

New York County Collaboration Charter



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Introduction

The New York County Collaborative is a partnership between Barrier Free Living (BFL), The New York County District Attorney's Office (DANY), Harlem Independent Living Center (HILC), Crime Victims Treatment Center of St. Luke's-Roosevelt Hospital (CVTC) and CONNECT. Funded by the Office on Violence Against Women's 2012 Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program, our agencies are partnering to: examine the barriers Deaf/deaf and Hard of Hearing (D/deaf and HOH) individuals experience when they disclose domestic violence and sexual assault (DV/SA), when seeking services or when are engaged with the criminal justice system; and to build the capacity of each partner agency to ensure equal participation by D/deaf and HOH survivors and a trauma-informed and culturally-sensitive response to their needs.

This charter represents the critical conversations and knowledge sharing that has occurred throughout the collaboration-building process. Developing the charter has helped our team to have challenging discussions about the ways in which our agency and individual philosophies overlap and contrast. This document will serve as a guide to our team, helping us to stay accountable to our collective vision, mission and values. It is our hope the charter will be a "living document," that continues to evolve as we learn more about each of our partners and the needs of D/deaf and HOH individuals.

Our team is proud to be represented by knowledgeable and passionate Deaf, Hard of Hearing, bilingual Hard of Hearing and hearing professionals who are committed to fostering spaces where all are heard and understood. While this charter is intended for internal purposes and as a reference for colleagues, we feel it is important to acknowledge this is not a Deaf-friendly document: It was developed, and is presented here, in written English rather than a visual format, which assumes English language literacy; it uses professional jargon we would not necessarily include in communications with D/deaf and HOH individuals; and it lacks an accompanying American Sign Language (ASL) or other visual interpretation for the D/deaf and HOH audience to which we aspire to be accountable.

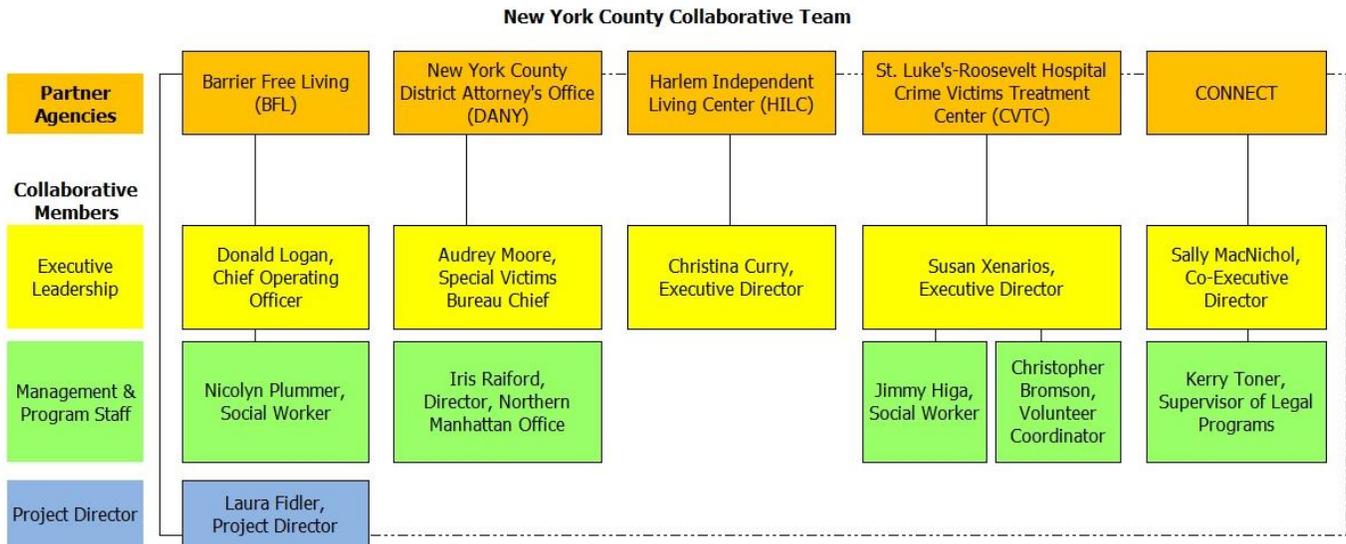
We are committed to increasing our understanding of accountability, access, cultural sensitivity and trauma-informed responses from the perspectives of D/deaf and HOH survivors. Our forthcoming needs assessment process will give us the opportunity to explore these concepts in greater depth and develop a team name that resonates with D/deaf and HOH individuals. Until that time we use the name New York County Collaborative (the Collaborative) throughout this document and in all grant program deliverables and communications to refer to our five partner agencies and eleven dedicated members.

Collaborative Partner Agencies & Members

The five partner agencies that form this Collaborative have distinguished histories of addressing violence and injustice from a variety of disciplines and perspectives, including Independent Living, DV/SA crisis intervention, victim advocacy and criminal justice. The individuals representing each agency also have long histories of successful partnership with their fellow members, and as a result approach this collaborative effort with respect and trust.

Another important characteristic of this configuration of partners is all five agencies are represented by executive leadership, in addition to key program staff from BFL, CVTC and CONNECT who contribute critical knowledge about providing services at the intersection of DV/SA and the needs of D/deaf and HOH communities. While each member brings valuable knowledge and expertise to the Collaborative table, the participation by executive leaders helps ensure the outcomes of this capacity-building partnership are institutionalized and sustained beyond the scope of this grant program.

Below is a brief description of each partner agency and bios of executive leaders and key management and program staff participating as members of the Collaborative team.



Barrier Free Living, Inc.

For over 30 years Barrier Free Living, Inc. (BFL) has worked to empower individuals with disabilities to live independent, dignified lives free of abuse. BFL programs include transitional housing, outreach, the Freedom House emergency shelter for DV survivors with disabilities and survivors who are Deaf, and Secret Garden, a non-residential DV program for survivors with disabilities and survivors who are Deaf. Since 1986, BFL's Secret Garden program has assisted survivors to navigate medical, legal, financial, law

enforcement and social service systems. The program offers safety planning, counseling and support groups, occupational therapy, referral services and case management to DV survivors. Secret Garden staff members are also co-located at the Family Justice Centers of Queens, Brooklyn and the Bronx and will provide services to DV survivors with disabilities or who are Deaf at the forthcoming Manhattan Family Justice Center, which will be housed at the Special Victims Bureau of the Office of the Manhattan District Attorney. Secret Garden is the focus of BFL's capacity-building efforts throughout this collaboration.

Donald Logan, BFL's Chief Operating Officer, and Nicolyn Plummer, social worker at Secret Garden, represent BFL on this collaborative team. Laura Fidler, Project Director, was hired through a collaborative process involving each partner agency to facilitate and oversee all grant program activities. Ms. Fidler is an employee of BFL and is directly supervised by Mr. Logan, however she reports to all five agency partners for matters related to the Collaborative team.

Donald E. Logan, MPA
Chief Operating Officer

Mr. Logan has extensive multidisciplinary team-building experience working in the areas of child abuse, disability, mental health and domestic violence. With a Master's Degree in Public Administration from NYU's Wagner School of Social Service, Mr. Logan has worked in the not-for-profit arena for over 10 years, after leaving a long career in hospital administration. As Chief Operating Officer at Barrier Free Living, he currently provides supervision and programmatic support to Secret Garden, Transitional Housing, Outreach and Freedom House.

Nicolyn Plummer, MSW
Social Worker, Secret Garden Program

Ms. Plummer is a social worker at BFL's Secret Garden program, serving people with disabilities who are victims of abuse, with a focus on Deaf violence. Ms. Plummer received a master's degree in Social Work from New York University, and was the recipient of the Ronald E. McNair scholarship for research presentations, awarded by the John Jay College of Criminal Justice. She has received honors from the House of Justice Deaf Club of the National Action Network, and citations from the New York State Assembly and New York City Council for humanitarian contributions to the Deaf community. Ms. Plummer produced a theatrical project entitled "Deafablism," developed to help the hearing world appreciate the talents of Deaf and Hard-of-Hearing individuals and to raise funds for Deaf survivors of abuse. She is an active member of the Deaf Justice Coalition with New York Lawyers for the Public Interest, in which she conducts frequent workshops on issues related to Deafness, deaf culture, the complexities of violence and accommodations. In 2011, she contributed to the Coalition's amicus brief of curiae in support of plaintiffs' opposition to the City's motion to vacate permanent injunction (to restrict the removal of alarm boxes), a

case heard in the United States District Court, Southern District of New York. Ms. Plummer is the founder and president of the Court Legal Interpreting Coalition, with a mission to foster effective communication through the provision of qualified sign language interpreters as required by federal, state and local law for Deaf and Hard-of-Hearing individuals who are victims of abuse in court proceedings.

Laura Fidler, MPH
Project Director

Ms. Fidler has ten years of experience working in sexual and intimate partner violence intervention and prevention efforts in New York City. She has volunteered as an emergency department advocate for DV/SA survivors in hospitals served by the Mount Sinai Sexual Assault and Violence Intervention (SAVI) Program and formerly worked as the Research and Project Coordinator at the New York City Alliance Against Sexual Assault. There, Ms. Fidler oversaw technical assistance programming of the Alliance's New York State Department of Health-funded Center of Excellence in Primary Prevention of Sexual Violence. Ms. Fidler holds a Masters in Public Health from Hunter College and has presented primary research and promising approaches to sexual violence prevention at annual meetings of the American Public Health Association and at violence prevention conferences around the country.

New York County District Attorney's Office

The New York County District Attorney's Office (DANY) is charged with investigating and prosecuting crime in the borough of Manhattan. For over seventy years DANY has been considered a model for public prosecutors' offices throughout the nation, known for its vigorous prosecution combined with concern for the rights of those being prosecuted. Its prosecution of misdemeanor and felony crimes is guided by the belief that the prosecutor's function is do justice and to serve the public. The District Attorney, Cyrus R. Vance, Jr. is assisted by 500 Assistant District Attorneys and over 750 support staff.

The Special Victims Bureau is one of DANY's specialized bureaus, overseeing the prosecution of domestic violence, sex crimes, child abuse, elder abuse and human trafficking. Assistant District Attorneys who work in the Special Victims Bureau have the most advanced training for investigating and prosecuting these cases with standardized best practices to ensure that victims are protected and able to restore safety in their lives. Supporting the Assistant District Attorneys in this mission is DANY's Witness Aid Services Unit (WASU) which provides a variety of court-related services, social services and counseling services designed to meet the needs of crime victims, witnesses and their families. Both the Special Victims Bureau and WASU are the sites of change through these collaborative efforts. Assistant District Attorney Audrey Moore is the Special Victims Bureau Chief and oversees WASU. ADA Moore and Iris Raiford,

Director of DANY's Northern Manhattan Office, represent DANY on the Collaborative team.

ADA Audrey S. Moore
Special Victims Bureau Chief

Ms. Moore is the Chief of the Special Victims Bureau and Chief of the Domestic Violence Unit at the Office of the New York County District Attorney. As Chief of the Special Victims Bureau, she oversees the management of the Child Abuse Unit, Domestic Violence Unit, Elder Abuse Unit, Sex Crimes Unit, and Human Trafficking Program. As Chief of the Domestic Violence Unit, she oversees the handling of all domestic violence cases, develops and implements domestic violence policies and procedures, and coordinates and conducts trainings for attorneys, advocates, rape crisis and domestic violence volunteers, hospital personnel, social workers, New York City Police Department, New York State Division of Parole and others on interviewing, investigating and prosecuting domestic violence cases.

