

# A Project of



and



## “Partnering to Increase Service Access”

*Needs Assessment Report Part I*

*D/deaf Community*

**November 2008**

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*those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.*

## **Partnering to Increase Service Access: A Project of Advocacy, Inc. and SafePlace in Austin, Texas**

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# Partnering to Increase Service Access: A Project of Advocacy, Inc. and SafePlace in Austin, Texas

## Part I – D/deaf Community

### Overview of the Collaboration

#### Introduction

In October, 2006, the “Partnering to Increase Service Access” initiative was funded by the U.S. Department of Justice, Office on Violence Against Women (OVW).<sup>1</sup>

The three agencies who first initiated this collaborative were *Advocacy, Inc. (AI)*, Deaf Abused Women and Children Advocacy Services (*DAWCAS*), and *SafePlace*. *Advocacy, Inc.* is the Texas protection and advocacy agency, *DAWCAS* was the local domestic violence service provider catering to the D/deaf<sup>2</sup> community, and *SafePlace* is the local domestic violence and sexual assault service provider. *Advocacy, Inc.* has regional or satellite offices in 14 communities across Texas and partnering agencies have offices located in Austin, Texas.

During Year I of this project, the partnering agency *DAWCAS* was dissolved.<sup>3</sup> In response to the gap in services left by the closing of *DAWCAS*, *SafePlace* initiated expansion of its domestic violence and sexual assault services to the D/deaf community through establishment of a new Deaf Services program. The primary goal of the program is to increase the availability of domestic violence

<sup>1</sup> The “Partnering to Increase Service Access” initiative was funded in 2006 by the U.S. Department of Justice, Office on Violence Against Women through an Education and Technical Assistance Grant to End Violence Against Women with Disabilities grant program.

<sup>2</sup> Within this report, and similar to other documents produced by the Partnering to Increase Service Access project, the term Deaf with an upper case D is used when referring to individuals who are Deaf and identify as a member of a Deaf community. Individuals who identify as “Deaf” consider themselves as culturally deaf and have a strong Deaf identity. Deaf individuals tend to have attended schools/programs for the Deaf, while individuals who are deaf tend to have been mainstreamed and never attended a school for the deaf. In respect for both groups, we will use the following term throughout this report: D/deaf.

<sup>3</sup> Before *DAWCAS* closed, staff contributed significantly to development of the collaboration’s vision, mission, charter and needs assessment plan.

and sexual assault services to the local D/deaf, hard of hearing and Deaf/blind community. Staff hired within the new D/deaf Services program at SafePlace participated in conducting the needs assessment and will have active roles in developing and implementing the collaboration's strategic plan, along with other members of the collaborative.

This needs assessment report identifies barriers, gaps, and needs for domestic violence and sexual assault services within Austin's D/deaf community. Separate needs assessment activities were planned and implemented which focus on persons with disabilities. A separate needs assessment report will follow highlighting this work.

During the first year and a half of this project, the partners met regularly to identify the overarching goals for this collaboration, and to determine how they would assess the needs of abuse survivors who are D/deaf in Austin, Texas. During this process, partners learned more about each others' missions, vocabulary, philosophies and both unique and shared visions and goals for addressing violence in the lives of people who are D/deaf in Austin, Texas. Each partner contributed to the development of a concrete work plan, project timeline, and the process for initiating, developing and maturing working relationships and the project.

The following key activities were undertaken and completed by the partners during the initial phase of this collaboration project:

- Formalized and deepened existing working relationships among partners and began building on past collaborative initiatives when responding to individual survivors who are D/deaf or who have disabilities.
- Participation in all-site meetings facilitated by OVW and Vera Institute of Justice (the project's technical assistance provider).
- Developed a vision and mission statement, collaboration charter, project timeline, and overarching goals for needs assessment activities.
- Conceptualized and designed methods and protocols for conducting a needs assessment within our community.
- Identified focus groups and key informant interviews as primary methods for gathering information about the needs of Austin's D/deaf and disabilities communities in relation to domestic, sexual and caregiver violence and the accessibility of victim services.
- Organized, reviewed and presented the information gathered from focus groups and interview participants in the form of this needs assessment report.
- Subsequent to the approval of this report, the information will be used to develop a strategic plan for responding to the identified needs, gaps and access barriers.

## Vision

The shared vision of the “Partnering to Increase Service Access” project partners is that people with disabilities and people who are D/deaf will live as they choose without experiencing violence in the everyday course of their lives. To reflect this vision, the following guiding statement was adopted for this collaboration effort.

*“We envision that people who are D/deaf or have disabilities live free from domestic and sexual violence and other forms of abuse.”<sup>4</sup>*

## Mission

The mission of the partners is to work to advance change within our own agencies and communities to ensure that disability, D/deaf and victim services are available to all people with disabilities and D/deaf community members. The following statement was adopted to guide our planning, needs assessment, and implementation activities:

Our mission is “to advance policies, practices and services that ensure culturally aware, sensitive and fully accessible responses to members of the disability and D/deaf communities regarding domestic, caregiver and sexual violence.”

## Project Scope

After a lengthy period of discussion and deliberation among the partner agencies, Vera Institute of Justice (Vera), and OVW, the geographical scope of the project was limited to Austin, Texas and surrounding areas (Travis County). All needs assessment activities were conducted in the partners’ own agencies (Advocacy, Inc. and SafePlace) and among D/deaf community members, D/deaf service providers and abuse survivors who are D/deaf.

Workgroups were formed to select and propose assessment goals representative of the partnering agencies’ internal and community-based interests. The selected goals were presented and reviewed by the full project team and a final set of project goals were selected based on the overarching purpose in developing this needs assessment.

## **Overarching Purposes and Goals**

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<sup>4</sup> The project partners recognize that “this statement does not reflect the world as it is, but rather our values and beliefs about the world as it should be, and our work leads us closer to this...our dream. Our work is about believing in the vision and living the dream.”

In developing our needs assessment plan, our purpose was to discover what is needed within our own agencies and community so that members of Austin's D/deaf community are consistently welcomed and gain access to needed domestic violence and sexual assault services.

Conducting the needs assessment activities has provided the partnering agencies with an opportunity to update our understanding of the needs of survivors who are D/deaf in our community. In a less formal way, we've noted that our methods of data collection have generated interest and dialogue and sparked the curiosity of our co-workers about working with survivors who are D/deaf in their own job areas. The information detailed in this report will be used to develop a strategic plan to more formally address the identified needs, gaps and service barriers. This needs assessment was designed and implemented according to the following purposes and goals:

1. Identify Service Gaps, Barriers and Needs

What are the areas of need in the D/deaf community related to domestic violence and sexual assault?

What are the service gaps and barriers experienced by D/deaf service providers when working with survivors of violence?

2. Build Internal Capacity for Providing Services

What do SafePlace staff members need to increase their own capacity for providing D/deaf friendly and knowledgeable domestic violence and sexual assault services to survivors who are D/deaf?

What do D/deaf service providers need to increase their capacity for responding in a knowledgeable way to domestic and sexual violence survivors who are D/deaf?

What is the role of D/deaf service providers in responding to survivors of domestic and violence that they serve?

3. Expand Outreach and Provision of Services

How can the newly formed Deaf Services program of SafePlace outreach to D/deaf community members to increase their access to domestic violence and sexual assault services?

4. Build Collaborative Responses

What Austin-based D/deaf service organizations are interested in building a more collaborative response to abuse survivors who are D/deaf through partnering or increased service referral?

In what ways can Advocacy, Inc. and SafePlace coordinate their own services to better respond to domestic and sexual violence when working with survivors who are D/deaf?

#### 5. Sustain Outreach and Provisions of Services

In what ways can we institutionalize policies, practices, and other strategies that ensure welcoming, knowledgeable, and D/deaf friendly responses to D/deaf community members?

### **Methodology**

This needs assessment was designed to gather information about the domestic and sexual violence service and support needs of Austin's D/deaf, hard-of-hearing and D/deaf/blind community members. To accomplish this goal, we wanted to learn from a variety of sources and most directly from abuse survivors who are D/deaf, community members who are D/deaf, D/deaf service providers, Sexual Assault Nurse Examiners (SANEs), and SafePlace staff and clients. Needs assessment activities were conducted between late March and June of 2008 in Austin, Texas.

The primary methods for gathering information from the key stakeholders were focus groups and individual interviews. Both partner agencies were involved in recruiting participants, moderating or co-moderating focus groups and interviews, note-taking and de-briefing data collection activities. Project staff from both agencies also shared in the process of developing and revising a set of focus group/interview questions until they clearly reflected the interests of each partnering agency and the overarching purposes and goals for this needs assessment.

The project's technical assistance provider, Vera Institute of Justice, and OVV staff provided assistance to ensure focus group and interview questions and necessary prompts reflected the purpose and goals of this needs assessment. All focus groups and interviews were conducted in the following locations: Advocacy, Inc. board and conference rooms, SafePlace meeting rooms, Austin Deaf Club, and the offices of CSD (Communication Services for the Deaf).

Each focus group and interview was conducted according to a structured protocol. All participants received the same information and instructions and they responded to a set of questions relevant to the assessment goals and target group they represented. Focus group moderators and the interviewers exercised

flexibility in the use of various prompts and queries but overall, information was gathered in a similar manner for all participants.

In preparation for conducting the assessment activities, Vera Institute of Justice arranged for Mary Oshwald of the Regional Institute of Portland State University to travel to Austin, Texas and provide training on tips and strategies for collecting data through focus groups and interviews. The 4-hour training included an overview of question selection, process guidelines, moderator responsibilities, de-briefing, and the recording, storage and analyzing of focus group and interview data. This training provided project staff with information on the current practices in the design of focus group and interview protocols and design of consistent approaches for moderating focus groups and face-to-face key informant interviews. Representatives from collaborating agencies participated in this training.

### Accessibility

All of the sites where focus groups and individual interviews were conducted were both physically and attitudinally accessible. Each partner in this collaborative was committed to providing full access to individuals participating in the needs assessment activities. American Sign Language interpreters were provided to participants who are D/deaf or Deaf/blind through live interpreters or online interpreter services. All interpreters hired were certified at level 3 or higher. The project's lead agency paid for all interpreters and accessibility needs using OVW grant funds. There were no other accessibility accommodations or modifications requested. Reimbursement for transportation and child care services were offered to participants as needed.

### Data Collection

#### *Tools*

Overall, partnering staff generated four (4) sets of focus group questions and two (2) sets of individual interview questions to conduct the need assessment activities. Each question set was designed to reflect the key areas of interest outlined earlier in this report. The six (6) sets of questions can be found in Appendix A of this document.

#### *Sources*

Focus groups and interviews with the key informants were used to gather information and assess the gaps, barriers and access needs for domestic and sexual violence services to Austin's D/deaf community members. In addition, focus groups were held to assess the needs of D/deaf service providers and SafePlace staff for education, training, technical assistance, policy review or

development to improve supports and services to individual survivors in Austin's D/deaf community.

The partnering agencies are committed to look first within their agencies to assess gaps and needs, make improvements, and identify opportunities to formalize the coordination of services between SafePlace and Advocacy, Inc. Within SafePlace, Program Directors and direct services staff were asked to identify their needs for information, education, training, technical assistance and agency changes to support work with D/deaf abuse survivors. SafePlace staff members were also asked to identify gaps and needs to ensure effective coordination of services and contacts between direct service staff, D/deaf service providers, Advocacy, Inc., and SafePlace's Deaf Services program staff.

Another group we engaged in the needs assessment were D/deaf service providers. We hoped to identify providers interested in expanding their network of available resources and supports for serving D/deaf survivors who are their clients. Sexual Assault Nurse Examiners (SANE) and hospital advocacy volunteers were also targeted to participate in needs assessment activities to explore the needs of sexual assault survivors who are D/deaf. To ensure full representation of the D/deaf community in the assessment, focus groups were held with allies and service providers to individuals who are D/deaf/blind. Individual interviews were conducted with community members who are D/deaf/blind to ensure that the voices of people themselves who are D/deaf/blind are included. A total of thirty (30) needs assessment activities were conducted with a total of ninety (90) participants.

The source's of information for this needs assessment are summarized in a table on page [12].

#### *Moderation/Facilitation*

Focus groups and interviews were moderated or co-moderated by SafePlace and Advocacy, Inc. (AI) staff. All focus groups with D/deaf service providers and allies were facilitated or co-facilitated by a staff member from SafePlace or AI who is D/deaf. The rationale was to ensure direct and effective communication in American Sign Language.

