

**Deaf Gain Collaborative: Where Connections Begin
ROCHESTER, NY**

COLLABORATIVE CHARTER

SEPTEMBER 2016

INTRODUCTION

Deaf people have long been viewed - by people with the ability to hear - as having “hearing loss.” This label is reinforced by the medical community, which perceives hearing loss or hearing impairment as a condition that warrants medical intervention. Therefore, in an effort to create a paradigm shift that is holistic and cultural in nature, the Deaf community has adopted “Deaf Gain” as a term that advances the notion that being Deaf has its advantages (or gains) in terms of its rich heritage, culture, and language. This collaboration will benefit from the richness of the Deaf community and is the beginning of a long-term relationship with the Deaf community. Accordingly, we have decided to name this collaboration **Deaf Gain Collaborative: Where Connections Begin.**

The Deaf Gain Collaborative consists of the following agencies: Advocacy Services for Abused Deaf Victims (ASADV), RESTORE Sexual Assault Services (RESTORE), and Willow Domestic Violence Center (Willow). This work is funded through the Office on Violence Against Women (OVW) Disability Grant Program and consists of two primary phases: 1) planning & development; and 2) implementation. The planning and development phase begins with the completion of our Collaboration Charter that shall be foundational for our work together going forward. Throughout our work, all members of the Deaf Gain Collaborative commit to accessibility, trauma-informed services, and providing survivor-centered options.

Our Charter represents a point in time where the conversation has reached a level of consensus that would permit us to move forward as a cohesive collaboration. The exercise of building this Charter has been valuable in aligning all agencies and shall serve as our compass going forward. As this collaboration proceeds, we expect to encounter surprises and challenges. Thus, this Charter will be a living document that reflects our evolving conversation.

We are a bilingual collaboration that has identified bilingualism as one of our key values, meaning that American Sign Language and English are used interchangeably. The Deaf Gain Collaborative values bilingualism and will seek innovative ways to incorporate both languages in our work together.

VISION STATEMENT:

We envision this collaboration transforming our community to become culturally and linguistically competent in addressing the needs of Deaf survivors of domestic violence and sexual assault. Our work will pave the way for the development and implementation of inclusive and barrier-free solutions for Deaf survivors in Monroe County.

MISSION STATEMENT:

It is the mission of the Deaf Gain Collaborative to develop a network of agencies that proactively addresses the barriers to providing linguistically and culturally competent services to Deaf survivors of domestic violence and sexual violence. This mission includes the following goals:

- Creating organizational cultures that are sensitive to the unique intersectionality of domestic violence and sexual violence with survivors from the Deaf community.
- Building individual agency's capacity and infrastructure to respond in a timely manner to the cultural and linguistic needs of Deaf survivors, which includes an in-depth understanding and familiarity with effective modes of communication and culturally-relevant considerations impacting the provision of crisis intervention, safety planning, advocacy, counseling, and education services (suggested word addition).
- Institutionalizing these changes throughout all agencies with the development and implementation of interagency referrals.
- Deepening and strengthening the relationship of the three agencies within the Deaf Gain Collaborative to foster an ongoing commitment to best practices guided by input from the Deaf community.

Our goals will be accomplished by embracing, among others, the following practices:

- Provide ongoing education and training to all service providers through the development and dissemination of intensive and ongoing training programs.
- Establish agency-wide policies and protocols based on cultural and linguistic competency that covers all potential points of contact for Deaf survivors.
- Establish fiscal practices that ensure the availability of resources to support the language access and inclusion of Deaf survivors in the agency's programs and services.
- Assess the physical accessibility of agency's facilities and develop a plan to effectively accommodate Deaf survivors.
- Designate cultural broker(s) to facilitate cultural differences and increase each agency's cultural competency.
- Share educational resources and culturally competent community resources tailored to the needs of each individual Deaf survivor.

MEMBERS

This collaboration is a synergistic effort of three agencies: ASADV, RESTORE, and Willow. Although RESTORE and Willow have their own area of expertise, all three agencies frequently encounter both Domestic Violence (DV) and Sexual Violence (SV) in their day-to-day work. ASADV provides its expertise on the intersectionality of the Deaf community and DV/SV. Each agency differs substantially from the others in its organizational size, collaborative relationships they maintain, and distinct service areas. RESTORE and Willow have enjoyed a long-term partnership and both agencies are eager to foster and cultivate the same supportive and collaborative relationship with ASADV. Accordingly, each agency has committed significant resources to this collaboration which includes representation from the executive leadership team as well direct service staff. Furthermore, each agency contributes their own expertise and resources. This ensures that the agreements and recommendations originating from this collaboration's efforts will directly and effectively change the internal policies and procedures within each agency.

There is some overlap in services provided by ASADV with Willow and/or RESTORE. This is ideal to ensure that Deaf survivors have options if they prefer to work with an agency that is not embedded in the Deaf community. All services provided by all agencies in this collaboration are free and confidential.

The following pages provide an overview of each agency and the relationships or partnerships they participate in:

ASADV

ASADV provides support to the Deaf community and to Deaf, DeafBlind, and Hard of Hearing individuals, families, and children who are survivors of domestic violence, sexual abuse, and stalking. They also support the needs of other members of the Deaf community including Children of Deaf Adults (CODAs) and other signers. ASADV offers a safe and supportive environment of advocacy, education, and services. All staff are Deaf and are fluent in American Sign Language (ASL).

Their advocacy work includes medical,, law enforcement, legal, and court settings. They accompany survivors and provide support throughout each of the respective processes. In addition to advocacy, they offer empowerment and counseling services through empowerment sessions, individual counseling, group counseling/support groups, individual art therapy and Art Circles. ASADV also supports survivors through safety planning and crisis intervention. Their connections with the community come primarily through their education and outreach programs.

ASADV collaborates with a number of key groups to provide support to survivors which include, but are not limited to:

- A Window Between Worlds (AWBW) to provide support to Art Circles.
- Center for Disability Rights (CDR) and the Regional Center for Independent Living (RCIL) to provide support for long term housing, employment, and financial independence.
- Deaf Wellness Center (DWC; Strong Memorial Hospital) to provide additional mental health counseling.
- Empire Justice Center to provide support on LGBT and legal issues.
- Gay Alliance of Genesee Valley (GAGV) to provide community outreach and support to LGBT survivors.
- Justice for Deaf Victims Coalition (JDVNC) to provide support to a national network for Deaf survivors.

- Rochester Recreation Club of the Deaf (RRCD) to provide support, community education, and outreach.
- Rochester Institute of Technology (RIT)/National Technical Institute for the Deaf (NTID) to provide community outreach, education, and services.

Through service on a number of community committees, ASADV is positioned to disseminate information and best practices from the Deaf Gain Collaborative's work. Those committees includes the following:

- Rochester/Monroe County Domestic Violence Consortium (DVC).
- Rochester/Monroe County Domestic Violence Consortium LGBT sub-committee.

RESTORE

RESTORE leads the community response to sexual assault through advocacy and education by providing the safety, support and validation that changes the lives of all those affected. RESTORE provides crisis intervention and support services 24 hours a day, seven days a week to women, children and men who are survivors of sexual assault as well as their families. RESTORE is the Department of Health certified sexual assault program in Monroe County. RESTORE is both funded and trained through the Department of Health.

Trained advocates provide information, support and referrals, enabling clients to make informed choices concerning medical, legal and counseling needs (individual and group), while offering advocacy and information about their rights. Counselors also offer short-term counseling sessions, legal/court and medical accompaniment and assistance with the Office of Victim Services. RESTORE also provides community education and professional training programs on the various topics related to sexual assault. Currently, sign language interpreters are routinely offered and arranged for the small number of Deaf survivors seeking any of RESTORE's services.

In providing direct support to survivors, RESTORE collaborates with the following:

- Bivona Child Advocacy Center to provide services for children and their families who have been either physically or sexually abused.
- Most colleges and universities in Monroe County to provide an advocate and educator to work on their campuses.
- All law enforcement departments and agencies in Monroe County to provide legal advocacy and sexual assault trainings in addition to partnering with the law enforcement victim advocates.
- All hospitals in Monroe County to provide medical advocacy and accompaniment to victims of sexual assault when they go to the hospital emergency room due to a sexual assault.

