning in common areas.

The assessments revealed all but one shelter had accessible/visual fire alarms throughout the shelter; the one shelter did not have accessible fire alarms in the bedrooms. Half of the shelters had accessible front entrances (e.g., cameras or staff that came out when an intercom was pressed). Although one of the shelters had a camera, it was broken at the time of the assessment. Another shelter had an operating camera but used a buzzer to signal the door was open making entry difficult for a Deaf or HOH individual. None of the shelters had adequate signage, language on websites about serving Deaf and HOH survivors, access symbols on brochures, or VRI services. Half of the shelters had tablets (e.g., iPads), and two others were in the process of purchasing tablets. Staff at all of the shelters had been trained on Deaf culture and working with Deaf and HOH survivors as part of the GCADV program, but only two shelters reported that their annual and new staff trainings included such information. As part of another grant, GCADV plans to provide shelters kits that contain items such as knocker door bells to use when a Deaf or HOH survivor comes to the shelter.

### **Domestic Violence Task Force for the Deaf and HOH**

The task force was created to promote social and systems change to improve services and support for Deaf and HOH survivors of domestic violence. The goal of

the meetings was to increase members' knowledge of the needs of Deaf and HOH survivors, the resources available to meet those needs, and how to access those resources. Task force meetings facilitated collaboration, networking, information sharing, and identifying recommendations for improvements. The task force met seven times (roughly quarterly) and included presentations by agencies such as the Georgia Council for the Deaf or Hard of Hearing (GCDHH), Center for Inclusive Design and Innovation at Georgia Institute of Technology, Georgia Advocacy Office, Criminal Justice Coordinating Council, and pilot shelters. Information was also shared on accessing interpreters, using VRI, barriers to effectively serving Deaf and HOH survivors of domestic violence, Deaf sensitivity, strategies for outreach to domestic violence survivors in the Deaf community, and marginalized groups within the Deaf community. The GCADV Disabilities Program Manager expanded on the work of the task force by providing additional education, technical assistance, and advocacy with organizations and agencies. As an example, the Disabilities Program Manager participated in a Criminal Justice Coordinating Council (CJCC) working group, and as a result, Deaf and HOH individuals were added to policies related to the provision of equal communication access. Previously those policies focused primarily on individuals with limited or no English proficiency. The Disabilities Program Manager also assisted the Georgia Commission on Family Violence to understand when an interpreter is needed and how to hire an interpreter for Deaf participants in its Batterer Education Program. She also brought to their attention the challenge for Deaf perpetrators who are mandated to participate in Family Violence Prevention/Intervention programs but do not have an interpreter at the program to assist them. Other issues, such as who would bear the cost of an interpreter, were also raised.

### **Overview of the Evaluation**

The principle goals of the evaluation were to provide timely feedback to support continuous program improvement and progress towards achieving the program's



outcomes (formative evaluation) and to measure the degree to which those outcomes were attained at the end of the program (summative evaluation).

The evaluation determined the degree to which the program met the objectives, implemented planned activities, and achieved the targeted outcomes described in Table 1.

**Table 1: Program Targeted Outcomes**

<b>Program Objectives</b>	<b>Activities to Meet Objectives</b>	<b>Targeted Outcomes</b>
Equip domestic violence shelters to provide Deaf and HOH survivors comprehensive, safe, responsive, and person-centered services.	Provide training and technical assistance to six shelters participating in the pilot program.	100% of pilot shelters address physical barriers and attitudinal barriers impacting Deaf and HOH survivors.
Equip a state task force to help end social and system barriers for Deaf and HOH survivors of domestic violence.	Create the Domestic Violence Task Force for the Deaf and Hard of Hearing with representatives from domestic violence, Deaf and HOH, judicial, social services, and community support organizations.  Hold quarterly meetings to facilitate collaboration, networking, information sharing, and improvements.	Members of the task force demonstrate increased knowledge of the needs of Deaf and HOH domestic violence survivors, available resources, and how to access resources.

Program Objectives	Activities to Meet Objectives	Targeted Outcomes
Build GCADV and pilot shelter capacity to partner with the Deaf and HOH community to address statewide barriers to serving Deaf and HOH survivors of domestic violence.	Develop policies, procedures, and processes to address barriers for Deaf and HOH survivors.  Develop training and technical assistance for shelters.	GCADV and pilot shelters increase capacity to meet the needs of Deaf and HOH survivors.

Table 2 describes the primary evaluation activities conducted during the grant program to assess ongoing progress and achievement of the program’s targeted outcomes.

**Table 2: Evaluation Activities to Assess Targeted Outcomes**

Targeted Outcomes	Evaluation Activities	Time period	Deliverable
100% of pilot shelters address physical barriers and attitudinal barriers impacting Deaf and HOH survivors.	Pre-Post training knowledge test (formative and summative evaluation)	July 20 to August 9, 2017	Report of Findings-2017 Training Surveys and Site Visits (submitted to GCADV February 2018)
	Post-training participant feedback survey (formative evaluation)	July 20 to August 9, 2017	
	Pilot shelter site visits and interviews	October 11 to November 17, 2017	

Targeted Outcomes	Evaluation Activities	Time period	Deliverable
	(formative evaluation)		
	Pilot site director interviews (summative evaluation)	February 20-27, 2019	Final evaluation report 2019
Members of the task force demonstrate increased knowledge of the needs of Deaf and HOH domestic violence survivors, available resources, and how to access resources.	Post-task force meeting survey (formative evaluation)	October & December 2017	Summary of Survey Results for October (results submitted December 5, 2017 to GCADV) and December meetings
	Survey of task force members (summative evaluation)	February 14-26, 2019	Final evaluation report 2019
GCADV and pilot shelters increase capacity to meet the needs of Deaf and HOH survivors.	Interview GCADV program leaders (summative evaluation)	February 27, 2019	Final evaluation report 2019

During 2018, the primary evaluation activities were attending periodic meetings of the Domestic Violence Task Force for the Deaf and Hard of Hearing and meeting with GCADV program leaders for updates on ongoing program activities.

The remainder of this report discusses the degree to which the program attained its outcomes through the pilot shelter training, technical assistance, and facility assessment visits; the task force meetings and collaborations; and GCADV's other advocacy and outreach efforts on behalf of Deaf and HOH survivors of domestic violence.

## **Achievement of Targeted Outcomes**

### **Outcome 1: 100% of pilot shelters address physical barriers and attitudinal barriers impacting Deaf and HOH survivors.**

All six pilot shelters (100%) have addressed physical and attitudinal barriers and are continuing to enhance their capacity to serve Deaf and HOH survivors. During the summer of 2017, all shelters received training in culturally sensitive approaches to assisting Deaf and HOH survivors and technical assistance to address challenges in implementing approaches. The pilot shelters are continuing to address physical barriers by acquiring assistive technologies to enable communication with Deaf and HOH survivors (e.g., tablets, VRI service). The pilot shelters will receive assistance obtaining additional assistive technologies through GCADV's new Deaf Domestic Violence Advocacy Program (DDVAP) created as a result of the current program. DDVAP will purchase and distribute ADA accessibility kits to each of Georgia's certified and community-based domestic violence shelters; kits will include items such as accessible smoke alarms, door knockers, alarm clocks, and baby monitors.

The evaluation team interviewed GCADV Disabilities Program Manager (Letitia Burr) and Associate Director (Christy Showalter) to learn about the development and implementation of the training and the ongoing technical assistance with the pilot sites after the training. The training for the pilot site staff focused primarily on increasing the awareness and understanding of Deaf culture, how Deaf and HOH survivors engage and communicate, and the unique aspects of their experiences of domestic violence. The goals were to alleviate attitudinal barriers and misconceptions that could prevent shelters from effectively serving Deaf and

HOH survivors that come to them for assistance. GCADV strategically collaborated with the Georgia Council for the Deaf and Hard of Hearing (GCDHH) in developing and delivering the training. Coordinating the schedules of all pilot shelter staff was a challenge, but it was not feasible to offer the training multiple times at the same shelter. GCADV requested at least 85% of each shelter's staff attend the training and they were able to meet this goal.

After receiving the foundational training, all of the pilot shelters requested assistance to learn more about the assistive technologies available for communicating with Deaf and HOH survivors and to determine which would be best for their shelters. In addition to direct discussions with shelters, the GCADV Disabilities Program Manager created a document for the shelters that explained the difference between Video Relay Services (VRS) and Video Remote Interpreting (VRI) that explained how they each work, their advantages and disadvantages, the estimated costs for each, companies that provide the services, and factors to consider in deciding between the two methods of communication, such as reliability of Internet at the shelter. In addition, pilot shelters were concerned because they were required to have TTY machines as part of their contracts with Georgia's Criminal Justice Coordinating Council (CJCC), but as they learned during the training, members of the Deaf community rely on newer assistive technologies. To address this concern, the Disabilities Program Manager assisted CJCC in updating the language in its contracts with shelters to enable shelters to replace the required TTY machines with newer communication technologies used more frequently in the Deaf community.

