

**EXPANDING
DEAF-
SPECIFIC
VICTIM
SERVICES
NATIONWIDE:
A 5-YEAR STRATEGY**

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INTRODUCTION

Deaf individuals in the United States experience rates of domestic and/or sexual violence equal to or higher than their hearing counterparts, with emerging research pointing to rates twice that of hearing individuals.[1] Yet, Deaf survivors routinely face barriers when reaching out for help. From 911 systems that only take phone-based calls to domestic violence programs and rape crisis centers that do not provide bilingual and bicultural services in American Sign Language to prosecutors who question the credibility of Deaf witnesses, the services and systems designed to respond to domestic and sexual violence are not equipped to meet the unique language and cultural needs of the Deaf community. To address the unmet needs of Deaf survivors, Deaf communities have established victim services agencies that are staffed by Deaf people, rooted in Deaf culture, and operated in American Sign Language.

While these “for Deaf, by Deaf” programs are the most effective approach to serving Deaf survivors, **only 21 of these programs exist** around the country. Due to limited funding and other constraints, these programs struggle to sustain themselves and other communities struggle to develop and launch new programs. The result: “for Deaf, by Deaf” victim services **are not available in the vast majority of the country**, and Deaf survivors living in cities and towns without these life-sustaining programs often cannot access the broad range of services and supports survivors need for safety and healing, including crisis counseling, information and referrals, emergency shelter, counseling, and legal and medical advocacy.

In 2017, the Vera Institute of Justice (Vera) received funding from the U.S. Department of Justice, Office on Violence Against Women (OVW) to identify and recommend to OVW strategies to close this gap and expand advocacy services for Deaf survivors of domestic and sexual violence nationwide. The project was premised on the fact that technology could be used to expand the reach of victim services to Deaf survivors by providing these services virtually. This premise was based on several factors: the growing and successful use of technology to overcome distance and other barriers in other fields, such as telemedicine; the early success of using technology to increase survivors' access to hotlines, support groups, and even forensic exams; and, lastly, the cultural norms and traditions of using technology (including videophones, text messaging, and mobile apps) as a primary mode of communication within Deaf communities. Through interviews and focus groups with experts from Deaf communities around the country, as well as best practice research, Vera staff tested this premise and explored other strategies to expand "for Deaf, by Deaf" victim services nationwide. Based on a review of the information gathered, Vera staff concluded that, while virtual advocacy services can close significant gaps in services for Deaf survivors across the country, the nature and dynamics of support for domestic and sexual - especially when engaging with criminal,

civil, medical and other systems - necessitates some level of in-person victim services support. Thus, Vera recommends a multifaceted expansion strategy - the bedrock of which is the creation of a nationwide "for Deaf, by Deaf" virtual victim services program. Additional components of Vera's recommended strategy include pilot testing strategies to expand in-person services and scaling successful models to, ultimately, make those services available nationwide.

This report summarizes the key findings from the planning process we convened and outlines in detail the national strategy we recommend to expand victim services to Deaf survivors across the country based upon the information we collected. It provides background information on Deaf communities and culture in the United States and what is known about domestic and sexual violence, as well as other crimes, against Deaf people. It offers a snapshot of the current state of services for Deaf survivors based on best practice research and listening sessions we conducted. It discusses several strategies for expanding "for Deaf, by Deaf" victim services nationwide that were raised and explored during the planning process, including the strengths and limitations of each strategy. Finally, it concludes with our recommendation for how to expand services and provides a plan for implementing the recommended strategy.

A NOTE ABOUT LANGUAGE

In this report, the term **Deaf** is used as an all-inclusive term to encompass a number of diverse identities including those who are Deaf, deaf, DeafBlind, DeafDisabled, late-deafened, and hard of hearing. We have chosen to use one term, Deaf, to recognize that many experiences are shared by diverse individuals within the Deaf community while we also acknowledge and honor the diversity within the Deaf community.

Additionally, the term "**for Deaf, by Deaf**" services is used throughout this report to refer to victim services programs that:

- Are designed and run by members of the Deaf community;
- Provide services in sign language and ProTactile language;
- Integrate cultural values and traditions into all aspects of the organizations and approaches to service provision and advocacy;
- Navigate unique considerations around safety and confidentiality within a small tight-knit community, the Deaf community; and
- Leverage strengths in Deaf culture and communities to support Deaf survivors.

A top-down photograph of a dark desk. In the upper right, a black smartphone lies horizontally. Below it, three blue pencils are arranged diagonally. To the left of the phone, there are several white papers and sticky notes, some with faint text and a small circular logo. A white eraser is visible at the top center. The overall scene suggests a workspace for planning or research.

THE PLANNING PROCESS

To better understand the unmet needs of Deaf survivors and to identify, explore, and recommend strategies to reach more survivors, Vera staff undertook a comprehensive planning and development process that consisted of: an assessment of current services for Deaf survivors to determine unmet need; activities to identify a range of possible strategies to address unmet needs; information synthesis and program development to determine and refine recommended strategies; and consensus-building activities to assess/generate support for proposed strategies from key stakeholders. During this process, Vera engaged a diverse group of stakeholders, including individuals with expertise in serving Deaf survivors of domestic and sexual violence, people with experience using technology and other innovative strategies to close gaps in services for crime survivors, and individuals

outside of the victim services field who offered information on a range of relevant areas including the provision of human services online, technology, and legal considerations. Vera completed the following activities:

- reviewed **8 national hotline and virtual service programs** to better understand approaches to marketing, service provision, technology, and accessibility;
- made test calls to **9 national or state-wide hotlines** for survivors of crime and/or individuals in crisis to assess their accessibility and readiness to support Deaf contactors;
- conducted **in-depth interviews** with the current provider of the National Deaf Domestic Violence Hotline;

- conducted **52 informational interviews** with advocates and management staff from Deaf domestic and sexual violence programs;
- hosted a **listening session** with Deaf advocates at the Deaf Anti-Violence Coalition's biennial conference for domestic and sexual violence advocates;
- held a two-day, intensive focus group with **8 Deaf advocates** from around the country to explore strategies, including technology, that could be used to increase Deaf survivors' access to healing and advocacy; and
- held a two-day, consensus-building meeting with **8 Deaf advocates** to review and refine proposed strategies to expand services to Deaf survivors nationwide.

Throughout the planning process, Vera centered the voices, perspectives, and expertise of members of the Deaf community.



DID YOU KNOW?

American Sign Language dates back to the early 1800s when the first school for the Deaf was established in Connecticut. American Sign Language is one of many different sign languages that exist – no one knows exactly how many – but is believed to be the most widely used.[2]



THE DEAF COMMUNITY

Deaf people view being Deaf as a positive aspect of who they are, not something that needs to be fixed. Instead of viewing themselves as lacking hearing, many Deaf and hard of hearing people identify as members of a distinct cultural group in the United States.

Deaf Culture

Deaf culture coalesces around the use of a shared language and values that encourage close relationships and connections with other Deaf people, as well as common behavioral norms and traditions.

Language

American Sign Language (ASL) is a visual/gestural language that has no vocal component. ASL is a complete, grammatically complex language. It differs from a communication code designed to represent English directly. ASL is not a universal language, however.

"Culture and language intertwine, with language reflecting characteristics of culture. Learning about the culture of Deaf people is also learning about their language. American Deaf culture includes people who are deaf and who have their own language - American Sign Language - values, rules, and traditions." [3]

- Gallaudet University

There are signed languages in U.S. territories, such as Guam Sign Language (GSL) and other indigenous sign languages, and in other countries such as Mexican Sign Language (LSM).[4]

ASL similar to English, has regional accents and dialects. There are regional variations in sign production, rhythm of signing, and slang. Other sociological factors, including age, gender, race and ethnicity, affect ASL usage and contribute to the diversity of language use within the Deaf community.[5] For example:

- **Black American Sign Language:** Many people in Black Deaf communities use Black American Sign Language, a distinct variety of American sign language that reflects the unique history (including segregated education) of Black Deaf people in the United States and the influence of Black hearing culture.[6]
- **ProTactile Language:** ProTactile is a language that is rooted in touch and used on the body. DeafBlind people are empowered by communicating, connecting, and experiencing the world through touch (as opposed to sight).[7]

Values

Collectivism is the heart of the Deaf community. Information-sharing and resource-sharing among community members is vital since Deaf people do not have the same access to information that hearing people do. One of the primary ways knowledge is gained is through incidental learning or informal communication (including overhearing information) in public or private settings and, because of language differences and barriers, Deaf people cannot access information in hearing environments in this way.[8] Deaf people are also a critical source of support and resilience to one another. They rally around each other and provide support and solidarity in the face of systemic discrimination and exclusion in the hearing world. This support is even more critical to Deaf community members with intersecting identities, such as DeafBlind, Black Deaf, DeafDisabled, and Trans Deaf people.

Norms and Traditions

Deaf norms and traditions differ from their hearing counterparts. Eye contact is essential and communication is direct – often considered blunt by hearing people. Deaf-centered spaces, like Schools for the Deaf and Deaf clubs, are cherished. Deaf events like social outings and conferences create rare opportunities for Deaf people to come together to socialize and network—opportunities leading many Deaf people to go out of their way to attend them.