Through service on a number of community committees, RESTORE is positioned to disseminate information and best practices from the Deaf Gain Collaborative's work. Those committees includes the following:

- Domestic Violence Consortium (DVC) to bring together the community of providers and systems to ensure appropriate response if given when needed.
- Darkness to Light (D2L) to provide community education on the topics of child sexual abuse and how the community can assist in bringing awareness to this topic.
- Crime Victims' Rights Week to provide community resources on the topics of both sexual and domestic violence and awareness around the rights that victims do have.

Willow Domestic Violence Center

Willow is the Monroe County certified agency that provides residential and nonresidential support services to survivors of domestic violence and their children. Willow provides crisis intervention and a wide range of support services to women, children and men who are survivors of domestic violence. Willow has five core programs to support the needs of survivors: a 24-hour Hotline, Court Advocacy, Emergency Shelter, Education & Training, Children's Program, and Counseling Center. Each of those programs will be assessed and made Deaf-friendly in order to effectively serve Deaf survivors. Currently, sign language interpreters are routinely offered and arranged for the small number of Deaf survivors seeking any of Willow's services.

Trained advocates answer the agency's hotline 24 hours a day, 7 days a week to provide safety planning, information and support with the following two goals:

- Enabling the client to make informed choices concerning safety, medical, legal and counseling needs
- Offering advocacy and information about their rights.

Willow's 40-bed shelter is a fully secured facility at a confidential location and will transition into a new state of the art 49-bed shelter in fall of 2016. The new facility will provide enhanced safety and expanded range of services while maintaining a client's individuality and dignity.

The Court Advocacy Program (CAP), located in the Monroe County Hall of Justice, provides advocacy services for survivors navigating the legal system and provides assistance, guidance, and support in obtaining Order of Protections (OPs). This office works closely with Legal Aid, Monroe County Probation and court staff to ensure seamless services for clients. CAP occasionally work with Deaf survivors and anticipates improving its ability to serve Deaf survivors as a result of the Deaf Gain Collaborative's work.

Willow's Counseling Center offers support groups and short-term one-on-one counseling sessions for any and all survivors. Counseling sessions are offered in person, via phone, text, and/or instant messages, depending on the safety, accessibility and choice of client. In addition the counseling center offers specific clinics on topics relevant to survivors (financial, medical, legal and safety) several times every month.

Extensive community education programs are in place to educate the community about domestic violence and healthy relationships which includes RIT/NTID where there is a high number of Deaf students.

Starting in the fall of 2016, the HEAL Clinic at Strong Memorial Hospital provides a safe place for survivors to receive support and care when in the hospital. The HEAL clinic will host a multidisciplinary team to assist clients with medical, mental health, advocacy and petition support. Petitions will be conducted on the premises for electronic submission to the courts. In addition, the client will have the opportunity to see the judge via Skype if they are not able to physically go to court. The HEAL Clinic anticipates improving its ability to work with advocates from Willow and/or ASADV. Furthermore, Strong Memorial Hospital has a team of sign language interpreters on staff with 24/7 coverage as well as the Deaf Wellness Center, a counseling center dedicated to the Deaf community with therapists who are often Deaf and are all fluent in American Sign Language.

Willow maintains partnership with the following to provide direct services to survivors:

- Unity Health and Trillium Health Services for medical and mental health services.

- Evelyn Brandon Health Center for substance abuse support.
- Lollypop Farms for the shelter and care of pets.
- Rochester Housing Authority for housing placement.
- RochesterWorks for job readiness training and support in job and career development.
- Women's Independent Scholarship Program for emergency financial support.
- Verizon Wireless for the Hope Phone Program to provide a safe phone for clients.

In addition to providing direct services, Willow is engaged in the following community partnerships which may consult with Willow when they come in contact with Deaf survivors and their families:

- The University of Rochester and Mt. Hope Family Center on the PEACE Program to provide crisis counseling to youth traumatized by the experience of domestic violence.
- Legal Aid of Rochester on the Legal Assistance for Victims Program to provide victims of domestic violence with legal support on issues such as custody and child support.
- The Society for the Protection and Care of Children (SPCC), on the Enhanced Justice Program to provide supervised visitation to families dealing with domestic violence.
- The YWCA of Rochester / Monroe County on the Bridges Home Program to provide support services to victims of domestic violence transitioning from shelter to transitional housing.
- Monroe County Probation and DA's Office, Rochester Police Department and Legal Aid on the Grants to Encourage Arrest (GTEA) Program to provide a coordinated community response to domestic violence.
- City, Town and Sheriff Police departments to partner and refer survivors for services who need emergency care.

Through service on a number of community committees, Willow is positioned to disseminate information and best practices from this collaboration's work. Those committees includes the following:

- Monroe County's Rapid Re-housing Partnership to help clients find safe permanent housing.
- The Center for Youth Services' Safe Harbour Program to assist victims of sex trafficking.
- The Rochester/Monroe County Domestic Violence Consortium (DVC) to bring together the community of providers and systems to ensure appropriate response if given when needed.
- The City of Rochester Continuum of Care which provides coordinated community response (CCR) to rehouse victims while minimizing the trauma and dislocation caused by homelessness.

ASSUMPTIONS

1. The rich heritage, culture, and language unique to the Deaf community are cherished and celebrated; this collaboration recognizes that in order to effectively serve this community and promote systemic changes, we too must demonstrate a commitment to those core values of the Deaf community.
2. Deaf survivors of domestic violence and sexual violence have a multitude of barriers preventing them from seeking and effectively taking advantage of available services. Such barriers include culture differences, communication, physical accessibility, and actions stemming from audist beliefs. In addition, there exists the “double code of silence” due to the Deaf community historically misunderstanding or minimizing DV/SV. Additionally, Deaf survivors often become re-traumatized while attempting to navigate or access services that are not culturally sensitive or accessible.
3. Domestic violence and sexual violence service providers within RESTORE and Willow Domestic Violence Center are inadequately prepared or trained to serve the Deaf community.
4. The following facts make it clear that the Deaf community in Monroe County is underserved and in dire need of services:
 1. The metro region of Rochester, New York is home to one of the highest per capita Deaf population in the nation with a total number of approximately 43,000 people.
 2. Deaf people experience domestic violence and sexual violence at rates that are at least twice those reported by hearing counterparts.
 3. According to the records of RESTORE and Willow, less than one percent of their clients are Deaf.
5. When our agencies become more culturally competent, survivor-centered, and increase our collective level of expertise on accessibility, Deaf people will become aware of and utilize our programs and services at a historically unprecedented rate.

VALUES

This section highlights the specific values that are the guiding principles for the Deaf Gain Collaborative's work going forward. We will refer back to those values in times of uncertainty or conflict. These values were vetted through a process of extensive dialogue where each member identifies their own individual values as well as their agency's values. A process of consensus building began whereas each member negotiated and all agreed on common values.

Access/ibility

We believe that accessibility of our facilities and services is a fundamental right, which means that anything offered and available to a hearing individual is also offered and available to a Deaf individual. This includes the absence of physical/environmental barriers, the ability to communicate and be understood, attitudes of acceptance and respect, the absence of discrimination, the availability of necessary accommodations, and committed financial resources.

Bilingual and Cultural Competency

We believe in continually building our collective cultural competency within our collaboration and ultimately within our agencies. Since culture and language are fused together, we strive to be bilingual (ASL/English) in our collaboration.

Collaboration

We believe a successful interdependent collaboration that holds each other accountable in a transparent fashion will pave the way for desired systemic changes within our agencies. The end result is to significantly increase our organizations' capacities to meet the needs of survivors in the Deaf community.