The GCADV Disabilities Program Manager supported shelters' continued engagement in the program by doing a monthly "check-in" with the point person at each shelter who was tasked with overseeing implementation of the program. In addition, she periodically sent articles and other information relevant to serving Deaf and HOH survivors of domestic violence. Maintaining engagement was critical because the majority of shelters did not have Deaf or HOH clients very often. This is also why having procedures and policies in place as a reference when a Deaf or HOH survivor did arrive is so important. The GCADV Disabilities

Program Manager, with input from pilot shelter staff, developed policies and procedures for shelters to adopt. She is currently in the process of finalizing the policies and procedures before sending them to the shelters (Interview with GCADV leadership February 27, 2019).

### **Results of pilot shelter trainings and technical assistance.**

To assess the outcomes of the pilot shelter trainings and to identify future technical assistance needs, the evaluation team conducted a pre-posttest to measure gains in knowledge and understanding, a post-survey on the training and opportunities for improvement, and site visits to each of the pilot sites. A report of findings resulting from these three activities was submitted February 2018 to the Disabilities Program Manager to support planning for next steps and technical assistance with the pilot shelters.

Highlights from the findings include the following:

- Ninety-six percent (96%) of the training participants who completed the post-training survey reported being *Satisfied* or *Very satisfied* with the training (20% *Satisfied* and 76% *Very satisfied*). In addition, 96% of participants rated the quality of the training and facilitators *Good* or *Excellent*, and the majority of those participants rated both the training and facilitators *Excellent* (66% and 64%, respectively).
- Eighty-one percent (81%) of participants that attended the training completed the pre-training survey, and 73% completed the post-training survey.
- The pre- and post-training surveys included a 13-item knowledge assessment designed to measure gains in participants' understanding of issues relevant for better serving the needs of Deaf and HOH survivors of domestic violence. A comparison of correct responses on the assessment

revealed that participants showed increased knowledge between the pre- and post-trainings on 12 of the 13 items (92%). The greatest increases were in the areas of (a) job discrimination experienced by Deaf and HOH survivors, (b) how “hearing privilege” is manifested and experienced, (c) characteristics of Deaf culture, (d) modes of communication used by the Deaf community and individuals, and (e) unique abuse tactics Deaf and HOH survivors may experience.

- The pre- and post-training surveys also included items to measure gains in participants’ confidence to serve Deaf and HOH survivors effectively. A comparison of pre- to post-training survey responses indicated an increase in participants’ confidence. Areas of greatest confidence were (a) the ability to use a sign language interpreter, (b) establishing a welcoming environment, and (c) providing emotional support and minimizing feelings of isolation. Areas of least confidence were (a) assisting the survivor in navigating community services and systems, (b) facilitating a group counseling session, and (c) using assistive technologies.

The recommendations and potential next steps provided to the program in the report were as follows:

- While survey responses indicated that participants felt confident in establishing a comfortable and supportive environment for survivors—a critical first step for encouraging the survivor to remain at the shelter—the participants need additional support and training in using assistive devices and technologies and integrating these into shelter activities. The survey as well as the site visit feedback indicate that participants left the training more aware of assistive technologies available but less confident in their ability to use them. In addition, shelter staff would like to have someone visit their sites to help determine which technologies to purchase, how best to position and use them in the facilities, and how to establish policies and procedures about their use to optimize survivors’ experiences and outcomes.

- The training established a strong foundation of knowledge and understanding of Deaf and HOH survivors' culture, how that culture impacts their experience of domestic violence, misconceptions that can interfere with seeking and receiving effective help, and resources for assisting these survivors when they arrive at a shelter. A recommended next step is to assist shelters in translating this new learning into concrete policies, procedures, strategies, and best practices they can rely on to effectively serve Deaf and HOH survivors. The creation of these policies and practices is a culminating outcome of the project and a resource for the pilot shelters as well additional shelters. Once they are created, the policies and practices could be added to the training to better prepare shelter staff to serve Deaf and HOH survivors and to promote consistent, high-quality implementation across shelters. It could be beneficial to create a way for pilot shelter sites to share and discuss their draft policies and procedures to take advantage of the range of ideas. A result could be a set of policies, procedures, and best practices the GCADV could recommend to other members and field test in a future, more extensive project.
- In addition to model policies and procedures, the GCADV could house resources and information on serving Deaf and HOH survivors that member shelters could use, such as a training video to onboard and refresh staff; instructions and tips on selecting and using assistive equipment and technologies; and copies of useful documents and handouts that shelter staff could print as needed.
- The GCADV could work with the Georgia Center of the Deaf or Hard of Hearing to identify certified interpreters in or near communities with domestic violence shelters who would be willing to work with the shelters. Particularly in rural communities, it may be difficult for shelters to find interpreters, especially those who have experience working in settings where security and confidentiality are so critical and conversations involve



highly intimate and sometimes uncomfortable topics. Guidance in strategies and methods for fostering trust between survivors and interpreters might also be beneficial.

The Disabilities Program Manager addressed all the recommendations and suggested next steps through ongoing technical assistance with each shelter, the Safety and Access assessments conducted at each site during Fall 2018, and the development of policies and procedures for serving Deaf and HOH survivors that come to the shelters.

### **Findings from pilot site pre- and post-training survey.**

GCADV conducted trainings for the pilot shelters from July 20, 2017 to August 9, 2017. Sixty-nine (69) shelter staff participated in the trainings. Table 3 provides the training schedule and number of participants at each site.

**Table 3: Pilot shelter trainings**

<b>Pilot Shelter</b>	<b>Date of Training</b>	<b># of Participants</b>
Hospitality House	July 24, 2017	10
Hope Harbour	July 26, 2017	11
Haven House	July 20, 2017	14
NE Georgia Council on Domestic Violence	August 9, 2017	12
Partnership Against Domestic Violence (Fulton)	July 28, 2017	10
Partnership Against Domestic Violence (Gwinnett)	July 21, 2017	12

***Survey administration and response.*** The pre- and post-training surveys were administered online using the Qualtrics survey program. The evaluator created the surveys in collaboration with the Disabilities Program Manager and provided GCADV the links to give to participants to complete the pre-survey

before the training and the post-survey after the training. Surveys were designed to be completed on a variety of electronic devices, including cell phones, tablets, and laptops to increase the completion rate. A total of 56 participants completed the pre-training survey, and 50 participants completed the post-training survey. As a result, completion rates for the surveys were high: 81% for the pre-training survey and 73% for the post-training survey.

The pre-survey responses from one shelter were not recorded in Qualtrics but the post-training survey responses were captured in the data. In addition, one person from a different shelter appears to have completed the survey twice. Twelve people participated in the training at that shelter, but 13 completed the pre-training survey from that site. Similarly, 22 people from another shelter attended trainings, but 25 completed the pre-training survey. Because the surveys were anonymous, it is not possible to identify who took the survey more than once, and no identical or duplicate entries were noted. Only respondents with both pre- and post-survey data were included in the analyses.

**Participants.** The staff members who participated in the trainings serve a variety of roles in the pilot shelters from administrative to counseling and advocacy roles. To better understand the participants' experiences and needs, they were asked some general questions on the pre-training survey about their work, including how often they interact directly with survivors of domestic violence, how often they have worked with a Deaf or HOH survivor, and if they have had prior training in working with Deaf and HOH survivors. The majority (89%) of participants reported that they *Always* or *Very often* interact directly with survivors. Seven percent (7%) reported *Sometimes* working directly with survivors, and the remaining *Rarely* or *Never* do. The majority of participants (55%) have never worked with a Deaf or HOH survivor, while 29% reported experience working with one or two individuals. Six participants reported working with 3-5 individuals, and three participants reported working with six or more.

Participants were also asked whether or not they had received prior training related to working with Deaf and HOH survivors of domestic violence. Of the 55

participants that answered the question, 46 (84%) reported that they had not received such training and nine (16%) reported that they had. The majority of comments (56%) from participants who had received prior training described trainings on the use of equipment, particularly the TTY device. Two participants mentioned trainings provided by the Criminal Justice Coordinating Council (CJCC). One of the trainings was a Victims Assistance Training (VAT) focused on helping persons with disabilities, and the other was a mental health training that addressed serving the needs of HOH and mentally ill individuals. The full comments are shown in Table 4.