Cultural Transmission

Deaf culture is unique because it is not passed from parent to child as are most cultures. The vast majority of Deaf people are born to hearing parents. Because these parents are not members of the Deaf community and are not signers, Deaf children do not have access to their language or culture from birth. Instead, the locus of language and culture for the Deaf community is in Deaf clubs and schools for the Deaf - where other Deaf people connect. Paddy Ladd - an internationally recognized Deaf writer, scholar, and activist - coined the term "Deafhood" to describe the journey through which Deaf people embrace their Deaf identity and reject the negative ways of deafness as a deficit which needs to be fixed. Deaf people must pass on the values, language, and culture to Deaf children for them to become whole.[9]

Deaf Gain

Many hearing parents or professionals still do not fully comprehend that being Deaf is not a "loss" but rather a "gain." The term "Deaf Gain" has been coined "in opposition to 'hearing loss' in order to encompass the myriad ways in which both deaf people and society at large have benefited from the existence of deaf people and sign language throughout recorded human history." [10]

"I grew up being the only Deaf person I really knew so I didn't have any Deaf/HoH role models around me to relate to. Because of that, for years I felt very hopeless, alone, and isolated. I didn't have anyone to connect with as a deaf person." [11]

- Jessica Flores, Deaf Comedian

Deaf Communities

The Deaf community is not a singular community. Like the hearing community, for example, there is diversity in terms of race and ethnicity, religion, sexual orientation and gender identity, disability, and socioeconomic status. While American Sign Language is the predominate language of the Deaf community in the United States, there is also diversity within the community in terms of language use. Lastly, while identity is very personal and varies from individual to individual, it is helpful to understand some of the diverse ways members of the Deaf community identify:

- Deaf
- DeafBlind
- DeafDisabled
- Late-deafened
- Hard of hearing[12]

Size of Community

Approximately 15 percent of the U.S. population, or 37.5 million adults, report some degree of hearing loss.[13] Roughly 2 to 3 of every 1,000 children in the US are born Deaf or hard of hearing.[14] These statistics, however, do not distinguish between people with hearing loss and members of the Deaf community. Unfortunately, there is a dearth of information on how many Deaf people live in the United States. The most recent population estimate survey was conducted in 1974. The authors of this research estimated there were approximately 500,000 Deaf people at the time in the United States. While this survey remains the ultimate source, it is severely outdated and cannot be used to extrapolate the number of Deaf people in the United States today.[15]

Understanding the Importance of Deaf Leadership and Visibility

Because the vast majority of Deaf children are born to hearing parents, without intentional effort on the part of their hearing parents, many Deaf children live much of their lives without other Deaf role models. The negative impact this has on Deaf children's self-image and development cannot be understated. In his extensive research within Deaf communities, Paddy Ladd interviewed Deaf children who shared that they believed they would die soon after leaving school because they had never seen a Deaf adult. As Ladd describes it, the "...appearance of Deaf adults were literally life-confirming experiences for many Deaf children." [16] This explains, in part, the importance of the "for Deaf, by Deaf" cultural value. The Deaf President Now protest at Gallaudet University in 1988 was a significant example of the critical importance of "for Deaf, by Deaf" leadership and services. In its over 120 years of operation as the world's first university for Deaf students, Gallaudet had not had a Deaf president until that protest.[17] Having Deaf people as staff of victim services agencies is equally important and empowering to Deaf survivors. Upon seeing that staff of these programs, including the executive directors, are also Deaf, survivors often make a clear connection to their personal sense of empowerment and ability to make choices that increase their safety.



VIOLENCE & ABUSE IN THE LIVES OF DEAF PEOPLE

Violent Victimization

Research demonstrates that people with disabilities and Deaf people experience victimization at higher rates than the general population. For example, according to the Bureau of Justice Statistics' National Crime Victimization Survey (NCVS), people with disabilities, including those with "hearing disabilities," were 2.5 times more likely to experience violent victimization and 3 times more likely to experience serious violent crime than people without disabilities.[18]

Domestic and Sexual Violence

Unfortunately, we cannot turn to the well-known, large-scale national studies on domestic and sexual violence to understand the Deaf experience. Many of these studies, including the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey – the most

current and comprehensive national and state level data source in the United States, use research methodologies that are inaccessible to Deaf people.[19] They rely exclusively on collecting data via phone-based interviews or written surveys in English, limiting the participation of Deaf signers.[20] Instead, to understand how prevalent domestic and sexual violence is in the lives of Deaf people, we have to turn to a small, but growing body of research studies that focused on Deaf communities, specifically, and used accessible research methodologies, including data collection in American Sign Language. This research paints a vivid picture of epidemic rates of violence and abuse across the lifespan of Deaf people.

Deaf Children

Children who are Deaf or hard of hearing experience higher rates of physical and sexual abuse than their hearing counterparts. One study found that Deaf and hard of hearing children were 1.4 times more likely to be neglected and twice as likely to be physically abused.[21] Studies have also shown that deaf children are 2-3 times more likely to experience sexual abuse than hearing children.[22] In one study, more than 50 percent of Deaf people (males and females) reported they were sexually abused as children.[23]

Deaf Adults

Research on domestic and sexual violence against Deaf people demonstrates higher rates of domestic and sexual victimization – intimate partner violence, psychological aggression and abuse, forced sexual experiences, and sexual assault – than their hearing counterparts. A number of comparative studies have shown that **Deaf individuals are anywhere from 1.5 to 5 times more likely to experience these forms of violence** than their hearing counterparts.[24] Further, some research indicates that over 70 percent of Deaf men and women have been physically assaulted, and more than 40 percent of Deaf males and 50 percent of Deaf females have experienced sexual assault.[25] One study found that Deaf adults were more likely to experience forced sexual experiences than hearing adults--at rates that were at least

twice those reported by hearing respondents in other surveys.[26]

In 2017, researchers analyzed 14 studies on the prevalence rates of neglect, emotional, physical and sexual abuse, and intimate partner violence in the Deaf/hard of hearing population. Across these 14 studies, they found:

- Prevalence rates of physical abuse were higher among Deaf and hard of hearing individuals compared to their hearing counterparts in all studies, with rates of physical abuse varying from 39 to 46.8 percent.
- Prevalence rates of sexual abuse were at least the same or significantly higher among Deaf and hard of hearing individuals as compared to their hearing counterparts. Among Deaf and hard of hearing people, rates varied from 34 to 39.6 percent in women and 6 to 32.8% in men.
- Neglect was the least examined type of abuse overall.[27]

Unique Dynamics

Deaf survivors of domestic and sexual violence experience many of the same forms of abuse as their hearing counterparts (e.g., isolation; intimidation; blame; and financial, emotional, physical, and sexual abuse), but they also experience unique forms of abuse and violence.

Abusers may:

- Intentionally injure a victim's hands to prevent communication in sign language, or destroy devices used for communication, such as smartphones and videophones.
- Monitor communication by accessing saved text messages, emails, instant messenger communication logs, or video messages, and erase or falsely reply to emails and text messages.
- Isolate victims from the Deaf community or intimidate victims by threatening to move away from the victim's established Deaf community or to an area with very few Deaf people.

Abuse thrives in isolation.

Deaf abusers might throw objects, or use gestures, facial expressions or exaggerated signs, or put themselves in close physical proximity to victims, and then deny the inappropriate or aggressive behavior by saying it as a culturally accepted way of communicating. In addition, hearing abusers may interpret falsely or inaccurately to the victim to manipulate situations, including to law enforcement or child protective service advocates, reinforcing the general mistrust Deaf victims may have of dominant hearing culture.[28]

"He tried to stab me with a knife, and I screamed. My oldest daughter called the police, but I told her to hang up, and I called my mom to see if we could stay at her house. The police did show up anyway, but I was ashamed and did not request an interpreter because it was a small, closely knit Deaf community, and I did not want what happened to us to spread in the Deaf community." [29]

- Cherie Watson, *Violence in Deaf Culture: My Story, My Voice*

ABUSE IN DEAF RESIDENTIAL SCHOOLS

Residential schools for Deaf children exist in every state in the United States. These schools, which date back to the 1800s, provide academic programming for children in preschool through grade 12, in most cases. These schools provide academic learning in American Sign Language. However, the role of these schools in the lives of Deaf children far exceeds a mere site for formal education. They are described by some as the “crucible in which American Deaf culture was forged” and they continue today to be the primary place where Deaf people become familiar with and enculturated into Deaf culture, because, unlike other cultures, Deaf culture is not transmitted or passed down through family (except in rare instances when Deaf children are born to Deaf parents). [30]

Like many other cherished institutions in American culture, sexual abuse has been prevalent in Deaf schools, complicating the relationships many Deaf people have with them. In recent years, numerous reports of child abuse at Deaf schools have come to light. For example, in October 2019, following other reports of abuse at other Deaf residential schools, 12 women came forward with claims that a housemaster abused them in a school in New York state.[31] These recent disclosures are not new developments. Disclosures of abuse in residential schools date back to the 1950s and 1960s; however, it is only recently that these reports are being acknowledged and addressed in a manner that allows for healing.[32]

Addressing sexual abuse in Deaf schools is complex and difficult for many reasons, including a reluctance to name and acknowledge abuse because of fears among community members that the response by State-level education departments will be to close these cherished institutions.

“It was a nightly routine, and we were just little girls. It was a routine we would come to expect: we would do homework, take showers and the abuse would begin. It was normalized.”[33]

-Damita Jo Damino, New York Times



THE NEED

As part of the planning process, to better understand the unmet needs of Deaf survivors, Vera conducted an assessment. We reviewed academic literature and policy reports. We also gathered new information through conducting interviews and listening sessions with Deaf advocates from across the country and reviewing national hotlines, local programs, and other interventions for survivors. We synthesized this information to create a snapshot of the state of services for Deaf survivors and identified three key findings.

The State of Services for Deaf Survivors

Despite higher rates of domestic and sexual violence within the Deaf community, Deaf survivors face barriers that often prevent them from getting the help they need. When Deaf survivors reach out for services and support and their needs are not met, their experience of trauma is compounded by the very systems and services that are intended to help.[34] While these systems and services intend to be of support, they are mostly run by and designed for hearing people and present a number of ongoing barriers for Deaf survivors in their attempts to receive services.

FINDING 1: Deaf survivors of domestic and sexual violence face barriers to accessing victim services that are often insurmountable.

