FINDINGS FROM THE FIELD

IMPROVING ACCESS AND ATTITUDINAL CHANGES FOR DOMESTIC VIOLENCE SERVICES IN GEORGIA

2019

The Georgia Coalition Against Domestic Violence

www.gcadv.org

ACKNOWLEDGEMENTS

ABOUT GCADV

The Georgia Coalition Against Domestic Violence (GCADV) is a statewide, non-profit organization, whose mission is to collaborate, advocate, educate, and empower. GCADV aims to empower domestic violence (DV) survivors and the organizations that serve them, to educate the public and advocate for responsive public policy. GCADV engages in a variety of collaborative projects designed to eliminate barriers faced by underserved and marginalized survivor populations, analyze and address trends and service barriers, assist survivors with self-sufficiency goals, and provide coordinated access to DV organizations throughout the state. Thirty-seven of Georgia's 46 state certified DV organizations are GCADV member programs. Additionally, 17 non-certified DV programs are also members of GCADV, including 11 culturally specific programs.

ABOUT THIS REPORT

This report, *Findings from the Field,* details the activities, outcomes and lessons learned over the course of the three-year Disabilities Project. Our hope is that others may learn from our successes, challenges, and insights to develop and implement projects intended to increase access for Deaf and hard of hearing survivors of DV. GCADV developed two additional documents as a part of this project: the *Disability Action Plan,* which discusses recommendations and next steps for continuing to increase access in Georgia, and the *Evaluation Report,* which provides detailed information on the project approach, evaluation design, and outcomes.

EXECUTIVE SUMMARY

Individuals who are Deaf or hard of hearing (HOH) are at increased risk for domestic violence (DV) and experience significant barriers to accessing safe, comprehensive and culturally appropriate survivor services (Anderson, Leigh & Samar, 2011; National Resource Center for Domestic Violence, 2019; Hahn, 2014; Crowe, 2013). Findings from the 2013 P.E.A.C.H. Collaboration needs assessment indicated gaps in both 1) DV services for Deaf and HOH survivors and 2) collaboration between DV service organizations and those which serve Georgians who are Deaf and HOH.

Funded by the Office for Victims of Crime (OVC) 2016 *Enhancing Access and Attitudinal Changes in Domestic Violence Shelter for Individuals with Disabilities* grant (2016-XV-GX-K003), the Disabilities Project aimed to build on existing collaborations to expand the scope of safe, comprehensive and culturally appropriate DV services for Deaf and HOH survivors in Georgia. The goals of this project included the following:

1. Ensure that DV programs are able to provide Deaf and HOH DV survivors with safe, comprehensive, responsive, and person-centered services

2. Advocate and participate in systemic change to ensure long-term safety, justice and healing for Deaf and HOH survivors

3. Measure performance and outcomes of the project according to OVC solicitation objectives

The Georgia Coalition Against Domestic Violence (GCADV) developed and implemented the Disabilities Project at six DV organization pilot-sites. Program activities included a full-day training for all pilot-site staff on serving Deaf and HOH survivors, accessibility assessments at pilot-sites, ongoing technical assistance (TA), development of a multidisciplinary task force, and internal policy review and improvement, among other measurement and evaluation activities.

Major findings from the field include the following:

● Following the full-day staff training, pilot-site programs benefited from increased staff knowledge about, and confidence to serve, Deaf and HOH survivors.

- All pilot-sites were in the process of, or had increased, shelter and program accessibility for Deaf and HOH survivors due to project participation.

- Continuing DV program requests for TA and guidance to use assistive technology suggests sustained interest and intent to serve Deaf and HOH survivors beyond the project period.

- The task force provided an opportunity for increased knowledge, collaboration, and involvement in systems change within participating organizations.

Lessons learned from this process include the following:

1. Stakeholder engagement proved more challenging than expected.

2. Attempting to implement sustainable change through training alone has significant limitations.

3. Replication of the Disabilities Project may be challenging.

The Disabilities Project aimed to increase DV program staff awareness and understanding of challenges unique to Deaf and HOH survivors, to increase DV program capacity to serve Deaf and HOH survivors, and to engage in and promote systems change to ensure long-term safety, justice and healing for Deaf and HOH survivors. Findings from the field suggest that this program was largely successful in achieving its goals, and lessons learned through this process may inform the development and implementation of future projects that aim to enhance access and promote attitudinal changes in DV shelters for individuals living with disabilities.

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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, to ensure the individual's interests are represented and/or rights upheld.