Community Driven

We believe in the inherent value of the experiences of Deaf survivors and other members of the Deaf community. In our work together, we will explore existing practices, system issues, and accessibility. The input derived from the community's stories and experiences will be at the forefront of our minds when we plan and implement the systemic changes. Furthermore, we are mindful of the fact that we must be survivor-centered and that the survivors themselves individually are experts on their own situation.

Confidentiality

Confidentiality - a normative practice honored in the DV/SV field - must be honored with the awareness that confidentiality violations carry a significantly increased risk to Deaf survivors given the close knit nature of the Deaf community. We will also safeguard the personal disclosures of the collaboration members.

Empathy

We believe that empathy comes from understanding how trauma affects people in different ways.

Empowerment

The individuals we support will be empowered by knowing they are understood, that there are options other than isolation and abuse, by having their voices heard and listened to.

Safety

Safety is a fundamental value and everyone has the right to live their lives free from fear, danger, harm,

violence, control, and abuse. Many Deaf survivors would likely share common safety considerations which include but are not limited to the following: accessible facilities, on-demand access to communication in his/her preferred method, access to qualified and skilled interpreters, working with culturally competent service providers, freedom from social and/or linguistic isolation, and frequent assurance and practice of a heightened level of confidentiality.

Self-Care

We recognize and honor the need in each one of us to practice self-care and maintain work-life balance to minimize vicarious trauma. We recognize that each one of us has different ways to do this and support their requests.

Transparency

We will act in the best interest of the collaboration, and those we serve, with the highest levels of professionalism and integrity. As such, we shall be transparent in our work together. Everyone should feel equally engaged, informed and free to share their expertise with anyone within this group; this imperative also extends to our consultants, service providers, and survivors. Furthermore, missteps should be acknowledged and use them as experiences from which to learn and grow. Accordingly, our conversations shall be rooted in respect and trust.

KEY TERMS & ABBREVIATIONS

We frequently use those terms in our discourse, including a few terms that have considerable background information specific to the Deaf community embedded within the term. An in-depth understanding of those terms helps to illustrate why and how Deaf people's experience is uniquely different in terms of the language, culture, and barriers.

Accessible Services

An enhanced awareness of cultural and accessibility issues facing Deaf survivors and embracing of the solution-focused approach to address those challenges. While provision of interpreters may be the most obvious solution, there are a myriad of other strategies to address those challenges that may include providing a videophone, round tables during meetings, adequate lighting, and cultural sensitivity.

American Sign Language (ASL)

The preferred mode of communication of culturally Deaf individuals in the United States, and one of the many communication options utilized by members of the Deaf community. ASL is not a word-for-word translation of English, but rather a unique, visual language with its own grammar and syntax in which the meaning can be shown through a combination of signs and the use of facial expressions, eyes, spatial placement and body language.

Audism

Audism is the notion that one is superior based on one's ability to hear or to behave in the manner of one who hears, or that life without hearing is futile and miserable, or an attitude based on pathological thinking which results in a negative stigma toward anyone who does not hear.

Bilingual

Bilingual is the use of two different languages such as American Sign Language (ASL) and English. In context of our work with the Deaf community, we must be mindful that English is typically a reference to written English rather than spoken English. Furthermore, due to numerous reasons beyond the scope of this Charter, we recognize that Deaf survivors will have a wide range of competence in both ASL and English. However, ASL being the language of the Deaf community, when practical, this collaboration will incorporate and communicate in both ASL and English in our work together.

Child Neglect

Child neglect is when a caretaker fails to provide for a child's basic needs, which include adequate food, clothing, shelter, education, supervision, medical care or safekeeping. As a result of such treatment, the child may not achieve physical, mental or emotional, or other developmental milestones. By the nature of RESTORE's co-location in a Child Advocacy Center, our collaboration is more involved in creating accessibility for children and families who are Deaf coming to the Center.

Child Abuse

Child abuse is any recent act or failure to act on that result in a child's serious physical or emotional harm, sexual abuse, exploitation or death. An act or failure to act that present a risk of serious harm to a child is also considered child abuse. By the nature of RESTORE's co-location in a Child Advocacy Center, our collaboration is more involved in creating accessibility for children and families who are Deaf coming to the Center.

Child Sexual Abuse

Child Sexual Abuse is a form of child abuse that includes any sexual act performed with a child by an adult or older child, with or without force or threat of force. It may start as seemingly innocent touching and progress to more serious acts, including verbal seduction or abuse, anal or vaginal intercourse, oral sex, sodomy, manual stimulation, direct threats, implied threats or other forms of abuse. In the context of our work, Deaf people are at least twice more likely to experience domestic violence or sexual violence.

Community Accountability

A community-based, collective action strategy to address violence within our communities through prevention and intervention.

Cultural Broker

Culture brokering is the “act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.” Usually the culture broker is from one or other of the cultures but could be from a third group. Often they are capable of acting in both directions. The role covers more than being an interpreter, although this is an important attribute in cross-cultural situations where language is part of the role. In the context of our work, cultural brokers are often trained Deaf advocates.

Deaf Community

It is common for authors to use “Deaf” with a capital “D” when discussing individuals who are members of the Deaf community and consider themselves to be culturally Deaf; while “deaf” with a lowercase “d” describes an audiological state of being and/or being a disabled individual. This is not to place a particular identity on particular individuals. Rather, it is to indicate that Deaf culture is the birthright of every Deaf individual by virtue of their having been born Deaf or having become Deaf in childhood, whether or not they have been exposed to Deaf culture. This is in keeping with how individuals from other cultural groups (such as Black people or Jewish people) capitalize their names, regardless of the strength of their identity. Furthermore, it is recognized by this collaboration that the Deaf community is very diverse often resulting in multiple intersectionalities coming into play.

Deaf Culture

The Deaf community has its own culture. In the United States, one of the strongest unifying and central components of Deaf culture is the use of American Sign Language (ASL). It makes the group a linguistic and cultural minority. This shared language serves to bring together groups of people who are deaf and hard of hearing. In addition to a shared language, people within Deaf culture also share common beliefs, values, norms, customs, institutions, and history. By demonstrating cultural competence coupled with ongoing education, agencies become allies.

Deaf Gain

The reframing of ‘deaf’ as a form of sensory and cognitive diversity that has the potential to contribute to the greater good of humanity.

Deaf Plus

This term describes a Deaf person who also has “one or more medical, physical, emotional, cognitive, or developmental conditions that impact communication.” For example, Usher’s syndrome affects a person’s vision and may require a specialized DeafBlind sign language interpreter. It is important that Deaf Plus individuals determine their own combination of accommodations. This intersectionality

between Deaf culture, disability, domestic violence, and/or sexual violence must be embraced in our collaboration's work.

Effective Communication

Cultural definition: A majority of the Deaf community uses American Sign Language as the primary means of communication and prefers to communicate directly without an interpreter. When this is not possible, the Deaf person prefers to rely on qualified interpreters with whom the community is familiar.

Legal definition: Communication with deaf individuals being as effective as communication with hearing individuals is mandated by the Americans with Disabilities Act of 1990. The means for "effective" communication is not specified but the nature, length, complexity, and context of the communication as well as the person's normal method(s) of communication must be given primary consideration in this determination. As a whole, ADA applies to most entities within state and local governments as well as businesses and nonprofit organizations that serve the public. If a sign language interpreter is provided, the interpreter must be qualified which is defined as a person "who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary."

Domestic Violence

A pattern of abusive behavior in any relationship that is used by one person to gain or maintain power and control over another person. Domestic violence can come in many forms such as physical, sexual, emotional, economic, spiritual, or psychological actions or threats of actions that negatively influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Double Code of Silence

Within the Deaf community, there is a "double code of silence" related to domestic violence because services are typically not culturally sensitive or accessible to Deaf survivors and because the Deaf community has historically misunderstood or minimized the issue. Both factors contribute to this double code of silence in which Deaf survivors feel like they cannot engage in a dialogue within their community nor seek services outside their community.