**Table 4: Prior training related to serving Deaf and HOH survivors**

Pilot Site	Comments
Hospitality House	Basic training on hearing impaired equipment.
NE Georgia Council on Domestic Violence	I believe I have attended a training for working with survivors with disabilities.
	I was trained on how to use tty. Which is the phone that is used to for deaf, HOH or speech impaired.
	tty machine
	tty machine
	Tty
Partnership Against Domestic Violence	Persons with Disabilities VAT Online Training with CJCC.
	I went to a training at the CJCC building on mental health and they had a portion of the training dealing with HOH and mentally ill.
	in person

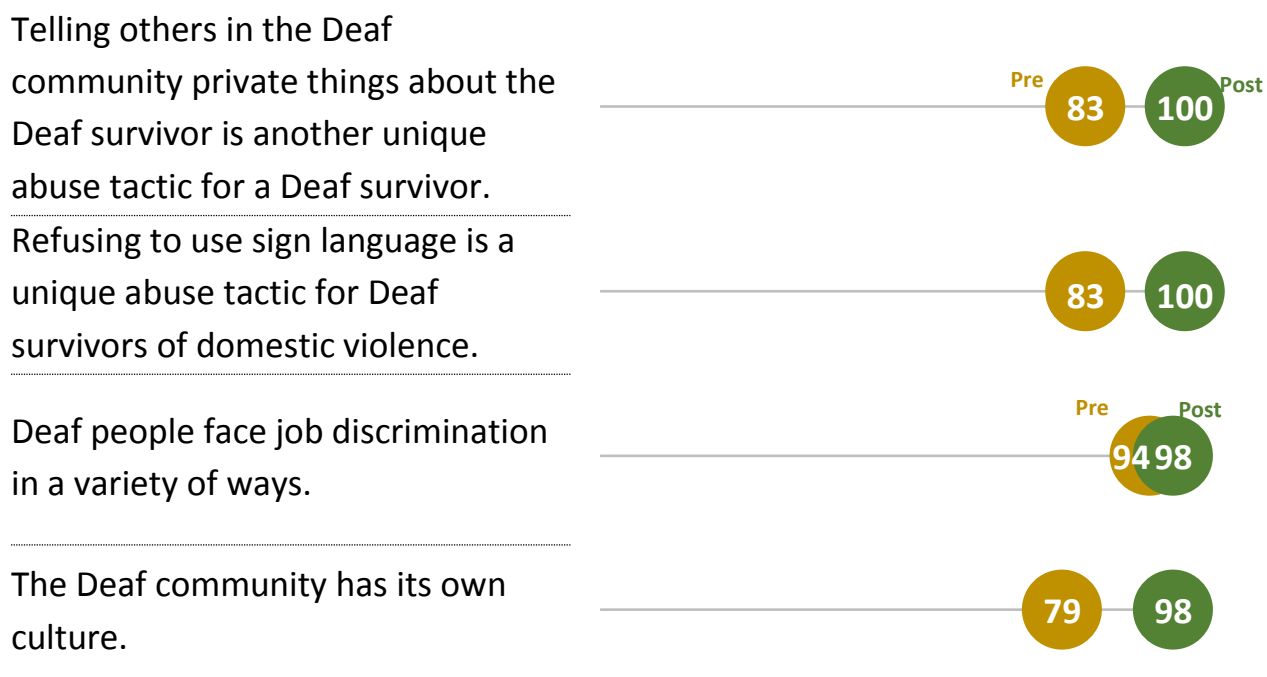
When asked if their organization had written policies and procedures for working with Deaf and HOH survivors, the majority of participants (62%) said *Yes* and 11 percent said *No*. Twenty-seven percent (27%) said that they were not sure.

***Survey results—change in knowledge.*** To assess the degree to which the training increased participants’ knowledge and understanding of Deaf and HOH

survivors, the evaluator and GCADV Disabilities Program Manager worked together to design an assessment that was included in the pre- and post-training surveys. The test included 13 items: 10 true and false items and 3 multiple choice items. A comparison of correct responses on the pre and post-surveys revealed that participants showed increased knowledge on 12 of the 13 items (92%).

As Figure 1 indicates, the greatest improvement (61% gain) was in participants' understanding that it is not appropriate to refer to a person who is Deaf as a person who is "hearing impaired" or has a hearing loss. The next most improved items related to the Deaf community and the potential influence of the community on the survivor. Participants showed greatest gains in understanding that (a) a Deaf survivor of domestic violence often cannot leave her/his community (35% gain), (b) the Deaf community has its own culture (19% gain), and (c) telling others in the Deaf community private things about the Deaf survivor and refusing to use sign language are unique abuse tactics used against a Deaf survivor (17% gain).

**Figure 1: Percent of participants answering pre- and post-test correctly\***



**Figure 1: Percent of participants answering pre- and post-test correctly\***



\* Statements have been presented in their "correct" form for clarity.

The only item that participants answered correctly less often on the post-test than the pre-test was “Deaf people, as a whole, are not good lip readers.” The statement is “False,” and prior to the training 75% of participants chose “False.” After the training, however, only 40% of participants chose “False”; therefore, 35% fewer participants answered the question correctly after the training than before. It is possible that the confusion is the result of the negative construction of the item (i.e., asking if they “are not” good lip readers as opposed to “are” good lip readers), or perhaps something presented in the training caused participants to question their original beliefs. It was recommended that the trainers consider possible reasons for the confusion and potentially change future trainings to ensure that participants leave with the correct perception of lip reading capability.

**Survey results--change in confidence.** In addition to increased knowledge, participants reported having increased confidence in their ability to serve Deaf and HOH survivors after the training. Participants were asked to rate their level of confidence on the pre-training survey and then again on the post-training survey using a 4-point scale (1=*Not at all confident*; 2=*Somewhat confident*; 3=*Confident*; and 4=*Very confident*). Participants were also given the option to select *Not applicable for my job*. Those that responded that the task or activity was not applicable to their job were not included in the analysis of the data. The means presented in Figure 2, therefore, represent the averages for only those participants who would actually engage in the activities described.

**Figure 2: Average confidence level working with Deaf and HOH survivors at pre- and post-test**



**Figure 2: Average confidence level working with Deaf and HOH survivors at pre- and post-test**



Means are based on a 4-point scale from *Not at all confident* (1) to *Very confident* (4).

As Figure 2 indicates, participants indicated they felt most confident post-training in areas related to establishing a comfortable and positive environment for the survivor—a critical first step in promoting trust and encouraging the survivor to remain at the shelter long enough for staff to obtain or prepare additional resources (e.g., an ASL translator or assistive technologies). The feedback also indicates that participants left the training more aware of assistive technologies available but less confident in their ability to use them. Staff echoed this concern about utilizing the technologies during the site visits described later in this report. Table 5 shows the results for all items.

**Table 5: Level of confidence after training**

Item (N=50)	Mean*	N/A	Not at all confident	Somewhat confident	Confident	Very Confident
How confident are you in your ability to use a sign language interpreter?	3.18	1	10	20	19	
How confident are you establishing a welcoming environment for a Deaf or HOH survivor who comes to your program?	3.17	2	8	24	16	
Overall how confident do you feel that you can meet the needs of Deaf or HOH victims of domestic violence that come to your program?	3.04		9	30	11	
How confident are you providing emotional support and minimizing feelings of isolation for Deaf or HOH survivors?	3.04	2	12	22	14	
How confident would you feel completing the intake process with a Deaf or HOH survivor?	2.88	7	1	13	19	10



**Table 5: Level of confidence after training**

Item (N=50)	Mean*	N/A	Not at all confident	Somewhat confident	Confident	Very Confident
How confident are you in your knowledge of what assistive technologies are available for use with Deaf or HOH survivors?	2.84	1	17	23	9	
How confident are you that you can communicate effectively with a Deaf or HOH survivor?	2.82	12	16	20	11	
How confident are you assessing Deaf or HOH survivors' needs?	2.80	5	16	22	7	
How confident are you in your ability to use assistive technologies with Deaf or HOH survivors?	2.71	22	16	24	6	
How confident are you assisting Deaf or HOH survivors to navigate community services and systems, such as law enforcement, courts, and/or DFCS?	2.64	8	4	15	15	8
How confident are you facilitating a group counseling session with a Deaf or HOH survivor in the group?	2.53	18	4	11	13	4

\* Means are based on a 4-point scale from *Not at all confident* (1) to *Very confident* (4).