Interpreters were included to support note takers (hearing staff) to document the content of the meetings. For interviews with abuse survivors, individuals were given a choice between being interviewed by someone either D/deaf or hearing. The D/deaf community is small and often community members know each other or each others families. The rationale for offering the option of being interviewed by someone D/deaf or hearing was to be sensitive to the small knit community and sense of emotional safety and preference for full anonymity for participation by abuse survivors who are D/deaf. In all but one (1) case, survivors who are D/deaf chose to be interviewed by Deaf staff. In this one case, the survivor knew

the D/deaf staff member and preferred more anonymity. A live interpreter was employed to assist with communication.

Table 1: Needs Assessment Participants

<b>Individual Community Members</b>	<b>Victim Services</b>	<b>Service Provider Agencies</b>
<p><b>People who are D/deaf</b></p> <ul style="list-style-type: none"> <li>• Members of Austin’s D/deaf Community</li> </ul> <p><b>People who are D/deaf/blind</b></p> <ul style="list-style-type: none"> <li>• Members of Austin’s D/deaf/blind Community</li> </ul> <p><b>Abuse survivors who are D/deaf</b></p> <ul style="list-style-type: none"> <li>• Current SafePlace clients</li> <li>• Former DAWCAS clients</li> <li>• Former SafePlace clients</li> </ul>	<p><b>SafePlace Staff</b></p> <ul style="list-style-type: none"> <li>• Counseling staff</li> <li>• Crisis Intervention staff</li> <li>• Hospital advocacy staff and volunteers</li> <li>• Hotline staff</li> <li>• Legal services staff</li> <li>• Program Directors</li> <li>• Resource advocates</li> <li>• Shelter staff</li> <li>• Transitional housing staff</li> </ul> <p><b>Other Victim Service staff</b></p> <ul style="list-style-type: none"> <li>• Sexual Assault Nurse Examiners (SANEs)</li> </ul>	<p><b>D/deaf Services</b></p> <ul style="list-style-type: none"> <li>• Administrators</li> <li>• Direct services staff</li> <li>• Agencies Represented:                             <ul style="list-style-type: none"> <li>○ Department of Assistive and Rehabilitative Services (DARS)</li> <li>○ Travis County Services for the Deaf and Hard of Hearing (TCSDHH)</li> <li>○ Communication Services for the Deaf (CSD)</li> </ul> </li> </ul> <p><b>D/deaf/blind Services</b></p> <ul style="list-style-type: none"> <li>• Administrators</li> <li>• Direct services staff and allies</li> <li>• Agencies Represented:                             <ul style="list-style-type: none"> <li>• Travis County Services for the D/deaf and Hard of Hearing (TCSDHH)</li> </ul> </li> </ul>
		<p><b>Services for people who are D/deaf and have disabilities</b></p> <ul style="list-style-type: none"> <li>• Direct services staff</li> <li>• Agencies Represented:                             <ul style="list-style-type: none"> <li>○ Austin Travis County Mental Health Mental Retardation (ATCMHMR)</li> <li>○ Vaughn House</li> </ul> </li> </ul>

## Participant Recruitment

*SafePlace staff:* Focus groups were scheduled and conducted with SafePlace's direct services staff who work in the following areas: shelter, transitional housing, counseling, hotline, crisis intervention, advocacy/case management, sexual assault hospital accompaniment, and legal services. Staff members were invited to participate by electronic newsletter, posting on bulletin boards, during team meetings and face to face. Program Directors were invited to participate in a key informant interview by email, telephone contact, and in person.

*D/deaf service providers:* Project staff contacted a set of specific organizations that regularly provide services to Austin/Travis County or have contact with people in Austin's D/deaf community. The invited organizations included: Travis County Services for the Deaf and Hard of Hearing, Vaughn House, Communication Services for the Deaf (CSD), Communication by Hand, Austin Travis County MHMR and Texas Department of Assistive and Rehabilitation Services (DARS) - Division of Deaf Service.

*Community members who are D/deaf or D/deaf/blind:* Participants were recruited by contacting local D/deaf service agencies and other community groups in contact with people who are D/deaf or D/deaf/blind in Austin. Methods of contact included videophone, email, in person, word-of-mouth, and various listservs.

*SANEs:* Sexual Assault Nurse Examiners from St. David's Hospital were invited to participate based on contacts provided us by SafePlace's Sexual Assault Community Advocacy Program.

*Survivors:* Abuse survivors who are D/deaf were invited to participate in an individual interview from among current and former clients of SafePlace and former clients of DAWCAS.

The emails, letters and flyers used to invite all participants outlined the purpose and voluntary nature of the interviews and focus groups, how to contact project staff, compensation, and group dates and times.<sup>5</sup>

## Confidentiality

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<sup>5</sup> Physical and psychological safety was a primary consideration for survivors willing to talk about domestic and sexual violence. Project staff made every effort to create a safe environment for the conversations and minimize risks. Project staff was prepared to provide immediate support and/or access to resources. Participants received information on how to contact the interviewer or moderator if they had questions or needed any information following the focus group or interview. Participants were clearly informed they could withdraw from the group or interview at any time without loss of compensation.

Every effort was made to maintain participant confidentiality within the limits of the law. All participants were informed that no personally identifying information would be recorded unless the participant gave us their signed consent for the purposes of: 1) contacting them with follow up information or 2) contacting them for further needs assessment information. And, even in those two cases, the contact information is kept separate from the data gathered.

Participants were also informed of two exceptions to our consent and confidentiality agreements. These exceptions would be: 1) if a participant disclosed current abuse, and 2) if a participant disclosed plans to harm themselves or someone else. Texas is a mandatory reporting state and information in these cases must be reported to Adult Protective Services (APS). In this assessment, one case was reported to APS. Participants in focus groups were also asked to agree to maintain confidentiality about each others participation, names, comments or answers to questions.

### Informed Consent to Participate

*Survivors and D/deaf community members:* Participants who were D/deaf or D/deaf/blind community members were asked to sign *an informed consent to participate* document. The interviewer or focus group moderator reviewed contents of the consent form with participants and answered any questions. All consent forms were signed and collected before the interview or focus group began. A copy of the *consent to participate* form, developed by SafePlace and Advocacy, Inc., can be found in Appendix B.

It was important that participants were informed that we were going to ask questions about issues related to abuse and that they may feel uncomfortable or upset. Participants were also told that they could leave the room, talk to a safe person and leave the activity if they wanted without losing the benefit of the cash compensation. The following key elements covered in the informed consent process were detailed and discussed with participants:

- The state law about mandatory reporting of abuse or intention to harm self or others.
- The voluntary nature of their participation.
- Right to pass on any question.
- Right to stop participation at any time and still be given the stipend.
- Access to a safe person and immediate supports if requested.
- The potentially upsetting nature of the topics under discussion.
- Resources available after the focus group or interview.
- Information about the note-taker and what would be recorded.
- The offer to provide a copy of the notes immediately following the group or interview.

*Service providers and SafePlace staff:* Passive voluntary consent was considered evidenced when a provider or staff member showed up to participate in a focus group or interview.

### Participant Compensation

*Gift Cards:* Participants in focus groups for D/deaf service providers were given a \$5.00 gift card to a local ice cream store or coffee shop. These \$5.00 gift cards were not advertised prior to the focus groups and were distributed at the conclusion of the service provider focus groups in appreciation of their participation.

*Cash Stipend:* Participants from the D/deaf community (including survivors of violence) received a \$35.00 cash stipend for their participation in needs assessment activities.

In addition, beverages and snacks were offered to focus group participants and individual interview participants were offered their choice of beverages during the interview.

### Focus Groups

A total of 12 focus groups were held with seventy-two (72) participants in this needs assessment with an average of 6 participants per focus group. Targeted outreach to potential focus group participants was made to members of the D/deaf community, the D/deaf/blind community, and people who are D/deaf and have disabilities in Austin, Texas. In addition, we sought to engage the community's D/deaf service providers and domestic violence and sexual assault agency staff (SafePlace). Focus groups were held at SafePlace, the Austin Deaf Club or Advocacy, Inc.

Specific attention was given to include our outreach to the D/deaf/blind community, their allies and service providers given this group seems to be particularly underserved within SafePlace.

### Individual Interviews

Eighteen (18) individual interviews were conducted as means of gathering information to help improve domestic and sexual violence services and supports to Austin's D/deaf community.

Targeted outreach for individual interviews was made to members of Austin's D/deaf/blind community and to survivors of domestic or sexual violence. Survivors who participated were asked where they wanted to meet for an interview from among the following options: SafePlace, Advocacy Inc.,

Communication Services for the Deaf (CSD) offices, the public library, or a safe location of their own choosing. Key informant interviews were also conducted with Program Directors within SafePlace's counseling, shelter, and transitional housing programs. SafePlace's Chief Operating Officer was also interviewed.

Project staff had proposed to conduct a focus group with Sexual Assault Nurse Examiners (SANEs) who work closely with SafePlace staff and volunteers who provide sexual assault hospital accompaniment. At the time that the interviews and focus groups were being conducted, a majority of the SANEs had significant time limitations and several administrative responsibilities that were required and uncompensated. This resulted in the project being able to interview only one SANE. Although we were not able to engage the number of SANEs that we had hoped, the project was able to obtain data on the number of individuals who are D/deaf who went to the emergency room for a sexual assault nurse exam over the past two years. Future efforts will be made to gain input from this group about how we can improve our sexual assault services and supports to D/deaf survivors of sexual assault or rape.

### Focus Group and Key Informant Interview Participation

<b>Target Group</b>	<i>Number of Focus Groups Conducted</i>	<i>Number of Focus Group Participants</i>	<i>Number of Individual Interviews Conducted</i>	<i>Total</i>
<b>Service Providers</b>				
<i>D/deaf Service Providers</i>	2	8	0	
<i>Providers for Deaf people / with disabilities</i>	1	6	0	
<i>Deaf/blind Service Providers and Allies</i>	1	5	0	
<i>SAFEs - interviews</i>	0	0	1	
<b>D/deaf Community Members</b>	1	8	0	
<b>SafePlace Staff</b>				
<i>Transitional Housing</i>	2	12	1	
<i>Crisis Intervention Providers</i>	1	7	0	
<i>Non-residential Counseling</i>	2	13	1	
<i>Legal Services/hospital accompaniment</i>	1	5	1	
<i>Shelter Advocates and Counselors</i>	1	8	1	
<i>Chief Operating Officer</i>	-	-	1	
<b>Survivors</b>				
<i>D/deaf Survivors</i>	-	-	10	
<i>Deaf/blind Survivors</i>	-	-	2	
<b>TOTAL</b>	<b>12 focus groups</b>	<b>72 FG participants</b>	<b>18 individual interviews</b>	<b>30 Activities 90 Participants</b>

## Future Contact with Participants

Throughout the course of conducting the needs assessment, participants' interest in follow up contact was explored by moderators and interviewers. Individuals wanting future contact with the project staff gave us information about how and when they could be safely contacted. Some of the participants wanted to know about the assessment outcomes and any changes that we made as a result. The follow up contact information is stored as confidential material in a locked file cabinet at the lead agency.

## Data Recording

Hearing project staff served as note-taker(s) to record the information shared by participants during the focus groups and interviews. Paper and pen and laptops were the methods used to record answers to the questions asked. The transitional housing and counseling services teams were quite large and split into two focus groups held concurrently during their weekly staff meeting times. For each of the individual interviews conducted, one note-taker was used to record information shared by the key informants (survivors, Program Directors and a SANE). The decision to employ one note-taker was strategic to reduce the number of unknown persons who were in the room during the interview. In interviews with individuals who are D/deaf or Deaf/blind, a live American Sign Language Interpreter or online interpreter was also present. Interviews were comprised of the survivor, one interviewer, one note-taker, and the ASL interpreter or online interpreter or— one Program Director or SANE, one interviewer, and one note-taker.

## Offer of focus group / individual interview notes to participants

Project staff worked to ensure that that all needs assessment activities were transparent to individual participants in this project. In support of this commitment, participants were offered a copy of notes recorded immediately following the activity or at a future time. Three (3) participants interviewed requested a copy of the notes. Participants did express general interest in learning about the project outcomes and any changes that would be implemented within the community. These requests were noted by project staff and will be honored once a Strategic Plan is created and approved.

## Transcription of Notes

Note-takers were responsible for transcribing their notes immediately following an interview or focus group. This information was given to the project manager

highlighting the method of data gathering (individual interview or focus group), date, note-taker and interpreter name(s), and the total number of participants.