Power and Control

Power and control is a pattern of actions that an individual uses to intentionally control or dominate their partner. An abuser systematically uses threats, intimidation, and coercion to instill fear. Questions of power and control are addressed in the "Power and Control Wheel" to illustrate: it has power and control at the center, surrounded by spokes (techniques used), the titles of which include: coercion and threats, intimidation, emotional, isolation, minimizing, denying and blaming, using children, economic abuse, and privilege.

Privilege

Privilege is a distinctive right granted only to a specific person or group of people. Privilege is social inequality, mostly in regard to age, disability, ethnic or racial category, and gender, sexual orientation, religion and/or social class.

Hearing

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

Inclusive

An inclusive program and service means the Deaf survivor can access those services in a way that is not isolating nor traumatic. To simply provide accommodations, such as a sign language interpreter, without addressing the human need for connection is not considered inclusive. We are challenging the notion that customary adjustments, such as providing a sign language interpreter, are sufficient. We see inclusiveness as proactively addressing the isolation and loneliness Deaf survivors often experience in hearing-oriented settings. Such practices may include, but are not limited to, staff knowing basic sign language, having paper and pen ready, and the use of round tables.

Interpreters/Deaf Interpreters

A sign language interpreter is a person trained in interpreting between a spoken and a signed language. This usually means someone who interprets what is being said and signs it for someone who can't hear, but understands sign. Such individuals are typically certified by Registry Interpreters of the Deaf (RID) and have the ability to interpret for a variety of Deaf community members within all contexts and settings. In the context of our work, it is critical to screen those interpreters and ensure the most qualified trauma-informed interpreters are working with Deaf survivors.

Intersectionality/Intersectional Identities

Intersectionality is the complex interaction of different social identities that must be considered as a whole to prevent overlooked forms of discrimination and/or disadvantages (e.g., race, gender, class). Given the numerous additional social identities identified within the Deaf community, we should be mindful of the intersection between Deaf identity and domestic violence and/or sexual assault.

Sexual Abuse/Sexual Assault/Sexual Violence

Sexual Assault is any type of sexual contact or behavior without the explicit consent of all individuals involved. Sexual assault violence also involves individuals who explicitly consent but under the laws are not allowed to do so. Some examples of those relationships are as follows: therapist/patient, doctor/patient, adult/child, or corrections officer/inmate. Sexual assault is a form of sexual violence and can include rape, criminal sexual act, drug facilitated sexual assault, sexual misconduct, forcible touching or sexual harassment. The motivation behind any sexual assault is power and control.

Stalking

Stalking is any unwanted or obsessive attention by any individual or group towards another person that directly or indirectly communicates a threat or places the victim in fear. Stalking behaviors are related to harassment and intimidation. It may involve following the person or monitoring them.

Systems Changes

This approach for promoting changes typically focuses on policy, procedures or education with the intention of permanently improving service provision for all Deaf survivors. This is in contrast to the practice of repeatedly advocating for individual Deaf survivors as they navigate the system with all of its barriers.

Trauma sensitive / aware / informed

People in an organization are aware of the impact of trauma on individuals and their behaviors. To become trauma-informed, this awareness is infused into the organization's culture, physical space, policies, and procedures.

Universal Access

This is the notion that accommodations for people with disabilities often have the unintended consequence of improving the experience of those without disabilities. For example, ensuring that all televisions and monitors have closed captioning for Deaf survivors also makes it possible for other survivors to watch movies in silence.

Victim/Survivor/Thrifer

In our work together, we call the clients that we serve survivors but this is but only one of the three stages. Typically, when they are experiencing domestic violence and/or sexual violence, they are interacting with the legal system which labels them as victims. When they have begun to utilize services related to the traumatic experiences they endured, they are transitioning to being a survivor. When they are able to heal and move forward from their traumatic experience to experience happiness and success, they are thought as a thrifer. However a client chooses to define herself or himself, it is imperative of us to honor and use that term in reference to that specific client. Absent that guidance, in our work together, our default term is “survivor.”

ABBREVIATIONS

ADA:	Assistant District Attorney
ADA:	Americans with Disabilities Act
ADWAS:	Abused Deaf Women's Advocacy Services
APS:	Adult Protective Services
ASL:	American Sign Language
CDI:	Certified Deaf Interpreter
CDR:	Center for Disability Rights
CODA:	Child of Deaf Adults
CPS:	Child Protective Services
CSA:	Childhood Sexual Abuse
DA:	District Attorney
DHS:	Department of Human Services
DOJ:	Department of Justice
DV:	Domestic Violence
DWC:	Deaf Wellness Center
IDVC:	Integrated Domestic Violence Court
JDVNC:	Justice for Deaf Victims National Coalition
KODA:	Kid of Deaf Adults
LGBTQ:	Lesbian, Gay, Bisexual, Transgender, Questioning
NTID/RIT:	National Technical Institute for the Deaf/Rochester Institute of Technology
NYSDOH:	New York State Department of Health
NYSOCFS:	New York State Office of Children & Family Services
OP:	Order of Protection
OVW:	Office on Violence Against Women
RRCD:	Rochester Recreation Club for the Deaf

RSD:	Rochester School for the Deaf
SA:	Sexual Assault/ Sexual Abuse
SAISD:	Substance Abuse Intervention Services for the Deaf
SANE:	Sexual Assault Nurse Examiner
SOAR:	Seeking Out Answers and Resources
SSA:	Social Security Administration
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Income
SV:	Sexual Violence
TANF:	Temporary Assistance to Needy Families
VAWA:	Violence Against Women Act
VESID:	Office of Vocational and Educational Services for Individuals with Disabilities
VR:	Vocational Rehabilitation

CONTRIBUTIONS AND COMMITMENTS

Given the substantial contribution of staff, resources, expertise, and time to ensure the success of this collaboration, our collaboration has individually and collectively articulated their contributions as well as commitments to which we all agree to be held accountable in our work together.

THE COMMITMENT OF ALL AGENCIES IN THIS COLLABORATION

All agencies commit to:

- Building a strong and supportive collaboration.
- Maintaining an openness to learning leading to potentially challenging or uncomfortable change.
- Committing the necessary and significant contributions in staff time, expertise, infrastructure, supplies, office technology, and other resources.
- Facilitating the exchange of knowledge and feedback between their agency and the collaboration.
- Participating in all elements of Planning and Development phase which includes the following:
 - Collaboration Charter.
 - Narrowing Focus Memo.
 - Needs Assessment Plan & Report.
 - Strategic Plan.
- Implementing all long-lasting and permanent changes during the Implementation phase whether they be organizational culture, policy, procedural, protocol, documentation, communication, fiscal, and/or training when possible.
- Addressing the sustainability of our work.

THE COMMITMENT OF ALL INDIVIDUAL MEMBERS

With the notable exception of Willow's Finance Director who functions primarily as the fiscal agent, all members of this collaboration commit to:

- Participating fully in Planning and Development as well as the Implementation phases, which entail the following:
 - Engaging in critical conversations.
 - Sharing knowledge and expertise.
 - Building our individual expertise in other agency's area of expertise.
 - Completing assignments outside meetings.
 - Responding to polls and emails as soon as possible.
 - Representing their agency at all meetings.
 - Attending all site visits and Technical Assistance sessions.
- Serving as a bridge between the Deaf Gain Collaborative and their agency, which entails the following:
 - Disseminating newly acquired knowledge.
 - Sharing lessons learned.
 - Advocating for systemic changes.
- Acting as responsible fiscal agents, which entails the following:
 - Reporting charges as they are incurred.
 - Maintaining accurate time logs of our activity.

SPECIFIC COMMITMENTS OF ALL AGENCIES AND THEIR MEMBERS

WILLOW DOMESTIC VIOLENCE CENTER

Willow serves as the lead agency and fiscal agent for this collaboration, and employs and supervises the Inclusion Project Manager. As the fiscal agent, Willow's Finance Director commits to reimbursing each individual agency in accordance to their invoices, submitting required reports on a timely basis, and maintaining accurate financial documentation. Furthermore, as the largest agency within this collaboration, Willow commits to systematic agency-wide changes which entails building the staff's cultural and linguistic competency as well as enhancing its organizational capacity to respond effectively to the needs of Deaf survivors. These changes will encompass both physical sites which are the public Administrative building and the Program building located in a confidential location. Additionally, Willow will share its expertise and training in crisis intervention, domestic violence, community systems, and resources. The Director of Programs and Services representing Willow at collaboration meetings is empowered, in most cases, to make decisions and bind the agency to those decisions.