A graduate of Hamilton College and George Washington University, Ms. Moore joined DANY in 1989, assigned initially to Trial Bureau 60 where she was also a member of the Domestic Violence Unit, prosecuting felony domestic violence cases and other violent felonies. She served as Criminal Court Supervisor of Trial Bureau 60 from 1996-1998. In 1999, Ms. Moore transferred to the Family Violence and Child Abuse Bureau (FVCAB) where she was appointed Deputy Bureau Chief in 2000. In that capacity, she investigated and prosecuted child sexual assault cases, investigated child fatalities and supervised assistants in the handling of domestic violence cases. Ms. Moore also served as the office's domestic violence liaison for DANY's Northern Manhattan Office. In 2009, Ms. Moore was appointed co-Chief of FVCAP and promoted to Chief of the Special Victims Bureau in 2010. She is a member of the Conviction Integrity Committee and has served on the Legal Hiring Board since 1994. She is the founding member of the Legal Hiring Board's Diversity Outreach Community and served as co-Chair of the Mentoring Committee. Ms. Moore has received numerous honors and awards, including: The HeartShare Special Services Award; the Professional Award from the National Association of Negro Business and Professional Women's Club Inc.; Law Enforcement Recognition Award from the New York State Division of Parole; New York County Lawyers' Association Public Service Award; New York City Bar Association's Thomas E. Dewey Medal; she was honored in 2007 by the Crime Victims Treatment Center of St. Luke's-Roosevelt Hospital for her "passion, strength, and dedication on behalf of victims of domestic violence"; and in 2010 was presented with Manhattan Legal Services' Medal of Honor for "her unwavering support and protection of victims of domestic violence and their efforts to lead safe lives."

Iris M. Raiford

Director, Northern Manhattan Office

Ms. Raiford is the Director of the Northern Manhattan Office of the New York County District Attorney's Office and oversees its domestic violence project. The Project provides safety planning, services and information about the criminal justice system to domestic violence victims that live or work north of 96th Street within 24 hours after an arrest is made. Ms. Raiford joined the office in 1990, at the inception of The Project, as a Domestic Violence Coordinator. In 1996 she became the Director of the Northern Manhattan Office. Ms. Raiford is a graduate of Manhattanville College.

Harlem Independent Living Center

Since 1991, Harlem Independent Living Center (HILC) has assisted communities of people with disabilities to achieve optimal independence through culturally and linguistically appropriate services by advocating, educating, empowering and being a community change catalyst. With a philosophy of consumer control and peer mentorship, HILC's services are accessible for all people with disabilities and include: assistance with benefits and housing applications; assistive device training; independent living skills training; advocacy for community and systems change; and service referrals. When working with D/deaf and HOH individuals, HILC offers a wide range of communication choices (e.g., meeting with a hearing advocate who is "native like" in ASL, a Deaf advocate whose first language is ASL, both a hearing advocate *and* sign language interpreter, or a Certified Deaf interpreter if the need arises). HILC conducts community outreach and a broad range of community trainings that include, but are not limited to, the New York City Police Academy, the New York County District Attorney's Office and staff of child-protection, health care and social service agencies. HILC encourages consumers to determine their own destinies and set their own criteria for goals and success.

All HILC programs and services are considered a site of change for the purposes of this collaboration. Christina Curry, Executive Director, represents HILC on the Collaborative team.

Christina Curry, M.A.

Executive Director

Ms. Curry began her career in rehabilitation as an Advocate with Deaf, Hard of Hearing communities, working primarily within Black and Hispanic populations served by the Lexington Center for the Deaf. From there, Ms. Curry transitioned to the mental health field as a Mental Health Counselor working with Deaf, Hard of Hearing domestic violence victims at Barrier Free Living, while freelancing with an outpatient mental health facility located in Brooklyn, NY, serving Black and Hispanic people with disabilities. She joined Harlem Independent Living Center in 1999 as the Program Director and was promoted to the position of Executive Director in 2001. Throughout her career, Ms. Curry has participated on

numerous committees and task forces, including: Deaf, Hard of Hearing DV victims/survivors task force of the King's County District Attorney's Office; Monarch Center Advisory Committee; Mayor's Office for People with Disabilities/ Disability Mentoring Day; Mt. Sinai SCI Advisory Committee; Office of Emergency Management Special Needs Advisory Committee; Disability Network of New York City; New York State Independent Living Council; New York Association of Independent Living; Cultural Diversity Advisory Committee of the National Council on Disability; Yad HaChazakah; Community Board 10, Harlem; and Executive Board for the Commission for the Blind and Visually Handicapped and the Interagency Council for the Deaf, Hard of Hearing and Deaf-Blind, appointed by Governor Paterson.

Crime Victims Treatment Center of St. Luke's-Roosevelt Hospital Center

The Crime Victims Treatment Center (CVTC) of St. Luke's-Roosevelt Hospital Center has served victims of violent crimes, including sexual assault and intimate partner violence, since 1977. It is the largest and most comprehensive hospital-based victim assistance program in New York State and one of the largest in the nation. CVTC offers individual and group therapy, crisis intervention, legal advocacy, psychiatric consultation and alternative healing practices, all free of charge. Seventeen Licensed Clinical Social Workers provide trauma-focused individual and group therapy and a group of 176 dedicated Volunteer Rape Crisis and Domestic Violence Advocates are on-call 365 days per year to provide emotional support and advocacy to survivors in the emergency departments of the St. Luke's and Roosevelt Hospitals. CVTC's 39 Sexual Assault Forensic Examiners (SAFE) are also on call every day of the year to provide compassionate and expert care to sexual assault survivors in the Emergency Department.

CVTC's direct services, Volunteer Advocate program and SAFE program are the focus of this collaborative process. Representing CVTC on the Collaborative team are Susan Xenarios, Executive Director; Christopher Bromson, Volunteer Coordinator; and Jimmy Higa, Social Worker.

Susan J. Xenarios, MS, LCSW Executive Director

Ms. Xenarios is a clinical social worker and founder and Director of the Crime Victims Treatment Center at St. Luke's-Roosevelt Hospital Center, established in 1977, whose hospital-based rape crisis program, domestic violence early identification and intervention project and Sexual Assault Forensic Examiner Program have become signature programs, replicated locally and nationally. Ms. Xenarios has served on multiple commissions and task forces including the NYS Department of Health Rape Crisis Advisory, NYS Attorney Generals Crime Victims Advisory Board, NYS Forensic Commission and National Governor's Association Forensic DNA Policy Project and NYS Office of Victim Services Advisory Council. She has been the recipient of numerous awards including Outstanding Crime

Victims Advocate from NYS Office of Victim Services; the NYS Governor's Eleanor Roosevelt Community Service Award and the Susan B. Anthony Award from National Organization for Women. Ms. Xenarios currently serves as Co-Chairperson for both the Downstate Coalition for Crime Victims and the Manhattan Sexual Assault Task Force and national and statewide coalitions. She was appointed by NYS Chief Justice Lippman to the NYS Justice Task Force and is a founding member of the Mental Health Professionals for Domestic Violence and the NYC Alliance against Sexual Assault, where she has been a board member since 2000 and is currently Vice President.

Christopher E. Bromson
Volunteer Coordinator

Mr. Bromson started as a Volunteer Rape Crisis and Domestic Violence Advocate with CVTC in 2008. He was then hired to coordinate the Volunteer Advocate Program and continues to manage and supervise CVTC's 198 Volunteer Advocates, who provide crisis counseling and emotional support to survivors of sexual assault and domestic violence seen in the St. Luke's and Roosevelt Emergency Departments. He has done extensive work in West Africa with survivors of child trafficking in Dakar, Senegal, consulted with local Peace Corps Volunteers on Child and Maternal Health in Cameroon, and led numerous cultural and community service trips for American high school students in Senegal and Ghana. He is a graduate of Baruch College of the City University of New York.

Jimmy Higa, LMSW, MPH
Social Worker

Mr. Higa, LMSW, MPH is a graduate of Columbia University School of Social Work and Mailman School of Public Health. He first joined CVTC in the fall of 2010 as a student intern and was hired in 2011 as a staff social worker. In addition to providing treatment to individuals, he has co-facilitated groups for survivors of childhood sexual abuse and domestic violence. Jimmy started CVTC's first ever group for adult male survivors of domestic violence. Prior to working at CVTC, he worked extensively with adolescents, including NYC's homeless youth population.

CONNECT

Founded in 1993, CONNECT is a grassroots DV program that provides legal advocacy for survivors, training and capacity-building services for professionals and facilitation of community-based dialogue about DV intervention and prevention. CONNECT's Community Empowerment Program and Legal Advocacy Program and are the focus of this collaborative effort. The Community Empowerment Program works with community members to address the multi-level roots of DV through roundtable discussions, comprehensive trainings, and activities to engage men, women, youth and communities of faith in efforts to support survivors and hold perpetrators accountable. The Legal Advocacy Program is comprised of the Legal Advocacy Helpline, Coordinated

Action Against Violence (CAAV) and the Immigration Project. Through the Helpline, advocates share information about filing incident reports or following up on police investigation, navigating the Criminal and Family Court systems, obtaining orders of protection, developing safety plans and securing shelter, housing and public assistance. CAAV is a partnership between CONNECT, East Harlem police precincts and CVTC, in which staff work directly with survivors, advocating for their needs and rights within law enforcement and criminal justice systems, as well as safety planning, securing shelter or housing, and filing for crime victims' reimbursement. The Immigration Project assists survivors seeking DV-based immigration remedies, including Violence Against Women Act (VAWA) self-petitions, VAWA Battered Spouse Waivers, VAWA Cancellations of Removal, U-Nonimmigrant status for Crime Victims and VAWA or U Visa-based Adjustment of Status.

Representing CONNECT on this Collaborative team are Sally MacNichol, Co-Executive Director and Kerry Toner, Supervisor of Legal Programs.

Sally N. MacNichol
Co-Executive Director

Ms. MacNichol has been an anti-violence activist and educator for over 25 years. She is currently Co Executive Director at CONNECT, a nonprofit organization dedicated to preventing interpersonal violence and promoting gender justice through transformative education, community mobilization and legal advocacy. She has counseled victim-survivors of domestic violence, facilitated empowerment groups, co-facilitated groups for abusive partners, and trained hundreds of child welfare workers, religious leaders and people of faith on how to more effectively assist families struggling with domestic violence. In 2004, she developed and now directs CONNECT Faith which provides education and technical assistance to religious and lay leaders, and their congregations. She hosts a monthly interfaith theological round table for people of faith who are working to end intimate violence. Sally also leads CONNECT's child sexual abuse prevention program dedicated to helping faith communities prevent child sexual abuse. Rev. MacNichol earned her Masters of Divinity degree and Ph.D. in systematic theology from Union Theological Seminary.

Kerry Toner, Esq.
Supervisor of Legal Programs

Ms. Toner, Esq., represents undocumented survivors of domestic violence in immigration proceedings and oversees CONNECT's Legal Advocacy Helpline and Coordinated Action Against Violence programs. Kerry has worked on behalf of domestic violence victims for over ten years. She has counseled and advocated for victims of domestic violence, run empowerment groups for survivors, developed and facilitated anti-violence curricula for youth programming, and conducted community education and outreach for service providers and community members. She is a proud graduate of CUNY Law School.