All information collected was organized according to the individual questions and based on the thematic content of responses. Remarkable quotes and examples that illustrated key issues were highlighted. Individual responses were not linked with participant names as we discussed earlier in the confidentiality section of this document.

The original notes are stored in a locked file cabinet in the project manager's office. Electronic copies of this data are stored at the lead agency where access is limited to project staff only. The information will be stored according to federal guidelines governing the collection and storage of project data.

Following transcription of the notes taken during each focus group and interview, project staff organized the information to facilitate identification of key issues and areas of need revealed by individual and collective participants. Participant responses were cross referenced according to the population represented (i.e., survivor, service provider, direct service staff, etc.), individual questions asked, and the core themes and requests. Responses are organized in the results section of this report according to: 1) populations represented, 2) issue areas, and 3) as response to the project's purposes and goals.

## **Needs Assessment Time Line**

The information gathered in the needs assessment will be essential to the development of a strategic plan that accurately reflects the resources, barriers and opportunities for increasing accessibility to victim and D/deaf services and safety options for people who are D/deaf or also have disabilities.

Workgroups within the collaborative team were tasked with developing needs assessment goals that represented each of the partner agencies internal and community based self-interests. These goals were presented and reviewed by the full project team and a final set of goals were selected which are summarized earlier in this document. The focus group and interview questions were developed according to these goals (see p. 2-3). Following selection of our goals, the project team outlined a plan for completion of the various activities necessary for conducting the focus groups and individual interviews.

Month	Needs Assessment Plan – Development Timeline Activity and Milestones
<i>June 2007</i>	<i>Develop needs assessment goals representing each partner agencies' goals and interests community based self-interests.</i>
<i>July - August 2007</i>	<p><i>Select teams to develop needs assessment goals. Draft protocol for conducting needs assessment activities and develop focus group and interview questions based on needs assessment goals.</i></p> <p><i>Continue meeting as collaborative.</i></p> <p><i>Participate in training by Vera Associate on "Best Practices in Moderating Focus Groups."</i></p>
<i>September - November 2007</i>	<p><i>Develop the needs assessment plan and submit to Vera Institute of Justice for review and OVW<sup>o</sup> for approval.</i></p> <p><i>Finalize informed consent documents and stipend plan for participants.</i></p> <p><i>Continue meeting as collaborative.</i></p> <p><i>Attend OVW<sup>o</sup>/Vera all-site meeting in St. Louis, Missouri.</i></p>
<i>December 2007 - January 2008</i>	<i>Pending OVW<sup>o</sup> approval of the needs assessment plan - recruit participants and provide informed consent information.</i>
<i>January - August 2008</i>	<p><i>Implement needs assessment protocol; conduct focus groups and individual interviews.</i></p> <p><i>Continue meeting as collaborative.</i></p> <p><i>Attend OVW<sup>o</sup>/Vera all site meeting in Louisville, Kentucky.</i></p>
<i>August - November 2008</i>	<i>Organize and compile needs assessment data. Develop findings and integrate with other sources of information (census, agency self-interests, priority setting by collaboration, etc.). Submit needs assessment report to OVW<sup>o</sup> for approval.</i>
<i>December 2008, January 2009</i>	<i>Develop strategic plan based on results of needs assessment data. Submit strategic plan to OVW<sup>o</sup> for approval.</i>
<i>February 2009</i>	<i>Begin implementation of strategic plan.</i>

A strategic plan will be developed and proposed to OVW for approval based on results presented in this report. The approved plan will reflect the partner's recommendations and will guide the remaining project activities. The following chart details our estimated timeline for completing the needs assessment activities.

## **Assessment Strengths, Limitations and Challenges**

### **Strengths**

A strength of this collaborative and needs assessment is the relationship among project partners. Advocacy, Inc. and SafePlace, and DAWCAS and SafePlace have worked cooperatively on issues related to advocacy, disability rights, and accessible services to individuals with disabilities or who are D/deaf in the past. However, this was the first time all three partners (AI, DAWCAS and SafePlace) joined forces. Despite the closing of DAWCAS, this project has allowed AI, SafePlace and the newly hired Deaf Services program staff within SafePlace to deepen their existing relationships and learn more about each other's work, agency culture, and roles in serving our community. Project team members are committed to continuing this work to ensure that women who are D/deaf or also have disabilities in Austin and Travis County can increase their personal safety and get the help and supports they need when violence occurs.

An additional strength of this collaboration has been leadership within the partnering agencies who are committed to providing accessible services to D/deaf community members. In the course of conducting this needs assessment, co-workers, direct services staff, and program leadership readily contributed to help identify the service gaps and barriers and how we can better coordinate services and reach out to other providers in our community to better serve the D/deaf community.

This needs assessment has also provided opportunities to communicate face to face with D/deaf survivors, members of the D/deaf community, D/deaf/blind individuals and local D/deaf service providers to build relationships within the community. A number of participants indicated that their participation was the first time they had an opportunity to talk about some of their fears and experiences related to abuse and violence.

### **Limitations and challenges**

Given that Austin's D/deaf community is interconnected, one of our challenges was to hire interpreters and schedule focus groups and interviews in locations that best ensured the identity of participants remained confidential. For example, one interpreter turned out to have connections to a participant through family and friends. Although the interpreter was ethically committed to standards of confidentiality, the participant did not want this interpreter to know she was participating. To best avoid potential breaches of confidentiality or safety, project staff relied heavily on participant identification of their preferences for location, facilitator and interpreters.

Another challenge in recruiting participants was related to the closing of DAWCAS. Because some survivors received past services from DAWCAS instead of SafePlace, they initially thought that they were not appropriate to participate. We wanted these survivors to know their participation was welcome and so project staff made additional contact to explain the purpose and value of their participation as survivors no matter where they had received services.

It was also challenging for note-takers to ensure they were fully scribing the information shared in focus groups where ASL was the primary language. In these groups, moderators and note-takers were tracking, responding to and transcribing the communications of up to 8 participants, 2 moderators, and through reliance on 2 interpreters (signing and voicing).

It also seems important to note several of the weaknesses of the data collection methods. The information we gathered is limited to one geographic area and collected on a one-time only self-reporting from focus group and interview participants. Therefore, generalization of findings, implications and recommendations should be limited to the single geographic area under study (Austin and Travis County, Texas).

On the other hand, the methods utilized and the geographic restrictions allowed us to 1) focus intensively on our own agency's needs, 2) learn directly from the key beneficiaries of our efforts, and 3) support the development of programming and service coordination in a newly formed Deaf Services program within a hearing domestic violence and sexual assault agency.

We also noted that participation was greater when focus groups were held at a regular meeting place for D/deaf community members (i.e., Deaf Club).

## **Results and Key Findings**

### **Gaps, Barriers and Needs**

The results and findings detailed in this section are intended to guide a new developing Deaf Services program within a hearing victim service agency. The assessment was also designed to aid the collaborating agencies in identifying gaps, barriers and needs for providing sustainable domestic violence and sexual assault services to individuals who are D/deaf. The following stake-holder groups are represented in this assessment and contributed significantly to our findings.

- Community members and abuse survivors who are D/deaf, hard of hearing or D/deaf/blind
- A Sexual Assault Nurse Examiner (SANE)
- SafePlace leadership and direct service staff

- D/deaf service providers

For detailed tables of the compiled information provided by focus group and interview participants see Appendix C.

## **Building Internal Capacities for Providing Services**

Participant groups identified the following areas of need and ways that SafePlace, Advocacy, Inc., and D/deaf service providers can increase their internal capacity for providing knowledgeable and sensitive domestic and sexual violence response to individuals within our community who are D/deaf:

### Facility Access

There was near universal agreement among participants, that current security methods used by SafePlace at the facilities two (2) primary points of entry (i.e., resource center and shelter) present access limitations to survivors who are D/deaf or who are D/deaf/blind. Although the barriers are not insurmountable, modification of current technology is an important step in communicating SafePlace's commitment to providing D/deaf friendly and welcoming services in our community.

Currently, the entrance is accessible by use of a speaker system. Individuals enter SafePlace facilities at the resource center front gate or drive in at shelter by gaining access through security gates. On approaching the entrances, a person first notes a speaker box and then reads an instruction to press a red button to communicate with a SafePlace worker. The staff on duty will provide further instructions on how to enter the facilities based on the person's answer to several questions (i.e., do you have an appointment, who do you want to see, how can we help you, etc.). If an individual who is D/deaf or D/deaf/blind has an appointment, they will know the SafePlace confidential protocol for entry for the D/deaf/blind community. If the individual does not have an appointment, then this poses communication barriers.

Upon entry to SafePlace facilities, an individual would have opportunity to work with an intake counselor about the kinds of support or services they are seeking (e.g., shelter, counseling, advocacy, etc.). A number of participants identified that the paperwork involved in the intake process constitutes a central barrier to service access. The required paperwork and form is long and given English is not the first language of many people who are D/deaf, this initial interaction does not seem welcoming or culturally sensitive. Participants also identified the need for technology like visual alarms, baby monitors and TTY or videophone capabilities for survivors who are D/deaf and are pursuing or receiving services at the SafePlace Family Shelter.

Participants who are D/deaf/blind indicated that mobility orientation is a critical need for clients who are blind to familiarize themselves with and learn to navigate SafePlace's grounds and buildings. In addition, the lighting needs to be improved in the reception area, white reflective tape needs to mark directions in hallways, and information about Deaf Services at SafePlace should be available in Braille when needed. Participants indicated that survivors who are D/deaf/blind may need to be accompanied by an SSP (Support Service Provider) whose function is to provide a wide range of services including hand over hand interpreting.

D/deaf service providers pointed out that it may seem especially intimidating to survivors when they first to enter our larger facilities, negotiate the size of the campus and interact with a range of direct service workers and other clients if they access emergency shelter. Providers stated that it would be important to communicate clearly how to get to and enter SafePlace facilities. Service providers also expressed a need for SafePlace to be prepared to provide pagers, deaf kits, support service providers, and other supports on an individual and as-needed basis.

SafePlace direct services staff identified the primary barriers and needs encountered are related to communication, referral information for D/deaf services, technological supports like videophone access, and safe entry to resource and shelter facilities.

The project staff added that sexual assault survivors who are D/deaf are not seen on a regular basis for services at SafePlace nor at the emergency room for sexual assault nurse exam. During focus groups and interviews, most participants were quite reticent to talk about why that might be or about the issue of sexual assault in general.

Survivors who are D/deaf noted that our intake process and paperwork needs to be more accessible and that the wait time for D/deaf survivors who wish to pursue counseling needs to be shortened (note – the actual wait time to access counseling services is not longer for D/deaf survivors than hearing survivors).

#### Confidentiality:

Participants shared that issues related to confidentiality create significant barriers to speaking out or asking for help when abuse occurs. Concerns about confidentiality were voiced by both focus group and interview participants. Of major concern was whether or not SafePlace staff and ASL interpreters would or could keep a person's identity, presence at SafePlace and requests for services confidential.

Survivors who are D/deaf indicated that the smaller size and interconnectedness of the D/deaf community creates a particular difficulty with issues of

confidentiality. Survivors told us this was of primary concern and that confidentiality is a huge issue within the D/deaf culture and community. For any survivor, a breach of confidentiality is a serious matter and likely to have far reaching consequences. For survivors who are D/deaf, questions about confidentiality are functioning as an enormous barriers to asking for help.

In addition to confidentiality, participants stated that *D/deaf Pride* can also be a barrier to speaking out or asking for help when abused. According to focus group members, the potential for loss of *D/deaf Pride* was another reason that survivors are not asking for help. Participants suggested that we hold a “campaign” to clearly communicate SafePlace’s commitment to confidentiality while recognizing that trusting relationships with a community must be built over time. Deaf service providers recommended that we use the term “airtight” to more clearly emphasize the importance of confidentiality at SafePlace and in our work.

D/deaf community members thought we should be repetitive in communicating that we are committed to confidentiality. Participants suggested that we provide clients who are D/deaf with a careful explanation of the grievance policy that is in place for clients who may feel that confidentiality was violated.

SafePlace direct services staff suggested that we work with interpreter services such as CSD (Communication Services for the Deaf) to ensure there are no dual relationships between a particular interpreter and a client. With the increasing use of technology at SafePlace, it was suggested that private information be cleared from the videophone more frequently in order to better ensure that confidentiality is not violated inadvertently or as an unintended consequence of increased usage of videophone technology.