ADVOCACY SERVICES FOR ABUSED DEAF VICTIMS

ASADV commits to serve as subject matter experts in regard to the Deaf community and the intersectionality of the Deaf community with domestic violence and sexual violence. This includes but is not limited to sharing knowledge about ASL, its Community Accountability model, system issues and barriers, system advocacy, and other best practices currently in use among 14 sister Deaf agencies nationally. Furthermore, ASADV commits to leveraging its existing relationships with Deaf community stakeholders in support of this collaboration's work. Accordingly, ASADV will lead the effort to collect the information as part of the Needs Assessment phase. ASADV also commits to build the capacity of ASADV to leverage the resources of agencies to better serve Deaf survivors. The Executive Director representing ASADV at collaboration meetings is empowered, in most cases, to make decisions and bind the agency to those decisions, and to regularly communicate updates with its Board of Directors. The Community Advocate has extensive social capital with various stakeholders within the Deaf community coupled with a background in academic research. Accordingly, she will serve as the face of the Needs Assessment with the Deaf community and will be instrumental for delivering any training related to the Deaf community.

RESTORE

RESTORE commits to sharing its expertise on sexual assault and sexual violence as well as improving the accessibility of its facilities, programs, and services. Furthermore, as the agency with the largest geographic coverage, RESTORE commits to systematic agency-wide changes to build the staff's cultural and linguistic competency and enhance its organizational capacity to respond effectively to the needs of Deaf survivors in Monroe County. These changes will encompass both its main and satellite offices. The Program Manager representing RESTORE at collaboration meetings is empowered, in most cases, to make decisions and bind the agency to those decisions. The Outreach and Education Specialist comes to the collaboration with a background in community health education, program development, curriculum development, training, and outreach, which will inform the development of this collaboration's Strategic Plan.

THE COMMITMENT OF THE INCLUSION PROJECT MANAGER

As the primary staff dedicated to this collaboration, the Project Manager commits to coordinating all activities as well as the associated logistics. This entails the following:

- Planning, coordinating, and facilitating all collaboration meetings.

- Overseeing grant management and reporting which includes the preparation and submission of semi-annual programmatic reports, monitoring program-related expenses and disbursements in accordance to approved budget, submitting for approval by OVW any modifications to the approved budget or member agency configuration.
- Functioning as the Collaboration's liaison with OVW and the Technical Assistance provider to seek feedback on or approval of deliverables or use of funds, and seeking clarity on questions about program as they arise.
- Participating, whenever possible, in all Vera Institute technical assistance activities.
- Drafting, with extensive input, the deliverables.
- Assisting the collaboration in managing conflicts as they arises and proactively addresses potential conflicts through dialogue and consensus building.

DECISION-MAKING AUTHORITY

Our collaboration has decided that any decision that impacts the collaboration's overall vision, values, or direction must be made through consensus. However, there are some decisions that the collaboration has already agreed can be made unilaterally. Additionally, the collaboration has acknowledged that the lead agency, Willow, is in a unique position and must make certain decisions without necessarily getting consensus. Agreements regarding decision-making authority are detailed below.

DECISIONS MADE BY FULL COLLABORATION

The following representatives comprise the full collaboration. It is understood that the following people are empowered to make decisions and commit their agency to those decisions made by the full collaboration:

- The Executive Director or Community Advocate of ASADV.
- The Program Manager or Education and Outreach Specialist of RESTORE.
- The Director of Programs and Services of Willow.

Consensus building is a continuous process but no decision will be made without representation from each agency in the decision-making process.

The full collaboration will be required for the following types of decisions:

- Content of deliverables and MOUs submitted to OVW.
- Responsibilities and expectations of the Inclusion Project Manager.
- Changing the collaboration configuration to include additional agencies (before seeking final approval from OVW).

DECISIONS MADE BY EXECUTIVE LEADERSHIP

It is understood that the following people are considered members of the executive leadership team and includes the following:

- The Executive Director of ASADV.
- The Program Manager of RESTORE.
- The Director of Programs and Services of Willow.

The Executive Leadership Team's decision-making authority applies to the following types of decisions:

- Revisions and approval of program budgets.
- Content and approval of any new or revised policy or protocol as identified in the Strategic Plan.

DECISIONS MADE BY WILLOW, in its role as the Lead Agency and Fiscal Agent

It is understood that the following people are considered members of the Willow team and includes the following:

- The Director of Programs and Services of Willow.
- The Finance Director of Willow.

The above described decision-making authority applies to the following types of decisions:

- Content of quarterly fiscal reports to OVW.
- Content of semi-annual activity reports.
- Supervision of the Inclusion Project Manager.

DECISIONS MADE BY INCLUSION PROJECT MANAGER

It is understood that the Inclusion Project Manager possesses the decision-making authority for the following types of decisions:

- Timeline for submitting drafts of deliverables to Vera Institute for review and to OVW for final approval.
- Assigning assignments to be worked on outside meetings in order to meet the milestones on the timeline.
- Arranging the logistics associated with meetings and activities.
- Managing communication between agencies.
- Holding agencies accountable.

IN EVENT OF A NEW TYPE OF DECISION NOT COVERED ABOVE

Any decision that does not fall within the above guidelines or where the decision-making authority is unclear must be decided by the full collaboration, preferably during a face-to-face meeting. If specific types of decisions are identified as appropriate to be delegated to one of the above categories, being a living document, this Charter will be revised to reflect this new consensus.

DECISION-MAKING PROCESS

Given that the consensus-building model of the decision-making process allows for the fullest participation of each member, this collaboration commits to this model. Accordingly, each agency must have a representative present at the table in order for the dialogue that is essential for consensus building to occur.

Facilitating this consensus building is the responsibility of the Inclusion Project Manager but all members share in this responsibility and commitment. Without a clear consensus, this collaboration cannot proceed with any decision; this consensus-building process requires the collaboration to listen to each member's concerns and negotiate towards a full consensus.

As the facilitator of this consensus building process, the Inclusion Project Manager is a member of the team and may facilitate this process electronically or face-to-face during meetings. Facilitation is taken to mean clearly articulating the proposal or action to be discussed, creating the safe space for all perspectives, determining when it is time to seek buy-in, ensuring that all concerns are fully addressed, seeking consensus, and, as needed, put the decision to a vote. If a member indicates that they have some concerns or objections, the Inclusion Project Manager will invite that member to articulate them. The member will be encouraged to offer a compromise proposal to aid the process of building consensus. If time is needed to consider and/or develop this compromise proposal, the decision will be deferred to a later time to be resolved either via email or during the next scheduled meeting. The final decision will be made only when consensus have been achieved.

Whenever it is not clear what the consensus is, the collaboration has agreed to rely on the Five Degree Scale. In the event that we use this tool, in order to signify consensus and be able to proceed with the decision, all polled members must vote either as a 4 or 5. All members of this collaboration understand that the numbers signify the following:

- 5 - Fully agree.
- 4 - Agree with tweaks/changes.
- 3 - In the middle - need more information/discussion.
- 2 - I'm leaning toward no.
- 1 - Start over.

If a consensus was arrived at on any substantive issue or question, the Inclusion Project Manager will summarize the key points and paraphrase the decision being made and affirm with each member present in the room if they individually support this. If all responses are in support, such decisions will be documented in a follow-up email so that the decision-making process is duly documented and can be used to hold members accountable. However, if disagreements persist, the discussion will either be tabled to the following meeting to be revisited and/or the Inclusion Project Manager will seek technical assistance from Vera Institute.