Vision

We envision a responsive network of agencies that are key entry-points for D/deaf and HOH survivors of DV/SA in New York County, including: D/deaf and HOH service providers; DV/SA organizations; and the criminal justice system. In this network, agencies have the capacity to address the cultural and communication needs of D/deaf and HOH survivors in order to sensitively handle disclosures and ensure full and equal access. Agency staff and volunteers within this system are compassionate and knowledgeable about D/deaf and HOH cultural and communication needs, and are able to communicate effectively and maintain trust with D/deaf and HOH survivors. D/deaf and HOH survivors have knowledge about their rights and strategies for healing, accountability and empowerment. Survivors work with individuals they trust, knowing they are heard and understood.

Mission

It is the mission of the New York County Collaborative to develop a responsive network of agencies that are key entry-points for D/deaf and HOH survivors of DV/SA in New York County by understanding the conditions that prevent equal participation and changing those conditions within each partner agency by:

- Creating organizational cultures informed by the impact of DV/SA trauma and sensitive to the unique cultural context of D/deaf and HOH survivors;
- Building agency capacity to respond to the cultural and linguistic needs of D/deaf and HOH survivors, including effective modes of communication and culturally-relevant safety planning and advocacy;
- Institutionalizing these changes through coordinated policies and protocols, across all partner agencies; and
- Fostering and maintaining strong collaboration between the partners within this network, with each partner playing a meaningful role. This partnership will be characterized by trust, learning, encouragement and accountability to D/deaf and HOH survivors, to fellow members and other Collaborative stakeholders.

Assumptions

Collaborative members approach this partnership with a variety of assumptions that inform our collective efforts: the impact of DV/SA on individuals, families and communities; the unique needs of D/deaf and HOH survivors; the culture and language of D/deaf and HOH communities; gaps in access and attitudinal barriers that prevent equal participation; the knowledge, resource and capacity challenges faced by agencies that encounter D/deaf and HOH survivors; and the sustained commitment and spirit of collaboration needed to ensure full accessibility.

- 1) Our Collaborative efforts are focused on the needs of D/deaf and HOH DV/SA survivors, which includes individuals with a broad spectrum of hearing loss, a wide range of communication methods, those who identify strongly with Deaf culture and those who do not. There are complex social dynamics within the NYC D/deaf and HOH communities related to one's specific ability, language or Deaf cultural identity, resulting in a social "hierarchy" that can confer status, acceptance and power. Our Collaborative values all survivors equally, but we recognize and respect the distinctions between these identities – for example, Deaf, deaf, oral-deaf, D/deaf-blind, late-deafened, Hard of Hearing, hearing impaired (see "Glossary of Key Terms" for more discussion) and D/deaf-Blind – and look to survivors to determine how they identify, what services they require and what communication method is most effective. Hearing professionals should never make assumptions about someone's hearing loss nor determine, themselves, how a person with hearing loss identifies.
- 2) At the root of DV/SA is discrimination in all its forms, in which individuals exert power and control over others. These norms manifest in ways that are unique to the D/deaf and HOH communities, related to the small and close-knit nature of the communities, and lack of access to, or isolation from supportive resources. Although partner agencies may have their own analysis of the dynamics a Deaf or Hard of Hearing survivor is experiencing, only that survivor is the expert on their own life. It is important to hear survivors' stories and not draw conclusions about the individual or the community they come from based on assumptions. We anticipate our needs assessment process will give us the opportunity to learn more about attitudinal barriers from the perspective of both D/deaf and HOH survivors and from the agencies they encounter.
- 3) Similar to discriminatory attitudes faced by DV/SA survivors, such as victim-blaming, silencing or minimizing, D/deaf and HOH individuals also experience attitudinal barriers from hearing-oriented agencies: as a member of our Collaborative noted, "Sometimes it is *people* who are not accessible." Eliminating attitudinal barriers – at Deaf-focused, criminal justice and DV/SA service agencies—must be part of a comprehensive strategy to shift agency culture so it is truly accessible for D/deaf and HOH survivors. It is the task of all members of our team to challenge the

unique attitudinal barriers at the intersection of violence and D/deafness that prevent access to best care (see also "Audism" in the Glossary of Key Terms).

- 4) While American Sign Language (ASL) is the preferred mode of communication of the Deaf community in the U.S. , not all D/deaf and HOH individuals use or are proficient in ASL. Although the majority of D/deaf and HOH individuals rely on captions or materials printed in English, not all D/deaf and HOH individuals have English language literacy or are from English language-speaking communities. ASL interpretation and captioned or printed materials are important communication strategies, but should not be our only standards of effective communication.
- 5) We recognize the power our words have and the importance of being not only heard but understood. In our Collaborative discussions we use terms related to our work that carry different meanings in different communities. Some individuals prefer the word "survivor" while others prefer the word "victim." In this document we use the words "survivor" and "victim" interchangeably, but recognize individuals who have experienced DV/SA may identify strongly with one over the other. Similarly, the terms "assist" and "help" carry strong meaning. We recognize some circumstances require help: Survivors may seek help from social workers, law enforcement or emergency medical personnel. There is no negative connotation to the word help. However, when a survivor's goal is empowerment and to "do for self," we strive to *assist* that person in a way that honors their independence and emphasizes what they can do rather than what they can't. ASL helps us to understand subtle differences in meaning between words many agencies use interchangeably. For examples, click on the following hyperlinked words to view them in ASL: "[help](#)," "[assist](#)," and "[advocate](#)"; also, "[victim](#)," and "[survivor](#)." It is important that individuals have the chance to use language that resonates best with their own experience and needs (see "Glossary of Key Terms" for additional discussion on terms used in the context of this Collaborative process).
- 6) Finally, we understand the significant time commitment and resources required to uphold our mission. We anticipate challenges but value the learning opportunity this collaborative process provides. We embrace the challenges and we are committed to the work.

Values

Collaborative members' values have evolved through numerous lenses: the violence against women movement, independent living movement, civil rights movement, criminal justice, social justice, and lived experience are just a few. What follows is the result of an ongoing process of merging those perspectives to establish a collective set of values that inform our Collaborative efforts. As this Charter is a living document, it can be amended as the Collaborative continues to define and refine our collective values. The values that follow are organized in alphabetical order, and not in order of significance.

Accountability

Accountability has many meanings in the context of our Collaborative. It may be related to legal remedies, to fostering a strong partnership, or to our responsibility to survivors and D/deaf and HOH communities. Our discussion about the meaning of accountability will continue throughout this collaborative process, but has so far revealed:

- We believe it is important for perpetrators to be held accountable for their actions, but we recognize accountability is defined differently by the different partners of this Collaborative, different communities and by different survivors;
- Accountability may include but is not limited to criminal justice processes, Civil or Family Court processes, batterer intervention, restorative justice, or simply stopping the violence from occurring;
- For some, accountability may mean access to services that help them heal from violence and to live healthy lives;
- Collaborative members are accountable to the team's mission and vision, to the commitments we make to our fellow Collaborative members, to our respective agencies and to the Cooperative Agreement with the Office on Violence Against Women. This includes offering and receiving critical feedback, engaging in challenging conversations about gaps in access and services and encouraging partners to grow and strengthen their work through this collaborative process;
- In order to remain accountable to D/deaf and HOH survivors we commit to a thorough investigation of the barriers they experience and incorporate their perspectives as we develop our Strategic Plan.

Anti-discrimination

Discrimination impacts individuals' access to resources. We recognize the effects of discrimination in D/deaf and HOH communities and as we become more critical of audism and hearing privilege we must also have an analysis of other forms of discrimination. It is our intention to not reinforce discrimination in the systems D/deaf

and HOH survivors encounter. We will listen to peoples' stories and not make assumptions; we will treat everyone with mutual respect; and we will acknowledge the unique, important voices of all D/deaf and HOH survivors.

Collaboration

We believe our team's vision can only be achieved through a process of collaboration that is mutually beneficial to all involved: Each member brings expertise to the partnership, and the partnership, in turn, strengthens everyone's individual work. We value the collaboration between such knowledgeable and influential partners but also with the individuals most closely impacted by our Collaborative mission -- we strive to incorporate the input and feedback of D/deaf and HOH individuals as we develop our Collaborative Strategic Plan.

Confidentiality

Confidentiality is an essential element of working with DV/SA survivors that can be challenging to maintain when working with the D/deaf and HOH communities, particularly in NYC where there is a small community of qualified, effective interpreters working with agencies who respond to DV/SA. Confidentiality is critical for establishing trust with D/deaf and HOH survivors. In order to maintain the safety and privacy of victims as well as members of the Collaborative team, members will uphold strict standards for protecting confidential information (see section, "Confidentiality & Mandatory Reporting").

Diversity

Diversity brings richness, depth and honesty to our Collaborative process, resulting in critical conversations about identity, trauma, access and justice. We value the diversity of identities and cultural contexts – including race, ethnicity, gender, gender identity, sexual orientation, religion, disability status, age, D/deafness, life experiences and professional disciplines—within our own collaborative, and we recognize the diverse identities and contexts of D/deaf and HOH survivors.

Effective Communication

Effective communication benefits both hearing and D/deaf and HOH individuals, and requires the effort and commitment of both. Communication is effective when both parties are being heard and understood. Barriers to effective communication are not limited to language barriers: We strive for honesty, trust, flexibility and respect in order to communicate effectively with Collaborative members and with members of D/deaf and HOH communities.

Empowerment

We value the sense of empowerment survivors feel in the process of restoring safety and control over their own lives. We recognize D/deaf and HOH survivors have expertise on their own needs, and should feel empowered and supported to access resources from medical, mental health, law enforcement and criminal justice systems.

Justice

Similar to accountability, justice has numerous interpretations, which may include criminal justice and other legal remedies, community-based efforts to hold perpetrators accountable or concrete access to needed services. We value each partner agency's unique perspectives on justice and throughout this collaborative process we commit to understanding what justice means to D/deaf and HOH survivors.

Learning

We value the exchange of knowledge between Collaborative members who, through diverse perspectives and experiences strengthen our collective knowledge about serving D/deaf and HOH survivors. Members take responsibility for learning— by asking questions, listening, and giving and receiving feedback— rather than placing the *sole* responsibility on our partners to impart knowledge about their area of expertise, be it violence intervention, Deaf culture or the law. We believe learning is an ongoing process that requires patience, understanding and encouragement.

Respect

The Collaborative respects the culture, language, history and values of D/deaf and HOH survivors, as well as of fellow Collaborative members. Working respectfully means creating spaces where people feel accepted, where their voices are heard and perspectives are valued.

Safety

We believe safety is something that can only be defined by individuals. In order to mitigate trauma, reduce isolation and establish trust, agencies that engage with survivors must listen to and understand survivors' specific needs related to safety. To model this value, members of this Collaborative commit to fostering a safe space for the team, characterized by mutual respect, welcoming critical discussion and working towards consensus.

Time

Truly collaborative partnerships take time to build, and our objectives will take considerable time to achieve. We value the time each Collaborative member contributes to this process. With each Collaborative meeting we gain a deeper appreciation for the amount of time needed to communicate effectively – both between Deaf and hearing Collaborative partners and when working with D/deaf and HOH survivors.

