

New York County Collaborative Needs Assessment Plan



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Introduction

The New York County Collaborative is a partnership between Barrier Free Living, The New York County District Attorney's Office, Harlem Independent Living Center, Crime Victims Treatment Center of Mount Sinai St. Luke's and Roosevelt Hospitals 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 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.

As the next step in the Planning and Development phase of this grant program (see "Timeline" in Appendix), a needs assessment creates an opportunity for us to increase our understanding of access, safety, cultural sensitivity, trauma-informed responses and accountability both from the perspectives of the people we serve and of the staff and leadership of our agencies. This Needs Assessment Plan is intended to serve as a guide to coordination, recruitment, facilitation and documentation of focus groups and interviews and highlights the steps we will take to ensure the safety and confidentiality of participants.

A note on language used in this document

Our team is proud to be represented by 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 plan is intended for internal Collaborative use, 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 strive to be accountable.

Throughout the document we use the terms "D/deaf and HOH" to describe individuals with a wide range of hearing loss and, in some cases, will use only the term "Deaf" when referring to individuals who identify as culturally Deaf. We recognize that individuals with hearing loss have the right to self-identify and we will always ask participants how they prefer to be identified.

Our Collaborative partners use different terms when referring to the individuals they work with, including "client," "consumer," "witness," "victim" and "survivor." Throughout this document we have tried to use terms that are relevant to each agency. In some cases, the terms "victim" and "survivor" are used interchangeably: we recognize the right of individuals who have experienced DV/SA to self-identify and we will always ask participants how they prefer to be identified.

Collaborative Partner Agencies

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 at the new Manhattan Family Justice Center, housed at the Special Victims Bureau of the Office of the Manhattan District Attorney.

Secret Garden is the focus of these collaborative efforts. 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.

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 to do justice and to serve the public. The District Attorney, Cyrus R. Vance, Jr. is assisted by 500 attorneys (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 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.

The Special Victims Bureau and Witness Aid Services Unit are the sites of change through these collaborative efforts. Executive District Attorney Audrey Moore is the Special Victims Bureau Chief and oversees the Witness Aid Services Unit. She and Iris Raiford, Director of DANY's Northern Manhattan Office, represent DANY on the Collaborative team.

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.

Crime Victims Treatment Center of Mount Sinai St. Luke's & Roosevelt Hospitals

The Crime Victims Treatment Center (CVTC) has served victims of violent crimes, including sexual assault and intimate partner violence, since 1977. Beginning in 2014, Mount Sinai Medical Center acquisitioned Continuum Health Partners, parent company of St. Luke's-Roosevelt Hospital where CVTC was founded. CVTC 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 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 and Volunteer Advocate program are the focus of this collaborative process. Representing CVTC on the Collaborative team are Susan Xenarios, Executive Director; Christopher Bromson, Assistant Director and Volunteer Coordinator; and Jimmy Higa, Social Worker.

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 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.

The Community Empowerment Program and Legal Advocacy Program are the focus of this collaborative effort. Representing CONNECT on this Collaborative team are Sally MacNichol, Co-Executive Director and Kerry Toner, Supervisor of Legal Programs.

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.

Needs Assessment Goals

The goals of the New York County Collaborative needs assessment are to:

- 1) Understand, from the perspective of individuals served at each partner agency, what constitutes “best practices” at the intersection of DV/SA and the needs of D/deaf and HOH individuals.
- 2) Assess staff capacity to work at the intersection of DV/SA and the needs of D/deaf and HOH individuals, including strengths and gaps in knowledge, perceptions, resources, comfort when responding to the needs of these communities.
- 3) Identify opportunities, as well as barriers, for building and sustaining partner agency capacity to provide culturally sensitive, trauma-informed responses to the needs of D/deaf & HOH victims.
- 4) Learn how existing policies and protocols might influence the ability of each partner agency to meet the needs of D/deaf and HOH survivors, and identify opportunities for strengthening policies and protocols to build capacity to ensure culturally and linguistically appropriate services at each partner agency.
- 5) Explore relationships between partner agencies and identify opportunities for strengthening collaborative efforts to meet the needs of D/deaf and HOH survivors.

Review of Existing Information

There is limited research about the impact of DV/SA or help-seeking outcomes for D/deaf and HOH communities. Despite small sample sizes and data collection instruments that may limit the ability to generalize findings, a review of the existing literature nevertheless reveals important themes about the scope of the problem and about the barriers D/deaf and HOH individuals experience when seeking help.

The CDC's 2010 report on findings from the National Intimate Partner and Sexual Violence Survey estimates that nearly 1 in 5 women and 1 in 71 men in the U.S. have experienced rape in their lifetime and that nearly 1 in 2 women and 1 in 5 men have experienced sexual violence other than rape (Black, et al., 2011). The study estimates more than 1 in 3 women and more than 1 in 4 men have experienced physical or sexual violence and/or stalking by an intimate partner in their lifetime. There are no comparable national studies examining the scope and impact of sexual and intimate partner violence in the lives of D/deaf individuals. While findings from the National Survey on Abuse of People with Disabilities (Spectrum Institute, Disability and Abuse Project, 2013) revealed that 70% of respondents with disabilities report having experienced abuse, D/deaf respondents were underrepresented in this survey and so findings may not be generalizable to the D/deaf community. In a 2009 review, Powers, Hughes, and Lund conclude women with disabilities and women who are Deaf are more likely to experience violence, increased severity and multiple forms of violence, and for longer duration than women without disabilities.

While there is little research focused specifically on DV/SA in the lives of D/deaf and HOH individuals, and estimates vary due to differing methodologies, recent studies and reviews suggest a disproportionate burden, with significantly higher prevalence of intimate partner and sexual violence reported by the D/deaf and HoH communities (Anderson, Leigh, & Samar, 2011; Obinna, Krueger, Osterbaan, Sandusky, & DeVore, 2006; Pollard, Sutter, & Cerulli, 2014).

These sources also highlight barriers to help-seeking, as well as disparities in the availability and responsiveness of services for Deaf survivors of intimate partner and sexual violence. Anderson, Leigh and Samar (2011) point to barriers such as lack of communication access, concerns about confidentiality and limited health literacy due to lack of access to health information. Obinna et al. (2006) explore barriers to serving Deaf victims, both from the perspective of Deaf and hearing service providers as well as that of Deaf community members. Barriers identified by service providers include: many victim service programs employ mostly hearing providers; lack of awareness about Deaf culture by the hearing community; Providers' lack capacity and resources to assess communication needs or to work effectively with interpreters and communication technologies; challenges with availability of interpreters and determining which interpreters are qualified for specific jobs; and while the "close knit" nature of the Deaf community can be viewed as a support system it may also create a barrier to help-seeking, related to concerns about privacy within the community. Barriers shared by Deaf community members echo many of these themes, including: concerns about privacy and

secrecy within the family and community; hearing service providers lack awareness about Deaf culture, communication, working with interpreters and how to protect the rights of Deaf individuals; and while there is trust in the role of law enforcement, many who have had contact with the police experienced communication problems and frustration.

Powers et al. (2009) also note the lack of knowledge and training among service providers and even their unwillingness to provide “mandated communication supports” to Deaf survivors, such as ASL interpreters or other assistive devices. The authors conclude that interventions for survivors with disabilities and survivors who are Deaf “must account for individual, contextual issues in their lives” -- organizations serving survivors “must be evaluated for their responsiveness, accessibility and compliance with the Americans with Disabilities Act” while organizations serving individuals with disabilities and individuals who are D/deaf should be evaluated for their capacity to identify and appropriately refer their constituents to needed services.

Recent Needs Assessment Reports prepared by OVW Disabilities Grant Program-funded collaborations also provide us with important local findings on barriers, gaps in services and opportunities to build capacity at the intersection of D/deafness and DV/SA. Below are key themes identified by: The H.O.P.E. Collaborative of Haywood County, North Carolina (2009); KEYS 4 DEAF ACCESS (2013) of Cuyahoga County, Ohio; Northern Utah Choices Out of Violence (2010); Partnering to Increase Service Access (2008) of Austin, Texas; Project CARE (2008) of Hamilton County, Ohio; Project EMERGE (2008) of Onondaga County, New York; and Wisconsin’s Violence Against Women with Disabilities & Deaf Women Project (2008).

Several of these collaborations focused on the needs of both survivors with disabilities *and* survivors who are D/deaf – findings summarized here relate specifically to serving survivors who are D/deaf:

- Lack of knowledge and awareness among DV/SA agency staff about the culture and needs of D/deaf individuals.
- Communication barriers resulting in confusion or misinformation, such as: Lack of knowledge about communication technologies, writing notes or relying on speechreading, need for simplifying websites and sharing information with a D/deaf audience in mind.
- Barriers related to working with interpreters, including agencies’ limited experience and knowledge about working with interpreters, and D/deaf clients’ perceptions of interpreters. Specific concerns relate to confidentiality and accuracy of information.
- Lack of awareness, both within the D/deaf community (and among service providers and agencies) about the services that currently exist for D/deaf survivors – “targeted” outreach is needed to raise awareness.
- Need for D/deaf-focused agencies to have greater knowledge about trauma and integrate knowledge into practices with clients who are D/deaf.