In event of subsequent difficulties in implementing or following through with the decision by any member of the collaboration, this will be brought to the attention of the collaboration either through email or during the next meeting. Such issues will be subject to a dialogue whereas the difficulties must be addressed and resolved or the decision will need to be revised or amended.

Decisions made by the Executive Leadership Team as well as the Finance Director should be made in consultation with the Inclusion Project Manager who can explore how this information will be shared with the collaboration.

CONFLICT RESOLUTION

In any group of people working together within a consensus-building decision-making framework, conflict will inevitably occur. While addressing these conflicts in pursuit of a deeper understanding and arrival at a full consensus, each collaboration member will be mindful of the values discussed earlier in this document that were agreed upon as the principles guiding our work together. The agreed-upon protocol for navigating those conflicts is shown below.

MANAGING CONFLICT BETWEEN AGENCIES

Whenever practical, any conflict between agencies that could impact the collaboration should be brought to the attention of the full collaboration and explored in a transparent manner. If such conflict occurs during a meeting, the issue can be addressed immediately or postponed to the next scheduled meeting. In the event that this conflict cannot be resolved, the Inclusion Project Manager will consult with Vera Institute who may provide advice and guidance.

Whenever it is not practical due to the sensitive nature of the information associated with the conflict, the Executive Leadership Team of the affected agencies shall discuss and determine how to navigate this conflict. In the event that this conflict cannot be resolved, the Inclusion Project Manager will consult with Vera Institute who may provide advice and guidance.

MANAGING CONFLICT BETWEEN MEMBERS

If a specific member within this collaboration has an issue with another member, it is understood that they will confer one-on-one in an attempt to resolve this between themselves. If this is successful and the outcome may have implications on this collaboration's work, both members will jointly communicate the resolution to the Inclusion Project Manager and discuss whether to convey this to the full collaboration. If this private discussion was not wholly successful, both members will then jointly consult with the Inclusion Project Manager who will attempt to privately mediate this conflict, bring this issue to the full collaboration's next meeting, and/or request assistance from Vera Institute.

MANAGING CONFLICT WITH INCLUSION PROJECT MANAGER

If any individual member or agency has a conflict with the Inclusion Project Manager, they will first discuss this directly. If that does not prove satisfactory, depending on the nature of the conflict, there is the option to request time on the agenda of the next meeting to discuss this with the full collaboration and/or to discuss this with Inclusion Project Manager's direct supervisor at Willow, the Director of Programs and Services.

MANAGING CONFLICT WITH EXTERNAL STAKEHOLDERS

In the event when a conflict with external stakeholders may affect the progress and/or the outcome of this collaboration's work, if practical, the full collaboration will determine how to best approach this conflict. The Inclusion Project Manager would consult with the Vera Institute if such conflict or action plan in response to the conflict would potentially affect the Office of Violence Against Women (OVW) or affect this collaboration's ability to do its work.

CONFIDENTIALITY

In our work within the DV/SV field, when we handle extremely sensitive information and lives are potentially at risk, confidentiality and privacy is of paramount importance. This is especially true when we are working with a small close-knit minority community such as the Deaf community. In addition, we have articulated our confidentiality policies governing personal disclosures, information of a sensitive political nature, and mandatory reporting. These guidelines will foster trust among the agencies, between service providers and survivors, and between the Deaf community and the agencies.

CONFIDENTIALITY FOR INDIVIDUALS SERVED BY EACH AGENCY

The Deaf community in Rochester, and more broadly in America, is extremely small and close-knit with considerable overlaps due to the high concentration of Deaf people attending a small number of schools and colleges/universities. A Deaf person cannot easily disappear or start over again by relocating to a different part of the country and joining the Deaf community there. Furthermore, even if specific identifying information was not shared, Deaf service providers can often guess who the parties are. Thus, confidentiality is of paramount importance and even fewer details should be provided than what DV/SV service providers may be accustomed to.

Therefore, within this collaboration, the safety of each individual survivor takes precedence over the systemic change work we do together. The following steps will be taken:

- All collaboration members agree to keep any and all discussion of any survivors, even in general terms, strictly within the full collaboration group.
- Under no circumstances will any member of this collaboration use any identifying information of any kind when in discussion within the collaboration.
- None of the survivors' information or circumstances will be documented in writing by anyone.
- All members honor confidentiality practices required by federal and state laws, their respective agencies, and professional guidelines.
- All sign language interpreters paid by us will be certified and held accountable to the NAD-RID Code of Professional Conduct.

CONFIDENTIALITY FOR AGENCIES

In our work together as a collaboration, we may learn information that is politically sensitive and/or does not reflect favorably on one of the agencies. For such cases, we will take the following steps:

- All collaboration members agree to keep any and all discussion of any such information strictly within the full collaboration group.
- Under no circumstances will any member of this collaboration use any identifying information of any kind.
- All sign language interpreters paid by us will be certified and held accountable to the NAD-RID Code of Professional Conduct.

CONFIDENTIALITY FOR COLLABORATION MEMBERS

In order to create space where each member of the collaboration feels safe, a culture of openness, honesty, and trust must be promoted. To do so, we will take the following steps:

- All collaboration members agree to keep any and all discussion of information derived from personal disclosures by individual members of this collaboration strictly within the full collaboration group.
- If personal disclosures are privately shared by a member of this collaboration with a specific member of the collaboration, that member shall not share it with the collaboration unless otherwise requested by the person divulging the information.

- All sign language interpreters paid by us will be certified and held accountable to the NAD-RID Code of Professional Conduct.

EXCEPTIONS TO CONFIDENTIALITY

Our confidentiality policy does have the following exceptions:

- Whenever mandatory reporting is required. More information is provided in the following section.
- Whenever the confidential information could adversely affect the ability of this collaboration to do its work. When this occurs, Vera Institute must be consulted. However, the Inclusion Project Manager will strategize with the full collaboration on how to share this sensitive information.

MANDATED REPORTING

Introduction

Communities all around the country are creating innovative partnerships to assist victims of domestic violence, dating violence, sexual assault, and stalking. These innovative partnerships are collaborations among various groups that address system concerns and/or individual cases. Some of these innovative partnerships may include agencies or personnel sharing space (co-location) and technology resources, aggregate data collection of client information, case management meetings across agencies, client referrals, and periodic or occasional interactions among staff from different agencies to coordinate services.

Structuring or coordinating our innovative partnership has legal and ethical implications, including discussing appropriate approaches for partner agencies to protect or share individual client information. Agencies and professionals who participate in an innovative collaboration, whether those agencies are located in the same physical space or not, should recognize that the goal of the collaboration is to provide access to domestic violence and sexual assault services that enhance survivor safety and privacy. Survivor safety and privacy can be compromised by the failure to maintain confidentiality of client information. Collaborating entities should affirm that confidentiality and privacy protections are critical to serving survivors who use any of their services.

While the collaborative recognizes the importance of mandated reporting in many instances of abuse, for survivors of DV/SA, particularly Deaf survivors, reporting may place them in greater danger and compromise confidentiality.

The members of this collaboration recognize that the collaboration itself may each have different obligations concerning confidentiality and information sharing. While agencies may have differing obligations, each agency's individual, professional confidentiality obligations must be honored within the entire collaboration.

It should be the policy of the collaboration and its partners to hold confidential (to the extent required under state and federal law and agencies' policies) all communications, observations, and information made by or about survivors. If information-sharing is required between certain partners (e.g., between law enforcement and prosecutors), a survivor will be notified of this BEFORE she/he signs a release of information to be shared to those partners.

Vigilance

The collaboration or the existence of any confidentiality agreement or memorandum of understanding (MOU) between or among agencies in a collaboration does not limit or eliminate confidentiality protections for survivors. Indeed, it requires constant vigilance in order to ensure that confidentiality of survivor information is protected.

Adherence to Policy

Staff, advocates, consultants, and independent contractors understand that their continued employment and participation as a member of this collaboration is contingent on adherence to all privacy, information sharing, and confidentiality policies.

Notice of Survivor Rights

All survivors must be provided information about the agencies and the collaboration's confidentiality policy and practices, and his/her rights under such policies. Such notices will be developed while planning the Needs Assessment.