Trust

It is essential for agencies that encounter survivors to establish trust. Breaches in confidentiality and privacy, making unrealistic promises, not listening to survivors, and not providing survivors with information about their care are examples of typical threats to trust. Trust can be particularly hard for hearing professionals to establish and

maintain when working with D/deaf and HOH survivors. Threats to trust may include: lack of knowledge about Deaf culture; utilizing ineffective interpreters or perceptions of an interpreter's conflict of interest; or having provided past service to a perpetrator, which is not uncommon since there are so few NYC agencies with the capacity to serve the Deaf community effectively.

Commitments & Contributions

The Collaborative recognizes that addressing the profound service gaps for D/deaf and HOH survivors of DV/SA requires concrete changes in staff capacity, organizational culture and institutional practices. It also requires a significant contribution of staff, resources, expertise and time to achieve these goals. Below are the commitments of all partner agencies and Collaborative members, commitments specific to individual agencies and their members and the commitments of the Project Director.

Commitments of all partner agencies

All partner agencies commit to:

- Building strong and supportive partnerships with all Collaborative partner agencies;
- Contributing to all elements of Planning and Development, including: Collaboration Charter; Focus Memo; Needs Assessment Plan, data collection and analysis, and Needs Assessment Report; and Strategic Plan;
- Making significant contributions in staff time, expertise and resources throughout Planning & Development and Implementation phases of this collaboration;
- Implementing activities outlined in the Strategic Plan;
- Being a Site of Change, in which concrete changes are made at each agency, resulting in sustainable, culturally and linguistically relevant services for D/deaf and HOH survivors of DV/SA;
- Creating organizational policies that institutionalize all of the capacity-building changes established through this collaboration, so changes can be sustained at each agency beyond the grant's 3-year timeline. While some partners will already have expertise and policies related to working with D/deaf and HOH individuals, and others to working with survivors of violence, all partners will review, enhance and/or create policies that balance a commitment to ensuring equal access, culturally-appropriate service and a trauma-informed approach; and
- Upholding the agreements of the signed Memoranda of Understanding (MOU).

Commitments of all members

All members commit to:

- The ongoing process of Collaboration-building, in which members share knowledge, participate in critical conversations about existing gaps and opportunities to

eliminate barriers, learn about the values with which others approach their work and establish collective values that guide the work of this Collaborative;

- Attending all meetings of the Collaborative, actively participating in critical conversations and consensus-building process;
- Contributing an average of 8-10 hours per month to Collaborative tasks during the Planning and Development phase, including Collaborative meetings, needs assessment planning and implementation, attendance at partners' events or trainings; individual meetings or phone calls with the Project Director; contributing research, resources or language to the development of grant deliverables; giving critical thought to drafts of grant program deliverables and sharing feedback; between-meeting email discussion with partners; participation in technical assistance such as Vera Institute of Justice webinars, and attendance at required OVW grantee meetings and conferences;
- Sharing the learning of this collaborative process with all agency staff in order to begin a shift in organizational culture towards greater awareness, knowledge and sensitivity to the needs of D/deaf and HOH survivors of DV/SA and greater capacity to serve them. It is the responsibility of Collaborative members with executive leadership positions to ensure their agencies stay informed; and
- Listening to and respecting the perspectives of all Collaborative stakeholders, learning about the unique needs of survivors at the intersection of DV/SA and D/deafness and approaching decision-making with an open mind. All members of the team will bring patience and a sense of humor to the Collaborative table.

Specific commitments of partner agencies & their members

BFL

BFL commits to building the staff and organizational capacity of all its programs to respond to the needs of D/deaf and HOH survivors of DV/SA. This includes Secret Garden programming located at BFL and at the forthcoming Manhattan Family Justice Center, Transitional Housing, Outreach and Freedom House as well as BFL administrative and support staff that often engage D/deaf and HOH clients. As BFL already provides services at the intersection of DV/SA and D/deafness, BFL commits to taking the lead on including input from D/deaf and HOH clients throughout the Planning and Development process, and in the needs assessment in particular. As grant fiscal manager, BFL is responsible for all tasks related to grant administration. BFL employs and supervises the Project Director on project deliverables and grant management responsibilities.

Donald Logan, COO, and Nicolyn Plummer, Social Worker in the Secret Garden program, will be representing BFL as members on the Collaborative. As the grant's

designated representative, Mr. Logan will contribute to, review and/or authorize all official reports and budgets prepared by the Project Director before they are submitted to OVW for approval. Ms. Plummer provides important insight into the needs of D/deaf and HOH seeking DV/SA services in New York County and will play a lead role in coordinating participation of appropriate D/deaf and HOH clients of Secret Garden to participate in the needs assessment process.

DANY

DANY commits to building the capacity of Special Victims Bureau and its staff, including Assistant District Attorneys, supervisors, administrators and investigators, to sensitively work with D/deaf and HOH witnesses, and communicate effectively so witnesses have access to important information and are assured their voices are being heard. DANY is committed to finding ways to institutionalize changes throughout the Bureau (which includes the Sex Crimes, Domestic Violence, Child Abuse and Human Trafficking Units) as well as the Witness Aid Services Unit, to ensure access for D/deaf and HOH survivors.

Audrey Moore, Special Victims Bureau Chief, will participate as a member of the Collaborative, bringing expertise about the criminal justice system in New York County and significant experience prosecuting and overseeing prosecution of DV/SA cases. Iris Raiford, Director of DANY's Northern Manhattan Office, also brings expertise on the needs of domestic violence survivors in New York County, overseeing the office's Domestic Violence Project in Northern Manhattan.

HILC

HILC commits to building staff and organizational capacity to provide trauma-informed advocacy for D/deaf and HOH consumers who disclose DV/SA (as well as extending that trauma-informed approach to other HILC consumers who may disclose DV/SA). HILC is committed to providing organizational expertise on work with the D/deaf and HOH communities and on independent living to the Planning and Development phase of this Collaborative process.

Christina Curry, Executive Director, will represent HILC as a member of the Collaborative. She contributes essential expertise about Deaf culture, accessibility for people with disabilities and D/deaf individuals, effective communication and the needs of D/deaf and HOH survivors of DV. In the event Ms. Curry is unable to attend a meeting, HILC Associate Director, Yonette Lewis, may attend Collaborative meetings in her absence so HILC is represented in all Collaborative discussion.

CVTC

CVTC strives to create a Deaf-friendly environment, both at the offices of CVTC and in the Emergency Department (ED) of St. Luke's-Roosevelt Hospital Center, where D/deaf and HOH survivors will be engaged by CVTC program staff, volunteers or emergency

department personnel who understand their culture and who have the resources and knowledge to provide appropriate and sensitive care.

Susan Xenarios, Executive Director, Christopher Bromson, Volunteer Coordinator and Jimmy Higa, Social Worker, will participate as members of the Collaborative, bringing expertise on the holistic, trauma-informed and collaborative approach to responding to the needs of DV/SA survivors.

CONNECT

CONNECT commits to identifying meaningful, sustainable ways to build the capacity of the Legal Advocacy Program (LAP) and Community Empowerment Program (CEP) to respond to the needs of D/deaf and HOH survivors seeking legal remedies and participation in community-based prevention programs.

Co-Executive Director, Sally MacNichol, and Supervisor of Legal Programs, Kerry Toner, represent CONNECT on the Collaborative team. Together, they contribute a critical social justice analysis of DV and expertise in community-based DV prevention and legal advocacy to the Collaborative team.

Commitments of the Project Director

- Coordinate and facilitate Collaborative meetings. The Project Director will confirm the meeting time and location (using a schedule determined by the team), prepare the meeting agenda and any other relevant materials and share them with the team, in advance, for feedback.
- Oversee grant management and reporting, including: preparation and submission of semi-annual programmatic reports to OVW using GMS; monitoring program-related expenses and disbursements to Collaborative partners in accordance with the approved budget; submitting all quarterly financial reports to OVW using GMS; and submitting for approval by OVW any modifications to the approved budget or partner configuration.
- Act as the Collaborative's liaison to OVW, seeking feedback on or approval of grant deliverables or use of grant funds, and seeking clarity on questions about the grant program when they arise.
- Participate in all Vera Institute of Justice grant program technical assistance activities, including: bi-weekly check-in meetings for feedback and technical assistance; Monthly calls of all OVW Disabilities Grant Program Project Directors, nationwide; Building the Foundation webinars; Required grant program conferences and trainings; Share announcements, resources and information about best practices received through Project Director listserv and Accessing Safety Initiative website.

- Draft, with extensive input from all Collaborative partners, deliverables of the Planning & Development phase of the grant program, including updated MOU, Collaboration Charter, Focus Memo, Needs Assessment Plan and Report and Strategic Plan.
- Monitor the agreements of the MOU and facilitate the revision process, as needed, at the conclusion of Planning and Development activities.
- Assist team to manage conflict when it arises (see section, "Managing Conflict"). Identify pitfalls of our group dynamic and help the team to avoid conflict by facilitating respectful discussion and building consensus.
- Be "the glue that holds it all together." The Project Director plays an integral role in the Collaborative mission, helping the team stay organized, focused and accountable to their commitments. The Project Director will remind the team that the strength of their relationships is key, and will help maintain a sense of humor and camaraderie throughout this collaborative process.

Decision-making process: Building consensus

Collaborative members commit to making decisions through a consensus-building process that involves all members of the team. The Collaborative believes it is the responsibility of each member to listen to all perspectives and to make sure their own voice is heard. The Project Director takes responsibility for facilitating this process, however all members commit to creating a space where everyone feels encouraged to participate and confident that they are being heard.

Not all decisions will require direct input from each member of the full partnership. While all members will always be informed of decisions, some decisions will be made solely by executive leadership, by the grant's fiscal manager or by the Project Director. Below is the team's guide to decision-making authority and the consensus-building process.

Decision-making authority

Decisions made by the full Collaborative team

- Content of grant program deliverables, including the Collaboration Charter, Focus Memo, Needs Assessment Plan, Needs Assessment Report and Strategic Plan
- Approval of all meeting agendas and meeting minutes
- Collaborative meeting schedule
- Responsibilities and expectations of the Project Director
- Changing the partner configuration to include additional agency partners (before seeking final approval from OVW)

Decisions made by executive leadership

- Agency commitments detailed in MOU and approval of MOU (before submitting to OVW for final approval)
- Approval of grant program budget (before submitting to OVW for final approval)
- Identifying staff to represent agency as Collaborative member(s)
- Changing the partner configuration by leaving the Collaborative
- Content and approval of any policy or procedure-related changes identified by the Strategic Plan

Decisions made by BFL grant program fiscal manager

- Content of quarterly fiscal reports to OVW
- Supervision/HR-related matters concerning the position of Project Director

Decisions made by Project Director

- Timeline for submitting drafts of grant program deliverables to Vera Institute of Justice for review and to OVW for final approval
- Schedule of check-in calls with OVW and Vera Institute of Justice
- Content of progress reports to OVW

Decision-making process

Collaborative decisions will be made through a consensus-building process that involves all members of the team, either as key decision-makers or stakeholders who must be consulted with or informed of a decision. Unlike decisions that require unanimity or a majority-rule vote, building consensus means the voices of all members are heard in the process of reaching a mutually agreeable resolution. The Collaborative can only move forward with a decision when the concerns of members have been addressed and when all necessary decision-making members affirm their support.