**Post-survey feedback on training and facilitators.** Ninety-six percent (96%) of the participants reported being *Satisfied* or *Very satisfied* (20% *Satisfied*; 76% *Very satisfied*) with the training. In addition, 96% of participants rated the quality of the training and facilitators *Good* or *Excellent*, and the majority of those participants rated both the training and facilitators *Excellent* (66% and 64%, respectively). Only two of the 50 participants (4%) reported being *Very dissatisfied* with the training. Both of those participants, however, rated the quality of the training and facilitators as *Excellent*, and *Agreed* or *Strongly agreed* that their knowledge and understanding and their confidence to serve Deaf and HOH survivors increased as a result of the training.

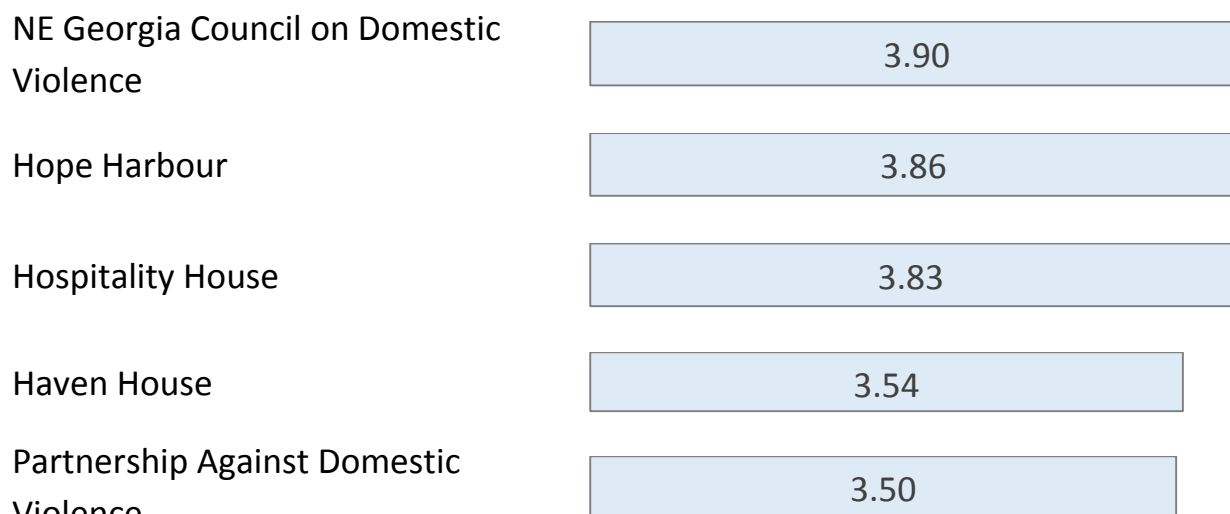
**Table 6: Overall training satisfaction**

Item (N=50)	Mean*	Very dissatisfied	Dissatisfied	Satisfied	Very Satisfied
Overall, how satisfied were you with the training?	3.68	2	10	38	

\* Means are based on a 4-point scale from *Very dissatisfied* (1) to *Very satisfied* (4).

When comparing overall satisfaction by site, NE Georgia Council on Domestic Violence, Hope Harbour, and Hospitality House had greater satisfaction in comparison to Haven House and Partnership Against Domestic Violence (see Figure 3). However, average satisfaction for each site was quite high, ranging from *Satisfied* to *Very satisfied*.

**Figure 3: Average overall participant satisfaction with the training by site**



Means are based on a 4-point scale from *Very dissatisfied* (1) to *Very satisfied* (4).

As seen in Table 7, 48 of 50 participants (96%) rated the quality of the training and facilitators *Good* or *Excellent*, and the majority of those participants rated both *Excellent* (66% and 64%, respectively). In respect to site comparisons (see Figure 4), participants at Hope Harbor had the highest overall rating of the training and facilitators (average 3.86 on both), while Haven House participants had the lowest overall ratings (3.46 for overall training quality and 3.38 for facilitator quality). Further breakdown of training and facilitator quality by site can be seen in Figure 4.

**Table 7: Training and facilitator quality**

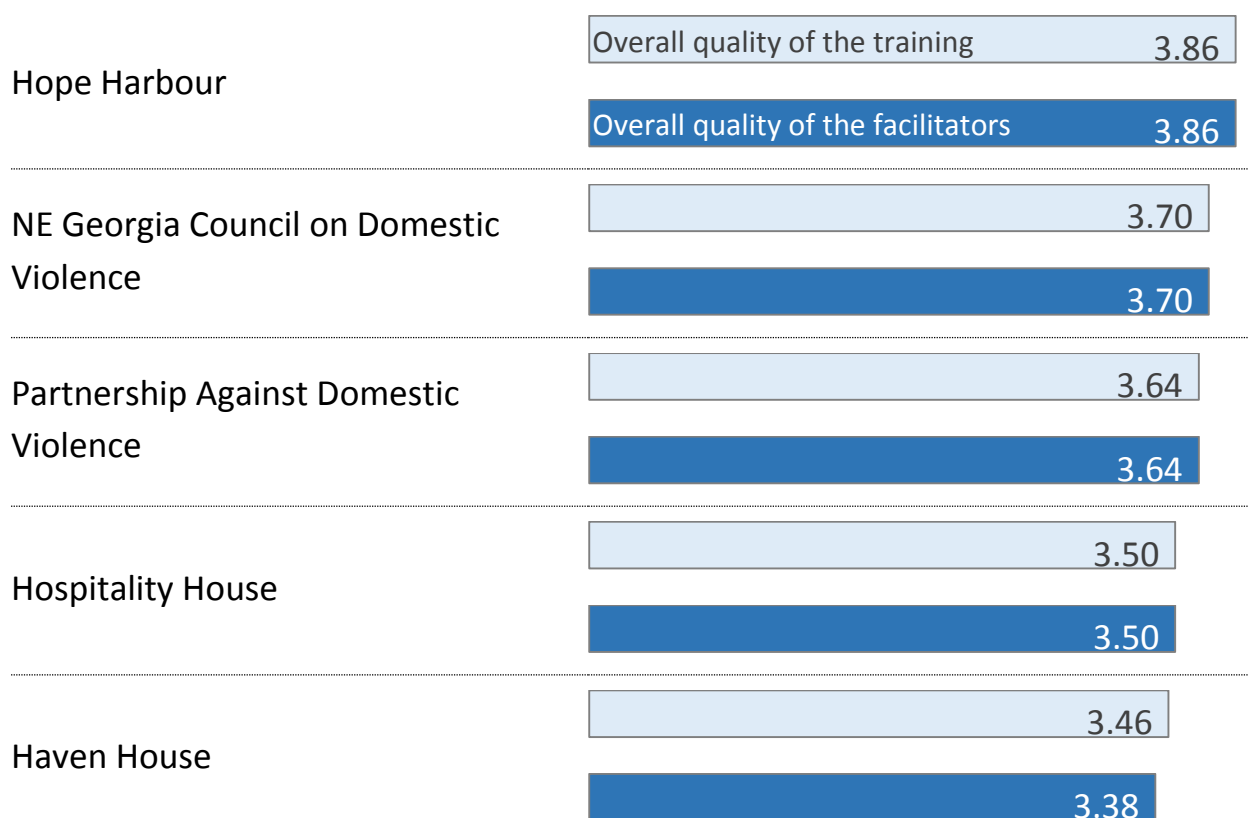
Item (N=50)	Mean*	Poor	Average	Good	Excellent
How would you rate the overall quality of the training?	3.62	2	15	33	

**Table 7: Training and facilitator quality**

Item (N=50)	Mean*	Poor	Average	Good	Excellent
How would you rate the quality of the facilitators?	3.60	2	16	32	

\* Means are based on a 4-point scale from *Poor* (1) to *Excellent* (4).

**Figure 4: Average participant rating for training and facilitator quality by site**



Means are based on a 4-point scale from *Very dissatisfied* (1) to *Very satisfied* (4).

***Post-survey feedback on training benefits.*** Most of the participants (96%) reported that as a result of attending the training (a) their assumptions about Deaf and HOH survivors of domestic violence changed, (b) their knowledge and understanding of these survivors increased, and (c) their confidence in their ability to serve these survivors increased. Table 8 and Figure 5 present the overall responses and responses by site.