American Sign Language (ASL): 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: 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 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 Language 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 benefit 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

THE PROBLEM

DOMESTIC VIOLENCE PREVALENCE IN THE DEAF COMMUNITY

The Centers for Disease Control and Prevention estimates that nearly a quarter of women (23%) and approximately 1 in 7 men report experiences of physical domestic violence (DV), also known as intimate partner violence, in their lifetime (2018). Several studies indicate that persons living with disabilities experience higher rates of DV than those living without disabilities. While Deaf-specific studies are limited, persons who are Deaf or hard of hearing (HOH), are estimated to be 1.5 times more likely to experience domestic or sexual violence in their lifetime (Anderson, Leigh & Samar, 2011; National Resource Center for Domestic Violence, 2019; Hahn, 2014; Crowe, 2013).

ABUSE TACTICS AND BARRIERS WITHIN THE DEAF COMMUNITY

Abusive tactics within the Deaf and HOH community can be both similar and different from tactics in the hearing community. Abuse of hearing privilege by partners includes tactics such as controlling interpretation opportunities or excluding the survivor from important conversations. The Deaf community can be small and is often close-knit, which can be used to ruin a survivor's reputation and limit opportunities for employment or accessing supportive services, among other tactics of abuse. These tactics can be seen in the Deaf Power and Control Wheel (Figure 1). (Deaf Hope, 2006). Further, survivors living with disabilities face unique barriers to accessing safe, comprehensive and person-centered, DV services, and Deaf or HOH survivors are no exception to this (Anderson, Leigh & Samar, 2011; DeafHope, 2018; National Resource Center on Domestic Violence, 2019).

Figure 1. *Deaf Power and Control Wheel* (Deaf Hope, 2016)

Barriers faced by Deaf and HOH survivors can include lack of linguistically and culturally appropriate services, concerns about confidentiality (including with American Sign Language (ASL) interpreters within a close knit Deaf community), distrust of systems and providers who are hearing, or simply being turned away from organizations which claim they are not equipped to meet the survivor's needs. These unique barriers increase risk of long-term abuse and DV-related fatality for persons who are Deaf or HOH (Anderson, Leigh & Samar, 2011; Deaf Hope, 2018; National Resource Center on Domestic Violence, 2019).

GEORGIA'S NEED FOR DEAF AND HARD OF HEARING (HOH) SURVIVOR SERVICES

Georgia has ranked among the top 20 states for men killing women for over twenty years; in many of which, Georgia ranked among the top ten (Violence Policy Center, 2019). While this has improved in recent years, Georgia remains in the top half (25th) of state prevalence of men killing women (Violence Policy Center, 2018). Over 300,000 Georgians are Deaf or HOH, nearly half of whom are women (Erickson, Lee & von Schrader, 2017). Considering Georgia's prevalence of fatal violence against women, the sizable Deaf community in Georgia, and the increased risk for DV within this community, there is an indisputable demand for accessible, culturally and linguistically appropriate services for Deaf and HOH survivors in Georgia.

THE P.E.A.C.H COLLABORATION

In 2011, the Partnership for Equality and Comprehensive Help for Deaf Domestic Violence Survivors (P.E.A.C.H.) Collaboration, set out to assess this problem. Comprising the Georgia Coalition Against Domestic Violence (GCADV), the Georgia Center of the Deaf and Hard of Hearing (GCDHH) (formerly the Georgia Council for the Hearing Impaired (GACHI)), and Tools for Life (Georgia's Assistive Technology Act Program), the P.E.A.C.H. Collaboration surveyed DV shelters and disability service providers to understand more about existing services and gaps in services for Deaf and HOH survivors in Georgia. The findings indicated a gap in coordination efforts between DV and disability providers in Georgia, which was inhibiting the ability to ensure safe and accessible services for Deaf and HOH survivors.

2013 NEEDS ASSESSMENT

Funded by the Office on Violence Against Women (OVW) grant to increase the capacity of the P.E.A.C.H. Collaboration, GCADV conducted a needs assessment to identify DV service gaps and strengthen safe and responsive services for Deaf, HOH, deaf-blind and late-deafened individuals experiencing DV. The key findings of the 2013 needs assessment included the following:

- Internal capacity building among the P.E.A.C.H. Collaboration organizations was necessary to improve technical assistance (TA) to serve DV survivors and Deaf and HOH persons.

- DV, Deaf, and disability organizations in Georgia were not consistently meeting the communication and accommodation needs of Deaf and HOH individuals and survivors.

- DV, Deaf, and disability organizations in Georgia lacked knowledge, skills and comfort to serve Deaf and HOH survivors safely, effectively, and consistently.

- The P.E.A.C.H. Collaboration held a strong TA delivery system to disseminate information about serving Deaf and HOH survivors.

- Collaboration between Deaf and disability organizations was strong, while there was minimal collaboration and networking between these organizations and DV programs.