FINDING 2: “For Deaf, by Deaf” domestic and sexual violence programs are the most effective strategy to meet the needs of Deaf survivors.

FINDING 3: There is a critical shortage of “for Deaf, by Deaf” programs in the United States, leaving most Deaf survivors in the United States without access to the services offered by these programs.

FINDING 1: DEAF SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE FACE BARRIERS TO ACCESSING VICTIM SERVICES THAT ARE OFTEN INSURMOUNTABLE.

Survivors of domestic and sexual violence need an array of lifesaving and life-sustaining services - from emergency, crisis intervention to long-term advocacy - to help increase safety, heal from trauma, and pursue justice. Through the collective work of countless advocates and support from the Federal government, the United States has established services for survivors of domestic and sexual violence to meet these complex needs from hotlines to emergency shelter to support groups to financial compensation. According to the recent National Census of Victim Service Providers, conducted by the Bureau of Justice Statistics, more than 11,000 victim services organizations exist in the United States.[35] However, based on the 2017 Language Access in Victim Services national survey of more than 1500 victim service providers, 58 percent of respondents reported their agency **rarely serves** Deaf survivors (once every six months at most) and an additional 11 percent reported their agency has **never served** a Deaf survivor.[36] While jaw-dropping, these statistics are not surprising given the abundance of barriers that exist that prevent Deaf survivors from getting support from these organizations.

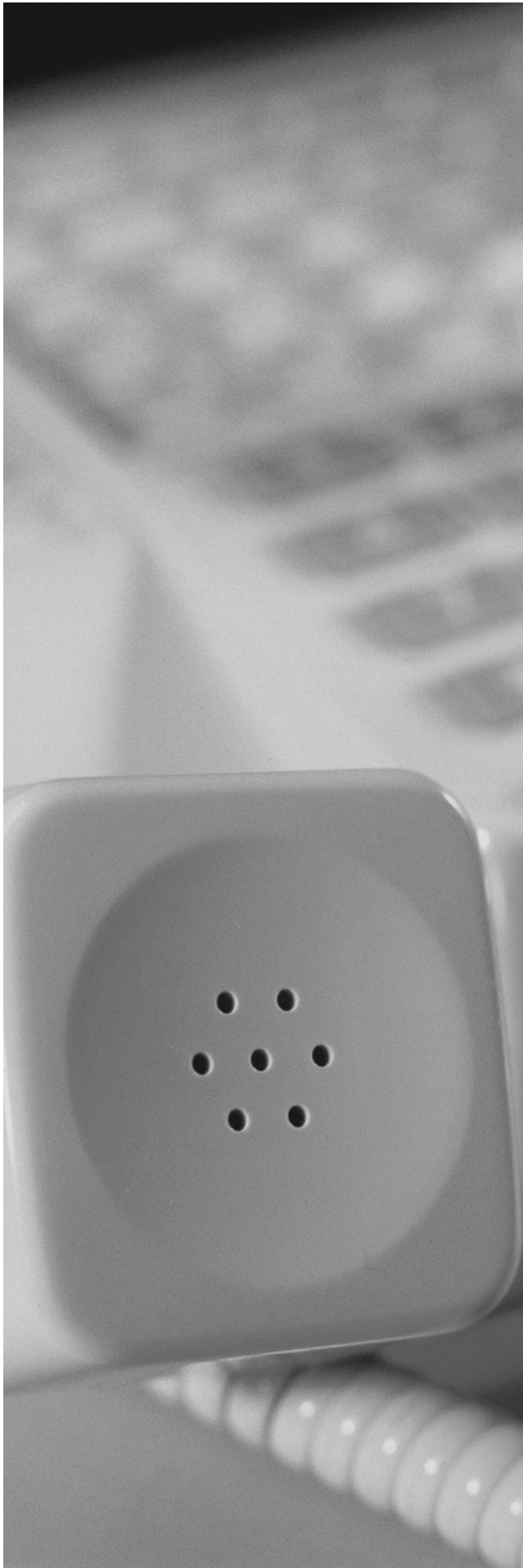
58%

OF VICTIM SERVICE PROVIDERS RARELY SERVED DEAF SURVIVORS

"Deaf and hard of hearing individuals have different cultural and linguistic needs than those who can hear. They also experience audism* and discrimination from hearing people, as well as barriers in the system when trying to gain access to the system and programs/services." [37]

- 2018 Reaching Victims
Survey Respondent

*Audism is the belief that the ability to hear makes one superior to those with hearing loss.



Inaccessible Crisis Hotlines

National hotlines for domestic violence, sexual assault, and stalking are perhaps one of the most widely advertised avenues for help for survivors. These hotlines include the National Domestic Violence Hotline, the National Sexual Assault Hotline, and the National Human Trafficking Hotline, as well as numerous hotlines offered by local communities. These hotlines provide immediate access to an advocate who can listen and provide support in a crisis, make referrals to a victim services program, and provide information and education. But the services provided by these hotlines remain largely inaccessible to members of Deaf communities across the country.

These hotlines are mostly operated by phone, and Deaf and hard of hearing people have two options for communicating with hearing advocates over the phone and both are ineffective. First, most hotlines offer a dedicated TTY number for Deaf and hard of hearing callers. Unfortunately, while some older Deaf individuals and those without access to the internet still use TTY, TTY is an outdated technology and is no longer widely used by Deaf and hard of hearing individuals. Moreover, it isn't an effective method of communication, especially when discussing emotionally difficult or emergent situations, as it requires Deaf people to communicate with hearing people by typing messages back and forth in English, which is a second language for most Deaf people, over the phone line using a special device.

Alternately, Deaf people could use Video Relay Services (VRS) to communicate with hearing advocates. Using VRS, Deaf callers would contact a Video Relay provider and be connected to a sign language interpreter using a videophone; the interpreter would call the hotline and get connected to the advocate via a phone; and the Deaf person would sign to the interpreter who interprets and relays the information to the hearing person. While this approach allows a Deaf person to communicate in American Sign Language, there are several dynamics of VRS that make it less than ideal to use for emergencies and issues related to domestic and sexual violence. First, when using VRS, callers are randomly assigned to an interpreter. Without a vetting process in place, given the small, close-knit nature of the Deaf community, assigned interpreters might know the caller, the person responsible for the abuse, or people in the person's community, which can compromise confidentiality and safety for survivors. Moreover, VRS interpreters do not receive specialized training to prepare them to interpret conversations on domestic and sexual violence. Without this training, which is severely lacking across the country, miscommunication is highly likely and victim blaming by interpreters is also common. Finally, the communication process of VRS is cumbersome and slow and not well-suited for emergencies or emotionally difficult conversations.* The anticipation of these challenges, compounded by other negative experiences Deaf people have with VRS and interpreters in general, creates another barrier that Deaf people have to overcome to make a call many survivors are already reluctant to make.

- WE MADE 9 HOTLINE CALLS, AND ONLY 1 WAS ANSWERED -

An additional barrier exists that prevent Deaf and hard of hearing people from receiving support from these phone-based hotlines. Most hotline providers are not prepared to answer relay calls, either through a TTY or VRS. In our interviews and listening sessions, Deaf advocates unanimously report that Deaf survivors tell them their relay calls to national and local hotlines are routinely unanswered or disconnected before communicating with an advocate. To assess readiness to accept relay calls, as part of Vera's research for this project, a Vera staff person who is Deaf called 9 national and state-wide hotlines. 6 of the hotlines provide support for survivors of dating and domestic violence, sexual assault, and/or human trafficking. The remaining 3 hotlines provide support to specific groups of people, including youth facing homelessness, veterans, and people considering suicide. Vera's Deaf staff person was only able to connect with an advocate at one of these hotlines. The remaining 8 hotlines had no answer, a pick-up with no response, or, in one case, an invalid number. While these calls were in no way scientific or representative, the results do echo the experiences reported by Deaf survivors and Deaf advocates and raise serious concerns about the accessibility of these hotlines.

*A demonstration of the Video Relay Service communication process during emergencies can be found online at <https://youtu.be/zlUEa36UICc>.

Limited to No Outreach and Engagement

Few victim service providers conduct outreach and community education to Deaf communities. Traditional outreach efforts aren't often conducted in places where Deaf community members congregate, such as Deaf schools, clubs, or community events. In addition, many outreach strategies, including television and radio ads, are inaccessible to Deaf community members and those that rely on print media pose barriers, especially to those for whom English is a second language. The content of common outreach efforts often does not resonate with Deaf community members. For example, abusive behaviors commonly used against Deaf survivors (such as destroying communication devices such as smart or video phones) aren't typically included in outreach brochures and images that resonate with Deaf people, such as people signing or using technology to communicate, aren't commonly used either.[38]

While a limited number of programs conduct traditional outreach efforts to Deaf communities, even fewer are engaged in the most promising strategy to reach Deaf survivors: community engagement work. Community engagement work is long-term, and it focuses on building relationships and trust with trusted leaders and institutions within the Deaf community. It also helps providers understand the dynamics of the community and the needs of Deaf survivors, which they can draw upon to tailor their services to better meet those survivors' needs. Vera has used this strategy in our own work with Deaf communities across the country to great success. It requires a significant investment of staff time, financial resources for interpreters (among other expenses), and skills in building cross-cultural partnerships. Unfortunately, outside of the funding provided through the U.S. Department of Justice, Office on Violence Against Women's Disability Grant Program, no dedicated opportunities exist to support this time and resource intensive work. Since 2006, out of the 91 collaborations that have been funded through this grant program, less than 10 percent, or 7, have focused on developing collaborations between hearing and Deaf organizations, and few such partnerships exist outside of this funding opportunity.[39]

Because specialized outreach efforts aren't widespread and in-depth partnerships are almost non-existent in most communities, **most Deaf community members don't know where to reach out for help related to domestic and sexual violence.**