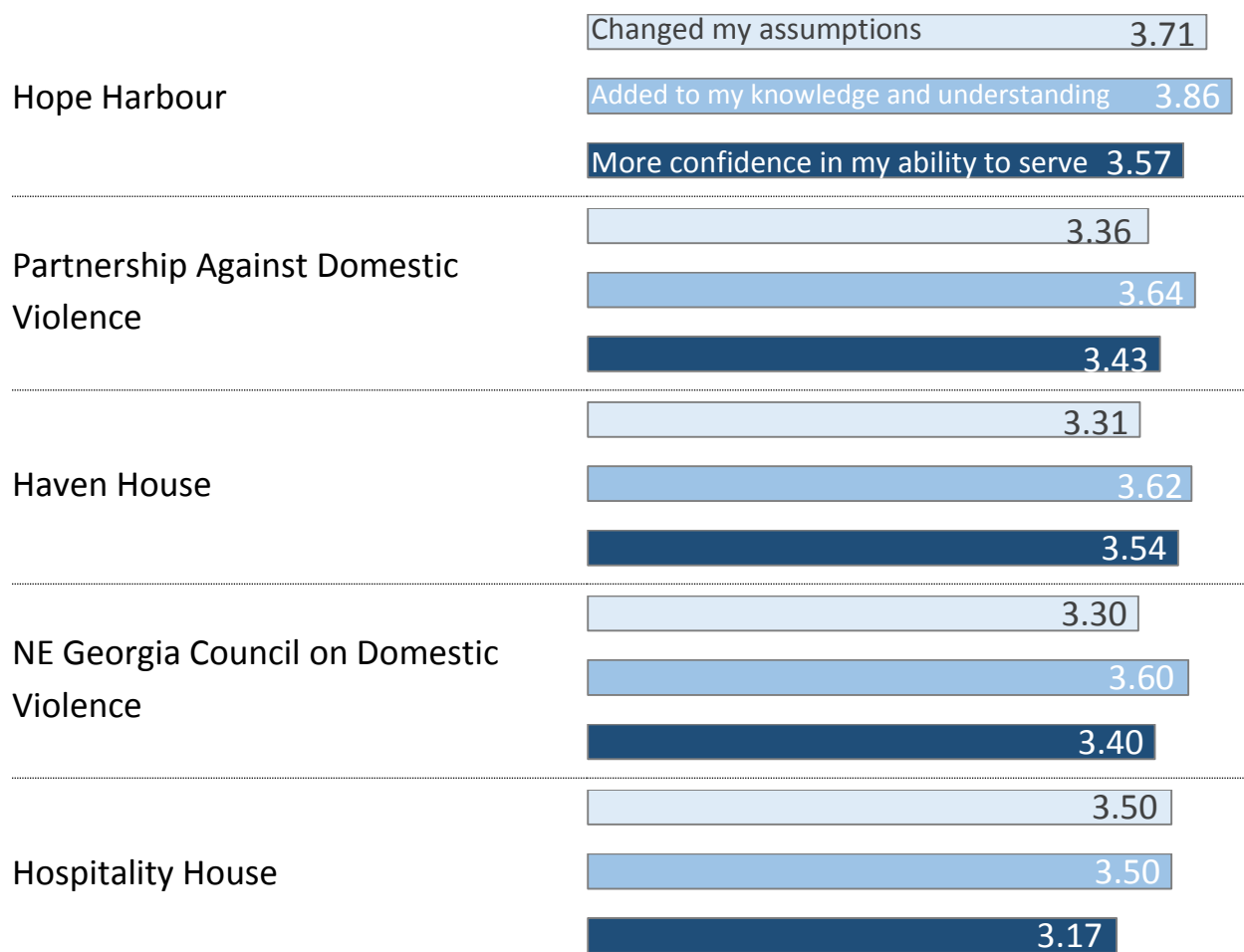
As Table 8 shows, only two (4%) of the participants disagreed that they had experienced positive change as a result of the training. One participant *Disagreed* and one *Strongly disagreed*. The participant that disagreed commented that she had no suggestions for improvement and that the training was just not “informative to [her] personally.” When asked how the training could be improved, the individual that *Strongly disagreed* commented, “The overall presentation was effective. However, I would suggest improvements with one of the presenters' styles. The use of “um” to fill in space/time can be distracting and viewers can miss the content. Information given was extremely helpful, but I do suggest limiting space/time fillers.”

**Table 8: Training benefits**

Item (N=50)	Mean*	Strongly Disagree	Disagree	Agree	Strongly Agree
My attendance at the training changed my assumptions about Deaf and HOH survivors of domestic violence.	3.40	11	25	23	
My attendance at the training added to my knowledge and understanding of Deaf and HOH survivors of domestic violence.	3.64	11	13	35	
As a result of the training, I have more confidence in my ability to serve Deaf and HOH survivors of domestic violence.	3.44	11	23	25	

\* Means are based on a 4-point scale from *Strongly disagree* (1) to *Strongly agree* (4).

**Figure 5: Average participant rating for training benefits by site**



Means are based on a 4-point scale from *Strongly disagree* (1) to *Strongly agree* (4).

Participants were asked to provide suggestions for how the training could be improved. Thirty-three (33) participants provided comments, and 17 of those comments (52%) indicated the training needed no improvement or had no suggestions. The following suggestions were mentioned more than once: (a) incorporate more hands-on and interactive exercises into the training and add more videos to the training; (b) provide more information on assistive devices and technologies and demonstrate the use of the TTY and other technologies; and (c) improve the presentation style and engagement of one of the trainers. All of the comments are provided below by site.

**Table 9: Suggestions for how the training could be improved**

Pilot Site	Comments
Hospitality House	I know this would be difficult, but it would be helpful/interesting to maybe learn some basic sign language that might be used in the domestic violence shelter atmosphere.
	The training was excellent. Cannot think of many improvements needed.
	Nothing
Hope Harbour	The overall training was great. Everything discussed was beneficial and added to the things that I was not aware of. Having Deanna and the translators were very enlightening and informal. Overall, the four women worked as a great team to present the information.
	Have some hands on exercises for everyone to learn.
	None
	Have more interactive segments.
Haven House	Maybe demonstrate how to use the TTY and receive a TTY phone call.
	The training was great and very informative. The only suggestion I have is to maybe have one additional person who is deaf or HOH also facilitate or be available for questions from attendees.
	better presentation to audience by presenter
	If possible add training on how to use the different technologies that help communicate with the Deaf community.
	None
	The content was great, However the vocal presentation lacked enthusiasm and was a bit monotone.
	more details on the different devices to communicate with deaf client's



**Table 9: Suggestions for how the training could be improved**

Pilot Site	Comments
NE Georgia Council on Domestic Violence	Nothing. It just wasn't informative to me personally.
	The speaker could be more engaging.
	I thought the training was great...well paced. I especially like that we were trained by a deaf person on parts of it.
	Just keep up the great work!
	I thought it was very informative. I learned more than I expected to.
	I thought it was great....possibly more information about local statistics and services.
	NOTHING AT THIS POINT YOU ALL DID AND EXCELLANT JOB. THANK YOU FOR SHARING WHAT YOU KNOW.
	Nothing...it was great & very informative. The trainers held my attention & kept things interesting.
Partnership Against Domestic Violence	Nothing (July 21st session)
	Less usage of "um." (July 21st session)
	More interaction (July 21st session)
	Have resources for current TTY equipment. (July 21st session)
	Nothing, I thought the training was excellent. (July 21st session)
	Nothing I think the training was informative and interactive. (July 28th session)
	The overall presentation was effective. However, I would suggest improvements with one of the presenters' styles. The use of "um" to fill in space/time can be distracting and viewers can miss the content. Information given was extremely helpful, but I do suggest limiting space/time fillers. (July 28 <sup>th</sup> session)
	The training was well presented, and I enjoyed it. (July 28th session)
	More video training. (July 28 <sup>th</sup> session)
	n/a. (July 28 <sup>th</sup> session)
	nothing. (July 28 <sup>th</sup> session)

After the training, participants were asked what additional information or support they would like to have related to working with Deaf and HOH survivors of domestic violence. Twenty-seven (27) participants provided comments. The majority of those comments (40%) asked for additional guides or materials to use in serving Deaf and HOH survivors. Materials included guides for basic sign language to use with survivors until an interpreter is available, a list of questions staff should ask survivors when they first arrive at the shelter, and handouts staff can give to survivors when they enter the shelter. Other comments included requests for more information about accessing community resources and referrals, such as interpreters in their area, and more information and support for using devices and technologies with survivors. All of the comments provided are listed below by site.