- Need for stronger collaboration between service providers across disciplines to coordinate services and referrals for D/deaf survivors -- a “streamlined” system of services, not “compartmentalized,” or simply a “taskforce.”
- Importance of confidentiality and trust for D/deaf survivors to feel safe when they access services.
- Barriers to access posed by agency environment and organizational culture, such as wait times, lack of clarity about wait times, paperwork not designed with D/deaf individuals in mind, difficulty navigating – a need for creating a “welcoming environment.”
- Need for policies and procedures focused specifically on addressing the needs of D/deaf survivors.
- Challenges posed by limited resources (financial, personnel, time)
- Eagerness among all partners to learn more about the needs of D/deaf survivors and to identify ways to strengthen policies, leverage resources and collaborate to respond to the needs of the community.

In both Cuyahoga County, OH and Austin, TX, D/deaf individuals expressed a preference to work directly with D/deaf service providers and advocates (KEYS 4 DEAF ACCESS, 2014; . The Austin collaboration’s Needs Assessment Report revealed:

- “D/deaf community members told us that they would generally prefer working with a staff member who is D/deaf and [if that is] not available, the survivor may not return for services.” (p. 27)
- “Survivors expressed a strong need and preference for legal advocates who are D/deaf and who could be present when a survivor who is D/deaf must be involved in the legal system.” (p. 29)
- “D/deaf community members asked if survivors who are D/deaf could be accompanied by someone from their community upon entry to services. This request was intended to help address the issue of extreme isolation experienced by D/deaf survivors in the past. Participants also suggested a peer mentoring and volunteer program would be beneficial.” (p. 34)

In Cuyahoga County, D/deaf individuals emphasized their preference for in-person American Sign Language interpreters, rather than relying on note-writing, speech-reading or use of family or friends to interpret, which were found to be common practices among law enforcement personnel.

All of these sources provide valuable background for understanding the barriers D/deaf and HOH survivors encounter when seeking assistance or engaging with hearing agencies. However, it is essential to understand the needs of D/deaf and HOH survivors in New York County experience and the capacity-building opportunities specific to each New York County Collaborative partner agency.

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NEEDS ASSESSMENT METHODS

Participants

The Collaborative plans to engage the following audiences during the needs assessment, focusing on the people served by the agency, direct service or frontline staff and leadership:

BFL

Focus: Secret Garden program

Participants	Approx. #	Data collection method
D/deaf and HOH victims of DV/SA	6-10	Focus group
Secret Garden Deaf services social worker	1	Individual interview
Secret Garden social workers	5-6	Focus group
Secret Garden Director/Assistant Director	2	Group interview
Chief Executive Officer, Chief Operating Officer	1	Group interview
Board members	2-3	Group interview

DANY

Focus: Special Victims Bureau, Witness Aid Services Unit

Participants	Approx. #	Data collection method
Witness Aid Services Unit supervisors	1-2	Interview or group interview
Special Victims Bureau Chief (Executive District Attorney)	1	Individual interview

HILC

Focus: Agency-wide

Participants	Approx. #	Data collection method
Deaf consumers	6-10	Focus group
Case management/support staff	2-5	Focus group
Program Supervisor, Associate Director	2	Group interview
Executive Director	1	Interview
Board members	1-2	Interview or group interview

CVTC

Focus: Direct services and volunteer advocate program. Note: Only CVTC clients, who are survivors of SA/DV, will participate in focus groups/interviews. CVTC will not engage volunteers, staff or leadership in focus groups or interviews. The role of CVTC staff during data collection will be limited to recruiting clients, providing on-site support and assisting with note-taking and debriefing as needed.

Participants	Approx. #	Data collection method
SA survivors	4-8	Focus group
DV survivors	4-8	Focus group
Spanish-speaking SA survivors	4-8	Focus group
Spanish-speaking DV survivors	4-8	Focus group

CONNECT

Focus: Legal Advocacy Program, Community Empowerment Program

Participants	Approx. #	Data collection method
DV survivors (Legal Advocacy Program clients)	8-16	Focus group(s)
Spanish-speaking DV survivors	4-8	Focus group
Legal Advocacy Program advocates	3-4	Group interview or focus group
Community Empowerment Program educators	4-5	Focus group
Co-Exec. Directors, Supervisor of Legal Programs	3	Group interview
Board members	1-2	Interview or group interview

Recruitment Plan

In order to investigate strengths and gaps in services and opportunities of change, Collaborative members will recruit individuals from all levels of the agency to participate in the needs assessment: people served by the agency, agency staff and leadership.

Recruiting people served by partner agencies

The people served by Collaborative partner agencies who will be recruited to participate include: D/deaf and HOH victims of DV/SA served by BFL; hearing survivors of domestic violence and sexual assault served by CVTC; hearing survivors of domestic violence served by CONNECT; and Deaf consumers served by HILC. Nicolyn Plummer, Jimmy Higa, Kerry Toner and Christina Curry, each at their respective agencies, will recruit these participants.

We will not rely on printed or electronic invitations or RSVP forms to recruit these individuals. Rather, they will be recruited verbally or with American Sign Language, in-person, when they are on-site for services at each agency (see "Recruitment Scripts" in the Appendix). We will primarily rely on verbal commitments from these participants and will follow up with emails only at individuals' request and only when it is safe to do so. A printed copy of the Participant FAQ (see Appendix) will be provided to potential participants for their reference, if it is safe to do so.

Recruiting agency staff & leadership

The Collaborative partner agencies will recruit the staff and executive leadership, below, to participate in focus groups and individual and group interviews. Note: CVTC will not engage staff, volunteers or leadership to participate in the needs assessment. CVTC will continue to be self-reflective about opportunities to strengthen agency capacity and will play an active role in strategic planning and implementation.

BFL: Donald Logan will recruit BFL staff and leadership in person, by phone or via email.

- Secret Garden D/deaf services social worker
- Secret Garden social workers
- Secret Garden Director and Assistant Director
- Chief Operating Officer, Chief Executive Officer
- Board members

DANY: Audrey Moore will recruit DANY colleagues in-person, by phone or via email.

- Witness Aid Services Unit supervisors
- Special Victims Bureau Chief (Executive District Attorney)

HILC: Christina Curry will coordinate recruitment of HILC staff and leadership in-person or via email.

- Case management and support staff
- Program supervisor, Associate Director
- Executive Director
- Board members

CONNECT: Kerry Toner will recruit CONNECT's LAP and CEP staff to participate and Sally MacNichol will recruit her fellow Co-Executive Director and board members: all CONNECT staff and leadership will be recruited in-person or via email.

- Legal Advocacy Program (LAP) staff
- Community Empowerment Program (CEP) staff
- Co-Executive Directors, Legal Advocacy Program Director
- Board members

The Project Director can assist, as needed, with email or telephone follow-up to staff and leadership of each agency to recruit or confirm participation.

Incentives

A round-trip Metrocard and a gift card valued at \$25.00 will be provided to Deaf consumers at HILC, D/deaf and HOH survivors at BFL and survivors at CVTC and CONNECT as an incentive for participation in focus groups/interviews.

Collaborative members will be responsible for informing potential participants of incentives during the recruitment process (see "Recruitment Scripts" in the Appendix). The Project Director will be responsible for purchasing incentives and distributing to participants at the conclusion of the focus group/interview. As explained in the Consent Statement (see Appendix), only individuals who consent to participation will receive an incentive; however, if an individual decides during the session that they no longer wish to participate they will still receive the incentive before exiting.

Access & Safety Considerations

Several considerations related to the access and safety of participants — particularly individuals who are served by the partner agencies — must be taken into account when planning focus groups and interviews. The Collaborative will carefully recruit individuals who are D/deaf and HOH and/or survivors to ensure their safety, and will take steps to foster a safe, accessible and confidential space for participants to discuss their experiences and perspectives.