### Communication

The most frequently discussed service barrier was related to communication between staff and clients who are D/deaf. The majority of participants who are D/deaf indicated that they would feel most welcomed at SafePlace if the reception area staff had basic ASL survival skills and if other program staff were interested in learning ASL. These same participants thought that access to universal sign boards at both shelter and resource center reception area would be acceptable and should be made available.

Participant groups had a number of questions about the process and etiquette around hiring interpreters and determining who is responsible for providing an interpreter when SafePlace clients are meeting and working with outside “hearing” service providers. SafePlace direct services staff identified a need for developing a policy or protocol for working with survivors who are D/deaf and consistently do not show up for appointments or counseling sessions where an interpreter has been hired.

The overall experiences of SafePlace staff providing supports and services to survivors who are D/deaf have been effective. However, there were several barriers and service issues that came up around how to best work with interpreters during support groups or counseling sessions. The next few paragraphs will focus on this and several additional communication related barriers that were identified by each participant group.

Survivors who are D/deaf and SafePlace staff indicated that the use of interpreters for counseling sessions may interfere with trust building. However, there was not a consensus about whether or not survivors who are D/deaf prefer working with a Deaf or hearing counselor or advocate. Both survivors and staff brought up the impact of the usual delays we experience when accessing a live interpreter for walk-in appointments or same day shelter admittance and how those delays impact a survivor who is trying to access domestic and sexual violence services in a hearing agency. In these cases, a survivor may leave and not return to SafePlace, return to their abuser, or experience a degree of isolation that most clients are not experiencing at SafePlace. D/deaf/blind survivors reported even more basic barriers through the lack of access to a telephone to call for help, limited use of the Lifeline system and the need for 24 hour access to communication supports. D/deaf community members told us that they would generally prefer working with a staff member who is D/deaf and that if not available, the survivor may not return for services.

Service providers who participated in focus groups advised that SafePlace should be ready to provide immediate access to interpreter services at any given point in order to serve D/deaf survivors most effectively. These same providers advised that we make certain to provide accurate information about accessibility in all Deaf Services program materials. Survivors who are D/deaf need to know their true options when deciding whether or not to pursue services with SafePlace. In order to build trust between the newly formed Deaf Services program at SafePlace and the D/deaf community, we need to be candid about delays or typical wait times for communication services or supports. It was also suggested that program effectiveness and client comfort levels may be increased if we can provide the same interpreter to a survivor throughout their services at SafePlace. It was also noted that interpreter services are quite expensive and although staff's experiences with interpreters have been positive overall, there may be a need for increasing the amount of program funds available for interpreter services. Service providers offered several examples where the lack of ready access to interpreters impacted a survivor's employment options, availability of housing, and CPS involvement.

The Sexual Assault Nurse Examiner (SANE) interviewed identified communication as the key barrier to a survivor's willingness to disclose abuse and get help. The SANE also noted that survivors are not likely to know that an interpreter is available for survivors requesting a forensic exam following a sexual assault. SafePlace's crisis intervention and resident advisor team identified

communication as a key service barrier to hotline, hospital accompaniment following a sexual assault, and general access to SafePlace services. Crisis intervention staff indicated that hotline access to survivors who are D/deaf would require establishing a private cubicle area, an online chat and more time to process hotline calls through video relay services. SafePlace direct service staff stated that access to videophones and other technology needs to be made available for use by residents in shelter and in the community.

Survivors and direct services staff discussed several communication barriers when ASL interpreters are utilized in therapeutic counseling sessions. Counselors are concerned that interpreters may not be interpreting the details of a counseling session accurately. Concern was also expressed that therapeutic progress may be inhibited when a survivor's anxiety is increased when an interpreter is one not preferred by a survivor or is not available consistently week to week. Staff also requested information about how to work with interpreters who interject themselves into the role of co-participant in a counseling session. In addition to these concerns related to progress in counseling, the service intake paperwork was reported to be especially difficult to negotiate for survivors who are Deaf.

Other technological barriers included the fact that the TTY is not in a private place for clients needing TTY access at shelter. Staff also asked for some additional 'hands-on' training in the use of the communication devices as those options are expanded within SafePlace and AI. There was concern expressed about how to use communication devices efficiently and effectively as well as best practices for communicating to individuals who are D/deaf through written communication.

We also learned that although e-mail is an acceptable form of communication between individuals who are hearing and D/deaf — use of email can create legal problems for a survivor if those communications can be obtained and used in court proceedings. It seems especially important to note that the use of email has serious potential to compromise confidentiality although it seems to work well.

## **Building Collaborative Responses**

### Legal Advocacy

Overall, participants reported knowledge of past cases where the civil rights of survivors who are D/deaf were violated within the legal system because interpreters were not provided when necessary. In some of these cases, SafePlace hearing advocates had to resort to using pen and paper during court proceedings to try and explain the different steps in the process because no interpreter was provided by the county. There was some consensus that this practice continues frequently enough that we are compelled to explore how we

can work to change this practice. We also identified the need for increased sensitivity on the part of the legal system when interacting with survivors who are D/deaf.

Participants also shared that a disproportionate number of D/deaf persons compared to hearing clients have Child Protective Services (CPS) involvement and in many cases that involvement results from communication and cultural differences in the D/deaf and hearing communities. Deaf service providers and SafePlace staff thought that survivors who are D/deaf and who are at risk for CPS involvement may benefit from the option to participate in SafePlace's Safe Parenting training. Deaf service providers in specific asked the moderators how they might obtain this parenting curriculum for integration within their existing service system.

Survivors expressed a strong need and preference for legal advocates who are D/deaf and who could be present when a survivor who is D/deaf must be involved in the legal system. Survivors thought that a D/deaf legal advocate would be more accessible to the survivor and the possibilities for misunderstandings resulting from communication gaps would best be avoided. Survivors who are D/deaf and advocates clearly stated the need for information about the process and proceedings of court before they take place and in preparation for what they might expect to happen in advance of the experiences. It was also noted that a disproportionate amount of CPS involvement occurs among our D/deaf survivors and those difficulties are compounded by a system that is often not accessible to survivors because interpreters are not provided by the Protective Services system when they are needed.

Additionally, advocates indicated that discrimination has also occurred when there were communication barriers in the areas of housing for survivors who are D/deaf, barriers to communication results in confusion and misinformation related to the kinds of supports and services that SafePlace can and cannot offer within the legal system. During focus groups and interviews, it was clear that a process or protocol would benefit our clients whereby an interpreter is available for conversations between a survivor who is D/deaf and our legal services team members. While in court, the county schedules and pays for the interpreter services.

## **Expanding and Sustaining Outreach and Provision of Services**

### Targeted Outreach

Participants in this needs assessment clearly identified that both AI and SafePlace need to conduct targeted outreach so that Austin's D/deaf community members know about the range of services and supports the agencies provide. Consistently and across participant groups there were several needs for targeted outreach that were identified.

First, there is a general lack of information and knowledge about the newly formed Deaf Services program at SafePlace. This alone is a deterrent to survivors who are D/deaf reaching out for help when they experience violence. Next, is a noticeable absence of SafePlace presence at Deaf sponsored events. The lack of representation at these events was identified as an important issue to address if we intend to sustain an ongoing presence and relationship with Austin's D/deaf community members. Participants then highlighted that individuals who are D/deaf are highly visual and that our physical presence would be reflective of a connection that is central to the development and maintenance of trusting relationships in the D/deaf community. Recently, Deaf Services staff hosted several open house events at the SafePlace facilities to announce the newly formed Deaf Services program. And yet, participants in focus groups and interviews stated that it would be culturally consistent for SafePlace staff to meet D/deaf individuals through D/deaf service providers or through D/deaf cultural/social events. Others suggested that SafePlace hold more open houses and that SafePlace advertise these to the D/deaf community.

In addition, participants indicated that it was important to advertise about our services through brochures and flyers listing the range of services SafePlace will offer through the Deaf Services program. We were also encouraged to have more presence in a local newsletter and through Deaf service providers (e.g., Texas School for the Deaf's Parent Teacher Association, Communication Services for the Deaf, Travis County Services for the Deaf, etc.).

Overall, participant groups told us that a reasonable expectation would be that targeted outreach efforts should unfold over time and information would be passed through word of mouth within the community. The remaining barriers and needs identified were related to our 1) access to more up to date technologies, 2) participation within the community and 3) access to outreach and educational materials.

While direct service workers thought that SafePlace should increase outreach and education regarding sexual assault, local Deaf service providers recommended that we include some focused attention on issues related to domestic violence in the workplace.

*Ideas for Outreach:* Participants creatively offered thoughts and ideas on methods we could use to increase knowledge about our services and supports to our community. Here are some of the various ideas:

- Advertise the issue and services through television spots
- Design key chains and magnets with hotline information
- Education and outreach to the Ushers Syndrome support group
- Ensure that materials are available in Braille and audio formats for people who are D/deaf/blind

- Get the word out about services through a mass mailing that includes email
- Have services available at alternative locations or by videophone
- Host a dramatic performance targeting issues related to violence
- Host film showing that highlights violence within the D/deaf community
- Make educational materials available to the community
- Conduct presentations in the D/deaf community about abuse and how to get help
- Produce small palm or business cards with contact information
- Recruit survivors to tell their stories

A number of participants expressed their interest in finding ways to continue to dialogue with SafePlace and Advocacy, Inc. about issues related to domestic violence, sexual assault, and safety in their relationships. Participation as a volunteer was suggested as a reasonable means for continuing this dialogue. Participants also stated that individuals who are D/deaf need to be supported in normalizing that it's OK to get help when violence occurs.

### Website Accessibility

Participants across most groups represented in this needs assessment reported that Advocacy, Inc. and SafePlace needed to simplify their agency websites for use by D/deaf and D/deaf/blind survivors. And, once the websites are more accessible to D/deaf and D/deaf/blind community members, it was suggested that we identify that through use of an appropriate accessibility indicator.

D/deaf and D/deaf/blind survivors identified that our websites should also be compatible with Jaws.<sup>6</sup> D/deaf/blind survivors recommended that our websites include a contact person who is listed with a link that goes immediately to that contact person. This was recommended based on knowledge that when a person who is D/deaf blind is being abused by their support service person, there is need for a link where they could more safely address issues without a site like SafePlace on the screen. Given that our websites are text heavy, it was also suggested that we have the basic information about SafePlace and our services on the front page of the website. Participants advised that we could find good examples of website that was accessible to the D/deaf/blind communities by exploring the AADB (American Association of the Deaf Blind) website.

D/deaf community members stated that they would like to see websites more clearly reflect that SafePlace serves men, women and children.

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<sup>6</sup> Jaws (Job Access With Speech) is a screen reader software program used by people who are blind or have low vision. The technology makes personal computers accessible to people who are blind or have low vision. The program does this providing the information on the screen by text-to-speech or by a Braille display. Jaws also allows for keyboard interaction with the computer.

### Education and Training Gaps:

Nearly everyone who participated in a focus group or interview identified gaps and needs for basic knowledge in the areas of Deaf culture, domestic violence, and about the range of services provided by SafePlace and Advocacy, Inc. Notably, participants were quite reticent to talk about issues or needs associated with sexual violence within the D/deaf community. However, participants expressed interest in learning more about sexual assault services and how to make referrals to clients or friends who had been sexually assaulted. Deaf service providers and SafePlace direct services staff requested education for staff in their respective agencies or departments on how to make effective referrals to SafePlace and/or D/deaf and disability service providers in the community.

Participants thought it would be beneficial to have more training on the various methods for facilitating communication between hearing staff and a D/deaf client or worker. The topics most often requested in this area were: *working sensitively with survivors who are D/deaf, hands on training in communication supports like video phones, TTY, online interpreting, and working with live interpreters.* In addition, participants expressed their needs for accurate information about responding to D/deaf survivors who disclose and the legal reporting requirements within the state of Texas.

Survivors and community members who are D/deaf were clear that SafePlace staff should be involved in ongoing efforts to learn and use basic ASL if the agencies intention was to be D/deaf friendly and welcoming. Participants expressed that a minimum level of fluency within our agency would be reception staff able to communicate in basic ASL.

In turn, some participants identified that interpreters and Deaf service providers would benefit from education and training about the basic dynamics of domestic violence and sexual assault, and unique aspects of violence within the D/deaf community. SafePlace direct service staff thought this kind of training could facilitate a greater understanding of the importance of confidentiality policies in working with survivors and facilitate stronger working relationships when using interpreters with survivors in educational or therapeutic situations.