ENHANCING ACCESS AND ATTITUDINAL CHANGES IN DOMESTIC VIOLENCE SHELTERS

Considering the increased risk for DV among persons who are Deaf or HOH, the significant barriers for accessing safe and comprehensive resources, and the service and collaboration gaps identified in the 2013 needs assessment, GCADV was compelled to develop and implement a program to address this problem. In 2016, GCADV applied for, and obtained, the *Enhancing Access and Attitudinal Changes in Domestic Violence Shelter for Individuals with Disabilities* grant (2016-XV-GX-K003), funded by the Office for Victims of Crime (OVC), with which they conducted the Disabilities Project.

THE DISABILITIES PROJECT

The Disabilities Project aimed to build on existing collaborations to expand the scope of safe, comprehensive, responsive, person-centered services for Deaf and HOH survivors in Georgia. The project aimed to increase DV program staff awareness and understanding of challenges unique to Deaf and HOH survivors, and to increase DV shelter capacity to provide appropriate, safe, and comprehensive services to Deaf and HOH survivors. The project was implemented between February, 2017 and February, 2019. The project was implemented at six pilot-site DV programs, and program activities included pilot DV program staff training, pilot-site accessibility assessments, ongoing TA, development of a multidisciplinary task force, internal policy review and improvement, and evaluation activities.

PROJECT GOALS

The goals of the Disabilities Project included:

1. Ensure that DV programs are able to provide Deaf and HOH DV survivors with safe, comprehensive, responsive, and person-centered-services
2. Advocate and participate in systemic change to ensure long-term safety, justice and healing for Deaf and HOH survivors, and
3. Measure performance and outcomes of the project according to OVC solicitation objectives.

COLLABORATORS

GEORGIA CENTER OF THE DEAF AND HARD OF HEARING

GCDHH is a statewide non-profit organization that provides assistive services for Deaf individuals and individuals with hearing loss, their family members, friends, and local, state, and federal agencies. GCDHH's mission is to serve individuals who are Deaf, HOH, deaf-blind, late-deafened, other individuals with hearing loss, and others by providing support services, advocacy, and education, which foster self-determination, empowerment, and independence.

GCDHH provided valuable expertise and support to develop and implement the Disabilities Project. The GCDHH Executive Director and DV Outreach Specialist were essential partners in developing and delivering pilot-site training and in

conducting pilot-site accessibility assessments. GCDHH was also an active member of the project's statewide task force and worked in concert with GCADV to review and adapt organizational policies and procedures.

PILOT-SITES

Between February and April, 2017, six pilot-sites were purposively selected to be representative of GCADV's member programs. In order to increase relevance and applicability of evidence-based practices across GCADV's member programs, pilot-sites were selected based on population density, suburban/urban/rural location, and access to Deaf and HOH support organizations or resources. Three pilot-sites were located in densely populated, urban/suburban counties, with access to Deaf and HOH support resources, and three pilot-sites were located in less densely populated, rural counties, with limited access to Deaf and HOH resources. Each of the pilot organizations serves between one and six Georgia counties, amounting to 16 total counties served. These counties (see Table 1), range in population from approximately 8,000 residents to 1.04 million residents, and included Butts, Chattahoochee, Elbert, Floyd, Franklin, Fulton, Gwinnett, Harris, Hart, Henry, Jasper, Lamar, Marion, Muscogee, Talbot and Taylor (United States Census Bureau, 2018). These organizations provide an array of services to DV survivors, including emergency shelter, crisis counseling, case management, support and educational groups, advocacy, therapy, criminal justice support, emergency legal advocacy, teen outreach, transportation assistance, job and life skills training, referrals, connection to community services, and assistance completing safety plans and crime victim compensation claims. The project provided a $3,000 stipend to each site for participation.

Table 1. *Disabilities Project Pilot-site Organizations*

Counties served	County population
Haven House	
Butts	24k
Henry	226k
Jasper	14k
Lamar	18.5k
Hope Harbour	
Chattahoochee	10k
Harris	34k
Marion	8.5k
Muscogee	195k
Hospitality House	
Floyd	96.5k
Northeast Council for Domestic Violence	
Elbert	19k
Franklin	23k
Hart	226k
Partnership Against Domestic Violence – Fulton	
Fulton	1.04 million
Partnership Against Domestic Violence – Gwinnett	
Gwinnett	920k

PILOT-SITE STAFF TRAINING

Between July and August 2017, the GCADV Project Manager and the GCDHH DV Outreach Specialist facilitated on-site, eight hour, comprehensive trainings on the dynamics of DV in the Deaf community at each pilot-site. Existing training materials from the P.E.A.C.H. Collaboration were adapted to focus more heavily on the needs of the Deaf community and the unique barriers, dynamics and tactics of abuse within this community, as well as interactive content to emphasize the importance of language access.