Sign Language Interpreters Not Provided

Sign language interpretation is necessary for those who support survivors – advocates, medical personnel, law enforcement officers, prosecutors, judges – and Deaf survivors to communicate effectively with one another. Using a qualified interpreter, Deaf survivors can communicate in their primary language, increasing comfort and trust. Additionally, when qualified interpreters are used, information is communicated more accurately, which is essential in civil and legal proceedings. Yet, one of the most significant and enduring barriers Deaf survivors face when reaching out and receiving help is the consistent absence of sign language interpretation in victim services. In all of the interviews, listening sessions, and best practice research Vera has conducted to understand the needs of Deaf survivors dating back to 2008, the absence and, in many cases, the denial of interpreters to support communication in victim services is consistently raised by Deaf survivors and advocates as the most persistent barrier Deaf survivors face when accessing hearing programs and systems. They report a range of issues that negatively impact or breakdown communication from Deaf survivors being asked to read lips or write notes back and forth to family members or other unqualified people serving as interpreters. As shared in Vera’s report *Culture, Language, and Access: Key Considerations for Serving Deaf Survivors of Domestic and Sexual Violence*, **“these ad hoc measures lead to miscommunication, missed information, and frustration in any circumstance, but they are particularly problematic in the context of domestic and sexual violence. It is difficult to exchange information in a person’s non-native language in the best circumstances, and it becomes even more difficult if that person has experienced trauma, is in crisis, or if the information being conveyed is complex – all of which apply to Deaf survivors.”**[40]

There are a few factors that contribute to challenges related to the provision of sign language interpreters in victim service settings.

Lack of Qualified Sign Language Interpreters

For Deaf survivors to effectively access systems of support and safety (such as shelter-based services, medical and legal services), highly qualified American Sign Language interpreters are critical. Inexperienced or improperly assigned interpreters can cause significant barriers and harm. Yet, there is a **dearth of qualified sign language interpreters** for a number of reasons. First, in some communities, especially those that are remote, interpreters may not exist at all. In the 2017 Language Access in Victim Services survey, 23 percent of respondents reported that no sign language interpreters exist in their community at all.[41] Second, in communities where interpreters do exist, many lack basic fluency in American Sign Language: many interpreters only have high school level fluency but are regularly hired to interpret high risk interactions. Finally, few interpreters have received the specialized training necessary to interpret effectively for survivors of domestic and sexual violence. As a result, it is not uncommon for no interpreters or unqualified interpreters to be used in victim services with Deaf survivors. In the same 2017 survey, 21 percent of respondents indicated that they use spouses or adult family members of survivors as interpreters, 19 percent rely on gestures and pictures, and 12 percent have used children of survivors as interpreters.



1 IN 10
PROGRAMS USE
CHILDREN OF
SURVIVORS AS
INTERPRETERS

Don't Know How to Find Qualified Sign Language Interpreters

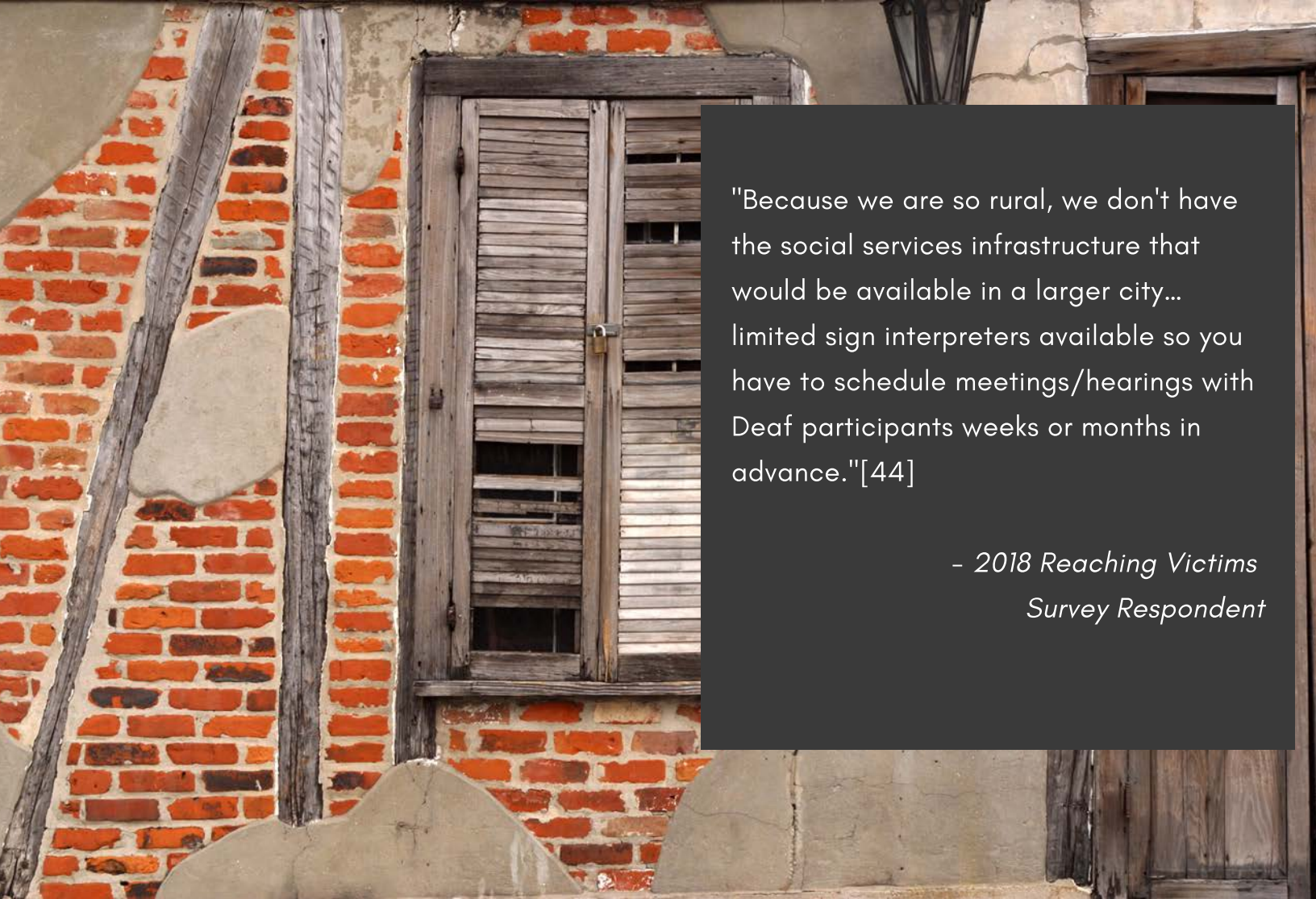
Proactively building a program's capacity to provide qualified interpreters is essential, especially because the most qualified sign language interpreters book months in advance and the nature of victim services make scheduling far in advance nearly impossible. Having relationships with qualified interpreters, agreements on how to secure interpreters with short notice, and providing training to prepare interpreters to work in victim services are just a few of the best practices in victim services. However, few victim service organizations employ them. In the 2017 Language Access survey, 34 percent of respondents reported that they do not know how to find or work with sign language interpreters, and the vast majority (76 percent) do not have a contract in place with an agency that could provide sign language interpretation services.[42]

Getting interpreters outside of standard 9-5 business hours poses even greater challenges for victim services organizations. For example, in the 2017 Language Access survey, only 1 in 5 victim service providers (19 percent) indicated that in a crisis situation after business hours, their organization could secure sign language interpreters for a Deaf survivor in less than an hour and almost half (45 percent) indicated that it would take four or more hours.[43]

According to the Deaf advocates we engaged during this project, it is common for **Deaf survivors who present at hospitals for sexual assault forensic exams to regularly wait four or more hours for interpreters** to arrive before the exam and/or reporting can begin. Moreover, Deaf advocates also routinely report that emergency lifesaving interventions, such as restraining order hearings, are postponed because interpreters are not available.

76%
**OF VICTIM SERVICE
PROVIDERS DO NOT
HAVE A CONTRACT IN
PLACE FOR
INTERPRETERS**

4 OUT OF 5
**VICTIM SERVICE
PROVIDERS CANNOT
IMMEDIATELY SECURE
INTERPRETERS AFTER
BUSINESS HOURS**



"Because we are so rural, we don't have the social services infrastructure that would be available in a larger city... limited sign interpreters available so you have to schedule meetings/hearings with Deaf participants weeks or months in advance." [44]

- 2018 Reaching Victims
Survey Respondent

No Money to Pay for Interpreters

According to the 2017 Language Access in Victim Services survey, the biggest barrier to providing language access to Deaf survivors is not having the financial resources necessary to pay for interpreters. Almost half of the respondents of this survey (47 percent) indicated that not having money for sign language interpreters impedes their ability to serve Deaf survivors. At the same time, only slightly more than one-third of respondents (37 percent) indicated that their organization routinely includes money for sign language interpreters in proposal budgets, which would easily alleviate this financial barrier. [45]

47%

**VICTIM SERVICE PROVIDERS
REPORT THAT NOT HAVING
MONEY IS THE BIGGEST
BARRIER TO SECURING
INTERPRETERS**



Lack of Culturally Competent Programs

Without a deep understanding of Deaf culture and the unique cultural context of domestic and sexual violence, it is difficult for advocates and counselors to effectively safety plan with Deaf survivors, support Deaf survivors through the criminal or civil legal system, facilitate support groups involving Deaf survivors, and provide many of the other critical services Deaf survivors need in crisis and healing. Domestic violence programs and rape crisis centers cannot eliminate communication and cultural barriers without gaining expertise on the Deaf community, leaving Deaf survivors alone to navigate the systems involved in victims' lives on top of the trauma they have experienced. The majority of hearing victim service organizations have made limited efforts to create culturally competent services for Deaf survivors in their organization. Domestic violence advocates and rape crisis counselors have not created opportunities to build relationships with Deaf organizations and the Deaf community in their service area; educate staff on Deaf culture, and domestic and sexual violence against Deaf people; or develop an understanding of audism, exploring its role in the barriers Deaf survivors face. Additionally, these organizations have not reviewed the accessibility of their programs to identify barriers for Deaf people and nor created plans and dedicated resources to address these barriers such as inaccessible emergency hotlines/helplines, limited to no outreach or community engagement efforts, and the critical lack of qualified, trauma-informed interpreters.