All groups of service providers indicated the need for education and training about who is responsible, according to the ADA, for providing interpreter services when referring or collaborating with outside agencies or systems in our community. Participants expressed concern that civil rights of survivors who are D/deaf are being violated when interpreter services are necessary but not provided when interfacing with agencies and systems outside of a referring agency. Of specific concern are hospital settings where sexual assault services

are provided, housing offices, or when clients are involved with law enforcement and another part of a criminal justice or legal system.

Within SafePlace, the following needs were identified to better support and improve services to survivors who are D/deaf:

- In-service training or workgroups to clarify roles and accountabilities of Deaf Services and other programs to avoid duplication of services
- Additional education on D/deaf culture and community
- Increase resources items available on working with survivors who are D/deaf
- Education for clients on dynamics of interacting with other service systems including law enforcement, Child Protective Services, Adult Protective Services, and housing providers
- Practical skills development (budgeting, childcare, training programs, etc.) for survivors who are D/deaf
- Education on differences in parenting in D/deaf and hearing cultures

#### Direct services

Overall, participant groups told us the core barrier to seeking domestic violence and sexual assault services within a hearing agency is communication. Survivors who are D/deaf may wait for some hours before an interpreter arrives to facilitate intake or service entry, especially to emergency shelter outside of normal interpreter agency business hours. D/deaf survivors reported experiencing considerable isolation in a hearing agency given the relative lack of staff, volunteers, mentors and other clients who are D/deaf or who are fluent in ASL. Other barriers that were identified by participant groups were related to physical access, service coordination, and working with interpreters.

Direct service providers identified that rights violations were occurring when community based agencies were unwilling to provide interpreters to D/deaf clients who were being referred to them for ancillary services. This kind of communication barrier in particular impacts D/deaf survivors who are working to transition from emergency shelter back into the community and especially in the areas of employment and housing.

Another need is to find additional funding sources so that we can meet more of the practical and technological needs of survivors who are D/deaf. For example, video phone access in all SafePlace service areas (currently only available at resource center where only non-residential services are provided), funds to purchase Sidekicks<sup>7</sup> or blackberry devices and cover monthly access costs, financial assistance with past due bills, and to purchase computers with Instant Message and Skype capabilities.<sup>8</sup>

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<sup>7</sup> Handheld mobile communication device.

<sup>8</sup> Supports PC to PC communication that includes making calls to people anywhere.

Direct service staff at SafePlace asked if we could provide clarification of the various roles across programs and across the agency in light of the Deaf Services program. Staff are concerned that survivors who are D/deaf may not receive the full range of services available to them or that efforts and services will be duplicated. Participants also asked that we explore ways to make sure that survivors who are D/deaf receive a high quality of services and to obtain feedback on how we are doing. One practical suggestion was to conduct exit interviews with survivors who are D/deaf which could also allow us to collect some statistical information about services. SafePlace staff also suggested that we select one Deaf Services worker to serve as the primary contact and consultant to other SafePlace programs

D/deaf survivors were interested in having options at SafePlace for both open and closed support groups and improved follow-up on the part of counselors and advocates after services have been provided or terminated. Survivors who are D/deaf indicated that having adequate time and space to share their stories was integral to D/deaf friendly and respectful services. D/deaf community members asked if survivors who are D/deaf could be accompanied by someone from their community upon entry to services. This request was intended to help address the issue of extreme isolation experienced by D/deaf survivors in the past. Participants also suggested a peer mentoring and volunteer program would be beneficial.

Participants recommended that SafePlace be willing to meet survivors off site and in places that would be confidential. D/deaf service providers suggested creating a task force across agencies for service coordination and a streamlined referral process.

## **Recommendations**

The following overarching recommendations represent the areas of greatest need identified by participants in this needs assessment:

### **Service gaps, barriers and needs:**

- Develop and implement a plan by which abuse survivors who are D/deaf may safely contact the partnering agencies (i.e., Advocacy, Inc. and SafePlace).
- Design solutions for individuals who are D/deaf and D/deaf/blind to travel from bus stop or taxi to front door and entry to SafePlace service areas.
- Construct an annual outreach plan to provide information to the D/deaf community and local Deaf service providers about domestic and sexual violence, how to respond to abuse disclosures, and where to find help.

### **Building internal capacity:**

- Establish an infrastructure to support use of communication devices in SafePlace's emergency shelter and for public use at Advocacy, Inc.
- Determine the feasibility of a simplified intake process and conducting a client exit interview for quality assurance purposes.
- Institute a protocol for service coordination with survivors who are D/deaf or D/deaf/blind across programs within SafePlace and Advocacy, Inc. (and possibly other additional agencies).
- Review and modify practice for welcoming D/deaf clients at SafePlace that includes entry to facilities and strategies for reducing isolation within shelter for survivors who are D/deaf or D/deaf blind.
- Improve the accessibility of the project partner's websites to individuals who are D/deaf and / or D/deaf/blind.

### **Sustaining outreach and services**

- Establish means for continued engagement with Austin's D/deaf community.
- Make promotional and educational materials available for D/deaf community members about where to find help when abused.
- Plan and Implement a peer mentoring and/or volunteer program for D/deaf community members to become engaged within SafePlace.

## Building Collaborative Responses

- Invite Deaf service providers and faith based organizations who specifically cater to Deaf community members to meet and explore methods for coordinating outreach activities and service to D/deaf community members.
- Develop concrete plans for increasing Advocacy, Inc. and SafePlace's visibility, responsiveness, and trust with Austin's D/deaf community.
- Explore strategies to formally coordinate services with Advocacy, Inc., for D/deaf survivors when their civil rights might be violated and/or they are in need of legal representation.
- Develop policy for contacting, hiring and working with ASL interpreters across the agency that includes strategies for decreasing wait time for sexual assault survivors, emergency shelter access and walk-in clients.

## **Appendix A**

### **Focus Group and Key Informant Interview Questions**

*D/deaf Service Providers  
Focus Group Questions*

*SafePlace Services*

1. *What do D/deaf people need to feel welcome in a service organization?*

*Possible Prompts: What policies or procedures could be put in place to support people to feel welcome?*

2. *What barriers are there to the D/deaf community accessing domestic violence and rape crisis services?*

3. *What can hearing organizations do to tell the D/deaf community about available domestic/sexual violence services?*

*Provider / Service Agencies*

4. *If a client told you that their partner or spouse was being abusive, what would you do?*

*Possible Prompts: What is already working well in your agency when clients report abuse? What do you think is needed to do better? Is there training or technical assistance you need in order to respond?*

*Collaboration*

5. *How do you see domestic violence, sexual assault and D/deaf service providers working together to respond to abuse against D/deaf people?*

*Possible Prompts: What type of service coordination do you think needs to be developed? Would your agency be interested in talking in more depth about how changes could be made for recognizing and responding to abuse with D/deaf clients?*

*Outreach*

6. *Sometimes people who are D/deaf who are experiencing domestic violence, rape or abuse do not reach out for help. Why do you think this is?*

*Possible Prompts: What would help people reach out for help if they've been abused? What training or policies/procedures could support you/other staff to talk about suspicions that you might have that a client has been abused? What training or policies/procedures could support you/other staff to respond to clients who disclose abuse? What ideas do you have for reducing barriers? What do you think would support D/deaf individuals in requesting support/services related to abuse?*

7. *What advice do you have for reaching out to the D/deaf community about domestic violence or sexual abuse or rape? What about survivors of sexual abuse or rape?*

*Possible Prompts: Where and how should the outreach take place? What type of messages should be included? What types of messages would support D/deaf individuals who have been sexually abused in asking for help?*

*Vision*

8. *What is your vision for how D/deaf service providers and hearing organization can work better together?*

*D/deaf Community Members  
Focus Group Questions*

*SafePlace Services:*

1. *What are your thoughts about why D/deaf people may not reach out for help when they've been abused?*

*Possible Prompts: What would help people reach out for help if they've been abused? How comfortable are you in talking about abuse?*

2. *What ideas do you have for reducing barriers to the D/deaf community accessing domestic violence and rape crisis services?*

*Possible Prompts: What do you think would support D/deaf individuals in requesting supports and services related to abuse? What would not be supportive?*

3. *What do you think D/deaf people need to feel welcome in a domestic violence or sexual assault agency?*

*Possible Prompts: What is your vision of the perfect service provider agency?*

*D/deaf Service Agencies*

4. *What are important things that service providers need to know about assisting D/deaf people who have been hurt by abuse?*

*Possible Prompts: What do providers need to do if a client discloses abuse? What should providers not do?*

*Confidentiality*

5. *Some D/deaf participants will worry about confidentiality when seeking services from other D/deaf people. What can be done to ensure confidentiality?*

*Possible Prompts: Do you prefer services by someone D/deaf, hearing but sensitive to D/deaf culture, or having the option of both?*

*Outreach*

6. *What advice do you have for service providers reaching out to the D/deaf community about domestic violence? What about sexual assault or rape?*

*Possible Prompts: What messages are important to include in the outreach? What can SafePlace do to tell the D/deaf community about available services? Sexual abuse specifically can be a sensitive topic in the D/deaf community, how can the messages promote safety in coming forward about sexual abuse?*

*Vision*

7. *What is your vision for how SafePlace and D/deaf service providers can work together to meet the needs of the D/deaf community?*

*\*This document is written English format. Yet, during facilitation of focus groups, the questions will be adapted by facilitators to be culturally sensitive and meet the communication needs of the participants.*

*SafePlace Staff  
Individual Interview Questions*

1. *In general, what have been your experiences in working with clients who are D/deaf?*

*Possible Prompts: What are we doing well? What are the strengths we can build on? What hasn't gone so well or is challenging? How do you think the challenges or any barriers could be addressed? What are the areas that could use more support? What have been your department's experiences in using interpreters (positive and problems)?*

2. *Are there some strategies that you've thought about in terms of how hearing staff can best work with D/deaf clients who prefer to work with a hearing staff member?*

*Possible Prompts: What type of technical assistance, consultation or training does staff in your department need to effectively work with D/deaf clients? What types of changes do we need to make internally to best serve the D/deaf community?*

3. *From your experience, how are D/deaf service agencies or systems responding to people who are D/deaf and are experiencing abuse/violence?*

*Possible Prompts: What are the problems you or clients have identified? How could service and system response be improved for people who have experienced abuse?*

4. *How do you see disability, D/deaf service and domestic violence / sexual assault agencies working together to address abuse against people with disabilities or who are D/deaf?*

*Possible Prompts: What has it been like for you when you (or staff in your department) have tried to link D/deaf clients to other community resources? What types of legal issues came up when working with D/deaf survivors or survivors with disabilities? \* What type of collaboration or agreement with an advocacy agency could improve options for persons who are D/deaf? \*\**

5. *What is the best practice approach SafePlace should adopt for coordination of services between Deaf Services and other direct service departments?*

*Possible Prompts: What do you need from the D/deaf service department to make our work successful with the D/deaf community?*

*\*\* This question will be asked to assess needs for developing a Memorandum of Understanding between Advocacy, Inc. and SafePlace for cross-referrals and service coordination.*

*SafePlace Direct Service Staff  
Focus Group Questions*

1. *What are your thoughts about why people who are D/deaf may not reach out for help when they are abused?*

*Possible Prompts: What would help people reach out for help if they've been abused?*

2. *What are some of your experiences working with D/deaf clients?*

*Follow up questions: What is working well when you serve D/deaf clients? What does not go so well? What have been your experiences in using interpreters (positive and problems)?*

*Possible Prompts: When do you feel strongest in working with D/deaf people? What barriers do you come up against? Are there any changes in the way we do things that might better support D/deaf clients? What improvements are needed to make sure services are more effective with clients who are D/deaf?*

3. *What has it been like when you've tried to link D/deaf clients to D/deaf or disability related services in the community?*

*Possible Prompts: What are your ideas for improving services internally? If you could change one thing to improve services for clients who are D/deaf, what would that be? How could we improve coordination of services with D/deaf service organizations?*

4. *What have been the legal issues that came up in your work with D/deaf survivors? \*\**

5. *What do you think is most important for other agencies to know when helping survivors who are D/deaf and have been hurt by abuse?*

*Possible Prompts: How can other service providers improve their response to abuse against individuals who are D/deaf?*

6. *Are there any kinds of training or consultation that would support your own work with D/deaf clients?*

*Possible Prompts: What types of changes do we need to make internally to best serve the D/deaf community? Do you need information/training on different technology options for working with D/deaf clients?*

7. *What is your vision for how we can better serve survivors who are D/deaf?*

*Possible Prompts: What best practice approach should SafePlace adopt for coordination of services between Deaf Services and other direct service programs? What do you need from the Deaf Services program to make our work successful with the D/deaf community?*