Decisions by the full Collaborative can only be made when each partner agency is represented in the consensus-building discussion. As some partner agencies are represented by multiple staff members, while others are represented by just one person, the decision-making process will consider the following:

BFL

Mr. Logan and Ms. Plummer will both participate in the Collaborative consensus-building process, however, as an executive leader, Mr. Logan has the authority to make decisions that concern BFL. If Mr. Logan is unable to attend a meeting he will participate in the consensus-building process by phone, by discussing decisions in advance with Ms. Plummer or by reviewing decisions in the meeting minutes and determining whether or not more discussion is needed.

DANY

Ms. Moore and Ms. Raiford both represent DANY in consensus-building discussion, however all final Collaborative decisions impacting DANY are subject to Ms. Moore's approval in the event that she is unable to attend a meeting. In this case, Ms. Raiford will inform Ms. Moore of decisions made by the team so Ms. Moore can determine whether or not more discussion is needed.

HILC

Ms. Curry will represent HILC in consensus-building discussion at Collaborative meetings. If Ms. Curry is unable to attend due to an unanticipated conflict, Associate Director, Yonette Lewis, may represent HILC in the discussion and, whenever possible, text or Skype with Ms. Curry during the meeting in order to include her perspectives in the consensus-building process. Otherwise, the Project Director will follow-up with Ms. Curry after the meeting to report back on discussion, gather HILC input and determine whether or not more discussion is needed.

CVTC

Ms. Xenarios, Mr. Higa and Mr. Bromson each represent CVTC as decision-makers on the Collaborative. In Ms. Xenarios' absence, Mr. Higa and Mr. Bromson will have the responsibility for reporting back to Ms. Xenarios on any decisions made.

CONNECT

Sally MacNichol and Kerry Toner both represent CONNECT as decision-makers on the Collaborative team.

The Project Director is a non-voting member of the team, but is responsible for facilitating the consensus-building process, including: clearly articulating a proposal so it is understood by each member; facilitating discussion to ensure it is balanced with the perspectives of all members; sharing any relevant information that may impact the decision; and checking in with each member to ensure their concerns have been addressed.

The Project Director has the responsibility for facilitating this consensus-building process even for decisions related to logistical matters of the Collaborative, such as rescheduling a meeting, which can be discussed and finalized through email discussion. For all substantive decisions—those that significantly impact the group dynamic or work towards Collaborative goals—the Project Director will facilitate the consensus-building process in-person at Collaborative meetings, and will take the following steps:

- Clearly articulate the proposal being considered so it is understood by all members. This may include stating the proposal on the meeting agenda or an additional handout or writing the proposal on large flipchart paper so it can be viewed by all members during discussion.
- Facilitate discussion that balances all perspectives, including those in support of a proposal and those critical of it. Ensure that discussion is respectful and all participants have the opportunity to contribute.

- Act as timekeeper to ensure an appropriate amount of time is used for discussion, and recognize when discussion has reached “saturation,” in which members agree all relevant information and perspectives have been shared.
- Check in with each member participating in the discussion to determine whether or not they support the proposal. If any members express concerns or a lack of support for a proposal, the Project Director might ask follow-up questions, such as:
 - Is there any additional information you need to make a decision on this proposal?
 - What concerns do you have about this proposal?
 - How do you think your concerns might be addressed in order to come to a decision everyone can support?

Every effort should be made to address concerns, even if it means revising the original proposal and returning to discussion, so the final decision is one each participating member supports.

- Document discussion and final decisions in the meeting minutes, so there is a record of the decision-making process. The Project Director will email meeting minutes to the team and follow up with members not present for discussion to gather feedback on decisions. All members are encouraged to contact the Project Director with additional reflections or questions on a decision.
- The Project Director should be informed when decisions impacting the Collaborative are made by an executive leader(s). The Project Director and concerned executive leader(s) will discuss how remaining members of the team will be informed of the outcome.
- Hold members accountable to decisions and revisit when necessary. Reaffirm the group’s consensus on a decision by checking in with members at the next meeting of the Collaborative. With input from members, determine when decisions need to be revisited: This may include when a decision creates a conflict of interest, when new information must be taken into consideration or a decision is no longer in the best interest of the team. Set aside time on the agenda of the next scheduled Collaborative meeting to discuss.

Managing Conflict

As in all aspects of the collaborative process, managing conflict requires listening and mutual respect. While we do not anticipate conflict, we recognize our collaborative efforts are an ongoing learning process and that challenges and disagreements are inevitable. We believe unexamined conflict has the potential to interfere with healthy group process, damage trust between collaborative stakeholders and interrupt the Strategic Plan, so it must be addressed quickly and directly. We commit to approaching conflict with openness and to avoid making assumptions about the perspectives of others including partner agencies, members or other external stakeholders.

Managing conflict between partner agencies

All partner agencies are accountable to each other. In most circumstances, if a conflict between agencies has the potential to impact the whole team it should be discussed in a transparent way with all members, in person, during a Collaborative meeting. If the conflict arises during a Collaborative meeting, it should be discussed at that time or, the Project Director may recommend time be set aside on the agenda of the next scheduled Collaborative meeting to discuss the issue. However, if the conflict is particularly sensitive and the parties do not feel it is appropriate to share with the full Collaborative, the executive leadership of the concerned agencies should discuss and determine the best way to share this information with the Project Director and the full Collaborative. The Project Director can meet with the concerned agencies to resolve the issue or, if she determines technical assistance is needed, will request the support of the Vera Institute of Justice. Technical assistance to help manage a conflict may include a phone call or site visit facilitated by Vera Institute of Justice Senior Program Associate, Jacki Chernicoff.

Managing conflict between members

All Collaborative members are accountable to each other. If a conflict arises the concerned individuals should discuss the matter directly, one-on-one, and inform the full Collaborative of the resolution—or ongoing discussion—when necessary (e.g. When lessons learned can benefit all members of the team or the matter requires the input or additional discussion of all members). The concerned parties will determine when this is necessary. The Project Director can facilitate these discussions if the members feel additional assistance is needed. If conflict between members occurs during a Collaborative meeting, it can be addressed at that time or the Project Director may recommend time be set aside on the agenda of the next scheduled Collaborative meeting to discuss the issue. If there are challenges or concerns individual members would like addressed, but are not comfortable raising them before the entire group, members can contact the Project Director and determine, together, what is the best

way to address them. If the Project Director determines technical assistance is needed to manage the conflict she will request the support of Vera Institute of Justice.

Managing conflict with the Project Director

The Project Director is accountable to all members of the team, equally, for activities related to the Collaborative. Members will approach the Project Director directly, one-on-one, about substantive conflicts that disrupt group process or Collaborative efforts. If the concerned members feel the issue should be discussed with the entire team, the Project Director can set aside time on the agenda of the next scheduled Collaborative meeting. If conflicts are related to logistical issues, concerning the Project Director's employment at BFL, Donald Logan should be involved in the resolution of the conflict.

Managing conflict with external stakeholders

When members feel there is a conflict with external stakeholders that inhibits our ability to work together effectively or achieve our Collaborative goals, the Project Director will address the conflict immediately and directly with the concerned stakeholders. The Project Director will first discuss the conflict with all members of the team, who will come to consensus about the most strategic way for her to approach stakeholders. If the team determines it is necessary and appropriate, the Project Director may request assistance from the Vera Institute of Justice, in particular under any circumstances that involve the Office on Violence Against Women; for example, any changes in the partner configuration, any threat to achieving the goals of the Strategic Plan or any other conflict that inhibits the team's ability to uphold elements of the Cooperative Agreement.

Confidentiality & Mandatory Reporting

Confidentiality

Collaborative members value confidentiality and the privacy of members of our team, all consumers and clients seeking support from each partner agency, and specifically survivors of DV/SA, for whom confidentiality is of particular importance to ensure safety and minimize trauma. We take seriously our responsibility to uphold the highest standard of confidentiality, in order to: maintain the right to privacy and confidentiality for D/deaf and HOH survivors; protect confidential information about the organizations participating in the Collaborative; and foster trust between Collaborative members, who will keep confidential any personal information or experiences shared by other Collaborative members.

Confidentiality for individuals served by each partner agency

We recognize that D/deaf and HOH communities in New York City are small and tightly-knit and circumstances or characteristics of survivors from these communities, discussed even in generalities, may be identifiable to members of our team—our Deaf partners in particular—or to the interpreters in the room. Indeed, many D/deaf and HOH individuals who have engaged BFL and HILC indicate there is an expectation within their community that “everyone is already talking.” The first question many D/deaf clients to BFL’s Secret Garden Program ask is, “are you strict with confidentiality?” BFL and HILC even find some clients do not want to work with interpreters at all because of their contact with other members of the Deaf community.

Members will prioritize the safety of individuals who engage their agencies above all, and consider how discussing Deaf or Hard and Hearing survivors at the Collaborative table, even in generalities, may impact safety. In order to protect confidentiality of individuals served at partner agencies we will take the following steps:

- All Collaborative discussion “stays in the room.” Although members will do their best to avoid discussing sensitive information, the team acknowledges some circumstances may require sharing information outside of the Collaborative or even trigger mandatory reporting by certain Collaborative members. See “Exceptions to Confidentiality” and “Mandatory Reporting,” below.
- Members will avoid discussing individuals served at their agency, however, if discussion about the experience of a particular client is relevant to the objectives of the grant program, members will never use identifying information such as names or name signs.

- In the event a member is able to identify an individual based on information shared, they should consider the safety of that individual when determining whether or not to continue participating in the discussion. If a member perceives a conflict of interest because of knowledge of the person being discussed, the conflicted member will step out of the conversation.
- Members honor confidentiality practices required by federal and state laws, their respective agencies and professional guidelines.
- ASL interpreters working with our team uphold the [Code of Professional Conduct](#) of the National Association of the Deaf (NAD) and Registry of Interpreters for the Deaf (RID).

Confidentiality for partner agencies

While investigating obstacles D/deaf and HOH survivors may experience at each partner agency, it is possible sensitive agency information will be revealed, including details about gaps in service, attitudinal barriers of agency personnel or internal agency conflicts. In order to maintain a confidential Collaborative space we will take the following steps:

- All Collaborative discussion about partner agencies “stays in the room.” Although members will do their best to avoid discussing sensitive agency information, the team acknowledges some circumstances may require sharing information outside of the Collaborative or even trigger mandatory reporting by certain Collaborative members. See “Exceptions to Confidentiality” and “Mandatory Reporting,” below.
- Members will avoid using names or other identifying information when discussing agency personnel.
- Members may remind the team when agency information is expected to be kept confidential.
- The Project Director documents meeting discussion for internal purposes only and meeting minutes will never be shared outside of the Collaborative.
- ASL interpreters working with our team uphold the NAD & RID [Code of Professional Conduct](#).

Confidentiality for Collaborative members

Members commit to fostering a Collaborative space characterized by honesty, openness and trust. In order to maintain the confidentiality of personal information shared by members of the team we will take the following steps:

- All personal information shared by Collaborative members “stays in the room.” Although members will do their best to avoid discussing sensitive personal information, the team acknowledges some circumstances may require sharing information outside of the Collaborative or even trigger mandatory reporting by certain Collaborative members. See “Exceptions to Confidentiality” and “Mandatory Reporting,” below.
- If a member shares personal information with another member of the team (including the Project Director) outside of the Collaborative space, that information should not be shared with all members unless specifically requested.
- Members may remind the team when personal information is expected to be kept confidential.
- The Project Director documents meeting discussion for internal purposes only. Meeting minutes will never be shared outside of the Collaborative and the Project Director will use good judgment when documenting discussion, taking care not to identify the speaker without their consent, and only when necessary for understanding the context of the discussion. The Project Director will never record sensitive personal information in the meeting minutes.
- ASL interpreters working with our team uphold the NAD & RID [Code of Professional Conduct](#).