Continued Invisibility

While there is growing awareness among victim service providers that they are not reaching all survivors, Deaf survivors continue to be an invisible community. For example, according to the 2018 Reaching Victims survey conducted by Vera's National Resource Center for Reaching Victims, only 1 in 4 victim service organizations (190, 25.03%) participating in the survey identified Deaf and hard of hearing individuals as underserved by their agency/program.[46]

Audism: the notion that one is superior based on one's ability to hear or to behave in the manner of one who hears.[47]

- Tom Humphries

FINDING 2: “FOR DEAF, BY DEAF” DOMESTIC AND SEXUAL VIOLENCE PROGRAMS ARE THE MOST EFFECTIVE STRATEGY TO MEET THE NEEDS OF DEAF SURVIVORS.

In response to the barriers Deaf survivors faced in hearing victim services organizations, the Abused Deaf Women’s Advocacy Services (ADWAS) was founded in Seattle, Washington in 1986.[48] ADWAS offered a new and more effective strategy to meet the needs of Deaf survivors: victim services that are run by and for Deaf people and rooted in the culture and language of the Deaf community. Recognizing the success of ADWAS, in 1998, the U.S. Department of Justice provided funding to replicate this model in 15 communities across the country. In 2019, the total number of "for Deaf, by Deaf" domestic and sexual violence programs in the United States is 21. Together, these programs provide services in 16 states (refer to Figure 1 for a map of the existing "for Deaf, by Deaf" domestic and sexual violence programs in the United States).

FIGURE 1: "FOR DEAF, BY DEAF" DOMESTIC AND SEXUAL VIOLENCE PROGRAMS IN THE UNITED STATES



STATES WITH "FOR DEAF, BY DEAF" PROGRAMS

- California (multiple programs)
- Colorado
- District of Columbia
- Georgia
- Illinois (multiple programs)
- Iowa
- Indiana
- Massachusetts
- Minnesota
- New York (multiple programs)
- Ohio (multiple programs)
- Texas
- Utah
- Vermont
- Washington
- Wisconsin

The majority of these programs are stand-alone organizations with most addressing domestic violence and only a few addressing both domestic and sexual violence or sexual assault alone. Some programs are run out of general Deaf service organizations and, in a few instances, housed in a hearing victim services organization. Regardless of their configuration, these programs provide the Deaf community with critical victim services - emergency hotlines, crisis intervention, individual advocacy (including medical and legal), counseling and other supportive services, peer support opportunities, and community outreach and education, tailored to meet their unique cultural and linguistic needs.

Services in these programs are designed and delivered by Deaf staff members and volunteers. Deaf survivors can communicate with advocates and others directly – without an interpreter – in sign language, and DeafBlind survivors can communicate in Protactile Language using specially trained Deaf interpreters. Communicating directly is most effective, especially when individuals have experienced trauma or are discussing sensitive and difficult topics, and necessary for the healing process.

Support from other Deaf people to achieve safety and healing is also critical within the context of domestic and sexual violence. Additionally, in a “for Deaf, by Deaf” program, Deaf survivors don’t have to spend time educating their advocate about how to use an interpreter or about the unique dynamics of violence they experience, they can focus on healing.

"for Deaf, by Deaf" victim services:

- Are designed and run by members of the Deaf community.
- Provide services in sign language and ProTactile language.
- Integrate cultural values and traditions into all aspects of the organizations and practices.
- Navigate unique considerations around safety and confidentiality within a small tight-knit community.
- Leverage strengths in Deaf culture and communities to support survivors.

"for Deaf, by Deaf" National Domestic Violence Hotline

The National Domestic Violence Hotline partnered with Abused Deaf Women's Advocacy Services (ADWAS) to ensure the Hotline's crisis intervention services, emotional support, and referrals are available to Deaf survivors of domestic violence. While national hotlines for survivors of other crimes offer online chatting, this hotline is the only one that provides videophone based support in American Sign Language by Deaf advocates. Historically, this hotline was only available during business hours. In 2017, the Deaf Hotline received supplemental funding to expand the Hotline's operation to 24 hours a day, 7 days a week. At the time this program plan was written, this supplemental funding was scheduled to end in 2019, and it is unclear if ADWAS will be able to continue 24/7 operation of the hotline.

Resilience in Deaf People: the Case for "for Deaf, by Deaf" Victim Services

"Resilience is understood as a dynamic process of interactions based on factors between the individual's assets and external resources allowing one to persevere in the context of stressors." [49] A 2018 study of mental health providers serving Deaf individuals in the United States identified crucial protective factors in resilience processes for Deaf individuals who have experienced trauma. While some of these factors are similar to resilience factors for all people, some are unique to Deaf individuals. In addition to factors within an individual, the study identified four protective factors for Deaf individuals and those factors are linked to Deaf identity and culture, community, and language:

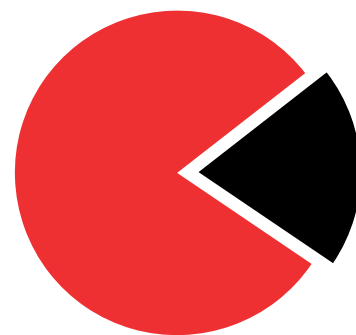
- Identity development: seeing oneself as a member of a cultural and linguistic group and having a positive association with Deaf identity;
- Access to language and communication: being able to communicate with a trusted person and discuss trauma efficiently through a shared language;
- Access to information, especially through sign language, expands knowledge and breaks isolation; and
- Supportive networks: consistent access to people for information sharing, support, and solidarity.

The Deaf community and signing peers were both identified as central components of these networks and strengths that Deaf individuals experiencing trauma draw from. This study further supports the "for Deaf, by Deaf" victim services model, as "for Deaf, by Deaf" programs are based on these protective factors and reinforce them within the survivors they serve. [50]

FINDING 3: THERE IS A SEVERE SHORTAGE OF “FOR DEAF, BY DEAF” VICTIM SERVICES IN THE UNITED STATES.

The Bureau of Justice Statistics’ 2017 National Census of Victim Service Providers confirmed 11,567 victim service providers in the United States.[51] By contrast, there are only 21 “for Deaf, by Deaf” victim service providers across the country. These programs represent a mere .002 percent of all victim service providers in the United States.

Almost three-quarters of the states/territories in the United States (71 percent) do not have any “for Deaf, by Deaf” victim services available. Deaf survivors living in these areas have three options: seek help from hearing victim services programs; navigate on their own or with the help of family and friends; or remain in abusive situations. According to the experts engaged for this project, most Deaf survivors return to abusive situations or move through trauma without support because of the barriers, inability to communicate, and isolation they experience in hearing programs.