*\*\* This question will be asked to assess needs for developing a Memorandum of Understanding between Advocacy, Inc. and SafePlace for cross-referrals and service coordination.*

*Survivors of Domestic or Sexual Violence or Stalking  
Individual Interview Questions*

1. *What are your thoughts about why people who are D/deaf may not reach out for help when they are abused?*

*Prompt: What can we do so that more of the D/deaf community will reach out for help when they are abused?*

2. *What are the important things that Deaf service providers need to know to help people hurt by abuse?*

*Possible Prompts: What would you want service providers to know about helping people hurt by abuse? What do you think service providers should do if they think someone is being abused? What could service providers do to better help someone who tells them about abuse? What should they not do?*

3. *What are the important things that domestic violence and rape crisis workers (hearing or D/deaf) need to know to help people hurt by abuse?*

*Possible Prompts: How can SafePlace be more welcoming to D/deaf individuals?*

4. *What do you know about SafePlace?*

*Possible Prompts: How can SafePlace improve their services and be more welcoming to people who are D/deaf?*

5. *What was helpful about the domestic/sexual services you received?*

*Possible Prompts: Was there anything that was not helpful? If so, what would have made it better?*

6. *What advice do you have for other women who are D/deaf and are being hurt by abuse?*

*Follow up questions: What advice do you have for women who are D/deaf who decide to reach out for help? Do you have any advice for the person they reach out to?*

*Sexual Assault Nurse Examiner (SANE) and Hospital Advocates  
Focus Group Questions*

1. *What are your thoughts about why people who are D/deaf don't reach out for help when they experience rape or sexual assault?*

*Possible Prompts: What do you think might help?*

2. *What have been your experiences in working with D/deaf individuals?*

*Possible Prompts: What went really well? What didn't go so well? What could be done to better support your work with people who are D/deaf? Do you have ideas for what could help to increase rapport (if necessary)?*

3. *What have been your experiences in working with sign language interpreters during exams?*

*Possible Prompts: How long do you usually have to wait for an interpreter? How could the process of a forensic interview be streamlined for a D/deaf survivor when interpreters are needed? What organizations do you think could help streamline that process?*

4. *What is the protocol for conducting a forensic exam with a survivor who is D/deaf?*

*Possible Prompts: Is there anything you would like to change about the protocol to better support the survivor or your own work during the SANE?*

5. *What kinds of training or technical assistance would be useful related to working with survivors who are D/deaf?*

*Possible Prompts: Do you have contacts or relationships with D/deaf service providers?*

## Appendix B

### *Consent for Participation in a Focus Group or Interview*

Date: \_\_\_\_\_ *Focus group or Interview (circle one) participant*

I \_\_\_\_\_ (*participant name*) agree to be part of a focus group or individual interview and talk about ways that domestic violence and sexual assault services can be improved or made better with people who are D/deaf or people who have disabilities in Austin, Texas.

SafePlace and Advocacy, Inc. (AI) also want to make their services better and more available to any person with a disability or who is D/deaf by finding out what they could do differently.

I will be part of this project by answering questions in a small group of people (*focus group*) or by talking individually with someone from SafePlace or AI.

I know I will be answering questions about domestic, sexual, and caregiver abuse.

I am volunteering to participate in the focus group and interview and will be answering these questions.

I know that if I talk about abuse that is personally happening to me, the focus group leader may need to call Adult Protective Services (APS) and let them know about the abuse.

I can also make a report to APS about the abuse myself by calling the APS hotline at 1-800-252-5400.

If Adult Protective Services staff investigates or talks with me about the abuse-- they may offer me services. I have the right to refuse or accept these services or help. I understand that this is the law in Texas.

I can change my mind at any time about participating. I can also say "pass" if there is a question I do not want to answer. Even after the focus group or the interview starts, I can decide at any time to stop and leave.

If I decide to leave or 'pass' on any question, I will still receive compensation for my participation.

If I do stop answering questions or decide to leave, I can talk to a safe person at the focus group or interview. I can also still call Advocacy, Inc. or SafePlace if I need help with abuse. I also know that participation in a focus group or interview does not mean that I am a client of Advocacy, Inc. or SafePlace.

It is OK with me that a project person from SafePlace or AI will be taking notes on what everyone is talking about and the answers that everyone is giving. This person is taking notes to help project staff remember the things we talked about until they can write a report with all of the information from everyone.

*After the focus group / interview is over, SafePlace and Advocacy, Inc. are hoping to know more about what they can do to better serve people who are D/deaf or have disabilities and who have been abused.*

*I know the information I give will be put together with information from other people's comments and all of my comments and answers will be confidential.*

*This means that no one will be told that I gave any of the specific comments / information and no one will be told that I participated in the focus group or that I was interviewed.*

*I agree that I will keep confidential and not share names of individuals who participate in focus groups or information that other people who are in the focus groups share during the group, after leaving the focus group.*

*I know that SafePlace cannot guarantee that other people in the focus group will keep my name private, but everyone is being asked to keep each other's names private.*

*I can ask to meet with someone (a safe person) before, during, or after the focus group or interview to get support and information about where to find more support about anything hurtful or confusing that I thought about or felt during the focus group or interview.*

*If I have any worries or questions about the focus group or interview I can call*

\_\_\_\_\_ or write by email to: \_\_\_\_\_.

*I \_\_\_\_\_ (my name) agree to be part of this project called "Partnering to Increase Service Access" to help identify how SafePlace and Advocacy, Inc. can improve services in Austin for people who are D/deaf or have disabilities about issues and needs about domestic, sexual and caregiver violence and abuse.*

*Signature \_\_\_\_\_  
(participant)*

*Date \_\_\_\_\_*

*I agree for the facilitators to contact me at the following telephone number or email address after the focus group or interview if they have any other questions.*

*Telephone:*

\_\_\_\_\_  
\_\_\_\_\_

*Email address:*

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## **Appendix C**

### **Tables of Results and Key Findings**

**The following issue areas were identified by participant groups:**

- 1. Possible social, cultural and safety consequences for reaching out for help when abused**
- 2. Communication gaps, barriers and needs**
- 3. Legal advocacy gaps and needs**
- 4. Website accessibility**
- 5. Accessing SafePlace facilities**
- 6. Targeted outreach to the D/deaf community**
- 7. Education and training gaps and needs**
- 8. Confidentiality**
- 9. Direct service barriers and need**

<b>Survivors who are D/deaf</b>	
<b>Gaps, Barriers or Needs</b>	<b>According to Participant Group</b>
<b>Possible social, cultural and safety consequences for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• Fear of retaliation, rejection, being pitied, judged or shunned</li> <li>• Loss of connection to community</li> <li>• Embarrassment or shame</li> <li>• Deaf pride</li> <li>• Self-blame</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• Interferes with therapy / trust to have a different interpreter at counseling or support group sessions</li> <li>• Wait time too long for interpreters at intake or in crisis</li> <li>• Prefer counselors and intake workers who are Deaf</li> <li>• Need more staff fluent in ASL</li> <li>• Receptionist needs at least survival or basic ASL skills</li> <li>• Paper / pen communication not acceptable</li> <li>• Need 24/7 access to video phone in shelter</li> <li>• Need access to video phones in all service areas and in the community</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• Need or prefer legal advocates who are Deaf</li> <li>• Explain court/legal process to Deaf survivors 'before' court</li> <li>• Trust is increased when advocate is Deaf</li> <li>• Tell survivor what is going to happen in court</li> </ul>
<b>Website accessibility</b>	<ul style="list-style-type: none"> <li>• Current websites are too wordy</li> <li>• Simplify agency website</li> <li>• Create a separate link for users who are D/deaf</li> <li>• Ensure site is JAWS compatible</li> </ul>
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• Operating gates at resource and shelter creates barriers</li> <li>• Current buzzer system is not effective - communication is a problem when arriving at gates</li> <li>• Need to provide mobility orientation for people who are D/deaf/blind</li> </ul>
<b>Targeted outreach to D/deaf community</b>	<ul style="list-style-type: none"> <li>• Deaf community does not know what SafePlace does</li> <li>• DAWCAS reputation poor or not so great for some D/deaf community members</li> <li>• Have open houses throughout the year – serve food</li> </ul>

<b>Survivors who are D/deaf Continued....</b>	
<b>Targeted outreach to D/deaf community</b>	<ul style="list-style-type: none"> <li>• Distribute brochures &amp; flyers</li> <li>• Give presentations – put a face to SafePlace</li> <li>• Have info in accessible formats for people who are D/deaf/blind (audio text, Braille)</li> <li>• Teach about domestic violence using films</li> <li>• Have presence at D/deaf events</li> </ul>
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Educate law enforcement / legal professionals about Deaf culture</li> <li>• Educate Department of Assistive and Rehabilitative Services Vocational Rehabilitation counselors</li> <li>• Train Deaf service providers on how to make an appropriate referral to SafePlace</li> <li>• Educate Deaf community and service providers about what services SafePlace offers</li> <li>• Educate Deaf community about what DV and SA is and where to get help</li> <li>• Reduce shame / embarrassment about being a victim by asking survivors to present at events</li> <li>• Train interpreters about domestic and sexual violence and issues of confidentiality</li> <li>• Train your staff on Deaf culture and sensitivity</li> <li>• Para transit taxi drivers need information on how to drop a D/deaf/blind person off at agency – need escort or orientation to the space</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Confidentiality is central issue</li> <li>• Train staff and interpreters on importance of confidentiality</li> <li>• Word of mouth and gossip causes confidentiality to be lost</li> <li>• Deaf community size and connectedness creates problems with confidentiality</li> </ul>
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"> <li>• D/deaf community needs options for closed and open support groups</li> <li>• Use same interpreter for counseling or support groups with hearing staff</li> <li>• Counselors and advocates need to do better job of following up with clients soon after services end</li> <li>• Isolation in shelter is difficult when everyone else is hearing</li> <li>• Prefer Deaf advocates</li> <li>• Need access to interpreters for Deaf children to participate in children’s programming</li> <li>• Need faster access to interpreters when entering shelter</li> </ul>

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<b>D/deaf Community Members</b>	
<b>Gaps, Barriers and Needs</b>	According to Participant Group
<b>Possible social, cultural and safety consequences for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• Afraid to get help because they may get found out</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• Receptionists &amp; staff should learn ASL</li> <li>• Prefer D/deaf workers</li> <li>• May not return if D/deaf worker isn't available</li> <li>• Keep in mind that D/deaf people are 'visual'</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Website accessibility</b>	<ul style="list-style-type: none"> <li>• Change search terms to include Deaf abuse, Deaf Services</li> <li>• Have separate part of website focused on Deaf Services</li> <li>• Have information about services for men and children</li> </ul>
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• Improve system for entering physical space</li> <li>• Need video camera, flashing light system, use tactile/vibration technology</li> <li>• Front gate / buzzer system difficult to navigate and understand</li> </ul>
<b>Targeted outreach to D/deaf community</b>	<ul style="list-style-type: none"> <li>• Hold open houses and offer tours of your facilities</li> <li>• Take pictures of facilities and give slideshow presentations</li> <li>• Hold performances (drama) instead of presentations</li> <li>• Get word out to service providers about your services</li> <li>• Distribute flyers at Deaf social clubs</li> <li>• Can advertise by word of mouth</li> <li>• Distribute promotional items such as business cards, key chains, magnets with SafePlace contact information</li> <li>• Use media to reach D/deaf community</li> <li>• Mass email people about services</li> <li>• Develop a brochure listing services</li> <li>• Educate community about what abuse is</li> <li>• Train service providers on referring to SafePlace Deaf Services</li> </ul>

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<b>D/deaf Community Members Continued....</b>	
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Train service providers on responding to disclosures</li> <li>• Develop a “friends of SafePlace” program for service providers</li> <li>• Don’t use jargon or lingo</li> <li>• Use less blunt words if educating on sexual assault</li> <li>• People may not know they were sexually assaulted until later</li> <li>• Let community know about your sexual assault services</li> <li>• Get this information out to group homes (participant made list of providers/group homes)</li> <li>• Have workshop on signs and symptoms of sexual assault</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Important</li> <li>• Be sure interpreters hold confidentiality</li> <li>• Take time, repeat information about confidentiality</li> <li>• Let people know about grievance policies if confidentiality is broken</li> <li>• Keep repeating the confidentiality message to community</li> <li>• Have a confidentiality campaign</li> <li>• Talk about confidentiality in all presentations</li> <li>• Have a shirt campaign – “I practice confidentiality”</li> </ul>
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"> <li>• Develop peer mentor programs/support groups</li> <li>• Allow an ‘escort’ from community with Deaf persons</li> <li>• Have volunteers who are D/deaf</li> <li>• Have 24 hour access to SafePlace</li> <li>• May leave and not come back if Deaf worker isn’t available</li> </ul>