**Table 10: Suggestions for additional information**

Pilot Site	Comments
Hospitality House	Basic sign language, work more with actual deaf survivors.
	I can't think of anything at this point.
	Nothing at this time.
Hope Harbour	Provide a guide that has sign language on it for those who would like to learn more.
	None
	More local translators in our serving area.
Haven House	A guide of questions to ask the survivor who is deaf or hard or hearing when they first enter the program/shelter would be useful, to assist us in making sure we are formatting the questions in the appropriate manner. For example: What is your preferred method of communication, relay, in person interpreter, etc. ?
	information was good, can't think of non additional information right now.
	None

**Table 10: Suggestions for additional information**

Pilot Site	Comments
	The information provided within the training was sufficient.
	N/A
	The overall training was very informative. Very well put together.
NE Georgia Council on Domestic Violence	Local statistics would be nice but not completely necessary. I loved the handouts and graphics.
	How to reach out to them in our communities
	It might be helpful to learn some basic signs for helping a Deaf or HOH survivor until an interpreter is available. It might also help the survivor feel more comfortable.
	N/a
	I would like to learn more about the technology used to communicate.
	Any new information that comes available.
	a NEW UP TO DATE EQUIPMENT AND MORE MATERIAL TO HAND OUT TO A DEAF CLIENT WHEN THEY COME INTO SHELTER.
	None
Partnership Against Domestic Violence	How to work with children (July 21 <sup>st</sup> session)
	Have local referral resources. (July 21 <sup>st</sup> session)
	Just more resources for help once a survivor enters the shelter. (July 28 <sup>th</sup> session)
	I would like to see more community activities for Deaf and HOH survivors, because I had no knowledge of what they experience as it relates to DV. The cycle of abuse was the same but the manner in which the abuser commits the crime was different. I was so amazed when I saw the video that presented. (July 28th session)
	Community services (July 28th session)
	Technology support. (July 28th session)
	Nothing (July 28th session)

## Findings from evaluation pilot site visits.

***Pilot site visit description.*** During Fall 2017, the evaluation team visited each of the pilot sites.

**Table 11: Site visit schedule**

Pilot Shelter	Date of Site Visit
Hospitality House	November 8th
Hope Harbour	November 14th
Haven House	November 13th
NE Georgia Council on Domestic Violence	November 17th
Partnership Against Domestic Violence (Fulton)	October 11th
Partnership Against Domestic Violence (Gwinnett)	October 12th

During the site visits, the evaluation team met with the Executive Directors and staff who were available at the time of the meeting. The meetings were informal and conducted as conversations with the goals of discovering additional assistance pilot sites would like to receive from the GCADV following the trainings, identifying next steps and opportunities to leverage what was learned in the trainings, and gathering feedback from sites on how the GCADV could support their development of policies, procedures, and resources to ensure that Deaf and HOH survivors of domestic violence receive high-quality and effective service.

The evaluator began by asking the shelter staff to provide an overview of their organizations and why/how they joined the grant project. Following this overview, the following questions were explored:

- What do you perceive the primary challenges are for your organization in effectively serving Deaf and HOH survivors (e.g., lack of knowledge and understanding of Deaf and HOH survivors' unique challenges, attitudes or misconceptions about Deaf and HOH survivors)? What challenges are unique to serving this population of survivors? What challenges are there

related to navigating the criminal justice system and accessing victim-centered resources and services for this population?

- Did the recent GCADV training provide the information and guidance needed for you to be able to create and implement successfully policies and procedures for serving Deaf and HOH survivors' needs? What additional assistance or guidance is needed?
- What procedures and policies did your site have in place related to serving Deaf and HOH survivors (or survivors with disabilities in general) when you entered the project? What new procedures and policies have you established or plan to establish since joining the project? What challenges or barriers do you anticipate to establishing and successfully implementing new policies and procedures?
- What resources (print materials, equipment, technology, access to interpreters, community partners, etc.) do you have available to assist in serving Deaf and HOH survivors? What additional resources are needed and what strategies have you identified for obtaining needed resources?

***Pilot site visit findings.*** After the site visits, the evaluation team reviewed the notes from the meetings and identified common themes and categories of comments as well as suggestions shelter staff offered for additional technical assistance and next steps as the grant continued. The most common requests were for additional (a) assistance in selecting assistive equipment and technology for their specific sites and training in how to use the equipment and technology effectively, (b) resources for identifying interpreters in their communities who would be willing to work with shelters, (c) strategies for outreach to survivors of domestic violence within the Deaf and HOH community, (d) and assistance in leveraging what they learned in the training into concrete policies and practices.

One of the fundamental insights that emerged during the visits is the degree to which success in assisting survivors of domestic violence is dependent not only on the amount but also the quality of the communication between the survivor and shelter staff. Communication, sharing of vital information, and trust and

confidence are necessary in all the advocacy, training, counseling, and support activities at the shelters as well as with other community resources (e.g., law enforcement and court system, schools, and medical providers). How to establish effective communication and dialogue with Deaf and HOH survivors who come to the shelters, therefore, goes beyond the simple sharing of information to the sharing and understanding of intimate experiences, the conveyance of compassion and competency, and the negotiation and navigation of complex individual, family, and community systems. Overall, shelter staff's feedback during the visits indicated their desire to build on the training and to put policies and practices in place to ensure effective communication with their Deaf and HOH survivors.

The evaluation team identified the following common themes in the meetings across the pilot shelter sites.

- The training provided much needed information about Deaf and HOH survivors' culture, how that culture impacts their experience of domestic violence and efforts to improve their situations, misconceptions that can interfere with seeking and receiving effective help, and resources for assisting these survivors when they arrive at a shelter. Shelter staff would like to have assistance in leveraging their new knowledge and understanding into meaningful policies and procedures and specific strategies, methods, and best practices for assisting the Deaf and HOH survivors that come to their shelters.
- The sites would like to have additional assistance/guidance in determining what assistive technologies and equipment to purchase and how to position that equipment in their facilities. Several sites commented that since TTY is no longer the most common method for communicating with Deaf and HOH individuals, they want to know which alternative methods they should offer. For example, should they use the Pro Deaf app, and if so, is a tablet or a laptop preferable for utilizing the app and creating the most comfortable and beneficial experience for the survivor? Shelter staff

mentioned the importance of asking Deaf and HOH survivors what method of communication they prefer and the corresponding need to be able to accommodate as many of those preferences as possible. Shelter staff suggested that a needs assessment conducted at their sites to identify the best equipment and technology for their specific shelter would be beneficial.

- Shelter staff indicated that they could use additional help in addressing complex issues, such as how to maintain privacy and establish trust when physical or virtual interpreters are used; how to ensure Deaf and HOH survivors in the shelters are safe and can be alerted to dangers or emergencies, such as fire or severe weather; and how to assist Deaf and HOH survivors who refuse an interpreter or other services. Shelter staff want to make sure they have policies and systems in place to address the full range of survivors' needs and to make them feel safe and comfortable while they work to serve their needs as domestic violence survivors.
- Sites would like additional information and/or assistance in developing effective outreach approaches for reaching domestic violence survivors in the Deaf and HOH community. They would like to learn more about methods shelters can use to raise awareness in that community about the services they provide and their ability to assist Deaf or HOH individuals experiencing domestic violence.
- Sites would like assistance in identifying and obtaining interpreters within their communities who would be willing to work with domestic violence shelters. For those areas that do not have many interpreters available, they would like additional information about alternatives for accessing interpreter services.

Shelter staff also provided the following suggestions and recommendations for how GCADV could continue to assist and support them as the program progressed.

- The GCADV could compile a list of certified interpreters in their areas who would be suitable and willing to work with the shelters.
- The GCADV should update its policy on TTYs and include more current assistive devices and technologies. In addition, the GCADV could include information on the equipment and technologies and instructions for their use on its website, including video trainings perhaps.
- The GCADV could host an online training video based on the training conducted in Summer 2017 on its website so that members could have new staff complete the training as part of their onboarding process and veteran staff view it as a periodic refresher. By making the training available to all members through its website, the GCADV could facilitate and foster continuity of care across shelter sites in the state.
- The GCADV could facilitate sharing among the pilot sites as they develop or enhance their policies and procedures for serving Deaf and HOH survivors of domestic violence. These policies and procedures could eventually be made available on the GCADV website for other shelters to adopt or adapt for their sites.
- The GCADV and/or the Georgia Center of the Deaf or Hard of Hearing could assist sites in outreach to the Deaf community to increase knowledge and understanding of domestic violence and awareness of the services that sites provide. It could also be beneficial to make the community aware which sites have received training in addressing Deaf and HOH survivors' needs and have equipment, technology, and resources to assist them effectively.