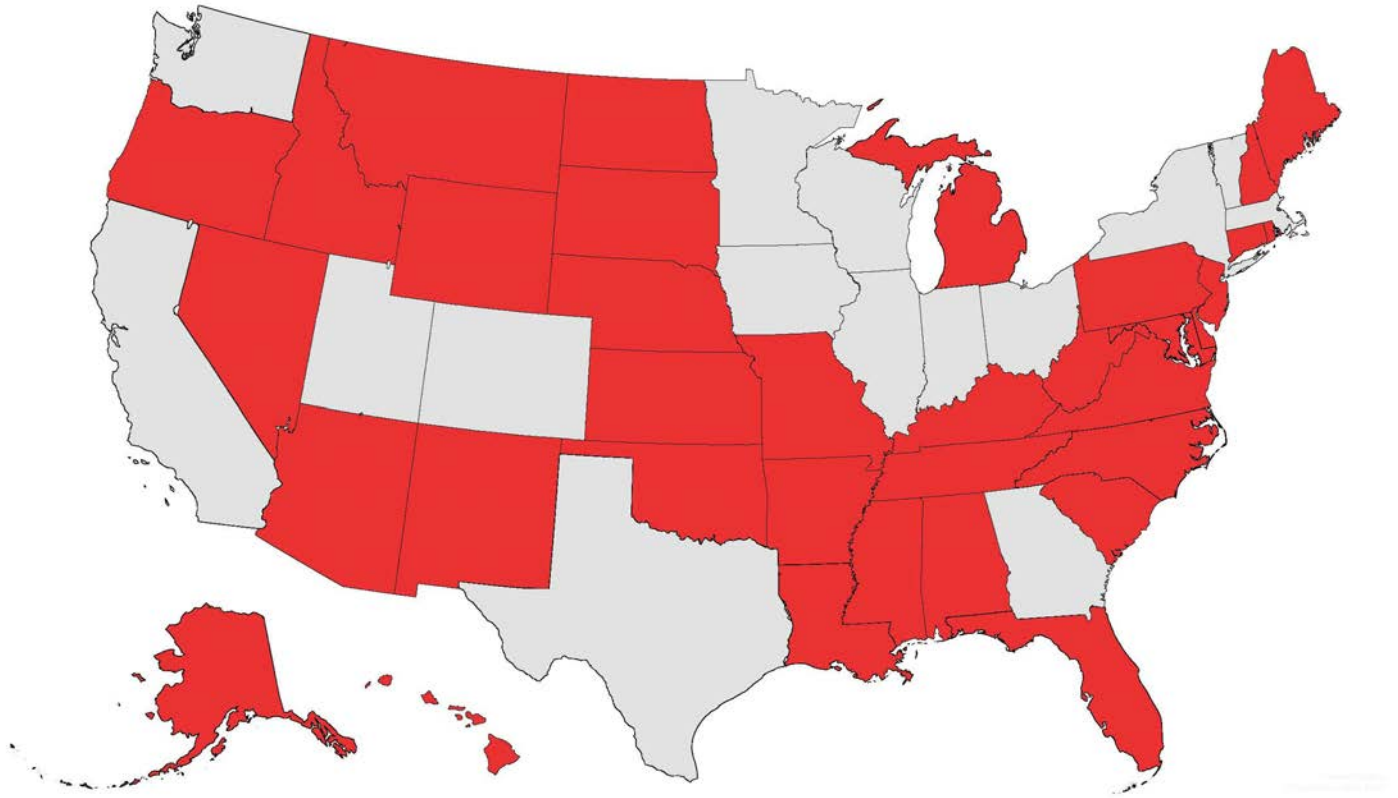
.....
71% of States

NO "for Deaf, by Deaf" Services

Even in the 16 states that have “for Deaf, by Deaf” victim services, gaps exist in services for Deaf survivors. Many of the 21 programs are small startups that have yet to build the internal capacity necessary to apply for or manage public funding, including grant writing experience. With minimal financial support, most of these programs rely on a small number of paid staff – an average of 2 to 3 people – to operate. Recognizing the severe shortage of support for Deaf survivors and knowing that their program is likely the only one of its kind in the area, these programs serve their entire state, if not surrounding states, as well. The geographic distance across most states, coupled with these programs limited financial resources and paid staffing, stretch even the most well-funded program’s capacity to serve such expansive service area.

FIGURE 2: STATES WITHOUT "FOR DEAF, BY DEAF" VICTIM SERVICES

States in red do not have "for Deaf, by Deaf" services.



STATES WITHOUT "FOR DEAF, BY DEAF" SERVICES

- Alabama
- Alaska
- Arizona
- Arkansas
- Connecticut
- Delaware
- Florida
- Hawaii
- Idaho
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Michigan
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- North Carolina
- North Dakota
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- All Territories
- Tennessee
- Virginia
- West Virginia
- Wyoming

PROMISING APPROACHES



We began the planning process with the premise that technology could be used to provide advocacy and other services to Deaf survivors from a distance. This premise was based on several factors including the growing and successful use of technology to overcome distance and other barriers in other fields (such as telemedicine), the cultural norms and necessities of using communication technologies (including videophones, text messaging, and a multitude of apps) within Deaf communities; and the early success of using technology to expand services in areas of anti-violence work (including text chat lines, on-line support groups, and forensic exams through telehealth services). During interviews and listening sessions, experts in the field of Deaf advocacy continually suggested alternative strategies to expand victim services to Deaf survivors. Thus, we expanded the expansion strategies we considered as part of this project to include virtual strategies as well as those that center around increasing the availability of in-person, “for Deaf, by Deaf” victim services. While numerous strategies were discussed during the planning process, two primary and, at times, competing strategies emerged for serious consideration:

Model 1: Virtual Services and Advocacy Support for Deaf Survivors

Model 2: Regional Healing and Advocacy Centers for Deaf Survivors

During the course of this project, Vera staff engaged experts in Deaf advocacy and, collectively, considered and analyzed these two competing models based on a number of factors including reach and impact, complexity of implementation, feasibility, and level of community support.

MODEL 1: VIRTUAL SERVICES AND ADVOCACY SUPPORT FOR DEAF SURVIVORS

The Virtual Services and Advocacy Support for Deaf Survivors model (referred to as virtual services hereafter) aims to expand victim services to Deaf survivors who are unable to access in-person, Deaf-specific services by providing support and other victim services remotely using a range of technologies, including video conferencing, text messaging, and email (depending on the needs of individual survivors). A team of Deaf virtual advocates would provide outreach and education, crisis intervention services, individual support, support groups, and information and referrals to members of Deaf communities across the country.

This strategy has the potential to quickly broaden the reach of victim services to Deaf survivors, but its reach has several important limitations. While services could be expanded nationwide, only a limited range of victim services and supports can be provided virtually. It cannot provide Deaf survivors with in-person advocacy or accompaniment during interactions with law enforcement, prosecutors, court personnel, legal services, or medical/hospital support - an essential set of services given the multitude of barriers Deaf survivors face when interacting with hearing systems. Additionally, those services would not be accessible by all members of the Deaf community. They could only be accessed by Deaf people who have internet access and/or access to smartphones. In addition, the connecting through virtual means creates access barriers for some survivors in Deaf communities who are marginalized and already face barriers to in-person services, including DeafBlind survivors (many of whom cannot effectively communicate using video-based technologies without in-person interpretation and/or support).



DID YOU KNOW?

According to the Federal Communication's Commission 2016 Broadband Progress Report, 39% of rural Americans – approximately 23 million people – lack access to 25 Mbps/3 Mbps internet speeds with a staggering 20% of those lacking access even to service at 4 Mbps/1 Mbps and 31% lack access to 10 Mbps/1 Mbps.

For effective VideoPhone usage, the minimum speed needed for optimal video imaging is 2 Mbps/ 1 Mbps. Due to remote areas without internet broadband coverage, Deaf people struggle to get access through technological devices. As such, most Deaf people living in remote, rural areas still utilize TTY and landlines as access to video and smartphones is poor at best.[52]

MODEL 2: REGIONAL HEALING AND ADVOCACY CENTERS

The Regional Healing and Advocacy Centers model (referred to as regional services hereafter) aims to expand services to Deaf survivors by leveraging existing Deaf advocacy programs. In this model, the country would be divided into regions and one existing program in each region would be selected to expand their services region-wide. The program would operate a regional victim services agency or healing center that would span multiple states. With dedicated funding, the selected programs would tailor the strategies they would use to reach and serve Deaf survivors across their region. Their approach would leverage their current program design and strengths; respond to the needs of survivors; and fit the region's culture and geography. It is likely that services would be delivered virtually and in-person. Given that this strategy allows for in-person services, the traditional, full range of victim services, including in-person accompaniment and systems advocacy, could be provided throughout each region.

The regional services strategy has the potential to expand the availability of a comprehensive set of "for Deaf, by Deaf" advocacy services to additional areas of the country, but likely not nationwide. To test this model, Vera divided the country into 9 commonly recognized regions (refer to Figure 3), and several issues emerged that highlight the limitations of this model. Most notably, each of the 9 regions span multiple states; have large populations; and cover considerable geographic distance. These regions are too large for one program to feasibly serve. When we broke the regions down into more manageable areas, many did not have an existing "for Deaf, by Deaf" program, which is necessary for this expansion strategy. Additionally, questions exist about many existing programs' readiness for expansion given leadership changes, funding challenges, and organizational capacity.

FIGURE 3: POTENTIAL REGIONS FOR REGIONAL HEALING CENTERS MODEL

<u>NORTHWEST</u>	<u>SOUTHWEST</u>	<u>CENTRAL</u>	<u>EASTERN</u>	<u>FAR WEST</u>
Washington ✓	Louisiana	Ohio ✓	New York ✓	Arizona
Oregon	Texas ✓	Kentucky	Delaware	Nevada
Idaho	Oklahoma	Illinois ✓	New Jersey	New Mexico
Montana	Mississippi	Indiana ✓	Pennsylvania	California ✓
Utah ✓	Arkansas	Michigan	Maryland	Hawaii
Alaska	Alabama	Wisconsin ✓	Washington, DC ✓	
	Tennessee	Missouri	Virginia	
		Iowa ✓		
<u>MIDWEST</u>	<u>NEW ENGLAND</u>	<u>SOUTHEAST</u>	<u>TERRITORIES</u>	
North Dakota	Maine	West Virginia	American Samoa	
South Dakota	Vermont ✓	North Carolina	Guam	
Minnesota ✓	New Hampshire	South Carolina	Northern Mariana Islands	
Kansas	Connecticut	Georgia ✓	Puerto Rico	
Colorado ✓	Massachusetts ✓	Florida	U.S. Virgin Islands	
Wyoming	Rhode Island			
Nebraska				

✓ Existing "for Deaf, by Deaf" Victim Services

Comparing the Two Models

The two models that emerged for consideration during the planning process each have pros and cons and offer partial solutions to the problem of limited availability of “for Deaf, by Deaf” victim services across the country (refer to Figure 4: Comparison of Two Promising Strategies for Expanding Services at a Glance). The virtual services model would expand victim services to Deaf survivors nationwide almost immediately. But the services a virtual victim services program can provide are limited and would not include in-person support, including accompanying survivors to forensic exams, court hearings, or other interventions to provide support, demystify complex processes, and help survivors navigate unfamiliar systems. Similarly, virtual advocates would not be able to easily advocate with hearing programs and systems on behalf of Deaf survivors to ensure their language access needs are met and any barriers they encounter are removed: a vital role given the barriers Deaf survivors routinely face. The regional services model addresses this limitation by promising the full-range of victim services commonly offered by brick and mortar victim services organizations. But, it seems unlikely that one victim services agency could serve more than one state let alone multiple states. Additionally, with no tested and proven model for expanding in-person services in this manner, this model could not be scaled nationwide without many years of piloting and testing. Moreover, given that few of the existing “for Deaf, by Deaf” programs currently have the experience, infrastructure and access to funding necessary to expand and sustain those services beyond the initial pilot phase, the feasibility of achieving nationwide coverage using this model is low.