<b>D/deaf/blind Community Members</b>	
<b>Gaps, Barriers and Needs</b>	<b>According to Participant Group</b>
<b>Possible social, cultural and safety consequences or implications for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• Fear that others in the community will find out</li> <li>• Will lose support if person relies on the abuser</li> <li>• Dependence on abuser</li> <li>• If SSP<sup>9</sup> is abuser – where can they get someone to help</li> <li>• No contact with outside world – has contact with service support person 24/7</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• People who are D/deaf/blind can't place phone calls by themselves to ask for help</li> <li>• Be clear about who is required to provide interpreters services and in what situations</li> <li>• Have communication supports 24/7 for people who are D/deaf/blind</li> <li>• Use lifeline for people to access SafePlace</li> <li>• Use technology, vibrating pagers, tactile pagers, silent call/communicator</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Website accessibility</b>	<ul style="list-style-type: none"> <li>• Website needs to be JAWS compatible</li> <li>• Note on homepage that you work with people who are D/deaf/blind</li> <li>• Too much text to be accessible</li> <li>• List a contact person for people who are D/deaf/blind</li> <li>• Have a link that goes immediately to the contact person</li> <li>• Answer basic questions on safety</li> <li>• Compare your site with AABD (American Association of the Deaf blind) for access example</li> </ul>
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• Change lighting in reception area</li> <li>• Have information available in Braille</li> <li>• Allow person to bring their SSP or have an SSP available</li> <li>• Need technology supports in shelter (clocks, alarms, etc.)</li> <li>• Get a Braille label maker</li> <li>• Need accessible supports 24/7</li> <li>• Get reflective tape (white) in middle of hallway – helps person track staying on paths</li> <li>• Front entry areas needs to be more D/deaf/blind friendly</li> </ul>

<sup>9</sup> **Service Support Person (SSP)**

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<b>D/deaf/blind Community Members Continued....</b>	
<b>Targeted outreach to Deaf community</b>	<ul style="list-style-type: none"> <li>• Reach out to the D/deaf/blind community</li> <li>• Outreach through service providers</li> <li>• Present at the Ushers Syndrome Support Group</li> </ul>
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Educate on 'what abuse is'</li> <li>• Train taxi and para transit drivers on how to safely drop D/deaf/blind person off at gate</li> <li>• Train staff and drivers on mobility orientation</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Communicate your agencies commitment to confidentiality</li> </ul>
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"> <li>• Work with other agencies to provide O/M (Orientation Mobility) and have it available immediately if someone D/deaf/blind comes for services</li> </ul>

<b>D/deaf Service Providers</b>	
<b>Gaps, Barriers and Needs</b>	<b>According to Participant Group</b>
<b>Possible social, cultural and safety consequences for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• Fear</li> <li>• Worried about loss of confidentiality</li> <li>• Violence will increase</li> <li>• Isolation</li> <li>• Asking for help would violate the social rules that people don't speak out</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• List accessibility features in Deaf Services materials</li> <li>• Clarify who is required to use interpreters – for example, St. David's Hospital with SANE's</li> <li>• SafePlace should have immediate access to interpreters when clients need them</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Website accessibility</b>	<ul style="list-style-type: none"> <li>• Have a v-log on your website</li> <li>• Indicate clearly on website that services are available for D/deaf survivors</li> <li>• Homepage is too text heavy</li> <li>• Website not accessible to people not fluent in English</li> <li>• Have basic information signed on front page</li> </ul>
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• Isolation is a problem when pursuing SafePlace services</li> <li>• Receptionist should be able to sign</li> <li>• Have deaf kits available when staying in shelter</li> <li>• Have pocket talkers available</li> <li>• Have service support person available</li> <li>• Improve the process for accessing your buildings</li> <li>• Too intimidating</li> <li>• Need clearer directions on how to get to SafePlace</li> </ul>
<b>Targeted outreach to Deaf community</b>	<ul style="list-style-type: none"> <li>• Not knowing about services prevents disclosures</li> <li>• Have information about SafePlace for workers to go over with their clients</li> <li>• Not knowing SafePlace is D/deaf friendly prevents disclosures</li> <li>• Work with service providers to get the word out to the D/deaf community</li> <li>• Make short, small presentations consistently over time</li> </ul>

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<b>D/deaf Service Providers Continued...</b>	
<b>Targeted outreach to Deaf community (continued...)</b>	<ul style="list-style-type: none"> <li>• Publish articles in D/deaf newsletters</li> <li>• Present at Southwest Collegiate Institute for the Deaf in Big Spring, Texas</li> <li>• Have information on domestic violence in workplaces</li> <li>• People knew about DAWCAS but don't know about the new Deaf Services at SafePlace</li> <li>• Put up posters and brochures at Communication Services for the Deaf, Texas School for the Deaf, Travis County Services for the Deaf</li> <li>• Stay consistent in the community</li> <li>• Staff booths at festivals</li> <li>• Work with survivors to get the word out about your services</li> <li>• Advertise so people know how to access services, including on TV</li> <li>• Use actors who are Deaf in ads</li> <li>• Reach out to the community consistently</li> <li>• Use Pictures Communication Symbols (PCS)</li> <li>• Develop and distribute small palm cards</li> </ul>
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Educate on forms of abuse and dynamics of abuse</li> <li>• Present at conferences</li> <li>• Present information on domestic violence and sexual harassment</li> <li>• Train Austin Police Department on abuse and D/deaf people</li> <li>• Train service providers on dynamics of abuse and how to make a referral to SafePlace</li> <li>• Train SafePlace staff on how to use technology to facilitate communication</li> <li>• Train staff on sensitivity in working with D/deaf survivors</li> <li>• Train group home staff on dynamics of abuse</li> <li>• Check in at group homes where people who are D/deaf reside—people aren't safe there</li> <li>• Train other systems on the importance of interpreters</li> <li>• Educate residents of group homes</li> <li>• Provide clear information on reporting requirements</li> <li>• Train day program staff on when to refer, when to report abuse</li> <li>• Have posters on how to respond to disclosures</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• People don't speak out because of confidentiality concerns</li> <li>• Integrate the sign 'airtight' rather than confidentiality</li> </ul>

<b>D/deaf Services Providers Continued....</b>	
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"><li>• Need to improve access to services – quicker response</li><li>• Improve the process for what happens next after hotline</li><li>• Have a videophone on the hotline</li><li>• Have one person who is accessible 24/7 who will provide follow up</li><li>• Have survivors tell their story of service access</li><li>• Distribute information on your Safe Parenting classes</li><li>• Have staff available who can sign</li><li>• Give staff training on Deaf sensitivity</li><li>• It will take time to rebuild trust with the community</li><li>• Meet survivors in places other than SafePlace</li><li>• Recruit D/deaf volunteers, including survivors</li><li>• Have task force across agencies</li><li>• Shelter should have flashing alerts so clients don't rely on hearing staff</li><li>• Use videophone on hotline instead of TDD</li><li>• Have Certified Deaf Interpreter available at SafePlace or on call all the time – not through Communication Services for the Deaf</li></ul>

<b>SANE (Sexual Assault Nurse Examiner) and Hospital Advocacy Volunteers</b>	
<b>Gaps, Barriers and Needs</b>	<b>According to Participant Group</b>
<b>Possible social, cultural and safety consequences for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• Ostracized if the perpetrator is also a member of the community</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• Survivors may not know interpreters are available at the hospital</li> <li>• Include follow-up with clients after they receive services for closure to support clients</li> <li>• Have interpreter before the SANE arrives</li> <li>• Interpreters help establish rapport right away</li> <li>• Clarify who is responsible for providing interpreters in what settings</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Website accessibility</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Targeted outreach to Deaf community</b>	<ul style="list-style-type: none"> <li>• Community doesn't know about the services, and this prevents them from coming forward</li> </ul>
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Train SANEs on basic sign language, Deaf sensitivity, and available services for Deaf community</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>

<b>SafePlace Leadership</b>	
Gaps, Barriers and Needs	According to Participant Group
<b>Possible social, cultural and safety consequences for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• Have consistent interpreters over time for service provision</li> <li>• Providing interpreter services is expensive</li> <li>• Services from Communication Services for the Deaf (CSD) have been good experiences</li> <li>• Communication barriers can create Adult Protective Services (APS)/Child Protective Services (CPS) involvement</li> <li>• Put D/deaf friendly picture on walls for visually welcoming experience</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• Protective services systems are not D/deaf friendly</li> <li>• Need to be aware that email with clients who are D/deaf can end up being used in legal proceedings and can jeopardize aspects of a case (e.g., child custody)</li> <li>• Communication barriers can create misunderstandings</li> <li>• Difficulty with APS and reporting abuse against a D/deaf client (disability vs. culture issues)</li> <li>• Disproportionate number of CPS cases for parents who are D/deaf</li> <li>• Housing discrimination against persons who are D/deaf</li> <li>• Legal system needs D/deaf sensitivity training and especially around Protective Orders</li> </ul>
<b>Website accessibility</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• Create accessible paperwork for someone whose primary language is ASL</li> <li>• Make changes to the entrance and greeting areas to make them more accessible</li> </ul>
<b>Targeted outreach to Deaf community</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Develop a video to help with orientation</li> <li>• Provide staff training on differences between Deaf culture and hearing culture</li> <li>• Train staff on etiquette, sensitivity and Deaf culture</li> <li>• Train staff on resources that are available through the new Deaf Services program</li> </ul>

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<b>SafePlace Leadership Continued...</b>	
<b>Education and training gaps and needs (continued...)</b>	<ul style="list-style-type: none"> <li>• Create a list of D/deaf services in community</li> <li>• Publish more articles on serving D/deaf clients / sensitivity in SafePlace Staff Matters (internal staff electronic newsletter)</li> <li>• Create fact sheets on using technology used by D/deaf community</li> <li>• Increase staff comfort / confidence through ASL classes</li> <li>• Train staff on working with interpreters</li> <li>• Educate outside agencies on providing interpreters – some outside agencies have expected SafePlace to provide interpreters if we refer a client who is D/deaf</li> <li>• Provide education to hearing service providers about the impact of showing up late for meetings when working with D/deaf clients and interpreter</li> <li>• Create better connections with Department of Assistive Rehabilitation Services (DARS) – bring in providers to educate our staff on their services and how to qualify</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• None detailed</li> </ul>
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"> <li>• Integrate D/deaf individuals into counseling groups</li> <li>• Need help with coordinating interpreter services</li> <li>• Need Deaf community member on SafePlace board</li> <li>• Use the Resource Advocacy team to coordinate services</li> <li>• Decrease the isolation of D/deaf clients in shelter</li> <li>• Integrate D/deaf individuals into counseling groups</li> <li>• Improve resources available to shelter staff serving clients who are D/deaf</li> <li>• Have difficulty with no-shows and must still pay interpreter fees</li> <li>• Develop a video tape with instructions in ASL for completing intake and orientation paperwork and welcoming to shelter / services</li> <li>• Interpreters for support groups are expensive because we need 2 interpreters</li> <li>• Need our paper work to be more accessible</li> </ul>

<b>SafePlace Leadership Continued...</b>	
<b>Direct service barriers and needs (continued...)</b>	<ul style="list-style-type: none"> <li>● Critical needs for service coordination between Deaf Services and other SafePlace programs             <ul style="list-style-type: none"> <li>○ Good communication</li> <li>○ Use existing forms to coordinate services</li> <li>○ Clarify who will be the primary contact for a client to avoid duplication of services</li> <li>○ Create trust between SafePlace and D/deaf community</li> <li>○ Continue to learn and grow in working with people who are D/deaf</li> <li>○ Could we develop a systematic way to let Deaf Services know when a D/deaf client comes in for other services?</li> <li>○ Need to work out a better system for getting through our gated areas</li> </ul> </li> </ul>
<b>What does SafePlace direct service staff need to better serve clients who are Deaf?</b>	<ul style="list-style-type: none"> <li>● Training (deaf culture, etiquette, raising awareness, what should staff be aware of and what are the differences in working with a client who is D/deaf)</li> <li>● Training, fact sheets and hands on practice using the various communication technologies</li> <li>● Up to date info on what Deaf Services is offering</li> <li>● List of available services for D/deaf community</li> <li>● Use email to communicate and share information – best method</li> <li>● More experience in working with clients who are D/deaf</li> <li>● Staff interpreter</li> <li>● Information on how to communicate and prepare for D/deaf clients in a hearing agency</li> <li>● More articles in agency newsletter</li> <li>● Have someone in shelter who can sign / integrated</li> </ul>