Access

- All focus groups and interviews will be conducted at the respective partner agencies where those participants are recruited. Clients, consumers, staff and leadership of those agencies will be familiar with the physical space and will be aware of any concerns related to access when choosing whether or not to participate. The Recruitment Script (see Appendix) encourages potential participants to contact a specific point-person at each agency with any questions related to accessing the focus group/interview space or to request accommodations.
- While recruiting the people served by their respective agencies, HILC, BFL, CONNECT and CVTC will determine the language access needs of survivors who wish to participate in the needs assessment. Whenever possible, focus groups will be coordinated to accommodate different language access and communication needs, including appropriate facilitators, note-takers and interpreters as well as translations of any relevant print materials.
- Focus groups/interviews with D/deaf and HOH participants will be conducted in ASL by a facilitator(s) who is Deaf. The Collaborative will make every effort to identify a team of facilitators who will share the tasks of facilitating and documenting discussion (see also, “Facilitators & Note-takers”). A social worker who is D/deaf or HOH will also be on-site during these sessions, in a separate room, to provide emotional support to participants, if needed. In addition to other requests for accommodations, a Certified Deaf Interpreter will be scheduled for these sessions if requested in advance by participants.
- Each partner agency will determine the appropriate date and time for focus groups/interviews according to the needs of participants. For example, agency staff may participate in a focus group during their work day while clients and consumers may only be available in the evening. Collaborative members who are responsible for recruitment will ensure that all participants are aware of the date and time of their session (see also, “Recruitment”).
- In order to minimize any financial burden posed by travel to focus groups/interviews, the Collaborative will provide clients and consumers with round-trip Metrocards as reimbursement for their use of public transportation (see also, “Incentives”).

- We recognize that, for some potential participants, childcare responsibilities may pose a barrier to accessing a focus group/interview. Collaborative partners do not have the capacity to provide childcare during focus groups/interviews, which will be made clear during recruitment and follow-up, reminding participants that the invitation is for adults only.

Safety

- Staff, leadership and individuals served by each agency will be informed that participation in focus groups/interviews is voluntary and there will be no repercussions for individuals who choose not to participate.
- Collaborative members responsible for recruiting survivors will use their best judgment and only approach individuals they believe are able to participate safely. Clients of CVTC will be recruited for either a DV or SA survivors' group, in order to focus on the similar help-seeking experiences of participants in each group. Survivors will have the option to take part in an individual interview if a focus group does not feel like a safe way to participate.
- Deaf consumers at HILC will not be asked whether they identify as a survivor during recruitment; However, if the individual discloses (either at the time of recruitment or prior to recruitment) that they identify as a survivor, Christina will provide them with the option to participate in BFL's focus group for D/deaf and HOH survivors, where the focus of the group may be more appropriate for that individual. They will also be given information about services available for survivors (see "Resources for Participants" in the Appendix).
- We recognize D/deaf and HOH individuals' perspectives on various agencies and services may include feedback about interpreters. To create a safe space to speak honestly about these experiences there will be no hearing interpreters present during these sessions. We will make every effort to enlist a team of Deaf facilitators to lead and document discussion during focus groups and interviews with consumers and survivors who are D/deaf or HOH.
- Focus group and interview questions will focus only on help-seeking experiences, gaps in service and opportunities for change. During recruitment and while obtaining individuals' consent, participants will be reminded that their focus group or interview is not intended to be a therapeutic activity. Participants will not be asked to discuss individual experiences of violence or abuse and the questions have been developed to minimize triggering or re-traumatization. However, if a participant should become uncomfortable during the discussion, they are free to exit the room and/or cease participation at any time. A social worker will be available to provide support to consumers, clients and survivors in a separate room. Participants' communication needs will be taken into consideration when coordinating appropriate social workers for each focus group or interview.

- A list of resources will also be available for survivors and individuals who are D/deaf or HOH who may seek additional support following the focus group/interview (see Appendix).
- While obtaining the informed consent of participants, the facilitator will emphasize not only the Collaborative's efforts to maintain confidentiality but the commitment participants must make as well: individuals will be asked to protect the identity of their fellow participants and any information shared during the discussion. More detailed information about efforts to maintain confidentiality can be found in "Confidentiality & Exceptions to Confidentiality."
- In order to create a space where participants are comfortable providing critical feedback about their experiences, no agency staff (other than participants) will be present during focus groups or interviews. The facilitator and note-taker will not be employees of the agency in which the focus group or interview takes place.
- We recognize that, due to the small and close-knit nature of the D/deaf and HOH communities, it is possible that D/deaf and HOH participants will know the facilitator/note-taker. We will make every effort to share the name of the facilitator/note-taker in advance so potential participants can make an informed decision about whether or not they want to attend.
- Certain professionals in the state of New York are considered mandated reporters of abuse and neglect (see also, "Confidentiality & Exceptions to Confidentiality"). In order to minimize the unlikely circumstance in which information discussed during focus groups and interviews mandates a report, the Collaborative will enlist facilitators and note-takers who are not considered mandated reporters. Because *anyone* in the state of New York *can make a report*, it is important that individuals served by each agency understand the consequences associated with disclosing sensitive information about abuse and neglect when deciding whether or not to participate (see also the section, "Informed Consent," and "Consent Statement" in the Appendix).

Confidentiality & Exceptions to Confidentiality

Confidentiality

The Collaborative is committed to protecting the confidentiality of all needs assessment participants. Only the facilitator, note-taker and the Collaborative members responsible for recruiting individuals at each agency will know the identity of participants. All data, including any record of participants' names, will be kept in the locked office or password-protected electronic files of the Project Director. Any record of participants' names will be destroyed upon the completion of the Needs Assessment process. If needed, facilitators and note-takers will sign confidentiality release statements when required by a partner agency.

No names, names signs or other identifying participant information will be recorded in the discussion documented during focus groups and interviews. Furthermore, the Needs Assessment Report, which will be developed after all data has been collected, will reveal only aggregate findings so that no data can be connected to individual participants. The report will be shared only with members of the Collaborative, Senior Program Associate Lisa Becker of the Vera Institute of Justice, and Office on Violence Against Women Senior Program Specialist Amy Loder. The Collaborative may choose to distribute the entire report, a summary or select sections of the report among colleagues at each partner agency, to needs assessment participants or to other OVW Disabilities Grant Program-funded collaboratives for use as a reference. Distribution will occur on a case-by-case basis and only with the permission of each partner agency.

While obtaining participants' consent, the facilitator will explain these efforts to uphold confidentiality (see also, "Informed Consent"), but she or he will also set clear expectations about participants' own role in maintaining confidentiality. By agreeing to take part in focus groups or interviews, participants commit to keeping confidential all discussion and any identifying information shared. It is possible that focus group participants may recognize each other, particularly those from the D/deaf and HOH communities, and we recognize the risk of participants sharing information discussed by other members of the group. The Consent Statement (see Appendix) acknowledges this risk and asks participants to refrain from sharing any information shared during the discussion outside the group.

Exceptions to confidentiality

Despite efforts to protect the identity of needs assessment participants, there may be circumstances in which exceptions to confidentiality apply. In the unlikely event that a participant discloses information related to suspected child abuse or maltreatment, or the threat of harm to themselves or others, the Collaborative may be required to take steps to share that information with the relevant authorities.

Note: New York State law regarding [protections for “vulnerable persons”](#) requires mandated reporters to report suspected abuse or maltreatment of individuals with physical or cognitive disabilities if those individuals receive services from “covered entities” funded or overseen by the relevant state oversight agencies. None of the Collaborative partner agencies are considered “covered entities” and, thus, mandated reporting under this law does not apply to our needs assessment.

There are agencies and individuals among the Collaborative, however, who are [mandated reporters](#) of suspected child abuse or maltreatment, including social workers and staff of the office of the Manhattan District Attorney. We will take the following steps to minimize circumstances that might trigger mandatory reporting processes:

- We will utilize facilitators and note-takers who are NOT mandated reporters.
- We will focus discussion on services, NOT on individual experiences of violence.
- During the process of obtaining informed consent, we will give participants specific examples of what information might trigger reporting, and give suggestions for how it can be avoided.

Because anyone in the State of New York [can](#) be a reporter of this information, it is important that we provide clear information about the potential risks of disclosing information that could be reported (by the facilitator or any other participants). If, in the unlikely circumstance the facilitator feels a participant's disclosure – related to child abuse or threats of harm to oneself or others -- may need to be reported, she will discuss it with select members of the Collaborative as soon as possible after the conclusion of the interview/focus group. This Disclosure Committee, comprised of Kerry Toner, Nicolyn Plummer and Susan Xenarios, will help determine whether a report must be made to law enforcement and/or the New York State Office of Children and Family Services (OCFS) Statewide Central Register of Child Abuse and Maltreatment. This will be done only after reaching out to the participant to inform them of their options for participation in the reporting process. Reports of child abuse or neglect will be made to the OCFS 24-hour hotline, 1-800-342-3720 (and 911 if it is suspected a child is in immediate danger), followed by a written, signed report to the Central Registrar, available [here](#).