Law

The collaboration and each member agency should follow all relevant laws and policies related to confidentiality, information sharing, and privacy of survivor information. In the event that there is confusion about whether survivor information should be protected from disclosure, the collaboration should err on the side of protecting the information. Those laws and policies are delineated below.

Technology

Technology can both enhance and infringe on protecting confidential survivor information. Accordingly, in this collaboration's work and use of Google Drive, the collaboration will not put in writing any survivor information.

Applicable New York State Mandated Reporting

New York State regulations and laws related to mandated reporters are detailed here. As a rule, the specifics of any individual's situation will not be discussed by the collaboration in a way that identifies the individual. Accordingly the following steps will be taken:

- The collaboration will not discuss the experiences of any survivors served by their agency because our scope does not extend to case management but rather focuses on systemic changes.
- The collaboration will never use identifying information which includes but is not limited to names, home/work locations, and occupations.

The above two critical steps will avoid mandatory reporting under all relevant New York State laws and regulations. Observing the above guidelines is essential to the protection, safety, well-being and the preservation of dignity of the survivors we serve. Further confidentiality protections will be tended to during the planning of the Needs Assessment.

In the event that survivor information is inadvertently shared during our collaboration's work, the following guidelines apply.

Adults with Disabilities

None of the agencies as a whole are mandated by laws, regulations, or agency policy to become mandated reporters nor are any members of this collaboration, due to their occupation, license and/or other professional codes, mandated to report abuse of adults with disabilities.

However, it is understood by all members of this collaboration that anyone may voluntarily report suspected abuse. In the event that reporting requirement is triggered, our collaboration's response is outlined below.

Abuse or Neglect of Persons under Age of 18

The following state law describes the mandate for applicable agencies and professionals to report suspected abuse or neglect of children under the age of 18:

- New York Social Services Law (§ 413) identifies specific individuals among the mandated reports of suspected child abuse or maltreatment when “a child, parent, or other person legally responsible for the child is before the mandated reporter when the mandated reporter is acting in his or her official or professional capacity.”

The following individuals participating in this collaboration are mandated reporters:

- Director of Programs and Services, Willow.
- Inclusion Project Manager, Willow.
- Program Manager, RESTORE.
- Outreach and Education Specialist, RESTORE.

Abuse of Vulnerable Persons

The following state law describes the mandate for applicable agencies and professionals to report suspected abuse or neglect of vulnerable persons:

- Protection of People with Special Needs Act requires New York State mandated reporters to report abuse involving vulnerable persons - regardless of age - to the Vulnerable Persons’ Central Register (VPCR) operated by the NYS Justice Center for the Protection of People with Special Needs. A “vulnerable person” is an individual who, “due to physical or cognitive disabilities or the need for services or placement is receiving care from a facility or provider within the systems of the State Oversight Agencies.”

While none of the agencies in this collaboration are considered covered facilities or programs under this Act, members understand that anyone may report suspected abuse of vulnerable persons. In the event that a reporting requirement is triggered, our collaboration’s response is outlined below. However, any survivors who are Deaf who otherwise do not qualify under the above definition are not considered a vulnerable person.

In Event of a Report

It is recognized that anyone in the state of New York may report suspected abuse. Thus, we have developed a plan for responding to the unlikely scenario in which a member is involuntarily or voluntarily compelled to make a report. Those steps are as follows:

- The reporter is responsible for informing the group that they are making the report.
- The Inclusion Project Manager will guide discussion on:
 - How the decision to report – and potential consequences—will be communicated to the concerned parties; who is responsible for making the report and what steps they will take, if any, to follow-up on that report; and share information for contacting the relevant authority listed below:
 - Central Register of Child Abuse and Maltreatment of New York State Office of Children and Family Services: (800) 635-1522, TDD/TTY (800) 638-5163, Video Relay System at (800) 342-3720.
 - VPCR: (855) 373-2122, TTY (855) 373-2123.
- The Inclusion Project Manager will also facilitate discussion on the impact of reporting on the collaboration, agencies and/or individual members.
- The Inclusion Project Manager is responsible for informing OVW of any circumstances that result in reporting suspected abuse.

COMMUNICATION PLAN

This section outlines our Communication Plan which describes the agreed-upon protocols for our collaboration governing how we will communicate within the collaboration and with external stakeholders. It is intended that such agreements ensure efficient use of our time in communicating with each other as well as minimizing any confusion or miscommunication where individual members may share different information with external stakeholders.

Internal Communications

COLLABORATION MEETINGS

The Inclusion Project Manager will lead and facilitate any and all collaboration meetings. It is customary within this collaboration for each agency to share its updates at the beginning of each meeting. Each member of the full collaboration has been trained on how to work effectively with sign language interpreters and continue to build their cultural competency in this area.

EMAIL COMMUNICATION

When the collaboration is not meeting face-to-face, the collaboration would communicate through emails. Given that self-care is of utmost importance, anyone may work at any hour but a response is not expected on the weekends or outside business hours. When a time duration is specified, such as two days, it is interpreted to mean two business days.

COLLABORATING OUTSIDE MEETINGS

In order to complete tasks, in addition to emails, all members of the collaboration have agreed to rely on collaborative online tools such as Doodle, Google Documents, and others. All documents are to be stored in a shared Google Drive folder.

LOGISTICAL PLANNING

All members of the collaboration are expected to respond to logistical emails sent out by the Inclusion Project Manager as soon as possible to avoid delays. This frequently means the use of Doodle polls.

CONTACTING INCLUSION PROJECT MANAGER

All members are welcome to reach out via email with their suggestions, feedback, and/or comments. If the agenda is more extensive than what can be covered in an email, a phone call or a face-to-face meeting can be arranged at a mutually convenient time during business hours.

PROGRAM COMMUNICATIONS

The Chief Operating Officer (COO) of Willow Domestic Violence Center is the named agent representing the collaboration with OVW. Accordingly, she will periodically receive official communication from OVW which she will then share with the Inclusion Project Manager to distribute as needed. The Inclusion Project Manager will also share any other substantive OVW communications with the full collaboration.

STORAGE OF FILES

All operational files and deliverables are stored in a password protected Google Drive folder to which all members of the collaboration have full access. Any edits are tracked by its auto-tracking functionality.

QUARTERLY OVW INVOICES

Both the Inclusion Project Manager and the Finance Director will remind agencies to submit their quarterly invoices on a timely basis. In event of OVW-approved travel expenses, they are to be sent to the Inclusion Project Manager as soon as travel is completed.

External Communications

GENERAL PUBLIC

In the event of any information being shared with the public, each agency has a process to review and approve the content being shared. Printed materials shall have all agencies' logos. Furthermore, whenever possible, all communication should be presented in both spoken English and American Sign Language.

- Willow Domestic Violence Center: Any communication must be reviewed internally and this process takes 2-3 days.
- RESTORE: Any communication must be reviewed and go through several layers of approvals. This process can take up to 2 weeks.
- ASADV: The Executive Director makes the determination and may also need to review it with her full team and/or with the Board of Directors. This process will take less than 2 weeks.

VERA INSTITUTE

The Inclusion Project Manager meets with Vera Institute on a regular basis for ongoing Technical Assistance (TA). In the event that the collaboration needs to communicate with Vera Institute, our OVW designated TA provider, the Inclusion Project Manager, will customarily facilitate communication although all members of the collaboration are free to communicate directly. The TA liaison has agreed to respond to inquiries within 3 days. In the event that is not possible, the TA liaison will communicate the additional time needed to provide the requested assistance.

OFFICE OF VIOLENCE AGAINST WOMEN (OVW)

In the event that the collaboration needs to communicate with the Disability Grant Program Specialist, the Inclusion Project Manager will customarily facilitate this communication. In the interest of efficient communication, the Inclusion Project Manager will normally consult with Vera Institute before communicating with OVW. These emails will be copied to Vera Institute. OVW has up to 45 days to respond to any inquiries or to review any deliverables.