The training curriculum aimed to increase pilot-staff knowledge in the following areas:

- Disabilities Project collaborators and purpose

- Deaf culture and the Deaf community

- DV in the Deaf community

- Unique power & control dynamics and abuse tactics within the Deaf community

- Barriers to service for Deaf and HOH survivors

- Specific accommodations and strategies for working with Deaf and HOH survivors

- Assistive technology for Deaf and HOH persons

- Ways that DV programs can better serve Deaf and HOH survivors

The goal of 85% attendance at each pilot-site goal was achieved. Size of training group ranged from ten to 15 persons, and attendees comprised direct-service advocates and leadership personnel (executive director or manager). Training effectiveness was evaluated through pre- and post-assessments conducted by a contracted evaluation team, the results of which will be discussed later in the *Evaluation* section of this report.

PILOT-SITE ACCESSIBILITY ASSESSMENTS

Between August and October 2018, the GCADV Project Manager and the GCDHH DV Outreach Specialist conducted safety and accessibility assessments at each pilot-site. The tool (see Appendix I) used in this process was modified from a tool developed by the KEYS 4 DEAF ACCESS collaboration from Cuyahoga County in Cleveland, Ohio. The assessments were intended to determine the safety and accessibility of each pilot-site related to signage, entrance accessibility, language on website and printed materials, communication technology, and staff attitudes about serving Deaf and HOH survivors. The specific goals of the assessments included the following:

- Identify barriers to a safe and accessible environment to create a more welcoming environment for individuals who are Deaf or HOH who have been impacted by DV
- Increase knowledge regarding safety and communication barriers which will increase awareness of unique concerns for survivors at the intersection of D/deafness and DV within agencies
- Improve access to effective communication to ensure survivors obtain needed services where they previously could not or would not, due to lack of accessibility
- Evaluate the ability of the agency to provide a safe, accessible, and welcoming environment
- Use the results of the safety and access review to create a plan for change and removal of identified barriers

The assessments were conducted at each pilot-site one year post initial training. Following the assessments, the GCADV Project Manager provided each pilot-site with a customized report that summarized the issues identified, made recommendations for improvements, and provided resources to improve on-site safety and accessibility. Recommendations consisted largely of the themes displayed in Table 2.

Table 2. *Safety and Accessibility Assessment Problems and Recommendations*

Problem Identified	Recommendation
Inaccessible doorbell or entrance instructions	Improve ease and accessibility of front entrance and doorbell systems by providing clear and visible entrance and doorbell instructions to enhance accessibility for all persons seeking assistance
Unclear or absent signage about requesting ASL interpretation	Improve clarity of signage and instructions for requesting ASL interpretation from shelter staff
Lack of assistive technology on site	Increase onsite availability of assistive technology for communication with Deaf and HOH survivors, including iPads or VRI services
Low staff knowledge and familiarity of assistive technology	Improve staff familiarity and experience with assistive technology, including the various types, their purposes, and how to properly use them
Visibly inaccessible fire alarms	Increase visual accessibility of fire alarms to achieve easy visibility throughout the building, including in hallways and bedrooms
Lack of accessible language and access symbols on organization website and printed materials	Include language and/or access symbols on website and printed materials, indicating that Deaf and HOH survivors may access culturally appropriate services
Lack of closed captioning on common area televisions in	Utilize closed captioning on televisions in all common areas to increase accessibility and inclusivity of survivors who may be Deaf or HOH
Lack of Deaf culture, abuse and dynamics within onboarding training for new staff	Ensure that all annual and onboarding training for staff includes dynamics of Deaf culture, abuse within the Deaf community, and working with Deaf and HOH survivors

TECHNICAL ASSISTANCE (TA)

Throughout the project period, the GCADV Project Manager was available to provide ongoing TA to pilot-sites through in-person visits, telephone calls, and email consultations. Within the first ten months of the project; however, there were few requests for TA, and on occasions when TA was provided, requests for recipient feedback on TA experience went unanswered. Upon recognizing this pattern, the Project Manager adjusted the approach to TA. Beginning in July, 2018, the Project Manager implemented a more proactive approach by holding two TA-specific conference calls for the pilot-sites and thereafter conducted monthly calls to check in with, and provide support and TA to, individual pilot-sites.

Throughout the project period, all six pilot-sites reached out for TA, much of which related to assistive technology. Recognizing persisting confusion about the different types of assistive technology, their purposes, and costs for services, the GCADV Project Manager developed and disseminated a document about Video Relay Services (VRS) and Video Remote Interpreting (VRI). The document provided information related to the devices, their use, and compared costs based on expected frequency and duration of use, to help pilot-sites make informed decisions about purchasing assistive technology.