Exceptions to Confidentiality

There are exceptions to the confidentiality practices described above. First, an exception will be made for information related to suspected abuse or neglect that triggers a process of mandatory reporting by members of the team who are considered mandated reporters in New York State (see “Mandatory Reporting,” below).

Second, there may be circumstances that require involvement of OVW or Vera Institute of Justice, for example, when information shared could critically impact the partner configuration, the direction of the Collaborative or its ability to implement the Strategic Plan. In this case, the Project Director will discuss with the Collaborative a plan for sharing sensitive information.

Third, certain agencies and members of the Collaborative are guided by state laws and/or professional standards that identify exceptions to confidentiality in circumstances when an individual may be a threat to them or others:

- [NYS Office of Mental Health](#) outlines provisions of HIPAA that authorize covered entities -- including BFL and CVTC— to disclose protected health information without consent when they deem it “necessary to prevent or lessen a serious and imminent

physical threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat,” including law enforcement or the “target of the threat.”

- The [Code of Ethics](#) of the NASW — applicable to social workers Susan Xenarios and Jimmy Higa of CVTC and Nicolyn Plummer of BFL— describes exceptions to confidentiality, including when “disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information directly relevant to the purpose for which the disclosure is made should be revealed.”
- The [Rules of Professional Conduct](#) of the NYS Bar Association — applicable to attorneys Audrey Moore of DANY and Kerry Toner of CONNECT — describe exceptions to confidentiality of client information, including when the attorney believes it is necessary “to prevent reasonably certain death or substantial bodily harm,” or “to prevent the client from committing a crime.”

The Collaborative will explore the issue of confidentiality in greater depth when developing a Needs Assessment Plan, which will include a clear protocol for how information shared will be documented and securely stored as well as how the team plans to minimize the occurrence of, and respond to disclosures during the data collection process.

Mandatory Reporting

The Collaborative recognizes exceptions to maintaining confidentiality when information shared has the ability to trigger mandatory reporting procedures. Members will prioritize confidentiality in Collaborative discussion, remain mindful of the potential consequences of mandatory reports and take the following steps to avoid circumstances in which a mandatory report must be made:

- Members will not discuss the DV/SA experiences of individuals engaged by each agency. Our Collaborative focus is on barriers and gaps in service, not on the nature or circumstances of individual DV/SA experiences.
- Members will never use identifying information, even when discussing service gaps.
- Project Director will hold members accountable to agreements related to confidentiality during Collaborative discussion.
- The Collaborative will explore the issue of mandatory reporting in greater depth when developing a Needs Assessment Plan, which will require a clear protocol for minimizing the occurrence of, and handling disclosures during the data collection process. This will include providing potential participants with clear information

about the objectives of data collection and about any consequences there might be for disclosing abuse of children or vulnerable persons.

Responsibility to report

In certain circumstances, partner agencies or the members representing them may have responsibilities to report suspected abuse or neglect if it is disclosed in Collaborative discussion. Two New York State laws describe the mandate for applicable agencies and professionals to report suspected abuse or neglect:

- New York Social Services Law ([§ 413](#)) identifies Assistant District Attorneys and social workers among the mandated reporters of suspected child abuse or maltreatment when “a child, parent, or other person legally responsible for the child is before the mandated reporter when the mandated reporter is acting in his or her official or professional capacity.” Four members of our Collaborative team are considered mandated reporters under this law: Audrey Moore, DANY Assistant District Attorney; Susan Xenarios and Jimmy Higa of CVTC and Nicolyn Plummer of BFL, all social workers. Although our Collaborative is focused on barriers experienced by adult D/deaf and HOH survivors, members recognize sensitive information shared about individuals under the age of 18 may require the mandated reporters on our team to follow reporting requirements established by this state law. Additionally, members understand anyone may report suspected abuse.
- Protection of People with Special Needs [Act](#) requires New York State mandated reporters -- including Assistant District Attorneys and social workers -- to report abuse involving vulnerable persons to the Vulnerable Persons’ Central Register (VPCR) operated by the NYS Justice Center for the Protection of People with Special Needs. A “vulnerable person” is an individual who, “due to physical or cognitive disabilities or the need for services or placement is receiving care from a facility or provider within the systems of the State Oversight Agencies.” While none of the partner agencies are considered covered facilities or programs under this act, members understand anyone may report suspected abuse of vulnerable persons.

In addition to requirements established by state law, partners may have agency-wide or program-specific policies to uphold in the event of disclosures of abuse. In some cases, partners do not have a stated agency policy but, rather, operate from a philosophy on mandatory reporting that sets expectations for agency staff. Although the policies and philosophies described below are not necessarily shared by the entire Collaborative, they help us to understand each member’s framework for handling disclosures and protecting sensitive information.

- BFL has no agency-wide policies about mandatory reporting, and each program has their own philosophy to guide the response to disclosures of abuse. The Secret Garden program and Freedom House, both serving individuals at the intersection of domestic violence and disability, prioritize safety and self-determination. If staff has

reason to suspect abuse they are asked to bring it to the attention of their respective Program Director, who will approach the involved party to discuss safety, choices and consequences related to reporting and assist them in determining whether or not a report will be made. BFL's Transitional Housing program for single adults with disabilities will make reports of suspected abuse to Adult Protective Services for the purposes of connecting that person to needed supportive services. The Transitional Housing program respects residents' right to self-determination and a report would only occur after consulting with the individual and obtaining permission.

- DANY upholds all mandatory reporting requirements dictated by state law.
- HILC has no agency policy on mandatory reporting. A single staff member who coordinates Deaf services programming upholds state law and Administration for Children's Services guidelines on reporting when facilitating a parenting skills workshop. HILC staff will assist any consumer who discloses abuse with appropriate referrals.
- CVTC has no organizational policy on mandatory reporting of suspected abuse and shares the philosophy that survivors have the ability to make their own decisions about reporting. CVTC staff and volunteers follow reporting procedures required by state law, professional guidelines for social workers and the policies of St. Luke's-Roosevelt Hospital to ensure ED patients who disclose abuse are referred to the appropriate hospital department. Additionally, CVTC staff and volunteers are required by state law to report "injuries resulting from discharge of a firearm, and all potentially life-threatening injuries inflicted by a knife or other sharp object" to law enforcement (NY Criminal Procedure Law, § 265.25), however, information about DV/SA circumstances will not be shared without client consent.
- CONNECT has no agency policy on mandatory reporting and share the philosophy that the safety and self-determination of clients is the top priority.

Handling disclosures of abuse made within Collaborative discussion

Members will take steps to avoid disclosing information that must be reported, however, because anyone in the state of New York can report suspected abuse we recognize a plan is needed for responding to the unlikely scenario in which a member feels information shared requires a report.

- Mandated reporter is responsible for informing the group that they believe information shared has triggered the responsibility to make a report
- The Project Director will guide discussion on: how the decision to report – and potential consequences—will be communicated to the concerned parties; who is

responsible for making the report and what steps they will take, if any, to follow-up on that report; and share information for contacting the relevant authority

- Central Register of Child Abuse and Maltreatment of New York State Office of Children and Family Services: (800) 635-1522, TDD/TTY (800) 638-5163, Video Relay System at (800) 342-3720
- VPCR: (855) 373-2122, TTY (855) 373-2123
- The Project Director will also facilitate discussion on the impact of reporting on the Collaborative team, partner agencies and individual members.
- The Project Director is responsible for informing OVW of any circumstances that result in reporting suspected abuse.

Communication Plan

Effective communication is paramount in ensuring access for D/deaf and HOH survivors and is equally important for successful collaboration within our team. The internal and external communications plans that follow will help us to stay focused, productive, organized and accountable to our partners and to individuals engaged by each partner agency.

Internal Communication

Collaborative members commit to the following internal communication practices, including communication prior to and during meetings, discussion between meetings, sharing information related to grant administration and contacting the Project Director.

Collaborative meetings

Collaborative meetings are the space in which to have critical conversations about: The impacts of DV/SA on the D/deaf and HOH communities; how other social identities and intersectional social justice issues inform the experiences of D/deaf and HOH survivors; creating collective definitions of access, safety and justice; opportunities to foster cultural and linguistic sensitivity at each agency; and progress towards the Collaborative goals set forth in the Strategic Plan. Each partner agency will make every effort to be represented at each Collaborative meeting. The executive leadership or other decision-making staff of each agency will attend every meeting and, whenever possible, all nine members (across the five agencies) will be in attendance.

Agreements about Collaborative meeting logistics:

- The Collaborative will meet on the second and fourth Tuesday of every month, at 2:00pm and 10:00am, respectively, for a total of 6-8 hours per month.
- Meeting locations will rotate between all partner agencies. The Project Director will send reminder emails to the team two days in advance of Collaborative meetings, attaching a draft agenda and confirming time and location. The "host" partner will contact the group by email if there is a conflict with the meeting space so the Project Director can identify an alternative location. This meeting schedule was established, through team consensus, for the remainder of 2013 and will be evaluated at the end of the year to ensure all members can continue to attend all Collaborative meetings.
- A team of two ASL interpreters from All Hands in Motion will attend each meeting. Janice Rimler, CEO of All Hands in Motion, will coordinate the team of interpreters for each meeting. The Project Director is responsible for notifying Ms. Rimler of any changes to the schedule, location or interpreting needs no less than 48 hours in advance of each meeting.

- While consistent, in-person participation is necessary to achieve the Collaborative's goals, members may consider an alternative method of participation on the rare occasion an unavoidable conflict prevents attendance and a critical decision must be made. This may include calling into the meeting or use of Skype or texting. Participation by phone is not ideal for members who are Deaf, or for interpreters, but members agree it is acceptable on the rare occasion no other options are available.
- If an agency will not be represented at a Collaborative meeting, members from that agency should contact the Project Director as soon as possible (see "Contacting the Project Director," below). If more than two agencies will not be represented at a Collaborative meeting the Project Director will coordinate with the team via email to reschedule.
- The Project Director will develop and email a draft meeting agenda, along with a reminder about the upcoming Collaborative meeting, to the team for feedback no less than 2 days prior to the meeting date. The Project Director will provide copies of the final agenda – incorporating any feedback received— for all members at the meeting and for the team of interpreters so they are familiar with the topics we will cover during the meeting and the anticipated amount of time we plan to spend discussing each.

Agreements about communication during Collaborative meetings:

- The Project Director is responsible for facilitating meeting discussion and timekeeping. In order to respect the time commitments of fellow members, the Project Director will begin meetings at the scheduled start time.
- In discussion, members will speak one at a time, avoid speaking over or interrupting one another and keep side conversations to a minimum. Even quiet asides are distracting to interpreters, particularly when they include information that may be important to the full team. Members will speak slowly and listen for clarifying questions from interpreters.
- When hearing members are speaking directly with members who are Deaf, it is important to establish eye contact, avoid covering one's mouth when speaking, and direct statements or questions to the member – not to the interpreter.
- We will allow time for all members to process discussion before moving to the next topic — silence between speakers does not always mean no more discussion is needed but, rather, interpreters need time to catch up to a speaker or members need time to process what has been said in order to participate fully

- Members will respect others who are waiting to be heard and avoid dominating discussion. The Project Director will be mindful of members who are raising their hand or giving other non-verbal cues in order to participate.
- The Project Director is responsible for documenting group discussion in the meeting minutes. Minutes will capture attendance, important points in the discussion, knowledge shared, decisions made and action steps. The names of speakers will only be included in the minutes when it is important for understanding the context of the discussion, and only when it does not threaten the safety or privacy of the speaker. Names or other identifying information about individuals engaged by partner agencies will never be recorded in the meeting minutes.