FIGURE 4: COMPARISON OF TWO MODELS

VIRTUAL SERVICES

REGIONAL CENTERS

SERVICES PROVIDED

SERVICES PROVIDED

BASIC SERVICES + SUPPORTS

COMPREHENSIVE SERVICES + SUPPORTS

- Outreach + Education
- Information + Referrals
- Crisis Intervention
- Individual Advocacy
- Support Groups

- Outreach + Education
- Information + Referrals
- Crisis Intervention
- Individual Advocacy
- Counseling Services
- Systems Advocacy (Civil/Legal, Criminal Justice, Healthcare)
- Support Groups
- Emergency Shelter & Transitional Housing
- Services to Perpetrators
- Prevention Activities

REACH

REACH

- + Nationwide geographic coverage
- Barriers exist for certain survivors including those without internet or smartphone access and DeafBlind survivors

- Increased geographic coverage but only partial
- + Enhanced accessibility for underserved survivors in Deaf community

IMPLEMENTATION

IMPLEMENTATION

STRAIGHTFORWARD

COMPLEX

- + One program
- + Builds on existing virtual program models

- Multiple programs and implementation teams
- No tested or proven implementation model
- Requires region-specific strategies and implementation plan

TIME TO SCALE

TIME TO SCALE

IMMEDIATE

DELAYED

1 year.

5+ years.

VIRTUAL SERVICES

REGIONAL CENTERS

- High Feasibility
- Low Community Support
- Lower cost than Regional

- Low Feasibility
- High Community Support
- Highest Cost

RECOMMENDED STRATEGY

Based on the information and guidance we collected and reviewed during the project, Vera recommends a 5-year, multifaceted strategy to expand “for Deaf, by Deaf” victim services nationwide:

1

Launch a Virtual "for Deaf, by Deaf" Victim Services Program

The creation of a virtual, “for Deaf, by Deaf” victim services program that serves the entire country is the bedrock of Vera’s recommended strategy. This program will provide immediate assistance to victims of dating violence, domestic violence, sexual assault, and stalking through a 24-hour hotline. It will also provide Deaf survivors and their loved ones with long-term assistance – crisis intervention, individual advocacy, education and support groups, information and referrals, and community education – through a service line. Services will be provided using a range of technologies, including video conferencing platforms such as Zoom and Skype, videophones, smartphones, text messaging, and email.

2

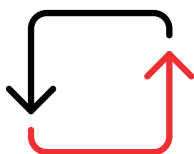
Pilot Test Strategies to Expand In-Person Services

Given survivors’ needs and the complexities of the systems they must navigate, most survivors need in-person advocacy services at some point in their healing journey. However, a tested and proven model for how to expand in-person “for Deaf, by Deaf” services does not exist. Vera recommends a three-year, small-scale pilot to test the feasibility and effectiveness of several promising models for expanding in-person “for Deaf, by Deaf” victim services.

3

Scale Up In-Person Services

Assuming the results of the pilot test are positive, Vera recommends scaling up in-person, “for Deaf, by Deaf” services. The details of this component of this overall expansion strategy depend on the experiences and outcomes of the pilot. Implementation will need to be done carefully and follow a scaling strategy developed based on the lessons learned from the pilot.



On-Going: Share, Learn, and Adapt

Create on-going opportunities to evaluate and adapt throughout the life of the expansion project to account for changes in any of the assumptions underlying the recommended strategy, address unforeseen challenges, and mitigate any unintended consequences.



VIRTUAL "FOR DEAF, BY DEAF" VICTIM SERVICES PROGRAM

The core of Vera's recommended strategy to expand victim services to Deaf survivors nationwide is the creation of a virtual, "for Deaf, by Deaf" victim services program. Vera recommends that this Virtual Services Program run two programs at its start: a crisis hotline and a service line.

Crisis Hotline: Given that the only national "for Deaf, by Deaf" victim hotline is limited to survivors of domestic violence and, at the time this report was issued, has funding issues that may preclude its ability to operate 24/7, the Virtual Services Program will operate a comprehensive, 24/7 national hotline. The hotline will provide immediate support, including crisis intervention services and information and referrals, and will address dating and domestic violence, sexual assault, and stalking, expanding the breadth and depth of crisis support services currently available to Deaf survivors. Importantly, the hotline will serve as a bridge to the Virtual Services Program's advocacy and other services for survivors who are interested in longer-term support.

Service Line: To extend victim services to survivors who currently lack access to in-person, culturally and linguistically specific services, the Virtual Services Program will provide on-going and long-term assistance to survivors, including outreach and education, crisis intervention services, individual advocacy and support, support groups, and information and referrals to members of Deaf communities across the country. Advocates and survivors will connect with one another using a range of technologies, including video conferencing/chatting, text messaging, and email. While the Virtual Services Program will not be able to offer services that can only be provided in-person, it will be able to meet a wide variety of Deaf survivors' needs and play a key role in enhancing survivors' safety and healing, filling a vital and critical unmet need.

Nationwide Coverage



The Virtual Services Program will provide victim services nationwide. The hotline will operate nationwide will serve contactors from anywhere in the United States. While the service component will also serve individuals from across the country, it will prioritize providing services to survivors and their loved ones who live in states and territories that do not have brick and mortar “for Deaf, by Deaf” victim services agencies. As of December of 2019, priority services will be given to contactors from the following areas:

Alabama	Idaho	Nebraska	Puerto Rico
Alaska	Kansas	Nevada	Rhode Island
American Samoa	Kentucky	New Hampshire	South Carolina
Arizona	Louisiana	New Mexico	South Dakota
Arkansas	Maine	North Carolina	Tennessee
Connecticut	Maryland	North Dakota	U.S. Virgin Islands
Delaware	Michigan	N. Mariana Islands	Virginia
Florida	Mississippi	Oklahoma	West Virginia
Guam	Missouri	Oregon	Wyoming
Hawaii	Montana	Pennsylvania	

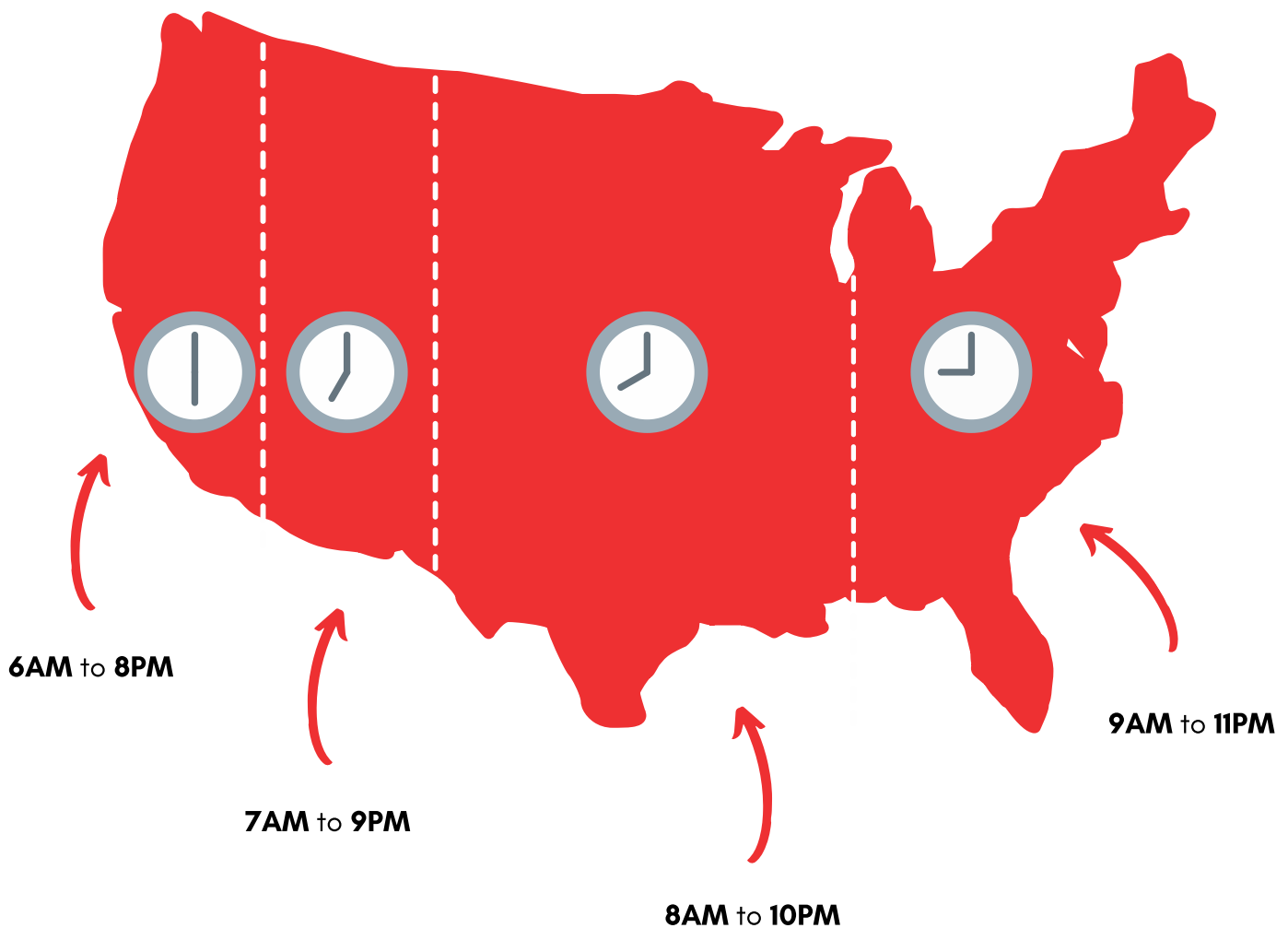
Brick and mortar programs will need to be inventoried on an on-going basis and the service area of the Virtual Services program will need to shift and adapt based on the current inventory of in-person programs.