## **Results of summative interviews with pilot shelters.**

In February 2019, phone interviews were conducted with either the shelter director or staff member leading the initiative at the shelter to assess the degree to which the pilot sites have addressed physical and attitudinal barriers to serving Deaf and HOH survivors. All pilot shelters were invited to participate, but only three actually completed an interview. One of the interviewees, however, is the site director for two of the pilot sites; therefore, four of the six pilot sites were represented in the interviews. The purpose of the summative interviews at the end of the grant was to obtain evidence of changes in shelters' physical capacity as well as staff competency to serve Deaf and HOH survivors at the end of their participation in the GCADV program.

All three interviewees said that as a result of the GCADV training, their shelter staff understood the unique dynamics of domestic violence in the lives of individuals who are Deaf or HOH. They also said that staff at their shelters will receive annual training that will include how to provide culturally sensitive services to Deaf and HOH survivors. All of the interviewees said that their shelters have a receptionist or signage instructing visitors what to do when they arrive. Two of the three interviewees reported that their shelters have (a) accessible entrances (visitors do not have to hear or speak to enter), (b) signage instructing visitors they can request alternate forms of communication, and (c) visual as well as auditory alarms throughout. Only one of the interviewees reported her shelter has a videophone, tablet, VRI, or VRS for use with visitors who are Deaf or HOH. This interviewee said that shelter staff had received training on how to use the assistive technologies and that written instructions were also available for reference. The shelter's staff, however, do not have experience actually using VRI or VRS. All of the interviewees reported that the staff at their shelters had the ability and willingness to communicate with Deaf and HOH survivors with text or email if that was the survivor's preferred mode of communication. All interviewees reported their shelters have plans in place for obtaining an

interpreter if the survivor requests one, and one of the interviewees said that the receptionist at her shelter had the ability to use sign language.

In regards to staff competencies, all three interviewees reported that the staff at their shelters are able to provide safety planning for individuals who are Deaf or HOH and understand what the ADA requires of courts, hospitals, and social service agencies in terms of accommodations. All reported that since participating in the GCADV program they and their staff are confident in their ability to provide services for Deaf and HOH survivors of domestic violence. Two of the three interviewees said that their shelter collaborates with Deaf service agencies, organizations, or advocacy groups.

Interviewees were also asked whether or not they had served a Deaf or HOH survivor in their shelters since participating in the GCADV program. All three reported having a Deaf or HOH survivor and were asked to describe the experience.

- Pilot Shelter 1 reported having a 19-year-old Deaf survivor come to the shelter. The young woman requested interpreting services, and shelter staff used a combination of assistive technology and the Purple interpreting service. The young woman stayed for a month and was able to communicate with advocacy groups, attend group therapy meetings, and participate in her weekly advocacy meetings without a problem.
- Pilot Shelter 2 received a Deaf survivor and was able to provide her a bed shaker alarm clock and visual doorbell. In addition, one of the staff members had taken an ASL class and was able to sign with the survivor. The staff member reported feeling very prepared to work with the survivor and commented that understanding the culture of the Deaf community helped her to provide sensitive services to the Deaf survivor.
- Pilot Shelter 3 reported having several Deaf survivors. The staff member said that they were able to provide the Deaf survivors all the services they would a hearing survivor because they had access to interpreters. She commented that shelter staff did nothing different with their Deaf survivors

than they would have done for a hearing survivor, aside from providing the interpreter.

To conclude the interview, the interviewees offered the following thoughts:

- The program was "very helpful" and "eye opening." They learned that what they had done in the past with Deaf survivors was not correct. By increasing their awareness about the Deaf and HOH culture, she feels they are serving these survivors better.
- While there is always room for improvement, the staff member said they are more comfortable now than before the training and believe that cultural awareness is a big deal. Shelter staff knew about ADA requirements prior to the training but not about Deaf culture. The shelter plans to contact GCADV's new Deaf Domestic Violence Advocacy Program (DDVAP) manager (Deanna) to come and do an assessment of what they have implemented thus far. Deanna was one of the trainers who facilitated the pilot shelter training for this grant project, and she was recently hired by GCADV to head up the DDVAP. When asked what else the shelter needed to better serve Deaf and HOH survivors, she said funding for Video Remote Interpreting because the cost is prohibitive for the shelter.
- The staff member reported that overall her shelter was now better equipped to serve the Deaf and HOH community. She commented that the GCADV training provided a welcoming space, with an open format, and no judgment. She also expressed that having a co-trainer who was Deaf to answer questions from the staff was great. She said that Deanna was "awesome, a natural, and made everyone feel really comfortable."

**Outcome 2: Members of the task force demonstrate increased knowledge of the needs of Deaf and HOH domestic violence survivors, available resources, and how to access resources.**

Members of the Domestic Violence Task Force for the Deaf and Hard of Hearing convened as part of the grant program were surveyed twice: (a) October and December 2017 after the first two meetings to obtain feedback on how the

meetings could be improved and how the organizations envisioned their participation and contributions and (b) February 2019 to assess the outcomes of the task force. The task force was developed to facilitate social and systems change for Deaf and HOH survivors of domestic violence. The goal of the meetings was to increase members' knowledge of the needs of Deaf and HOH survivors, the resources available, and how to access those resources. At the time of this report, seven meetings were held between October 2017 and March 2019, and 33 members were invited to the task force meetings. On average, 13 members attended each of the meetings. In addition to GCADV and GCDHH, organizations represented included pilot shelters, Avita Community Partners (provide support to individuals and communities in crisis), Georgia Vocational Rehabilitation, Criminal Justice Coordinating Council, Prosecuting Attorneys' Council of Georgia, LiveSafe Resources, Georgia Advocacy Office, and Georgia Department of Community Supervision.

Formative post-meeting surveys were administered after the first two task force meetings to obtain feedback from members on perceived benefits of attending, what additional organizations should be invited to join the task force, topics members would like to learn more about in future meetings, and how they or their organizations could contribute to the task force. The goal was to obtain feedback early in the implementation of the task force to enable timely improvements and to plan content and activities for future meetings. Only four of the 15 (27%) attendees of the October meeting responded to the first survey, and three of the nine (33%) attendees at the December meeting responded to the second survey. Of those that responded to the surveys, all agreed that the meetings met the goals of increasing knowledge of Deaf and HOH survivors' needs and the resources to address those needs and increasing collaboration needed to bring about systems change. All but one respondent also agreed they had increased knowledge of how to access resources to address the needs of Deaf and HOH survivors. The results of the surveys were given to the program leaders and informed future meetings of the task force.

To assess the overall impacts of the task force, members were surveyed in February 2019. Seventeen of the 33 task force members invited (52%) completed the survey between February 14-26, 2019. All of the respondents to the survey reported that attending the task force meetings increased their knowledge of challenges faced by Deaf and HOH survivors of domestic violence. Respondents also reported that the meetings increased their knowledge of resources available to assist these survivors (88%) and how to access those resources (82%). Ninety-four percent (94%) of the respondents said that they gained new information during the meetings that would help them to better support Deaf and HOH survivors of domestic violence, and 82% reported their organizations were better equipped to provide culturally sensitive service to these survivors as a result of what was learned during the task force meetings. The majority of respondents *Agreed* or *Strongly agreed* (94%) that the topics discussed during the meetings were relevant to their work, and 88% indicated that they had shared what they had learning during the meetings with others in their organizations. Table 12 presents the results for all survey items.

**Table 12: Results of Summative Task Force Member Survey**

Item (N=17)	Mean*	Strongly Disagree	Disagree	Agree	Strongly Agree
Attending the task force meetings increased my knowledge of challenges faced by Deaf and HOH survivors of domestic violence.	3.65			35%	65%
Attending the task force meetings increased my knowledge of resources available to support Deaf	3.41	12%		35%	53%

**Table 12: Results of Summative Task Force Member Survey**

Item (N=17)	Mean*	Strongly Disagree	Disagree	Agree	Strongly Agree
and HOH survivors of domestic violence.					
Attending the task force meetings increased my knowledge of how to access resources to assist Deaf and HOH survivors of domestic violence.	3.35	18%	29%	53%	
During the task force meetings I gained new information that will help me better support Deaf and HOH survivors of domestic violence.	3.47	6%	35%	59%	
Overall, the topics discussed during the task force meetings were relevant to my work.	3.31	6%	50%	44%	
I have shared what I learned during the task force meetings with others in my organization.	3.18	6%	6%	53%	35%
As a result of the task force meetings, my organization is better equipped to provide culturally sensitive	3.18	18%	47%	35%	

**Table 12: Results of Summative Task Force Member Survey**

Item (N=17)	Mean*	Strongly Disagree	Disagree	Agree	Strongly Agree
services to Deaf and HOH survivors.					
Since attending the task force meetings I have begun to collaborate with other task force members.	2.76	47%		29%	24%

\* Means are based on a 4-point scale from *Strongly disagree* (1) to *Strongly agree* (4).