The pilot-site accessibility assessments also served as an opportunity for shelter staff to make additional requests for TA. The most common requests related to the following:

- Selection of assistive equipment and technology and how to effectively use them
- Additional resources to identify local ASL interpreters for collaboration
- Strategies for conducting outreach to, and successfully reaching, survivors within the Deaf and HOH community
- Assistance with integrating knowledge about Deaf and HOH survivors into concrete policies and practice

To reinforce training concepts, the GCADV Project Manager provided unsolicited TA and support throughout the project period by distributing relevant articles and resources. Additionally, she is in the process of incorporating feedback from pilot-site assessments and conversations with pilot staff into the development of policies and procedures to increase accessibility of services at all DV programs. LiveSafe Resources, a DV organization (non-pilot-site) in the Metro Atlanta, also

reached out to the Project Manager for TA on multiple occasions, related to selecting assistive technology and serving Deaf and HOH survivors in their program.

TASK FORCE

Between June and September, 2017, GCADV created a statewide task force comprising representatives from GCADV, GCDHH, the Center for Inclusive Design and Innovation at Georgia Tech, the Criminal Justice Coordinating Council, Georgia Advocacy Office, Avita Community Partners, Prosecuting Attorneys Council of Georgia, Georgia Department of Community Supervision, Georgia Vocational Rehabilitation, the participating pilot shelters and LiveSafe Resources (the aforementioned, non-pilot, DV organization in the metro-Atlanta area). The purpose of the task force was to share information and strategies to increase public awareness, strategize to improve DV service accessibility for Deaf survivors, and provide guidance in building an infrastructure for systems change.

Between October 2017 and September 2019, the task force met nine times (approximately every quarter). During this time, the task force reviewed pilot-site needs assessments, provided feedback to GCADV on project progress, and worked toward task force goals. The GCADV Project Manager expanded on the work of the task force by providing additional resources, assistance and support for participating organizations. For example, she helped to promote understanding within the Georgia Commission on Family Violence about the hiring process for interpreters for Deaf persons mandated to enroll in Family Violence Intervention Programs (FVIPs) and when an interpreter is necessary. The GCADV Project Manager also participated in a Criminal Justice Coordinating Council working group, which promoted improvements in internal policy language and guidance for underserved communities.

COALITION-LEVEL POLICY ASSESSMENT AND CHANGE

Recognizing that internal change at the coalition level was crucial to successfully promoting change within pilot-sites, GCADV and GCDHH met to assess their efforts, and to review and improve their own policies and procedures. Between February and August 2017, GCADV and GCDHH assessed, strengthened, and documented their organizational policies and procedures regarding

confidentiality, DV disclosure, development of programmatic materials, TA, outreach, and advocacy for Deaf and HOH survivors. Modifications of these policies and procedures intend to promote systems change through strategic communication and crosscutting training on serving Deaf survivors, to create a sustainable infrastructure that is reflective of the complex needs of Deaf and HOH survivors, and to better equip the organizations to effectively support the provision of culturally appropriate services to Deaf and HOH survivors.

These policies were introduced to the GCADV and GCDHH boards during summer 2019. Detailed implementation plans were developed for each policy, to ensure successful adoption and adherence. Policies and core implementation components of each policy are included in Table 3.

Table 3. *Coalition Policies and Steps for Implementation*

Policy	Implementation Components
GCADV	
1. **Integrate Deaf awareness, DV information and anti-violence into orientation and continuing education materials for staff**	• Utilization of existing training materials and resources to onboard incoming staff and refresh and update existing staff as needed
2. **Provide communication access and services for persons with disabilities and Deaf and HOH individuals**	• Identification and assessment of need • Procurement of requested accommodation, communication access, or services • Provision of communication access and services • Formalized process for grievances
GCDHH	
1. **Integrate Deaf awareness, DV information and anti-violence into orientation and continuing education materials for staff**	• Utilization of existing training materials and resources to onboard incoming staff and refresh and update existing staff as needed
2. **Provide communication access and services for persons with disabilities and Deaf and HOH individuals**	• Identification and assessment of need • Procurement of requested accommodation, communication access, or services • Provision of communication access and services • Formalized process for grievances

3. **Will not deny services to individuals who have used violence in their relationships, even if their partner is also seeking services**	• Completion of in-person trainings, policy-review staff meetings, and inclusion in new employee orientation packet • Engagement in measures to ensure confidentiality, safety, and the survivor's autonomy

EVALUATION

Between July 2017 and February 2019, GCADV identified and hired University of Georgia as an independent program evaluator. The evaluators assisted with the development of performance measures, developed and implemented protocols for data collection, analysis and interpretation, and assisted with reporting all evaluation activities and findings. To assess pilot-site staff knowledge and confidence, the evaluation team conducted pre- and post-training-surveys with pilot staff. The surveys included a 13-item knowledge assessment, designed to measure change in staff knowledge relevant to serving Deaf or HOH survivors, and an 11-item assessment of staff confidence to serve Deaf or HOH survivors effectively. Averages from pre- and post-assessments were calculated and compared to identify changes in staff knowledge and confidence attributable to the full-day hour staff training. Eighty-one percent (81%) of staff that attended the training completed the pre-training survey, and 73% completed the post-training survey.