Informed consent

The process of obtaining individuals' consent to participate in focus groups/interviews requires that they be informed of the purpose of data collection, what will be expected from them if they choose to participate, the benefits and risks associated with participation and what steps will be taken to minimize risks. Prior to the start of each focus group/interview the facilitator will lead participants through a Consent Statement, by reading aloud or signing, which includes the following information:

- Brief background on the New York County Collaborative and the purpose of the needs assessment
- Explanation of participant's role in the needs assessment, what will be expected of them during the focus group/interview and how information shared will be used
- Reminder that participation is voluntary and individuals may choose not to respond to questions or cease participation at any time, without consequences
- Steps taken to maintain confidentiality and explanation of possible exceptions to confidentiality
- Acknowledgement of any risks associated with participation
- Resources available for participants who may need support during or after the focus group/interview
- Description of incentive, if applicable
- Collaborative contact information

After answering any questions individuals might have, the facilitator will state, "At this time, we assume that all who remain in the room consent to participate. We are about to get started, so if you do not consent you may leave without consequences." The Collaborative will utilize this "passive consent" process, in which individuals affirm their consent by simply remaining in the room, because it does not require signatures or any other type of documentation that might threaten participants' confidentiality. If individuals choose to leave the room once the Consent Statement has been read or signed it will be understood that they do not consent to participation.

A template Consent Statement, which will be adapted for each audience, can be found in the Appendix. Copies of the Consent Statement will be available to participants on the day of the focus group/interview; however, the facilitator will remind participants to consider whether there are safety risks associated with leaving with this material.

Facilitators and Note-takers

A facilitator and note-taker will work as a team during each focus group and interview, guiding participants through needs assessment questions and documenting discussion for future analysis. In order to foster open and honest dialogue and a sense of safety during focus groups and interviews, neither the facilitator nor note-taker will be staff of the partner agency from which participants were recruited and neither will be mandated reporters (see “Confidentiality and Exceptions to Confidentiality”).

Facilitators

The Project Director will facilitate all English-language focus groups and interviews. Should CVTC and/or CONNECT determines Spanish-language focus groups or interviews are needed to accommodate survivors of DV/SA, Spanish-speaking staff from the two agencies will be enlisted to facilitate. Print materials for participants, such as the consent statement and resource guide, will be translated as needed.

All focus groups and/or interviews with D/deaf and HOH individuals will be facilitated in American Sign Language by a person who is Deaf. We believe a Deaf facilitator will help us to foster openness, trust and safety during focus groups and interviews with D/deaf and HOH audiences. We will seek assistance from Patrice Creamer, Project Director of the Deaf Research Project at the National Development and Research Institutes, to help us identify and train an experienced facilitator and prepare an ASL translation of relevant materials. If scheduling or budget limitations prohibit collaboration with Ms. Creamer, we will do our best to identify appropriate facilitators within our own networks. Seeking the input of D/deaf and HOH individuals while planning the needs assessment provides an opportunity for the Collaborative to learn from expertise within the community, and we believe our data collection efforts will be more successful, and the findings more meaningful, as a result.

Note-takers

All note-takers should have experience documenting group discussion in detail, as focus groups and interviews will not be audio/video recorded. A laptop will be provided to the note-taker for this purpose. The Project Director will provide training to all note-takers related to issues of safety, confidentiality and exceptions to confidentiality discussed in this plan.

The Project Director will identify an individual to act as note-taker for each English-language focus group and interviews. Should CVTC and/or CONNECT determine a Spanish-language focus group or interview is needed to accommodate survivors of DV/SA who wish to participate, Spanish-speaking staff (from the *other* agency – either CVTC or CONNECT) will be enlisted as note-takers.

We will collaborate with Ms. Creamer — or other D/deaf or HOH professionals within our networks — to identify and train a Deaf note-taker to document ASL discussion during focus groups and interviews with D/deaf and HOH participants. If we are unable to identify an appropriate note-taker for these sessions, the facilitator may be asked to make note of general concepts and illustrative quotes during the discussion. This could be done with brief, hand-written notes, on large flipchart paper, or on a laptop being projected so participants can observe what is being documented. Most importantly, the Project Director will debrief with the facilitator immediately after the session in order to review these notes and capture more detailed discussion (see “Debriefing”).

Focus Group & Interview Procedures

In addition to reviewing the complete Needs Assessment Plan, facilitators will refer to the procedures, below, to ensure successful focus groups/interviews.

- Prior to the focus group/interview, the Project Director will confirm time and location with host agency, facilitator and note-taker (and support staff, for focus groups with clients and consumers).
- The Project Director will prepare all necessary materials for the facilitator in advance, including:
 - Consent Statements (Appendix)
 - Discussion Guide (Appendix)
 - Resources for Participants (Appendix)
 - Incentives
 - Flipchart paper, masking tape & markers
 - Laptop for note-taker
 - Debriefing Guide (Appendix)
- Upon arrival participants will be welcomed by the facilitator and note-taker. Once all have arrived, the facilitator will explain the purpose of today's discussion, provide brief background on the Collaborative and introduce the note-taker (and the support staff, for focus groups with clients and consumers).
- The facilitator will read aloud/sign the consent statement (see "Informed Consent"). Individuals who do not consent to participation will be welcome to exit at this time, while individuals who consent will remain in the room for the discussion.
- The facilitator will lead participants through questions included in the Discussion Guide (see Appendix), while the note-taker documents discussion. The facilitator may also decide to use flipchart paper to capture important comments or themes during discussion.
- At the conclusion of the group, the facilitator will thank participants and distribute incentives, if applicable (see "Incentives"). The facilitator will remind participants that they are welcome to take copies of the Consent Statement and resource list for their reference; however, participants should consider whether this poses any safety or confidentiality risk for themselves or others.
- Once participants have exited, the Project Director/facilitator and note-taker will use the Debriefing Guide to reflect and capture salient themes from the discussion (see "Debriefing," below). The Project Director will ensure that all documentation, including discussion notes, flipchart paper and Debriefing Guide, are properly saved and secured after each focus group/interview.

Debriefing

After each focus group/interview, the facilitator and note-taker will debrief about the session in order to discuss major themes related to the goals of the needs assessment and identify informative direct quotes of participants. The facilitator and note-taker will also share observations and feedback about ways to strengthen subsequent focus groups/interviews.

The Project Director will lead each debriefing discussion. Following focus groups/interviews in which the Project Director was not the facilitator, she will be on site to join the facilitator and note-taker for debriefing. A Debriefing Guide, which the Project Director will use to document the discussion, can be found in the Appendix. No identifying information of participants will be recorded on this form. The Project Director will use completed Debriefing Guides as a tool for reporting back to the Collaborative during the needs assessment process.

APPENDICES

Appendix A: Recruitment Scripts [TEMPLATE]

To recruit people served by the agency

[AGENCY] is a member of the New York County Collaborative, which is focused on strengthening the response of service providers to the needs of D/deaf and Hard of Hearing survivors of domestic violence and sexual assault. Along with this agency, the Collaborative includes [LIST].

We would like to know more about what you think makes an agency Deaf-friendly/victim-friendly, so we are inviting you to share your expertise during a focus group/interview on [DATE] held here at [AGENCY]. This is not a support a group: The focus of this discussion will be on the services you have received -- what made them positive and what can be improved. Your participation will help us to develop a plan for improving the response to D/deaf and Hard of Hearing survivors' needs.

No names or other identifying information will be included with the data we collect, and your participation will be kept confidential. Your participation is voluntary, and there will be no effect on the services you receive if you decide not to participate.

The focus group/interview will take place in our office, [ADDRESS], and we anticipate that it will last between 90 minutes and 2 hours. To show our appreciation, participants will receive a round trip Metrocard and a \$25.00 gift card for their participation. Note: this is a one-time incentive for invited participants only, which will be distributed only on the day of the focus group/interview.

If you would like to participate you can confirm with [NAME] in-person/email/phone by [DATE]. If you would like us to follow up with you, or to remind you of the focus group/interview date, please let us know the best way for you to be contacted.

If you have any questions about access to this focus group/interview please contact [NAME] at [INFO]. If you require any accommodations in order to participate in the focus group/interview, please let [NAME] know by [DATE].

To recruit agency staff and leadership

As you may know, [AGENCY] is a member of the New York County Collaborative, which is funded by the Office on Violence Against Women to focus on strengthening the response of service providers to the needs of D/deaf and Hard of Hearing survivors of domestic violence and sexual assault. Along with this agency, the Collaborative includes [LIST].

We would like to know, from your experience, what makes an agency Deaf-friendly/victim-friendly and what opportunities exist to create change. We are inviting you to share your expertise during a focus group/interview on [DATE] held here at [AGENCY]. Your participation will help us to develop a plan for improving the response to D/deaf and Hard of Hearing survivors' needs.

No names or other identifying information will be included with the data we collect, and your participation will be kept confidential. Your participation is voluntary, and there will be no consequences if you decide not to participate.