<b>SafePlace Direct Services Staff</b>	
Gaps, Barriers and Needs	According to Participant Group
<b>Possible social, cultural and safety consequences for reaching out for help when abused</b>	<ul style="list-style-type: none"> <li>• CPS involvement seems to be higher with clients who are D/deaf</li> <li>• Callers using lifeline say by the time police arrive the abuser is already gone</li> </ul>
<b>Communication gaps, barriers and needs</b>	<ul style="list-style-type: none"> <li>• Writing back and forth can create more barriers for survivors</li> <li>• Barriers create situations where kids 'have' to interpret for parent</li> <li>• Calls with D/deaf clients take more time – on hotline</li> <li>• Need to develop online chat program like NDVH/RAINN</li> <li>• Assign a cubicle with a computer for easier documentation with TTY calls</li> <li>• Glad we have a protocol to access interpreters</li> <li>• Create universal sign board for shelter and reception</li> <li>• Staff is enthusiastic to learn sign language</li> <li>• Need communication technology at shelter 24/7 – not just at resource</li> <li>• Hospitals are a problem sometimes – don't always schedule an interpreter for clients</li> <li>• Need portable visual alarm kits to take from room to room at SafePlace shelter</li> <li>• Communication Services for the Deaf is prompt and helpful, friendly and flexible</li> <li>• Experiences using interpreters have been:               <ul style="list-style-type: none"> <li>○ prompt</li> <li>○ efficient</li> <li>○ they stay clear on the conversation</li> <li>○ ask questions as they need to</li> <li>○ give good estimates about ETA (estimated time of arrival)</li> </ul> </li> <li>• Getting in the gates and using buzzer system difficult for clients who are Deaf</li> <li>• Interpreters for SANE exams need to be scheduled to allow time with advocate accompanying survivor</li> <li>• Staff and residents get frustrated when Deaf mothers' kids are crying</li> <li>• We need a staff interpreter</li> <li>• Need better equipment and hands-on training on how to use</li> <li>• Important to use client-preferred interpreter if available</li> <li>• Limited interpreters available for working with tri-lingual families (Spanish, ASL, English)</li> <li>• Wonder if nuances are get interpreted</li> <li>• Have to explain counseling terms to interpreter (cognitive dissonance)</li> </ul>


<b>SafePlace Direct Services Staff Continued...</b>	
<b>Communication gaps, barriers and needs (continued...)</b>	<ul style="list-style-type: none"> <li>• Had to explain counseling terms to interpreter (cognitive dissonance)</li> <li>• Paperwork is not accessible, needs to be simplified</li> <li>• Staff should know signs about safety and to fill out forms</li> <li>• Once client told me the interpreter was not interpreting well and the client didn't feel safe</li> <li>• Consistency in using same interpreter for week to week counseling sessions is helpful</li> <li>• Could we have an internal rating system for interpreters</li> <li>• Staff needs information effectively using interpreters (talking to interpreter without client present, ethical and confidentiality issues, etc.)</li> <li>• Receptionist does not sign</li> <li>• Need interpreter for our cluster meetings at shelter</li> <li>• The 24 hour interpreter cancellation required is difficult to work with in shelter setting</li> <li>• Cost is an issue (for interpreters and technology)</li> <li>• Once an interpreter showed up and was a family member</li> <li>• Sometimes staff needs an interpreter [for walk-in for shelter intake and clients have to wait for an interpreter] in less than 24 hours</li> <li>• Currently staff are communicating via email with clients who are D/deaf and Deaf Services staff – not safest way to communicate</li> <li>• Video Relay Services are great</li> <li>• Don't like being able to only partially communicate</li> <li>• When using video relay for official documents – translation did not go well</li> <li>• Barrier is not being able to serve a client who is D/deaf in same way as a hearing clients due to communication</li> <li>• Hard to know if we can request an interpreter due to funding availability</li> <li>• The video phone at resource center is in a private place [but kids have had access and broken it in the past]</li> <li>• It becomes confusing when the interpreter begins to speak for herself/himself</li> <li>• Sometimes there is a language barrier in the interpretation</li> <li>• Pressure to make sure a client shows up is different than other clients if there is an interpreter scheduled</li> <li>• If we can't have a staff interpreter, it would be good to have a pool of 2-3 interpreters we can use</li> <li>• Agency has been supportive about getting interpreters</li> <li>• It's hard for clients who are homeless to access a videophone</li> </ul>

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<b>SafePlace Direct Services Staff Continued...</b>	
<b>Communication gaps, barriers and needs (continued...)</b>	<ul style="list-style-type: none"> <li>• Large communication barriers between person who is D/deaf and law enforcement</li> <li>• It helps that Deaf Services staff are signing slower for us</li> <li>• Legal terminology may not have the same meaning for D/deaf survivors</li> <li>• Legal advocates need to use paper and pen to communicate [if interpreter doesn't show up]</li> <li>• Email works well for communication</li> <li>• I have to remember to slow down when I talk when working with an interpreter</li> </ul>
<b>Legal advocacy - gaps and needs</b>	<ul style="list-style-type: none"> <li>• Need to work with legal system to clarify [clients'] right to interpreter</li> <li>• Would be helpful to have Advocacy, Inc. do court accompaniment and ensure confidentiality</li> <li>• CPS is disproportionately involved with clients who are D/deaf</li> <li>• Advocacy, Inc. (AI) could help when D/deaf clients rights are violated</li> <li>• Had to advocate with other systems to ensure access according to ADA</li> <li>• Attorneys don't always understand Deaf culture – AI could help with this</li> <li>• AI could help with CPS issues and rights violations</li> <li>• Ensure the client has access to interpreters [when applying for protective orders]</li> <li>• The barriers between survivors who are Deaf and law enforcement are bigger</li> <li>• Clients tend to prioritize crisis issues over legal access issues</li> <li>• Awesome to work with AI and have assistance from someone who knows barriers and law</li> <li>• [Some] Clients who are D/deaf don't understand that SafePlace cannot represent them in court [but can provide advocacy]</li> <li>• Interpreters are not necessarily provided in the legal system</li> <li>• County provides interpreters – but mostly for work with an attorney</li> <li>• Is there possibility of exploring a role with AI when clients who are Deaf have their parental rights terminated based on "disability status"</li> <li>• Could we get technical assistance with an attorney at AI on various cases involving domestic violence</li> </ul>
<b>Website accessibility</b>	None detailed
<b>Accessing SafePlace facilities</b>	<ul style="list-style-type: none"> <li>• Need to implement a new reception/entry process to be more D/deaf friendly</li> <li>• Buzzer entry system needs updating – does not consistently work to allow access to families who are D/deaf in shelter or at resource center at SafePlace</li> </ul>

<b>SafePlace Direct Services Staff Continued...</b>	
<b>Accessing SafePlace facilities (continued....)</b>	<ul style="list-style-type: none"> <li>• For walk-ins need staff interpreter to be more immediately accessible</li> <li>• Develop communication board for front desk (basic language)</li> <li>• Paperwork is not ASL accessible – including the confidentiality agreements</li> <li>• We need faster way for clients who are D/deaf to access counseling</li> <li>• Haven't seen clients who are D/deaf for sexual assault services</li> <li>• Need a videophone at the shelter to be available 24/7 as are telephones for hearing clients</li> <li>• Clients need a Deaf Kit</li> <li>• We need a TTY and videophone at Grove Place (housing complex adjacent to SafePlace)</li> </ul>
<b>Targeted outreach to Deaf community</b>	<ul style="list-style-type: none"> <li>• Outreach to community regarding sexual assault services</li> <li>• Need to explore why it's been several years since we've had referrals of D/deaf survivors to our Supported Housing Program (tend to get more services through Passages program)</li> </ul>
<b>Education and training gaps and needs</b>	<ul style="list-style-type: none"> <li>• Train other service providers on their ADA responsibilities on when to provide interpreters</li> <li>• Training shelter staff on how to access interpreters</li> <li>• Provide parenting classes to D/deaf parents</li> <li>• Ongoing staff training on D/deaf sensitivity and etiquette</li> <li>• Bring service providers in to talk with us about available services and how to refer</li> <li>• Training on how to develop rapport when using Relay Services</li> <li>• Develop fact sheet on working with interpreters and communication technology</li> <li>• Hands on, serious training on using communication technology</li> <li>• Need examples of how to email D/deaf individuals (written communication sometimes confusing)</li> <li>• Train interpreters on the ethics of working with survivors</li> <li>• Develop resource guide / service agencies available in community for D/deaf services</li> <li>• Train service providers and systems on D/deaf friendly services</li> <li>• Continue training staff on etiquette of working with survivors who are D/deaf</li> <li>• Continue ASL classes for staff – love the classes – need to be ongoing</li> <li>• Diversity Committee could show a film about Deaf culture, etc.,</li> <li>• Training on how to work with interpreters specifically in counseling sessions</li> <li>• Need to clearly define various roles, responsibilities given the new Deaf Services program</li> <li>• Need education resources, books, etc., in our library</li> <li>• Educate service providers to better serve survivors who are D/deaf</li> </ul>

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<b>SafePlace Direct Services Staff Continued....</b>	
<b>Education and training gaps and needs (continued....)</b>	<ul style="list-style-type: none"> <li>• Need to know more about how to work with clients who are D/deaf/blind</li> <li>• Need information and training about parenting in the D/deaf community</li> <li>• Training on Deaf culture, interactions and use of technology – hands on</li> <li>• Working with clients who are D/deaf can be intimidating</li> <li>• Interpreters should go through our volunteer training</li> <li>• Identify where resources are and who to contact</li> <li>• Need to train other providers on ensuring ADA access</li> <li>• I love getting the information [about issues related to the Deaf community] in Staff Matters [SafePlace electronic internal newsletter]</li> <li>• Clarify that SafePlace cannot represent clients in court</li> <li>• Training to demystify the criminal justice system for clients who are D/deaf</li> <li>• Education on the resources that are available through the new Deaf Services program</li> <li>• Clarify where the interpreter costs are coming from</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Ensure interpreters do not have relationships with a client [conflict of interest]</li> <li>• Information sometimes is left on the video phone [call log] by clients and this violates confidentiality</li> </ul>
<b>Direct service barriers and needs</b>	<ul style="list-style-type: none"> <li>• Suggest an exit interview for clients who are Deaf to get a sense of their experiences here – were we accessible?</li> <li>• Need to have D/deaf hospital advocates – hearing advocates go without interpreters [and wait for hospital to contact interpreters]</li> <li>• Shelter needs equipment/technology to serve clients better</li> <li>• Provide Deaf kit for Deaf shelter residents</li> <li>• Develop a new video with shelter rules in ASL</li> <li>• Communication Services for the Deaf needs to be more flexible around cancellations</li> <li>• Clarify roles between the new Deaf Services program and other programs</li> <li>• Need case management support from new Deaf Services program</li> <li>• Love having Deaf Services more integrated at SafePlace and showing up at meetings</li> <li>• Streamline the referral process</li> <li>• Need to keep stats on how many clients who are D/deaf that we are serving</li> <li>• Need a resource guide with information about Deaf services in the area</li> </ul>

<b>SafePlace Direct Services Staff Continued...</b>	
<b>Direct service barriers and needs (continued....)</b>	<ul style="list-style-type: none"> <li>• Need money for sidekicks, cell phones [for text paging]</li> <li>• Need more [direct client assistance funds] for clients who are Deaf for help with past due bills</li> <li>• Need computer for clients who are D/deaf so that have access with Instant Messaging</li> <li>• Need job training resources in community for clients who are D/deaf</li> <li>• Would like a main contact person with whom we can build relationships and work with in Deaf Services</li> <li>• Need help in doing intake with Deaf clients – paperwork is not accessible / Deaf friendly</li> <li>• Would like to see Deaf Services program staff more often here in shelter – it’s great when they come over and they do a great job of supporting us</li> <li>• We need a [Deaf services resource] manual about services similar to the hotline manual</li> <li>• Training on how to make email [communication] be more to the point</li> <li>• Will there be a referral process or protocol to Deaf Services</li> <li>• Have the Deaf Services staff office at the shelter</li> <li>• Clients who are D/deaf seem isolated</li> </ul>