PILOT-SITE STAFF KNOWLEDGE

On average, pilot-site staff knowledge increased between the pre- and post-assessments on all but one item.

Staff demonstrated the greatest knowledge in the following areas:

- Job discrimination experienced by Deaf and HOH survivors

- How "hearing privilege" is manifested and experienced

- Characteristics of Deaf culture

- Modes of communication used by the Deaf community and individuals

- Unique abuse tactics Deaf or HOH survivors may experience

Participants showed the greatest knowledge *gains* in the following areas:

- It is not appropriate to refer to a person who is Deaf as a person who is "hearing impaired" or has "hearing loss"

- A Deaf survivor of DV often cannot leave her/his community

- The Deaf community has its own culture

- 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

Across sites, staff correctly answered one item less often on the post-test than the pre-test. The item was a true/false statement: "Deaf people, as a whole, are not good lip readers." While this statement is "False," and 35% fewer participants correctly indicated so at post-test than at pre-test. This may be attributable to confusing phrasing or potential lack of clarity in this section of the program staff training.

PILOT-SITE STAFF CONFIDENCE

On average, pilot-site staff confidence to serve Deaf and HOH survivors increased in all areas.

Staff had the greatest confidence in the following areas:

- Ability to use a sign language interpreter

- Establishing a welcoming environment

- Providing emotional support and minimizing feelings of isolation

Staff had the least confidence in the following areas:

- Assisting a survivor in navigating community services and systems

- Facilitating a group counseling session

- Using assistive technology

IMPACT ON SURVIVOR SERVICES

While there was no direct measurement of training impact on organizational capacity to serve Deaf and HOH survivors, several sites anecdotally reported feeling more equipped to serve Deaf and HOH survivors when the opportunity arose. At least four DV organizations (three pilot-sites and one non-pilot program, which participated on the task force) served Deaf and HOH survivors during the project period. Additionally, another DV organization called to request the Deaf and HOH training for their service region, because they had seen an increase in Deaf and HOH survivors. From these experiences and conversations, it has become more widely understood that the demand for DV services in the Deaf and HOH community is not new, but has always existed. The heightened visibility of this demand may be attributable to increased awareness among service providers of this existing need, as well as increased awareness among Deaf and HOH survivors about programs that are now better equipped to provide culturally inclusive services.

Additional evaluation data collection activities included pre-pilot project interviews, observations, document reviews, and case studies with GCADV, GCDHH, the task force, and the pilot programs. Beyond the training assessment pre- and post-test findings, all program evaluation findings can be found in the accompanying *Evaluation Report: Improving Access and Attitudinal Changes for Domestic Violence Services in Georgia.*

LESSONS LEARNED

While the project was largely successful, there were several lessons learned along the way, which may be used to improve funding, development, and implementation of future programs. Lessons learned from this process include the following:

1. *Stakeholder engagement proved to be more challenging than anticipated.*
   o DV program pilot-sites were less responsive in the initial stages of the project than expected. GCADV originally reached out to DV program executive directors to provide ongoing TA and support; however, responses from executive directors were limited. Ultimately, each pilot program designated a liaison, which streamlined the process for TA, resulting in a more rapid and smooth experience. Identifying a designated point person at program start however, could have potentially aided in developing and fostering a more collaborative and communicative environment, which may have increased ease of

coordination between GCADV and the pilot programs throughout the project period.

    ○ Additionally, the project's engagement of law enforcement and Deaf service providers was somewhat unsuccessful. Despite numerous attempts, law enforcement did not respond to invitations to participate on the task force. And while some Deaf services providers did attend the task force meetings, their attendance and participation were lower and less consistent than expected. A potentially useful strategy to address low engagement would be to approach and engage stakeholders (Deaf service providers, and law enforcement) in their own environment before inviting them to participate in an unfamiliar group.

2. *Trying to implement sustainable change through training alone has significant limitations.*

    ○ While the pre- and post-training assessments indicated increased knowledge and confidence among pilot-site staff, the opportunity for application of knowledge and skills was limited due to the low number of Deaf survivors seeking services during the project period. Providing information that is not immediately relevant nor applicable within one's current role inhibits the retention of that information, therefore limiting the effectiveness and sustainability of the training. Considering the historic service gap in for Deaf and HOH survivors in Georgia, the lack of Deaf survivors seeking assistance from pilot-sites during the project period was not surprising. A few pilot-sites served Deaf and HOH survivors during the project period; however, these instances were rare, which necessitated TA to recall and reinforce information from the training. It may be possible however, that the intended attitudinal changes of this project, toward critical thinking and compassion, may help to address this limitation. While knowledge and skills are important, the intended attitudinal shifts may be longer lasting, hold more impact, and ultimately may be more valuable than retaining specific facts or definitions. Perhaps the philosophical and ethical principles of the training may be transferable to serving all survivors, which would provide opportunity to reinforce training concepts more often. Rather than being limited specifically for serving Deaf and HOH survivors,

knowledge and skills gained from this survivor-centered training may be applied to improve flexibility, inclusion, and accommodation with any survivor, particularly those from historically marginalized groups (e.g. communities of color, immigrant or undocumented persons, LGBTQ+, indigenous communities).