Members were also asked to describe any changes that had occurred within their organizations as a result of participating in the task force. Eleven of the respondents (65%) provided comments, which are presented below.

- As a result of the Safety Assessment, my agency has improved its services to this population by purchasing accessibility equipment. We now have signs available if someone approached our door and we are working toward creating a training tool to provide staff members year round.
- Awareness of potential
- I got a new position that allow me to do more for the Deaf and HOH community.
- I have assigned a Deaf and HOH rep to attend the meetings. We will be hosting a meeting.
- More Deaf and HOH tools have been added to our programs.
- We are developing best practices to share with partners statewide to increase their awareness and usage, and we have held several conversations internally and with external partners to problem solve service issues.

- We are planning to purchase more up to date equipment as well as provide more meaningful preparations to our staff to help deaf and HOH survivors.
- We do not provide direct services, however, we are more aware of the challenges the Deaf and HOH face in our court system.
- We have purchased tablets that are portable to do VRI.
- We have signs up. We are in the process of getting the laptop and program for the clients to use. This should be done within 2 weeks. The holdup was which program to order that will benefit the program to help the client.
- We now have a Community Coordinator to help assists clients who may have experienced and/or now victims of domestic violence. We also have advocacy services for clients who need further assistance.

### **Outcome 3: Increased capacity of GCADV and shelters to meet the needs of Deaf and HOH survivors.**

GCADV's success in increasing pilot shelter capacity to meet the needs of Deaf and HOH survivors was addressed in the discussion of Outcome 1. Outcome 3 expands capacity building to include GCADV changes to enhance its own capacity as well as its member shelters and the other domestic violence organizations it engages as part of its work. GCADV has increased its capacity through the development of training and materials for shelters, the collaborations and partnerships fostered as part of the task force, creation of the Deaf Domestic Violence Advocacy Program (DDVAP), and the hiring of a Deaf advocacy specialist as manager of the DDVAP. In addition, GCADV is pursuing additional funding to sustain and expand the positive gains achieved during the current grant program.

The evaluation team interviewed Christy Showalter, GCADV Associate Director, and Letitia Burr, GCADV Disabilities Program Manager, on February 27, 2019 to discuss the implementation of the program, challenges encountered and strategies for addressing those challenges, outcomes achieved, and lessons learned that inform future programming to support individuals with disabilities



experiencing domestic violence. In addition, increased capacity and strategies to support sustainability were discussed.

### **Training and materials created during the grant program.**

The training and materials created for the pilot shelters are resources that increase GCADV's capacity to increase the domestic violence community's awareness of the challenges Deaf and HOH survivors face and understanding of cultural factors that influence these survivors' experiences of domestic violence. GCADV could potentially provide future trainings or a repository of resources for additional shelters or organizations and agencies providing services to victims of domestic violence.

### **The Deaf Domestic Violence Advocacy Program (DDVAP).**

GCADV created the DDVAP to enhance its capacity to continue and expand the work of the current grant. The DDVAP will increase access to critical services for Deaf and HOH survivors by providing advocacy services that are culturally-specific (i.e., centered on the needs and values of the Deaf Community) and by reducing communication barriers for Deaf and HOH survivors through the use of advocates fluent in ASL, certified Deaf Sign Language interpreters, and assistive technology in order to provide meaningful communication access to survivors. GCADV hired Deanna Swope as the DDVAP Manager. Ms. Swope has been critically involved in the current grant program and assisted in the pilot shelter trainings and technical assistance and participated on the task force. She is a board member and conference chair for the Deaf Anti-Violence Coalition (DAVC), a member of Metro Atlanta Reentry Task Force, and a member of the Georgia Criminal Justice Coordinating Council Subcommittee on Underserved Communities. GCDAV intends to further leverage the successes of the current grant by continuing to seek resources through grants and partnerships.

## **Collaborations and partnerships.**

During a previous project, GCADV established the fundamental relationships within the Deaf and HOH community that enabled the success of the current grant. GCADV leaders discussed how essential it was to have the buy in and assistance of the partners, such as the Georgia Center of the Deaf and Hard of Hearing. Through the Domestic Violence Task Force for the Deaf and Hard of Hearing and outreach and engagement with other organizations and agencies that serve domestic violence survivors, GCADV further enriched its capacity to positively influence the lives of Deaf and HOH survivors.

## **Conclusions**

Overall, GCADV implemented its Enhancing Access and Attitudinal Changes in Domestic Violence Shelters for Individuals with Disabilities grant as planned and achieved its targeted outcomes. GCADV provided training and ongoing follow-up technical assistance to six pilot shelters, established the Domestic Violence Task Force for the Deaf and Hard of Hearing to facilitate collaboration among organizations and agencies serving survivors of domestic violence, and enhanced the capacity of GCADV as well as the pilot shelters to serve Deaf and HOH survivors of domestic violence. Some of the highlights from the evaluation findings follow:

- All of the pilot shelters received training and 85% of staff at each of the shelters participated in those trainings. The training established a strong foundation of knowledge and understanding of Deaf and HOH survivors' culture, how that culture impacts their experience of domestic violence, misconceptions that can interfere with seeking and receiving effective help, and resources for assisting these survivors when they arrive at a shelter.

- Ninety-six percent (96%) of the training participants who completed the post-training survey reported being *Satisfied* or *Very satisfied* with the training (20% *Satisfied* and 76% *Very satisfied*). In addition, 96% of participants rated the quality of the training and facilitators *Good* or *Excellent*, and the majority of those participants rated both the training and facilitators *Excellent* (66% and 64%, respectively).
- The pre- and post-training surveys included a 13-item knowledge assessment designed to measure gains in participants' understanding of issues relevant for better serving the needs of Deaf and HOH survivors of domestic violence. A comparison of correct responses on the assessment revealed that participants showed increased knowledge between the pre- and post-trainings on 12 of the 13 items (92%). The greatest increases were in the areas of (a) job discrimination experienced by Deaf and HOH survivors, (b) how "hearing privilege" is manifested and experienced, (c) characteristics of Deaf culture, (d) modes of communication used by the Deaf community and individuals, and (e) unique abuse tactics Deaf and HOH survivors may experience.
- The pre- and post-training surveys also included items to measure gains in participants' confidence to serve Deaf and HOH survivors effectively. A comparison of pre- to post-training survey responses indicated an increase in participants' confidence. Areas of greatest confidence were (a) the ability to use a sign language interpreter, (b) establishing a welcoming environment, and (c) providing emotional support and minimizing feelings of isolation. Areas of least confidence were (a) assisting the survivor in navigating community services and systems, (b) facilitating a group counseling session, and (c) using assistive technologies. Based on this feedback, the Disabilities Program Manager provided technical assistance and guidance in the purchase and use of assistive technologies.
- Shelter staff interviewed at the end of the grant reported increased capacity as a result of participating in the training and program and being

able to provide improved services to the Deaf and HOH survivors that came to their facilities.

- Members of the task force were surveyed. All of the respondents (17) to the survey reported that attending the task force meetings increase their knowledge of challenges faced by Deaf and HOH survivors of domestic violence. Respondents also reported that the meetings increased their knowledge of resources available to assist these survivors (88%) and how to access those resources (82%). Ninety-four percent (94%) of the respondents said that they gained new information during the meetings that would help them to better support Deaf and HOH survivors of domestic violence, and 82% reported their organizations were better equipped to provide culturally sensitive service to these survivors as a result of what was learned during the task force meetings. The majority of respondents *Agreed* or *Strongly agreed* (94%) that the topics discussed during the meetings were relevant to their work, and 88% indicated that they had shared what they had learning during the meetings with others in their organizations.
- GCADV leadership reported leveraging the work of the current grant to enhance its capacity. GCADV created the Deaf Domestic Violence Advocacy Program (DDVAP) that will increase access to critical services for Deaf and HOH survivors by providing advocacy services that are culturally-specific (i.e., centered on the needs and values of the Deaf Community) and by reducing communication barriers to Deaf and HOH survivors. DDVAP will purchase and distribute ADA accessibility kits to each of Georgia's certified and community-based domestic violence shelters; kits will include items such as accessible smoke alarms, door knockers, alarm clocks, and baby monitors. GCADV hired Deanna Swope as the DDVAP Manager. Ms. Swope has been critically involved in the current grant program and assisted in the pilot shelter trainings and technical assistance and participated on the task force.