The focus group/interview will take place in our office, [ADDRESS], and we anticipate that it will last between 90 minutes and 2 hours. If you are interested in participating, you can confirm with [NAME] in-person/ email/phone by [DATE]. If you would like us to follow up with you, or to remind you of the focus group/interview date, please let us know the best way for you to be contacted.

If you have any questions about access to this focus group/interview please contact [NAME] at [INFO]. If you require any accommodations in order to participate in the focus group/interview, please let [NAME] know by [DATE].

Appendix B: Consent Statement [TEMPLATE]

The New York County Collaborative is comprised of five agencies, funded by the Office on Violence Against Women, partnering to strengthen services for D/deaf and HOH survivors of domestic violence and sexual assault: Barrier Free Living, District Attorney of New York County, Harlem Independent Living Center, CONNECT and CVTC.

We are meeting with people to learn about the ways our agencies are accessible and responsive to the needs of people we serve, and in what ways they are not. We have invited you to participate because we believe you can share some valuable information, helping us to improve accessibility and responsiveness where it is needed. Please listen to the following information carefully before you decide whether or not to participate.

This session is scheduled for approximately ___ minutes, in which I will ask a series of questions and [NOTE-TAKER] will document the discussion. By participating in this session, you are giving us permission to anonymously document your responses in our notes, which may be included in our final report. No names or any other identifying information will be included.

Your participation is completely voluntary. You can decide whether or not you want to respond to a question and you may leave at any time, without any consequences.

- [INDIVIDUALS SERVED BY AGENCIES] Your decision to participate will have no effect on your eligibility for services or the quality of services you receive. To show our appreciation, you will receive a round-trip Metrocard and a \$25 gift card, which is yours to keep even if you choose not to participate or if you need to leave early.
- [AGENCY STAFF & LEADERSHIP] Your decision to participate will have no effect on your relationship or standing with the agency in any way.

We do not expect the questions to make you feel uncomfortable. Our focus today will only be on...

- [INDIVIDUALS SERVED BY AGENCIES] ...your experiences and perspectives on seeking services at this organization and other agencies. We will also ask how you think we can improve services and how our agencies can best work together. If you feel uncomfortable at any point [SUPPORT STAFF] is available to speak with you privately.
- [AGENCY STAFF & LEADERSHIP] ...your knowledge and perspectives on best practices at your agency, accessibility of services and agency policies and procedures. We will also ask how you think we can improve services and how the partner agencies of this Collaborative can best work together.

It is our goal to maintain the privacy and confidentiality of all participants. This session will be conducted with the following confidentiality guidelines in mind:

- No names or other identifying information will be included in the notes from this discussion or any future reports. Your responses will not be shared with [SERVICE PROVIDERS/SUPERVISORS] in any identifiable manner.
- Any information you share will be kept in an electronic format on a password-protected computer and will be deleted upon completion of the project.
- We cannot guarantee confidentiality among the participants. We ask each participant to respect one another's privacy: By participating in today's discussion, you agree to refrain from sharing anyone's personal information or comments discussed in the group with anyone outside of the group.
- If you become uncomfortable during the session and choose to speak privately with [SUPPORT STAFF], that conversation will remain confidential unless it includes information that requires a mandatory report.

Some members of this Collaborative are required by law to report suspected abuse of children and vulnerable persons to the proper authorities. While none of those members are present for today's discussion, any resident of the state of New York can report suspected abuse, including each of the participants, facilitator and note-taker in this room. If anyone discusses abuse of a child or vulnerable person during this session, the facilitator and note-taker will determine, after carefully considering the safety of the individuals involved, whether this information should be shared with Collaborative members who are mandated reporters.

[AGENCY STAFF & LEADERSHIP] If you discuss suspected abuse during this session, we assume you have already taken the necessary steps dictated by law and your agency or professional reporting requirements and we will not take any additional steps.]

We value your expertise and invite you to contribute to our Collaborative efforts. The information gathered during this assessment will help us make needed changes within our agencies to provide a safe, accessible and welcoming environment for survivors of domestic violence and sexual assault who are D/deaf and HOH.

[QUESTIONS?]

If you have questions in the future, or want to learn about our findings or future activities of the New York County Collaborative, you may contact Barrier Free Living:

- Laura Fidler: (P) 212-667-6668, ext. 136 or lauraf@bflnyc.org
- Nicolyn Plummer: (VP) 646-350-2662 or nicolynp@bflnyc.org

You are welcome to keep a copy of this consent statement, but please consider whether there are any safety risks involved with leaving here with this material.

At this time, we assume that all who remain in the room consent to participate. We are about to get started, so if you do not consent you may leave without consequences.

Appendix C: Discussion Guide (Questions)

The facilitator will guide focus group and interview discussion using the questions, below, developed for audiences at each Collaborative partner agency. Each set of questions explores themes outlined by our Collaborative needs assessment goals:

- Best practices to meet needs of the community served by each agency
- Agency capacity to respond to needs of D/deaf and HOH victims
- Policies and protocols that guide agency response to community needs
- Opportunities to build capacity for culturally sensitive, trauma-informed response
- Collaboration between partner agencies

Discussion guides for each of the following audiences can be found on the corresponding page:

Victims of DV/SA who are D/deaf and HOH	Pg. 33
Individuals who are Deaf	Pg. 34
Survivors of DV/SA	Pg. 35
BFL staff	Pg. 36
DANY staff	Pg. 38
HILC staff	Pg. 39
CONNECT staff	Pg. 40
BFL leadership	Pg. 42
DANY leadership	Pg. 43
HILC leadership	Pg. 44
CONNECT leadership	Pg. 45

Discussion Guide for Victims of DV/SA who are D/deaf & HOH

1. How do you learn about services available for D/deaf and HOH individuals?
 - a. What is the best way to share information about services with D/deaf & HOH survivors?
 - b. What images or messages tell you that services are accessible and welcoming?
2. Think of an agency you feel is a Deaf-friendly place. What does it look like?
 - a. What is the entrance like?
 - b. What does reception or security do to make the agency welcoming to a D/deaf person?
 - c. What images/messages are available to let you know where to go, what to do?
 - d. How do you contact the agency in the future (e.g. VP, TTY, email, in-person, etc)?
3. Think of an agency you feel is not Deaf-friendly. What does that agency look like?
4. Think about a time you had a positive experience reaching out to an agency for support for domestic or sexual violence? What made this experience positive?
 - a. In what ways was the agency accessible to D/deaf and HOH survivors?
 - b. In what ways was the agency welcoming and Deaf-friendly?
 - c. What did they do to make you feel safe at the agency?
5. Think about a time you had a negative experience reaching out to an agency for support for domestic or sexual violence? What made this experience negative?
 - a. In what ways was the agency not accessible to you?
 - b. In what ways was the agency not welcoming or Deaf-friendly?
 - c. What did they do to make you feel unsafe at the agency?
 - d. What could they have done to improve your experience?
6. I'd like to know more about the positive and negative experiences you have had with different types of agencies and services you may have encountered as a survivor. If you chose not to engage with the agencies or services, what influenced that decision?
 - a. What could these agencies or services do to be more accessible and welcoming to D/deaf and HOH survivors?
 - o 911 or a crisis hotline (which hotlines, if any?)
 - o Emergency room or other hospital setting
 - o Law enforcement or criminal justice system, e.g. police, prosecutor/ADA, court system
 - o Legal advocacy services
 - o Counseling services
7. Privacy and confidentiality are important consideration for many survivors.
 - a. What concerns do you have about privacy and confidentiality when you seek services?
8. Think about times you requested an interpreter when seeking services from a hearing agency.
 - a. What positive experiences have you had?
 - b. What negative experiences have you had?
 - c. How can a hearing agency address your concerns about working with an interpreter?
9. If you could design the ideal agency for D/deaf & HOH survivors, what would it look like?

Discussion Guide for Individuals who are Deaf

1. How do you learn about services available for Deaf individuals?
 - a. What is the best way to share information about services with the Deaf community?
 - b. What images or messages tell you that services are accessible and welcoming for Deaf individuals?

2. Think of an agency you feel is a Deaf-friendly place. What does it look like?
 - a. What is the entrance like?
 - b. What does reception or security do to make the agency welcoming to a D/deaf person?
 - c. What images/messages are available to let you know where to go, what to do?
 - e. How do you contact the agency in the future (e.g. VP, TTY, email, in-person, etc)?

3. Think of an agency you feel is not Deaf-friendly. What does that agency look like?

4. What pisses you off about interactions with hearing service providers or agencies? In other words, what complaints do you have?

5. What could have improved those experiences, or made them better?

6. What good, positive experiences have you had with hearing service providers/agencies?

7. If you have ever needed to call the police, tell us about that experience:
 - a. Could you call 911? How did you communicate?
 - b. Were you satisfied with the response (police, ambulance, etc)? Why or why not?