IMMEDIATE MEDIA INTERVIEWS REQUESTS

Each agency has collaboratively developed talking points that focus on services, statistics, and community resources. The person contacted by the media for interviews happening on short notice will rely on the agreed upon talking points as shown at the bottom of this section. However, we anticipate that each agency may refer to this collaboration in their communication with the media or the general public. They are empowered to do so. However, whenever possible, such communication would be made by a representative from this collaboration who will rely on the talking points listed below. If additional information is requested within a time frame that makes it impractical to consult with the collaboration, the collaboration is authorizing this representative to respond in good faith to the information requested. Furthermore, we encourage the person representing the collaboration to elaborate as needed by conveying our collaboration's vision and mission statement. The shared information and the outcome of this media interview will be shared with the full collaboration.

MEDIA INTERVIEWS SCHEDULED IN ADVANCE

In the event that the collaboration is contacted by the media for interviews scheduled in advance, all inquiries will be directed to the Inclusion Project Manager who will ensure that our response is within the guidelines described in this section. Each agency has collaboratively developed talking points that focus on services, statistics, and community resources. It is expected that those talking points will represent the beginning of this conversation and will likely include sharing our vision and mission statement. Furthermore, our protocol is that the respondent would be a team of two people: a hearing and a Deaf representative from within the collaboration. This interview would furthermore be interpreted by a team of two sign language interpreters from our pre-approved list of trusted interpreters who are familiar with the collaboration's work. As a courtesy, the Inclusion Project Manager will coordinate the interpreters but it will be clear from the outset that they will bill the media outlet directly. Guidelines will be provided to the media on where all the parties will be positioned during the interview for optimal communication and ensuring that both the on-camera interpreter and the Deaf person are in full view of the camera.

MEDIA TALKING POINTS

Deaf Gain Collaboration (DGC) is a 3-year grant funded by the Office of Violence Against Women (OVW)

- DGC is a collaboration among three local agencies: ASADV, RESTORE, and Willow Domestic Violence Center.
- DGC's purpose is to increase and improve each agency's capacity to provide DV/SV services to Deaf survivors in Monroe County.
- All services provided by all three agencies are free and confidential; services includes advocacy, counseling, outreach, and education.
- All agencies can be contacted directly by phone/videophone, email, or through social media.
- Statistics are as follows:
 - Less than 1% of sexual assault perpetrators goes to jail.
 - Sexual violence happens every 2 minutes.
 - 9 of 10 females and 1 of 10 males are raped.
 - 1 of 3 females and 1 of 4 men experience domestic violence in their lifetime.
 - Every 8 minutes, a child experience sexual assault.
 - 1 out of 15 children exposed to domestic violence annually.
 - Deaf people experience domestic violence and sexual violence at rates that are at least twice those reported by hearing counterparts.

WORK PLAN

The Work Plan is a guide for the activities of the collaboration team and will be revised as needed. The time frame for the 3-year grant is September 1, 2015 to September 30, 2018.

DELIVERABLE	ESTIMATED DATE OF SUBMISSION TO OVW
Collaborative Charter	September 9, 2016
Narrowing the Focus Memo	September 15, 2016
Needs Assessment Plan	September 30, 2016
Needs Assessment Report	January 30, 2017
Strategic Plan	February 28, 2017

Works Cited

- Anderson & Leigh, "Intimate partner violence against deaf female college students," *Violence Against Women* 17 (2013): 822–834. (Abstract) <http://vaw.sagepub.com/content/17/7/822.abstract>
- Bauman, H. L., & Murray, J. M. (2009). Reframing: From hearing loss to deaf gain. *Deaf Studies Digital Journal*. http://dsdj.gallaudet.edu/assets/section/section2/entry19/DSDJ_entry19.pdf
- Black, M.C et al., (2011). The national intimate partner and sexual violence survey. *National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/violenceprevention/nisvs/>
- Cripps, J. S. (2000). *Quiet journey: Understanding the rights of deaf children*. Owen Sound, Ont.: Ginger Press.
- Cogen, C., & Cokely, D. (2015, January). *Preparing Interpreters for Tomorrow: Report on a Study of Emerging Trends in Interpreting and Implications for Interpreter Education*. http://www.interpretereducation.org/wp-content/uploads/2016/02/NIEC_Trends_Report_2_2016.pdf
- DeafHope. (2006) Deaf Power and Control Wheel. (Handout) http://www.ncdsv.org/images/DeafHope_DeafPowerControlWheel_2006.pdf
- Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2014 (2015)
- Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Female Victims of Sexual Violence, 1994-2010 (2013); ii. National Institute of Justice & Centers for Disease Control & Prevention, Prevalence, Incidence and Consequences of Violence Against Women Survey (1998).
- Effective Communication. (2014, January) U.S. Department of Justice Civil Right Division
- Esposito, E., & Whyte, A. (2011) Deaf Community Accountability Wheel. (Handout) <http://www.endabusepwd.org/wp-content/uploads/2015/04/DeafComunityAccountability.pdf>
- Gallaudet. (2016). *What is DeafSpace? - Gallaudet university*. Retrieved August 29, 2016, from Gallaudet University, <http://www.gallaudet.edu/campus-design/deafspace.html>
- Harrington, T., & Jacobi, L. (2010, September 1). *What is Audism: Introduction*. Retrieved August 29, 2016, from Gallaudet University Library, <http://libguides.gallaudet.edu/content.php?pid=114455&sid=989379>
- Humphries, T. (1977). *Communicating across cultures (deaf -hearing) and language learning*. Union Institute and University, Cincinnati, OH. <http://libguides.gallaudet.edu/content.php?pid=114455&sid=989379>

Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D., Padden, C., Rathmann, C., & Smith, S. R. (2012). Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches. *Harm Reduction Journal*, 9(1), 16. doi:10.1186/1477-7517-9-16

Jezewski, M. A., & Sotnik, P. (2001). Culture brokering: Providing culturally competent rehabilitation services to foreign-born persons. the Center for International Rehabilitation Research Information and Exchange, <http://cirrie.buffalo.edu/culture/monographs/cb.php>

N. Smith and C. Hope. Culture, language, and access: Key considerations for serving deaf survivors of domestic and sexual violence. New York: Vera Institute of Justice, 2015.
<http://archive.vera.org/sites/default/files/resources/downloads/serving-deaf-survivors-domestic-sexual-violence.pdf>

Pollard, R. Q., Sutter, E., & Cerulli, C. (2013). Intimate partner violence reported by two samples of deaf adults via a computerized American Sign Language survey. *Journal of Interpersonal Violence*, 29(5), 948-965. doi:10.1177/0886260513505703

RAINN (2012, March 27). *97 of every 100 rapists receive no punishment, RAINN analysis shows*. Retrieved August 29, 2016
<https://www.rainn.org/news/97-every-100-rapists-receive-no-punishment-rainn-analysis-shows>

Rems-Smario, J.(2007). Domestic violence: We can't ignore it anymore. *NADmag*, March/April 2007, 16-18. <http://nad.org>

Sacks, V., Murphey, D., & Moore, K. (2014). Adverse childhood experience: National and state level prevalence. Retrieved from <http://www.childtrends.org/>

Smith SR, Chin NP. Social determinants of health in deaf communities. In: Maddock J, editor. *Public Health - Social and Behavioral Health*. InTech; 2012.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3704166/>

Thew, D., Smith, S. R., Chang, C., & Starr, M. M. (2012). The Deaf Strong Hospital program: A model of diversity and inclusion training for first-year medical students. *Academic medicine: journal of the Association of American Medical Colleges*, 87(11), 1496.

United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child Maltreatment Survey, 2012* (2013).

Vera Institute. (2016, August 18). <https://www.vera.org/centers/victimization-and-safety>

Walter, G., & Dirmyer, R. (2012). Number of persons who are deaf or hard of hearing: Rochester, NY. Collaboratory on Economic, Demographic, and Policy Studies.
http://www.ntid.rit.edu/sites/default/files/number_of_persons_who_are_deaf_or_hard_of_hearing.pdf