○ Similarly, the one-time nature of this training limits the sustainability of change within DV organizations, which experience high rates of staff turnover and overnight and non-traditional work schedules, which may have limited training attendance. This issue may be addressed through the development of self-sustaining tools and resources. For example, an online, interactive module series, a train the trainer curriculum, or a tool kit could be available online to train new staff, refresh those who attended training in the past, and provide updated information and best practices. These tools, however, could not be successfully developed without collaboration with members from the Deaf community and sufficient funding.

3. *Replication of this project may be challenging.*

   o The Disabilities Project was largely possible due to an existing relationship between GCADV and GCDHH through the P.E.A.C.H. Collaboration. Without this, project implementation would not have been possible in such short time. A project of this nature must be planned, developed, and implemented in collaboration with members of the Deaf and HOH community, which requires meaningful engagement. The importance of time, intention, and transparency necessary to forge this relationship cannot be overstated. Prior to the implementation of this project, GCADV and GCDHH conducted a needs assessment to identify cross-cutting gaps, spent time determining their shared goals, developed a charter to lay the foundation for collaboration, and assessed their progress throughout the project. This relationship was essential to the project and its success.

   o Because of this collaborative relationship, the training was co-developed and facilitated by a member of the Deaf and HOH community. This invaluable aspect of the training provided opportunity for knowledge and skills to be appropriately delivered, and further served as an experiential learning opportunity for pilot-

site staff. Because of this, replication, even by a well-trained and informed person from the hearing community, would compromise the quality and fidelity of this project.

CONCLUSIONS

The Disabilities Project aimed to increase DV program staff's awareness and understanding of challenges unique to Deaf and HOH survivors, to increase DV shelter capacity to serve Deaf and HOH survivors, and to engage in and promote systems change to ensure long-term safety, justice, and healing for Deaf and HOH survivors. Project outcomes indicate increased pilot-site staff knowledge about, and confidence to serve, Deaf and HOH survivors after the full-day staff training. All participating pilot-sites have already or are increasing shelter and program accessibility for Deaf and HOH survivors, and continuing requests for TA and guidance to use assistive technology suggests sustained interest and intent to serve Deaf and HOH survivors beyond the project period. Internal policy change is on the horizon at GCADV and GCDHH, and the multidisciplinary task force provided an opportunity for increased knowledge, collaboration, and involvement in systems change within multiple participating organizations. Lessons learned included the challenges of stakeholder engagement, the limitations of making change through training alone, and important considerations for future replications of similar projects. Our findings from the field suggest that this program was largely successful in achieving its goals, and lessons learned through this process may inform the development and implementation of future projects that aim to enhance access and promote attitudinal changes in DV programs for individuals living with disabilities.

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APPENDICES

APPENDIX I: ACCESSIBILITY ASSESSMENT TOOL

<u>Safety & Access Assessment</u>

Pilot site: _____

Date: _____

1. Are there accessible parking spaces closest to the entrance?
   Yes_____   No_____
   Comments:_____
   _____
   _____

2. Is the outside of the facility well lit?
   Yes_____   No_____
   Comments:_____
   _____
   _____

3. Is there landscaping that someone could hide behind?
   Yes_____   No_____
   Comments:_____
   _____
   _____

4. Are there cameras at the entrance of the facility and/or in the parking lot?
   Yes_____   No_____
   Comments:_____
   _____
   _____

5. Are people easily visible from inside the building?

   Yes_____   No_____

   Comments:_____

   _____

   _____

6. Is the route of travel from the parking lot to the main entrance at least 36"wide?

   Yes_____   No_____

   Comments:_____

   _____

   _____

7. Does the front door provide immediate access to the reception area or are there multiple doors?

   Yes_____   No_____

   Comments:_____

   _____

   _____

8. Does the entrance require that the visitor hear or speak?

   Yes_____   No_____

   Comments:_____

   _____

   _____

9. Is there an alternative way to enter the facility without these requirements?

Yes_____   No_____

Comments:_____

_____

_____

10. Does the entrance have an automatic door?

Yes_____   No_____

Comments:_____

_____

_____

11. Is the doorway and hallway a minimum of 32"?

Yes_____   No_____

Comments:_____

_____

_____

12. Is there a receptionist or signage that instructs visitors what to   do when they arrive?

Yes_____   No_____

Comments:_____

_____

_____

13. Is signage available that instructs visitors they can request alternate forms of communication?

Yes_____   No_____

Comments:_____

_____

_____

14. Are there visual alarms in addition to auditory alarms throughout?

Yes_____   No_____

Comments:_____

_____

_____

15. Are there optional meeting spaces that ensure an individual's safety and privacy?

Yes_____   No_____

Comments:_____

_____

_____

16. Does the agency have an in-house videophone, Ipad, VRI or VRS to be used by staff and individuals who are D/deaf or hard of hearing?