Agreements about communication between Collaborative meetings:

- The Project Director will email meeting minutes to all members of the Collaborative for review and feedback (within 48 hours of the meeting, whenever possible). Members who are unable to attend a meeting will have the chance to review the discussion they missed and those in attendance will be reminded of any action steps they are responsible for before the next meeting. Members are encouraged to respond to this email thread with any questions, clarifications, details or corrections that may help strengthen the record of our meeting discussion. The Project Director will revise the meeting minutes and re-send or, if feedback is substantial, check in with members to determine if more in-person discussion is needed on a given subject. In this case, the issue will be included as an item on the next Collaborative meeting agenda.
- Members commit participating in between-meeting communications, including:
 - Individual meetings or phone calls with the Project Director
 - Sharing research, resources, language or feedback to Collaborative members or Project Director for development of grant deliverables
 - Participation in email discussion with Collaborative members
- Members should also utilize time between meetings to communicate about the objectives, learning, challenges and outcomes of this collaborative project with other staff at their respective agencies. It is the responsibility of members with executive leadership positions to ensure their agencies are informed of this Collaborative process.
- Members will use email between meetings to share resources, ask questions, coordinate meeting logistics, reflect on group discussion and suggest topics for discussion at Collaborative meetings. Although members are encouraged to share thoughts and perspectives in emails to the team or to the Project Director, email is not the forum for critical discussion or decision-making on substantive issues. The Project Director will ask members to hold critical discussion for in-person meetings,

adding that topic as an item on the next Collaborative agenda. Members acknowledge how sharing sensitive information related to DV/SA or about access for D/deaf and HOH survivors can result in conflicts of interest for certain partner agencies, and agrees never to use email to discuss client information or circumstances with the entire Collaborative.

- In order to keep email communication between the ten members of the Collaborative organized and productive, members will:
 - Use the font "Tahoma," in black, at a minimum of 12-point, when possible, as it is preferable for readers with low vision
 - Change subject lines to reflect the topic of *your* email, rather than "reply all" to an unrelated email thread
 - Copy all members of the team only when the information is relevant for all members and does not contain information intended only for specific readers
 - Read all previous emails in an email thread before responding to the group, to be sure you haven't missed information stated earlier in the thread. Members may also consider reviewing meeting minutes, or asking a fellow Collaborative member at their agency (or the Project Director, individually) for clarification on a topic before sending an email to the entire group. The information may already be out there, and we can all use a break from email fatigue!

Agreements about contacting the Project Director:

- Members are encouraged to contact the Project Director with questions, suggestions or feedback by email or phone (at her desk at BFL) where she can be reached during regular business hours.
- In the event of an urgent or time-sensitive matter related to the Collaborative, members may also contact the Project Director by phone or text at her personal phone number between 7am and 7pm.

Grant program communications

The Project Director is responsible for organizing all communications, records and materials related to the administration of the grant program. As the grant's designated representative, Barrier Free Living's COO, Donald Logan, may receive official communications from the OVW, which he will share with the Project Director.

All grant program materials, including budgets, progress reports, meeting agendas and minutes and all written deliverables are stored in a password protected Dropbox folder, online, accessible by the Project Director, BFL COO, Donald Logan and BFL Senior Accountant, Yueqin Li. The Project Director will email all relevant materials to the Collaborative as needed, including those that require feedback, such as meeting agendas and minutes and drafts of written deliverables.

The Project Director will send quarterly reminders to the executive leaders of each partner agency requesting invoices at the quarter's end. Invoices will indicate the start and end dates of the quarter and itemize the applicable expenses, including quarterly payment for participation in the Collaborative and receipts for any OVW-approved travel expenses that were not previously reimbursed earlier in the quarter. Members should submit all OVW-approved travel expenses to Project Director for reimbursements as soon as they are incurred. All Hands in Motion CEO, Janice Rimler, will also receive the quarterly reminder for all outstanding invoices for interpreting services. The Project Director will share all invoices with BFL COO, Donald Logan, and BFL finance staff to process reimbursement.

It is also the responsibility of the Project Director to share relevant information received from OVW or Vera Institute of Justice with collaborative partners. The Project Director will email all webinar announcements and recordings, resources or information related to conferences to all members. Substantive feedback provided by OVW and Vera Institute of Justice will be discussed in person at Collaborative meetings.

Communications with External Stakeholders

The Collaborative will have frequent and regular contact with OVW and The Vera Institute of Justice to share progress towards grant program goals, receive feedback on deliverables and seek information about issues related to grant program administration. Additionally, because of the scarcity of D/deaf and HOH-focused services for survivors in New York City we anticipate interest in our Collaborative efforts by other external stakeholders, including: agencies outside of the partnership but within our respective spheres of influence; by the general public, and especially individuals seeking support or legal remedies; and potentially by the media. The Collaborative has developed the following plan to communication with these external stakeholders in a responsive, transparent and organized way.

Communications with OVW

The Project Director is responsible for all communications with Amy Loder, Senior Program Specialist at OVW, including submission of Progress Reports, feedback on grant program deliverables, and seeking approval for use of grant funds or budget revisions. The Project Director will copy BFL COO, Donald Logan, and Senior Accountant, Yueqin Li, on email communications to OVW related to fiscal matters and grant administration and may copy Jacki Chernicoff, Senior Program Associate at Vera Institute of Justice, on email communications with OVW related to programmatic activities.

Any questions or information Collaborative members wish to share with OVW will be communicated by the Project Director, who will then share OVW feedback with

members of the team. The only exception may be that Mr. Logan, the grant's designated representative, and Ms. Li, Senior Accountant, may be contacted by OVW for matters related to the administration or fiscal management of the grant. This information will be shared with the Project Director as necessary.

Communications with Vera Institute of Justice

As the Collaborative's liaison to the Vera Institute of Justice, the Project Director is responsible for all communication with Senior Program Associate, Jacki Chernicoff. This includes participating in bi-weekly calls to provide updates on progress, for feedback on grant program deliverables and for technical assistance throughout the duration of the grant. Any questions or information Collaborative members wish to share with the Vera Institute of Justice should be communicated by the Project Director, who will then share Vera Institute of Justice feedback with members of the team. If the team proposes a site visit the Project Director is responsible for coordinating the logistics and agenda with Ms. Chernicoff. The Project Director will also coordinate with Vera Institute of Justice on issues of accessibility for webinars and conferences to ensure all members of our team have equal access.

Inquiries from agencies outside the Collaborative & the general public

If a member receives an inquiry from an agency outside the Collaborative, they can refer the colleague to the Project Director for more information or can provide basic information about the partners, our mission, resources for D/deaf and HOH survivors and contact information for the Project Director:

- Our partners: Barrier Free Living, the New York County District Attorney's Office, Harlem Independent Living Center, St. Luke's-Roosevelt Crime Victims Treatment Center and CONNECT
- Our focus: We are engaged in a 3-year capacity-building grant program funded by the Office on Violence Against Women. We are focused on building the capacity of each partner agency to sensitively and appropriately respond to D/deaf and HOH survivors of DV/SA who disclose violence, seek services or who are engaged with the criminal justice system
- Our Collaborative Vision and Mission (see "Vision" and "Mission" sections, above)
- Provide follow-up contact information for Project Director
- For survivors seeking services: While some of the partner agencies work with DV/SA survivors, this Collaborative is focused on building capacity and does not provide direct services. We recognize that emergency and crisis intervention resources

designed specifically for D/deaf and HOH survivors in New York County are extremely limited and hope to address this critical gap through our collaborative efforts. While we cannot guarantee that all of the following resources are fully accessible they may be useful for individuals seeking support:

Emergency

- If you are in immediate danger contact 911

Crisis intervention

- Barrier Free Living, Secret Garden DV hotline for D/deaf and HOH survivors: Accessible during business hours only (Mon-Fri, 9:00am – 5:00pm (EST)) (212) 533-4358 or VP (646) 350-2662
- Safe Horizon Domestic Violence hotline: TDD (866) 604-5350 or 1 (800) 621-HOPE (4673)
- Safe Horizon Rape, Sexual Assault & Incest hotline: TDD (866) 604-5350 or (212) 227-3000
- Deaf National Domestic Violence Hotline
--Mon-Fri, 9:00am – 5:00pm (PST), Deaf advocates answer calls at: VP (855) 812-1001; instant messenger (DeafHotline); or email (deafhelp@thehotline.org).
--Hearing advocates answer calls 24 hours at: TTY (800) 787-3224 or voice (800) 799-SAFE (7233)

Ongoing support & referrals

- Barrier Free Living, Secret Garden non-residential DV program (212) 533-4358 or VP (646) 350-2662
- New York County District Attorney's Office
Sex Crimes Unit: (212) 335-9373
Domestic Violence Unit: (212) 335-4308
Witness Aid Service Unit: (212) 335-9040

Media inquiries & promoting our work to the public

Whenever possible, public statements about the work of the Collaborative will first be discussed by the group so members can come to consensus on talking points. However, it is possible that partner agencies –larger partners, such as St. Luke's-

Roosevelt Hospital and the New York County District Attorney's Office, in particular-- may make statements to the media or issue press releases that reference the work of the Collaborative without first consulting members of the team. In this case, members will inform the team of these communications.

When members of the Collaborative wish to publicly promote our work or are approached directly by media and have the ability to first consult with the team, we will follow this plan:

- When planning to promote the work of the Collaborative (e.g. in presentations, newsletters or social media) members should consult with the team on talking points for this communication. The Project Director will include planning discussion as an item on the agenda of the next scheduled Collaborative meeting.
- For general, non-urgent inquiries or statements to the media, the Project Director should be informed. It is the Project Director's responsibility to consult with the team to determine which member is most appropriate or strategic to handle the inquiry. General, non-urgent talking points will include:
 - "Our Collaborative is comprised of five partner agencies: Barrier Free Living, the New York County District Attorney's Office, Harlem Independent Living Center, St. Luke's-Roosevelt Crime Victims Treatment Center and CONNECT. We are engaged in a 3-year capacity-building grant program funded by the Office on Violence Against Women."
 - "Our objective is to build the capacity of each partner agency to sensitively and appropriately respond to D/deaf and HOH survivors of DV/SA who disclose violence, seek services or who are engaged with the criminal justice system."
 - "We are examining the barriers D/deaf and HOH survivors experience and focused on improving access in order to engage this community in a culturally-sensitive and trauma-informed way."
 - "Our Collaborative vision and mission state..." (see "Vision" and "Mission" sections, above)
 - Clarify that although some of the partner agencies work with DV/SA survivors, this Collaborative is focused on building capacity and does not provide direct services. Provide list of resources, above, for D/deaf and HOH individuals seeking support.
 - Provide follow-up contact information for Project Director.

- For urgent or crisis-related media inquiries the Project Director should be informed as soon as possible so she can coordinate a meeting (either in-person or a combination of conference call/skype/email/text that works for all members) to determine how best to respond. The team must come to consensus on which member should respond, the relevant talking points (which may include some or all of the above, general talking points), in what manner they will respond (i.e. phone, email) and in what timeframe.
- In all communications, our priority is protecting sensitive information and preserving privacy, both of fellow Collaborative members and D/deaf and HOH survivors.
- The Project Director will keep OVW informed about all written communications that reference the work of the Collaborative.