8. If you have ever talked to a prosecutor, tell us about that experience:
 - a. How did you communicate?
 - b. Were you satisfied with the experience? Why or why not?

9. If you have ever been to a hospital emergency room, was that experience like?
 - a. What can emergency rooms do to be more accessible for Deaf individuals?

10. Think about times you have requested an interpreter when seeking services from a hearing agency.
 - a. What positive experiences have you had?
 - b. What negative experiences have you had?

11. What do you need from hearing agencies so their programs or services are Deaf-friendly?

Discussion Guide for Survivors of DV/SA

1. How do you learn about available services for DV/SA survivors?
 - a. What messages or images are most effective in letting you know services are safe and welcoming?
 - b. What messages or images would tell you that services are not safe, or not welcoming?
 - c. What do you think is the best way to share information about services with survivors?

2. Think about a time you had a positive experience reaching out to an agency for support for domestic or sexual violence (this may have been at CVTC/CONNECT or a different agency). What made this experience positive?
 - a. In what ways was the agency welcoming to survivors?
 - b. What did they do to make you feel safe at the agency?
 - c. Which services were helpful? Why?

3. Think about a time you had a negative experience reaching out to an agency for support for domestic or sexual violence (this may have been at CVTC/CONNECT or a different agency). What made this experience negative?
 - a. Which of your needs were not met?
 - b. In what ways, if any, was the agency not welcoming to survivors?
 - c. What, if anything, did they do to make you feel unsafe at the agency?
 - d. Were there any services at CVTC that were not helpful or felt unsafe?
 - d. What could they have done to improve your experience?

4. Privacy and confidentiality are important consideration for many survivors. What concerns do you have about privacy & confidentiality when you seek DV/SA assistance?
 - a. How does CVTC/CONNECT address those concerns?

5. When survivors disclose their experiences of DV or SA, what might people say or do that would feel helpful to the survivor (e.g. make them feel believed, not judged, in control)?
 - a. What, if anything might people say or do that would feel unhelpful?

6. How can an agency demonstrate it is safe, welcoming space for victims to disclose or seek assistance? For example:
 - a. How can their physical environment (e.g. building, office space) communicate this?
 - b. How can their printed materials, images, website, etc. communicate this?
 - c. How can staff communicate this?
 - d. What can an agency do to make the referral process more successful or more empowering?

7. If you could design the ideal agency to provide the highest quality services for victims/survivors of DV/SA, what would you include?

**Discussion Guide for BFL staff:
Secret Garden D/deaf services social worker**

1. How do D/deaf and HOH survivors learn about the services at Secret Garden (SG)?
 - a. How do you know this? (e.g. is this part of the intake process?)
 - b. How does SG convey to survivors that services are accessible and welcoming?
 - c. What is the best way to share information about services with D/deaf & HOH survivors?
2. Tell me what happens when a D/deaf or HOH survivor seeks services at SG.
 - a. How does staff communicate with D/deaf and HOH survivors?
 - b. How is an individual's communication preference determined?
 - c. If interpreters are needed, how do you obtain qualified interpreters?
 - d. How do you follow-up, e.g. to schedule appointments, share information?
3. What factors demonstrate BFL/SG is accessible and welcoming to D/deaf & HOH survivors?
 - a. How does the physical environment (e.g. building, office space) demonstrate this?
 - b. How do printed materials, images, the website, etc. demonstrate this?
 - c. How does BFL/SG demonstrate it welcomes requests for reasonable accommodations?
 - d. How does BFL/SG communicate it values privacy and confidentiality?
4. Is there anything about BFL/SG that isn't accessible or welcoming to D/deaf & HOH survivors?
5. What types of training do staff receive related to working with D/deaf & HOH survivors?
 - a. What type of training would staff benefit from in order to strengthen services for D/deaf and HOH victims (e.g. D/deaf culture, communication, ADA and unique safety issues?)
 - b. Do you know of any barriers to participating in training opportunities (e.g. budgeting, time)?
6. Do you know of any BFL/SG policies or procedures intended to guide staff response to D/deaf and HOH survivors seeking services? Are they effective?
 - a. Does staff receive any training on these policies and procedures?
 - b. What policy or procedure changes would assist staff to serve D/deaf and HOH survivors?
7. What do you think are the most important changes BFL/SG can make in order to increase capacity to serve D/deaf & HOH survivors?
 - a. What resources are needed?
 - b. How can BFL leadership best support you and other staff working at the intersection?
 - c. Are there any barriers you anticipate to making those changes?
8. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with BFL/SG goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

**Discussion Guide for BFL staff:
Secret Garden social workers**

1. Tell me about a time when you encountered a survivor who was D/deaf or HOH. What went well? What was challenging? If this has not occurred, think about what you *would* do in that situation.
 - a. How did you communicate with each other?
 - b. How did you determine the individual's communication preference?
 - c. Did you seek assistance from other staff or other agencies? Who?
 - d. If interpreters were needed, how did you obtain qualified interpreters?
 - e. Are there any BFL/SG policies or protocols intended to guide staff response to D/deaf and HOH survivors seeking services? Are they effective?
 - f. What policies or protocols would have helped you to respond to D/deaf and HOH survivors? (E.g. determining communication preference, coordinating interpreters, referrals, etc.)

2. How does BFL/SG demonstrate it is accessible and welcoming to D/deaf & HOH survivors?
 - a. How does the physical environment (e.g. building, office space, etc) demonstrate this?
 - b. How do printed materials, images, the website, etc. demonstrate this?
 - c. How does BFL/SG demonstrate it welcomes requests for reasonable accommodations?
 - d. How does BFL/SG communicate it values privacy and confidentiality?
 - e. How do you know these factors make BFL/SG accessible?

3. What factors might demonstrate that BFL/SG is not accessible, welcoming or able to serve D/deaf individuals? How do you know those factors make BFL/SG not accessible?

4. Do you feel you have the capacity (knowledge, skills, resources, comfort, etc) to work with survivors who are D/deaf or HOH? For examples:
 - a. Knowledge about reasonable accommodations (e.g. interpreters, assistive technologies)?
 - b. Awareness of cultural considerations unique to D/deaf and HOH survivors?
 - c. Access to training, e.g. on D/deaf culture, communication, ADA and unique safety issues?

5. What do you think are the most important changes BFL/SG can make in order to increase staff capacity to serve D/deaf & HOH survivors?
 - a. What resources are needed?
 - b. How can BFL leadership best support you and other staff working at the intersection?
 - c. Are there any barriers you anticipate to making those changes?

6. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with BFL/SG goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

**Discussion Guide for DANY staff:
WASU Supervisors**

1. Tell us about interactions you have had with D/deaf or HOH individuals in the course of your work: What went well, and what could have been improved on? If you have had no interactions, think about what you *would* do.
 - a. How did you communicate? How did you determine their communication preference?
 - b. If interpreters were needed, how did you obtain a qualified interpreter?
 - c. Did you ask anyone to assist? If so, who and why?
 - d. What other resources did you draw upon?
 - e. Were you able to offer information to the individual in alternative formats if needed?
2. Do you know of any DANY/WASU policies or protocols that guide staff in working with D/deaf or HOH individuals? (Eg. determining communication preference, coordinating interpreters, referrals)
 - a. How would you suggest strengthening these policies and protocols?
 - b. How are policy changes implemented at DANY/WASU (e.g. how are they communicated to staff, is training provided, etc)?
3. What do you think are some of the factors that demonstrate DANY/WASU is a safe, welcoming and accessible space for D/deaf and HOH DV/SA victims? For example:
 - a. How does the physical environment (building, office space) demonstrate this?
 - b. How do printed materials, images, website, etc. demonstrate this?
 - c. How does the agency demonstrate it welcomes requests for reasonable accommodations?
 - d. How would you make DANY/WASU more safe and welcoming to D/deaf & HOH victims?
4. There can sometimes be challenges working with witnesses. What do you think some of the unique challenges to working with D/deaf or HOH witnesses might be? For example:
 - a. Concerns a D/deaf or HOH victim/witness has about working with an interpreter
 - b. Concerns about privacy and confidentiality
 - c. How do you think your unit can address those challenges?
5. What types of training do staff receive related to working with D/deaf & HOH individuals?
 - a. What type of training would staff benefit from in order to strengthen their work (e.g. D/deaf culture, communication, ADA and unique safety issues)?
6. What other resources would help increase your skills, knowledge, comfort and ability to work with D/deaf and HOH victim/witnesses? In other words, what would be on your wishlist for strengthening your unit's capacity to work with D/deaf and HOH individuals?
7. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with DANY/WASU goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