Yes_____   No_____

Comments:_____

_____

_____

17. Is your staff trained on the unique dynamics of domestic violence in the lives individuals who are D/deaf or hard of hearing?

Yes_____   No_____

Comments:_____

_____

_____

18. Does your agency have a safe process to screen clients/consumers for domestic violence?

Yes_____   No_____

Comments:_____

_____

_____

19. Has your staff receive training addressing safety planning for individuals who are D/deaf or hard of hearing?

Yes_____   No_____

Comments:_____

_____

_____

20. Is staff trained on deafness, Deaf culture and communication preferences?
Yes_____   No_____
Comments:_____

_____

_____

21. Does staff/volunteer training include information about working with individuals who are D/deaf or hard of hearing?
Yes_____   No_____
Comments:_____

_____

_____

22. Does staff receive training on accessing and using an interpreter in a variety of settings?
Yes_____   No_____
Comments:_____

_____

_____

23. Does staff ask the Deaf survivor if they have a preferred interpreter?
Yes_____   No_____
Comments:_____

_____

_____

24. Does staff have experience using the different relay services?
Yes_____   No_____
Comments:_____

_____

_____

25. Does staff know about VRI or VRS and how they work?

Yes_____   No_____

Comments:_____

_____

_____

26. Can/will advocates communicate with survivors via text/email if that is their preferred method?

Yes_____   No_____

Comments:_____

_____

_____

27. Does your staff training address support services, resources and organizations for individuals who are D/deaf or hard of hearing?

Yes_____   No_____

Comments:_____

_____

_____

28. Does staff/volunteers receive training on video phones and other assistive technology?

Yes_____   No_____

Comments:_____

_____

_____

29. Is staff training about working with individuals who are D/deaf or hard of hearing at least once a year?

Yes_____   No_____

Comments:_____

_____

_____

30. Is your agency prepared to receive video phone calls?

Yes_____   No_____

Comments:_____

_____

_____

31. Does your agency have the ability to receive text messages and other forms of electronic communication?

Yes_____   No_____

Comments:_____

_____

_____

32. Does the receptionist have the ability to use sign language or other forms of communication?

Yes_____   No_____

Comments:_____

_____

_____

33. Does the website include language about serving individuals who are D/deaf or hard of hearing?

Yes_____   No_____

Comments:_____

_____

_____

34. Are printed materials written in language that is easy to understand? Simple 5th grade language?

Yes_____   No_____

Comments:_____

_____

_____

35. Do printed materials include access symbols?

Yes_____   No_____

Comments:_____

_____

_____

36. What equipment does your agency have on hand? Where? Who knows how to use it?

A. Vidoephone

B. TTY

C. TV with closed captioned text option

D. Fire alarms that are visually accessible to Deaf survivors

E. Deaf accessible doorbell

F. Visual doorbell (so Deaf person would know someone was at the door)

Comments:_____

_____

_____

_____

37. Does your agency do outreach in the Deaf community?

Yes_____   No_____

Comments:_____

_____

_____

38. Does your agency provide interpreters for community events? Where?

Yes_____   No_____

Comments:_____

_____

_____

39. Is your Website:
   A. Deaf-friendly and accessible?
   B. Language at a 5th grade level?
   C. Include videos that are closed captioned for the audio portion?
   D. Does the website use visuals to help people understand the con
      content?
   E. Does the website have VLOGS in ASL

40. Do brochures and written materials mention that the organization offers
    services to Deaf people?
    Yes_____   No_____
    Comments:_____

    _____

    _____

41. Is it clear that meetings and groups are open to Deaf survivors and that
    accommodations are available?
    Yes_____   No_____
    Comments:_____

    _____

    _____

42. Do the agency's outreach strategies ensure that outreach happens with
    members of the Deaf community? What does this look like?
    Yes_____   No_____
    Comments:_____

    _____

    _____

43. Does staff understand what the ADA requires of courts, hospitals, and
    social service agencies regarding providing accommodations?

Yes_____   No_____

Comments:_____

_____

_____

44. Does the agency work with local Deaf service agencies, organizations, or
advocacy groups?

Yes_____   No_____

Comments:_____

_____

_____