Work Plan

The award period for this 3-year collaborative grant program began October 1, 2012 and concludes September 30, 2015. Grant-funded activities will be divided into two phases—a Planning and Development phase followed by the Implementation phase—each to last for approximately 1.5 years.

Planning & Development Phase: Collaboration Building, Needs Assessment, Strategic Planning												Implementation Phase																							
Year 1												Year 2						Year 2						Year 3											
Oct 2012	Nov	Dec	Jan 2013	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct 2013	Nov	Dec	Jan 2014	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct 2014	Nov	Dec	Jan 2015	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep 2015
Collaborative Meetings -- >												-- >						Collaborative Meetings -- >						-- >											
Partner orientation: Louisville, KY & Washington, DC			Recruit & hire Project Director: LF Begins 6/6/13			Revise MOU																													
												Develop Collaboration Charter																							
												Narrowing the Focus Memo																							
												Needs Assessment (NA) Plan																							
												NA Data Collection & Analysis																							
												NA Report																							
												Develop Strategic Plan																							
												Implementation & Evaluation																							
Technical Assistance: Vera/OVW grantee meetings and conference, webinars and Project Director calls >												Technical Assistance: Vera/OVW grantee meetings and conference, webinars and Project Director calls -- >																							

Glossary of Key Terms

The following key terms and phrases may have common or well-known definitions, but we believe it is worthwhile to define or contextualize as they relate to our collaborative efforts. It is important to note these definitions are for the internal purposes of the Collaborative only, and were developed with a primarily hearing audience in mind. If this list were developed by and for a Deaf audience, it would be a visual glossary that uses less professional jargon and more familiar signs that would resonate with the Deaf community. We will continue to refine our understanding of these terms and phrases as our work together progresses, incorporating the input of D/deaf and HOH survivors whenever possible.

Advocate: Advocates at CVTC are volunteers who provide emotional support, crisis counseling and information to DV/SA victims seeking treatment at the St. Luke's and Roosevelt Hospital Emergency Departments. After completing a 40-hour training course certified by the New York State Department of Health, Advocates are available on-call to support DV/SA survivors throughout their stay in the ED and serve as a critical link between survivors and ED personnel, SAFE Examiners, police officers, and family and other co-survivors. At DANY, WASU Victim Advocates (see "Witness Aid Service Unit") provide advocacy and support to crime victims and witnesses throughout the criminal justice process, working collaboratively with the Assistant District Attorney (see "Assistant District Attorney").

American Sign Language (ASL): The preferred mode of communication of culturally Deaf individuals in the U.S., and one of many communication options utilized by d/D/deaf and HOH individuals in the U.S. ASL is not a word-for-word translation of English, but rather a unique, visual language with its own grammar and syntax. Just 30% of ASL is comprised of manual signs: The remaining grammar and meaning are comprised of facial expressions that are grammatical markers, eye indexing, and postures of the body.

Assistant District Attorney: Lawyers hired by the District Attorney to prosecute cases as representatives of the People of the State of New York (see "District Attorney").

Audism: Discriminatory attitude or behaviors based on the belief that the ability to hear makes one superior over individuals who do not hear, resulting in a negative stigma experienced by those who do not use the language or communication methods, or identify with the culture of the hearing world.

Capacity: Capacity to serve D/deaf and HOH survivors of DV/SA can include factors such as knowledge, time, financial resources, personnel, policies, organizational commitment and ongoing technical assistance.

Criminal Justice: The system of law enforcement, the bar, the judiciary, corrections, and probation that is directly involved in the apprehension, prosecution, defense, sentencing, incarceration, and supervision of those suspected of or charged with criminal offenses.¹

D/deaf: When spelled with a lower-case “d,” deaf refers to individuals with profound hearing loss, emphasizing an audiological perspective (see also “Hard of Hearing”). When spelled with an upper-case “D,” Deaf refers to an individual’s cultural identity, reflecting the shared language (see also “American Sign Language), tradition, values, beliefs and experiences of the Deaf community. While the Americans with Disabilities Act ([ADA](#)) includes deafness in their definition of disability, not all persons with hearing loss consider being d/Deaf a disability. It is important to honor the ways in which individuals with hearing loss self-identify.

Deaf-friendly: A Deaf-friendly environment is accessible to D/deaf individuals in concrete ways, and proactively challenges the isolation and loneliness D/deaf individuals often experience in mainstream, hearing-oriented settings. Other terms used to describe an environment as being accessible, such as “inclusive” or “integrated,” tend to describe settings that prioritize a hearing-oriented perspective, rather than the perspective of the Deaf or Hard of Hearing individual.

District Attorney: A lawyer elected by the residents of his or her county to represent the State in criminal proceedings against those accused of crimes. The New York County District Attorney is Cyrus R. Vance, Jr.

Domestic Incident Report: Police officers complete a Domestic Incident Report (DIR) each time they respond to a domestic violence call, regardless of whether an arrest is made. The DIR includes a statement from the victim that is an account of what happened, creating a “paper trail” to document abusive behavior.

Domestic violence: A pattern of abusive behavior that keeps the perpetrator – someone who is close to the victim-- in a position of power and control through the use of fear, intimidation and control. The abusive behavior may be physical, sexual, verbal, emotional, psychological, spiritual and financial. It can include threats and physically intimidating or aggressive behavior, gestures and body language. Isolation from others and minimizing, denying and blaming the survivor for the abuse are all common tactics of abuse. Many of the abusive behaviors we consider domestic violence are considered crimes under the law, but not all. Domestic violence is pervasive and occurs in all groups, regardless of gender, ability, race, ethnicity, income, age, education, religion, immigration status, or sexual orientation.²

Evidence collection kit: Also referred to as a rape kit, the evidence collection kit is a system for collecting and preserving forensic evidence from patients presenting in the emergency department following a sexual assault. Evidence collection is not a mandatory part of the care provided to survivors and will only be performed by Sexual Assault Forensic Examiners (see definition, below) with a survivor’s permission. A survivor’s permission is also needed to release evidence to law enforcement as part of a criminal investigation; otherwise evidence is stored at the hospital.

Family Justice Center: By placing dedicated DV prosecutors, police, counselors, civil legal and social service providers under one roof, Family Justice Centers (FJC) provide “one-stop shopping” for DV victims. There are currently FJCs in three counties (boroughs) of New York City, with a fourth -- the Manhattan Family Justice Center, which will be housed within the DANY Special Victims Bureau—scheduled to open in Fall 2013.

Hard of Hearing (HOH): Refers to individuals with a range of hearing loss (including individuals who may identify as deaf), who typically view hearing loss from an audiological perspective rather than from the Deaf cultural perspective. Individuals who are HOH typically use spoken language, speechreading or total communication rather than ASL as their native or primary language. We recognize individuals with hearing loss have the right to self-identify, and may or may not identify with this term.

Hearing: the term used to describe those who are not Deaf, who can hear and who do not use sign language.

Hearing Impaired: This term is viewed by many in the D/deaf community as outdated, inappropriate and/or offensive. Seen as a term used primarily by the hearing community to describe all people with hearing loss, “hearing impaired” focuses on what an individual can’t do and implies hearing is the standard and anything different is impaired. When our Collaborative refers to all people with hearing loss, we use the terms “D/deaf and HOH,” however we recognize individuals with hearing loss have the right to self-identify.

Inclusive: References mainstream or hearing culture, rather than concrete access. A word that is not used within the Deaf community, inclusive is not synonymous with “Deaf-friendly (see above),” as it connotes forcing Deaf individuals into mainstream methods of communication. Inclusion without consistent, ongoing accessibility and support can result in additional isolation and trauma for a survivor (e.g. a shelter may be inclusive of Deaf survivors, but without communication access it can be more isolating than their current living situation).

Interpreter: Interpreting is a service provided by trained, qualified professionals – typically certified by the Registry of Interpreters for the Deaf—for D/deaf and HOH

individuals and hearing individuals to communicate effectively. As D/deaf and HOH individuals utilize a variety of languages and communication systems, it is imperative that agencies determine the preferred mode of communication of each party and coordinate with an appropriate interpreter. This may include ASL interpreters, oral interpreters, interpreters of Signed Exact English or Cued Speech or Certified Deaf Interpreters (CDI). A CDI is a Deaf expert interpreter who works in tandem with an ASL interpreter, creating a visual form of what is being signed to them in ASL to ensure all information exchanged between hearing and D/deaf parties, including concepts that may not be accessible or understood in ASL, can be comprehended.

Order of Protection: A court order issued by the judge that tells the abuser to cease contact with the victim. In addition, it can order the abuser to refrain from certain conduct including harassing, intimidating, threatening, assaulting or stalking. If the abuser violates the order of protection, he or she can be re-arrested.

Safety planning: Comprehensive advocacy for victims of domestic violence includes discussing preparedness strategies to increase safety, plan for emergencies and minimize harm. The process of safety planning can help victims to think through preventively, to brainstorm strategies to protect themselves and their family in the event of future abuse.

Sexual assault: Any forced or unwanted sexual act perpetrated against a person who has not consented. This includes when someone is too young to consent, is severely intoxicated or unconscious as a result of drugs or alcohol, or is a person with a physical or mental disability that impacts their capacity to give consent. Sexual assault forces a person to participate in unwanted sexual contact or attention that is a violation of their boundaries. Many of the behaviors we consider sexual assault are considered crimes under the law, but not all. Sexual assault is pervasive and occurs in all groups, regardless of gender, ability, race, ethnicity, income, age, education, religion, immigration status, or sexual orientation.²

Sexual Assault Forensic Examiner: A sexual assault forensic examiner (SAFE) is a medical professional who is specially trained to provide sensitive care to victims of sexual assault. Alternatively called Sexual Assault Examiners (SAE) and Sexual Assault Nurse Examiners (SANE), SAFEs are registered nurses, nurse practitioners, physician assistants or physicians in New York State who have completed a 40-hour clinical training course approved by the New York State Department of Health. SAFEs collect and preserve forensic evidence, treat victims with compassion and sensitivity and work closely with rape crisis advocates, law enforcement and prosecutors to respond to the acute needs of victims.

Trauma-informed: A trauma-informed approach to working with survivors requires knowledge about the dynamics of acute and chronic trauma, its impact on a survivor's body and mind and the numerous ways trauma can manifest, including symptoms of

emotional numbing, re-experiencing, hyper-arousal, and hyper-vigilance. A trauma-informed approach also considers the cultural context in which trauma occurs, recognizing symptoms manifest differently for different survivors.

Witness Aid Service Unit (WASU): A Unit in the New York County District Attorney's Office that provides a variety of court-related services, social services and counseling designed to meet the needs of crime victims, witnesses and their families. The unit also provides information related to the prosecution of the case, assists victims in understanding the criminal justice system and provides information regarding victims' rights.

¹ Criminal justice. *The American Heritage Dictionary of the English Language*, online. Retrieved October 9, 2013, from <http://ahdictionary.com/word/search.html?q=criminal%20justice#C5779100>.

² DV/SA definitions were developed with input from all Collaborative partners and are inspired by organizational definitions used by CVTC, CONNECT and Abused Deaf Women's Advocacy Services ([ADWAS](#)).