**Discussion Guide for HILC staff:
Case management & support staff; Program supervisor & Associate Director**

1. If a Deaf individual seeks services at HILC, how do you respond to their needs?
 - a. How do you determine an individual's communication preference?
 - b. If interpreters are needed, how do you obtain qualified interpreters?
 - c. Do you ask anyone for help? Who? Why?
 - d. How do you follow-up, e.g. to schedule appointments, share information?
2. How does HILC demonstrate it is accessible, welcoming and able to serve Deaf individuals? E.g.:
 - a. How does the physical environment (e.g. building, office space, etc) demonstrate this?
 - b. How do printed materials, images, websites, etc. demonstrate this?
 - c. How does HILC demonstrate that it welcomes requests for reasonable accommodations?
 - d. What would help make HILC even more welcoming and accessible to Deaf individuals?
3. Tell us about a time when you suspected you might be working with a consumer who was experiencing DV/SA. If this has not happened, consider what you *would* do.
 - a. What made you suspect the individual was experiencing DV/SA?
 - b. What steps did you take to respond to this consumer's needs?
 - c. What makes you feel comfortable/uncomfortable addressing this subject with an individual?
 - d. Were you able to refer the consumer to another agency for services related to DV/SA?
 - e. If the person committing the DV/SA was also a consumer at HILC (or imagine this were the case), how does that impact your ability to assist both consumers?
 - f. Do you know of any HILC policies to help guide your response to consumers who disclose?
 - g. Do you think there are policies or procedures that can be strengthened to better respond to consumers who disclose DV/SA?
4. What are some factors at HILC that might make it feel comfortable and safe for a consumer to disclose their experience of DV/SA to staff?
 - a. What might prevent a consumer from feeling comfortable or safe to disclose at HILC?
 - b. What do you think would make consumers feel more comfortable and safe to disclose?
5. Do you feel you have the capacity (knowledge, skills, resources, comfort, etc) to handle a consumer's disclosure that they have experienced DV/SA? E.g.
 - a. Knowledge about the impact of trauma on victims who are D/deaf and HOH?
 - b. Awareness of available resources for victims?
 - c. Access to training, e.g. on DV/SA, trauma, and resources for victims
6. What do you think are the most important changes HILC can make to build capacity to sensitively handle disclosures of DV/SA from Deaf consumers?
 - a. What resources are needed?
 - b. Are there any barriers you anticipate to making those changes?
7. How do you think Deaf & hearing service providers can work together to assist Deaf survivors?
 - a. What are the potential strengths of this collaboration?
 - b. What potential challenges can you anticipate?

**Discussion Guide for CONNECT staff:
Legal Advocacy Program**

1. What factors demonstrate CONNECT is a safe, welcoming space for survivors to seek assistance?
 - a. How does the physical environment (building, office space) demonstrate this?
 - b. How do printed materials, images, website, etc. demonstrate this?
 - c. How does CONNECT demonstrate privacy & confidentiality are important?
 - d. How does CONNECT convey inclusiveness and respect to survivors of diverse backgrounds?
 - e. In what ways does CONNECT uniquely respond to the needs of survivors? What gave rise to these factors?

2. Tell us about a time when you encountered a survivor who was D/deaf or HOH. What went well? What was challenging? If this has not occurred, think about what you would do in that situation.
 - a. How did you communicate with each other?
 - b. How did you determine the individual's communication preference?
 - c. Did you seek assistance from other staff or other agencies? Who?
 - d. If interpreters were needed, how did you obtain qualified interpreters?
 - e. Are there any CONNECT policies or protocols intended to guide staff response to D/deaf and HOH survivors seeking assistance? Are they effective?
 - f. What policies or protocols would have helped you to respond to D/deaf and HOH survivors? (E.g. determining communication preference, coordinating interpreters, referrals, etc.)

3. Think about the factors that may -- or may not -- demonstrate CONNECT is accessible, welcoming and able to assist to D/deaf & HOH survivors? For example:
 - a. How does the physical environment (e.g. building, office space, etc) demonstrate this?
 - b. How do printed materials, images, the website, etc. demonstrate this?
 - c. How does CONNECT demonstrate it welcomes requests for reasonable accommodations?

4. Do you feel you have the capacity (knowledge, skills, resources, comfort, etc) to work with survivors who are D/deaf or HOH? For examples:
 - a. Knowledge about reasonable accommodations (e.g. interpreters, assistive technologies)?
 - b. Awareness of cultural considerations unique to D/deaf and HOH survivors?
 - c. Access to training, e.g. on D/deaf culture, communication, ADA and unique safety issues?

5. What do you think are the most important changes CONNECT can make in order to increase staff capacity to serve D/deaf & HOH survivors?
 - a. What resources are needed?
 - b. Are there any barriers you anticipate to making those changes?

6. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with CONNECT goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

Discussion Guide for CONNECT staff: Community Empowerment Program

1. What factors demonstrate CONNECT is a safe, welcoming space for community members to talk and share about DV? For example:
 - a. How does the physical environment (building, office space) demonstrate this?
 - b. How do printed materials, images, website, etc. demonstrate this?
 - c. How does CONNECT demonstrate privacy & confidentiality are important?
 - d. How does CONNECT convey inclusiveness & respect to individuals of diverse backgrounds?
 - e. How does CONNECT uniquely address the issue of DV? What gave rise to these factors?

2. Tell us about a time when you encountered an individual who was D/deaf or HOH in your role as educator/organizer. What went well? What was challenging? If this has not occurred, think about what you *would* do in that situation.
 - a. How did you communicate with each other?
 - b. How did you determine the individual's communication preference?
 - c. Did you seek assistance from other staff or other agencies? Who?
 - d. If interpreters were needed, how did you obtain qualified interpreters?
 - e. Are there CONNECT policies or protocols intended to guide staff response to the needs of D/deaf and HOH community members?
 - f. What policies or protocols would have helped you to better respond to their needs?

3. Think about the factors that may -- or may not -- demonstrate CEP programs are accessible and welcoming to D/deaf & HOH community members? For example:
 - a. How does the physical environment (e.g. building, office space, etc) demonstrate this?
 - b. How do printed materials, images, the website, etc. demonstrate this?
 - c. How do CEP/CONNECT demonstrate it welcomes requests for reasonable accommodations?
 - d. Is the content of trainings, presentations and roundtable discussions inclusive of the needs and experiences of individuals who are D/deaf or HOH? (e.g. related to D/deaf culture, communication, ADA and unique safety issues)?
 - e. Is the format of trainings, presentations and roundtable discussions accessible?

4. Do you feel you have the capacity (knowledge, skills, resources, comfort, etc) to design and facilitate programs that are accessible to and inclusive of the D/deaf and HOH communities? E.g.:
 - a. Knowledge about reasonable accommodations (e.g. interpreters, assistive technologies)?
 - b. Awareness of cultural considerations unique to D/deaf and HOH survivors?
 - c. Access to training, e.g. on D/deaf culture, communication, ADA and unique safety issues?

5. What do you think are the most important changes CONNECT can make in order to increase CEP staff capacity to offer accessible & inclusive programs to the D/deaf & HOH communities?
 - a. What resources are needed?
 - b. Are there any barriers you anticipate to making those changes?

6. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with CONNECT/CEP goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

**Discussion Guide for BFL leadership:
Secret Garden Director & Assistant Director; BFL CEO and COO; Board members**

1. What resources are in place at BFL/SG to respond to the needs of D/deaf and HOH individuals who seek SG services?
 - a. To ensure the physical environment at BFL/SG is welcoming and accessible
 - b. How does BFL/SG budget for interpreters, assistive technology or other reasonable accommodations?
 - c. Does staff receive training on D/deaf culture, communication and unique safety issues?
 - d. Are there policies or procedures at BFL/SG that guide staff in their response to the needs of D/deaf or HOH survivors (E.g. determining an individual's communication preference, coordinating interpreters, referrals to other agencies, etc.)?
 - e. What new or updated BFL/Secret Garden policies or procedures would assist staff to better serve D/deaf and HOH survivors?

2. What challenges does BFL/SG currently have responding to the needs of D/deaf & HOH survivors?
 - a. What concerns has staff brought to your attention regarding SG clients who are D/deaf or HOH? If this has not occurred, why do you think that is?
 - b. What are some of the unique concerns Deaf and HOH victims may have about disclosing or seeking assistance at BFL/SG?

3. What do you think are the most important changes BFL/SG can make in order to increase staff capacity to serve D/deaf & HOH survivors?
 - a. What resources are needed?
 - b. Are there any barriers you anticipate to making those changes?

4. Tell us about the way in which organizational changes (programming, policy, procedures, personnel, budgeting, etc.) occur at BFL/SG.
 - a. Who sets priorities for organizational changes?
 - b. Who is involved in the decision-making process?
 - c. How are changes implemented (e.g. communicating to staff, training staff, enforcing)?
 - d. What makes organizational changes sustainable?
 - e. What, if any, are the challenges to making organizational changes at BFL?

5. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with BFL/SG goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

**Discussion Guide for DANY leadership:
Special Victims Bureau Chief (Executive District Attorney)**

1. Tell us about interactions you have had with D/deaf or HOH individuals in the course of your work: What went well, and what could have been improved on? If you have had no interactions, think about what you *would* do.
 - a. How did you communicate? How did you determine their communication preference?
 - b. If you needed to coordinate a sign language interpreter, how did you do so and how did you determine if the interpreter was qualified to interpret in that situation?
 - c. Were you able to offer information to the individual in alternative formats if needed?
 - d. What other resources did you draw upon?
2. What concerns have staff brought to your attention about working with a D/deaf or HOH witness?
 - a. If this has not occurred, why do you think that is?
 - b. How did you address those concerns?
 - c. What changes could be made to address concerns in the future?
3. What policies or protocols guide DANY/SVB staff in working with D/deaf or HOH individuals (E.g. determining communication preference, coordinating interpreters, referrals to other agencies)?
 - a. How would you suggest strengthening these policies and protocols?
 - b. How are policy changes implemented at DANY/WASU (e.g. how are they communicated to staff, is training provided, etc)?
 - c. What, if any are the challenges to adjusting to changes in policies and protocols?
4. What do you think are some of the factors that demonstrate DANY/SVB is a safe, welcoming and accessible space for D/deaf and HOH DV/SA victims? For example:
 - a. How does the physical environment (building, office space) demonstrate this?
 - b. How do printed materials, images, website, etc. demonstrate this?
 - c. How does the agency demonstrate it welcomes requests for reasonable accommodations?
 - d. How would you make DANY/SVB more safe and welcoming to D/deaf & HOH victims?
5. Tell us about the way in which changes in policy or procedures occur at DANY/SVB.
 - a. How are changes implemented (e.g. communicating to staff, training staff, enforcing)?
 - b. What makes policy and procedures changes sustainable?
 - c. What, if any, are the challenges to making changes in policy and procedure?
6. What types of training do staff receive related to working with D/deaf & HOH individuals?
 - a. How are training priorities set (e.g. who receives training, how often, who facilitates)?
 - b. In what ways are staff trainings evaluated for their effectiveness?
 - c. What type of training would staff benefit from in order to strengthen their work (e.g. D/deaf culture, communication, ADA and unique safety issues)?
7. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with DANY/WASU goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

**Discussion Guide for HILC Leadership:
Executive Director; Board members**

1. How does HILC demonstrate it is accessible, welcoming and able to serve Deaf individuals? E.g.:
 - a. How does the physical environment (e.g. building, office space, etc) demonstrate this?
 - b. How do printed materials, images, websites, etc. demonstrate this?
 - c. How does HILC demonstrate that it welcomes requests for reasonable accommodations?
 - d. How do you obtain qualified interpreters? How does HILC budget for interpreters?

2. What resources are in place at HILC to respond to consumers who disclose DV/SA?
 - a. Does staff receive training on DV/SA (screening, dynamics of DV/SA, safety, trauma, etc.)
 - b. Do staff have knowledge about available services for survivors in order to make referrals?
 - c. Are staff comfortable with the issue of DV/SA to handle consumers' disclosures?
 - d. Are there policies or procedures at HILC that guide staff in their response to the needs of survivors? (E.g. when the person accused of committing DV/SA is also a consumer)
 - e. How can HILC policies & procedures be strengthened to better respond to disclosures?

3. What challenges do you think HILC has assisting Deaf individuals who identify as survivors?
 - a. [E.D. only] What concerns has staff brought to your attention regarding Deaf consumers they suspect are experiencing DV/SA? If this has not occurred, why do you think that is?

4. What are the unique concerns Deaf survivors may have about disclosing or seeking assistance?
 - a. What are some factors at HILC that might make it feel comfortable and safe for a consumer to disclose their experience of DV/SA to staff?
 - b. What might prevent a consumer from feeling comfortable or safe to disclose at HILC?
 - c. What do you think would make consumers feel more comfortable and safe to disclose?

5. What do you think are the most important changes HILC can make to build capacity to sensitively handle disclosures of DV/SA from Deaf consumers?
 - a. What resources are needed?
 - b. Are there any barriers you anticipate to making those changes?

6. Tell us about the way in which organizational changes (programming, policy, procedures, personnel, budgeting, etc.) occur at HILC.
 - a. Who sets priorities for organizational changes?
 - b. Who is involved in the decision-making process?
 - c. How are changes implemented (e.g. communicating to staff, training staff, enforcing)?
 - d. What makes organizational changes sustainable?
 - e. What, if any, are the challenges to making organizational changes at HILC?

7. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. What role do you think HILC should play in responding to the needs of Deaf survivors?
 - b. To what extent does this collaboration align with HILC goals?
 - c. What are the potential strengths of this collaboration?
 - d. What potential challenges can you anticipate?

**Discussion Guide for CONNECT Leadership:
Co-Executive Directors, Supervisor of Legal Programs; Board members**

1. What factors demonstrate CONNECT is a safe, welcoming space for survivors and community members to talk and share about DV? For example:
 - a. How does the physical environment (building, office space) demonstrate this?
 - b. How do printed materials, images, website, etc. demonstrate this?
 - c. How does CONNECT demonstrate privacy & confidentiality are important?
 - d. How does CONNECT convey inclusiveness & respect to individuals of diverse backgrounds?
 - e. How does CONNECT uniquely address the issue of DV? What gave rise to these factors?
2. What resources are in place at CONNECT to respond to the needs of D/deaf and HOH survivors and community members?
 - a. To ensure the physical environment at CONNECT is welcoming and accessible
 - b. How does CONNECT budget for interpreters, assistive technology or other reasonable accommodations?
 - c. Does staff receive training on D/deaf culture, communication and unique safety issues?
 - d. Are there policies or procedures at CONNECT that guide staff in their response to the needs of D/deaf or HOH individuals (E.g. determining an individual's communication preference, coordinating interpreters, referrals to other agencies, etc.)?
 - e. What policies/procedures would assist staff to better respond to D/deaf & HOH individuals?
3. What challenges does CONNECT have responding to the needs of D/deaf & HOH survivors?
 - a. What concerns has staff raised about responding to the needs of D/deaf & HOH survivors or community members? If this has not occurred, why do you think that is?
4. What do you think are the most important changes CONNECT can make in order to increase staff capacity to serve the D/deaf & HOH communities?
 - a. What resources are needed?
 - b. Are there any barriers you anticipate to making those changes?
5. Tell us about the way in which organizational changes (programming, policy, procedures, personnel, budgeting, etc.) occur at CONNECT.
 - a. Who sets priorities for organizational changes?
 - b. Who is involved in the decision-making process?
 - c. How are changes implemented (e.g. communicating to staff, training staff, enforcing)?
 - d. What makes organizational changes sustainable?
 - e. What, if any, are the challenges to making organizational changes at CONNECT?
6. How do you think D/deaf, Hard of Hearing and hearing service providers can work together to address DV/SA in the D/deaf and HOH communities?
 - a. To what extent does this collaboration align with CONNECT goals?
 - b. What are the potential strengths of this collaboration?
 - c. What potential challenges can you anticipate?

Appendix D: Resources for Participants

The resources below may be helpful for participants seeking support after today's discussion. Please note, we cannot guarantee that all of the following resources are fully accessible. We recognize that emergency and crisis intervention resources designed specifically for D/deaf and HOH individuals in New York City are extremely limited, and hope to address this critical gap through our collaborative efforts.

Crisis intervention

- Barrier Free Living, Secret Garden hotline for D/deaf and HOH victims of domestic violence. Accessible during business hours only (Mon-Fri, 9:00am – 5:00pm). (212) 533-4358 or VP (646) 350-2662
- Safe Horizon Domestic Violence hotline: TDD (866) 604-5350 or (800) 621-4673
- 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 services & referrals

- Barrier Free Living, Secret Garden domestic violence 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
- Harlem Independent Living Center: voice (212) 222-7122; Sorenson VRS (646) 755-3092 or toll free 800-673-2371
- Crime Victims Treatment Center of St. Luke's Roosevelt Hospital: (212) 523-4728 Services for crime victims, including survivors of sexual assault & domestic violence
- CONNECT Legal Advocacy Helpline: Domestic violence survivors can call (212) 683-0605, Mon-Fri 9:30am-5:30pm

Appendix E: Debriefing Guide

Date:	Facilitator:
Participants:	Note-taker:
# of participants:	Support staff:

1. Observations:

2. Key themes:

3. Participant quotes:

4: What went well? What was challenging? Recommendations?

Appendix F: Timeline

The award period for this 3-year collaborative grant program began October 1, 2012 and concludes September 30, 2015. Activities are divided into two phases—a Planning and Development phase followed by the Implementation phase. This timeline has been updated to reflect the progress of the New York County Collaborative, to date.