24/7 Availability



The hotline will operate 24-hours a day/7 days a week. The service line will operate 9:00 a.m. to 11:00 p.m. (ET). These hours of operation ensure that advocates are available during peak business hours across Eastern, Central, Mountain, and Pacific time zones. Hotline advocates will be available to take calls from survivors outside of the service line business hours to ensure those services are available to individuals who reside outside of the continental United States.

FIGURE 6: SERVICE LINE HOURS OF OPERATION BY TIME ZONE



Outside of the Contiguous United States

Alaska: 5AM to 7PM UTC

Hawaii: 4AM to 6PM HAST

American Samoa: 3AM to 5PM SST

Guam: 12AM to 2PM ChST

Northern Mariana Islands: 12AM to 2PM ChST

Puerto Rico: 8AM to 10PM AST

U.S. Virgin Islands: 8AM to 10PM AST

Hotline advocates will be available 24/7 to answer calls outside of these hours.

Services

From its inception, the Virtual Services Program will provide the following services to survivors and their loved ones:

- Outreach and education
- 24-hour national, crisis hotline
- Crisis intervention, emotional support, and safety planning
- Emergency housing in the form of hotel vouchers
- Individual advocacy and support
- Financial assistance (including food, transportation, and other basic needs)
- Education and support groups
- Information and referrals

The Program's advocates will also provide case management services to coordinate comprehensive support for survivors and their families who are being served by the Virtual Services Line. Advocates will assess survivors' strengths and needs; develop a service plan; assist survivors with safety planning or minimizing triggers, help access public benefits (including victims compensation) and/or services provided by other programs; and provide on-going support and follow-up.

All services will be free and confidential.

Growth Opportunities

As the Program stabilizes and matures over time, there exist numerous opportunities for expanding the types of services the program provides in the future. For example, there is a dearth of court-ordered parenting classes and support/treatment programs for people who are responsible for harm, especially programming that is offered in American Sign Language and understands Deaf culture. As another example, the Program could grow to provide training and guidance to hearing practitioners in victim services and systems to improve their responses to Deaf survivors.

Limitations

Counseling: Unfortunately, due to state licensing laws, it is not feasible for this program to provide individual or group counseling (often referred to as distance counseling or telemental health). Mental health professionals, such as therapists and counselors, cannot provide services to an individual if they are not licensed in the state where the individual lives. It is not feasible for the Victim Services Program to hire or contract with mental health

professionals in every state. Moreover, doing so would be duplicative of a national practice of Deaf therapists working to support the mental health of Deaf people (refer to “Partnerships” on page 52 for more information).

Accompaniment: The systems survivors navigate are complex and often emotionally difficult. This is especially true for emergency room/hospital exams, law enforcement contacts, and court proceedings. Advocates routinely accompany survivors to these engagements to provide them with education and support, and to ensure their needs are being met. This type of support and advocacy is not possible to provide remotely.

Systems Change: An important role of advocates is to work within the broader community to promote effective responses to survivors of domestic and sexual violence. This work takes many forms from participating in coordinated community response teams to advocating with systems to remove barriers to leading community-wide efforts to address emerging trends in the areas of domestic and sexual violence. While some advocacy work can be done remotely, it would be difficult, especially given language differences and barriers, for the virtual advocates to do this community-based work in the towns and cities the survivors they serve live.

Guiding Principles

- “for Deaf, by Deaf”
- Survivor-centered
- Culturally responsive
- Healing-centered
- Trauma-informed
- Accessible and inclusive
- Collaborative

Outreach

To be successful, members of Deaf communities across the country will need to know the Program exists and trust it. This can only be achieved through on-going and intensive outreach and community engagement efforts. Vera recommends that the Program develop a comprehensive and intensive outreach plan that is tailored to meet the diverse cultural and linguistic needs of the Deaf community. We anticipate that the Program will need to use virtual outreach strategies on the national level and heavily emphasize in-person activities and relationship building at the state and local levels. While these outreach efforts will need to span the country, we suggest the Program prioritize and concentrate these efforts in states that do not have brick and mortar “for Deaf, by Deaf” victim services.

National Awareness and Education Campaign

The Program will need to launch and sustain a national awareness and education campaign to increase awareness of the program in communities throughout the country. Given the proliferation of social media use in Deaf communities, social media channels are one of the most effective strategies to raise awareness about the Program and build a visible presence across the country. The Program should work closely with each of the brick and mortar “for Deaf, by Deaf” programs, as well as other national Deaf-centric organizations, to leverage their networks. These programs can help get the word out about the Program by including information about it on their websites and sharing the Program’s social media posts. In addition, the Program should attend existing conferences and community events to increase awareness and visibility.

State and Local Community Engagement

We recommend that the Program heavily invest in in-person outreach and community engagement activities with states and local communities around the country and supplement these activities with virtual strategies. The Program’s Outreach Specialists should make frequent trips to priority states and territories to share information about the Program with leaders and community members, learn about local communities and their needs, and participate in community events. At a minimum, they should engage the residential and day schools for the Deaf that exist in every state, state-level commissions for Deaf and hard of hearing, and Deaf human services organizations.

Outreach posts/materials the Program creates will need to be accessible for DeafBlind individuals and individuals with disabilities. For example, signed videos will need to be captioned and images will need alt-text descriptions. Additionally, materials may need to be created in sign languages other than English, especially to reach Deaf individuals in Guam and American Samoa, for example, who use indigenous sign languages.

They should also work with local leaders to identify non-traditional organizations and groups that play important roles in the lives of people who are the hardest to reach and develop strategies to engage them specifically.

While the Program's Outreach Specialists will assume primary responsibility for outreach, the Virtual Advocates play an important role, as well. Vera recommends that these positions also conduct in-person outreach. This will help to cement relationships and engender trust since these staff members will be supporting survivors on an on-going basis. It will also allow the Program and these advocates to have a presence in geographic areas and among community members with limited access to technology, who would be hard to reach otherwise. These trips can also create opportunities to provide some in-person services to Deaf survivors who are engaged in the Program.

Technology

In the past decade, there has been an astronomical increase in the number of communication applications, technologies, and devices available in the United States. The use of these tools varies considerably from person to person based on a number of factors, including socioeconomic status, education, culture, and access to technology to name a few. To maximize opportunities to connect with survivors and others, the technologies used by the Program will need to mirror the diversity of communication technologies used by members of the Deaf community. The specific hardware and software the Program's virtual advocates use will vary and depend on the survivor's access to technology and preferences, safety and privacy concerns, and the type of service being provided.

Hotline

The Program will establish and advertise several ways for people to contact the hotline for assistance:

- Video (including a videophone number and video-based social media handle)
- Text
- Email
- TTY

Service Line

To establish a relationship and build trust, the initial "intake" with survivors will occur via video using the technology that works best for each survivor. For on-going, one on one engagements, advocates will have the capability to connect with survivors via:

- Videophone
- Video chatting through social media and other applications
- Video calling software for smartphones and computers like Zoom, Skype, and FaceTime
- Video messaging using apps like Glide and Marco Polo
- Text messaging
- Email

For group services, a few options exist for technology depending on the purpose and structure of the group. For groups that are advertised publicly, open to anyone, and focus on education, a (non-video) chat-based technology should be used. RAINN has developed a

platform for anonymous, on-line group chatting called HelpRoom, which Vera recommends this Program explore using. For support groups that are not publicly advertised and offered to the survivors being served by the Program, we recommend a video-conferencing service. Currently, Zoom is one of the best options for sign language users because it supports high-definition video streaming, allows video boxes to be resized, and can be used on a computer or a smartphone. Additionally, it is cost-effective and easy to use. Because mental health counseling will not be offered by the Program, we do not think a HIPAA compliant video conferencing service is needed. However, if the Program would ever expand to provide these services, Zoom does offer a video conferencing service for telehealth that is HIPPA compliant.

Staying Current on Tech

Because technology is a cornerstone of the Program, it will be necessary for the Program to make a number of ongoing investments in technology. Vera recommends the Program include money in its budget for technology maintenance and upgrades and designate a staff person as responsible for overseeing the Program's technology and consider hiring technology consultants to assist with designing the initial technology environment and security. We also recommend the Program stay up-to-date on emerging communication technologies; routinely assess the technology use and needs of Deaf communities; and adapt their technology platforms and use accordingly.



TECH SAFETY

Because technology can be misused, it is essential for the Program to have a number of policies and practices in place that increase and maintain the safety and privacy of survivors. Vera recommends the Program have a protocol in place for talking with survivors about the risks involved in using technology to communicate (including any "electronic footprints" that might be left their computers and other electronic devices from using the Program) and the steps that can be taken to mitigate those risks; a protocol for making sure the agency is communicating with survivors and not people attempting to impersonate them; a policy for video-chatting and text messaging with survivors, outlining appropriate and safe use, as well as protocols for increasing privacy; and procedures to ensure the management and destruction of confidential information, conversations, and contact information stored or derived from devices.

Structure and Location

Given the significant amount of time and resources that are required to start and maintain an organization, Vera recommends that an existing “for Deaf, by Deaf” victim services agency house the Virtual Services Program. While an entirely new organization has its benefits, housing the Program in an existing organization has several competitive advantages. By leveraging an existing organization’s infrastructure, the Virtual Services Program will launch more quickly and save money by relying on existing staff for management, administrative, and fiscal services. There might be opportunities for the existing organization to save money as well since it could replace its local hotline with the national hotline run by the Virtual Services Program. Finally, the organization would develop a broader understanding of the experiences and needs of Deaf survivors and be better positioned to evolve the advocacy strategies used by all of its programs by having virtual and in-person advocates on one team and creating intentional opportunities for them to support and learn from one another.

While Vera recommends that the Virtual Services Program be housed in an existing organization, we do not believe that it is necessary for the staff of the Program to work from the organization’s brick and mortar office. In fact, there are benefits to having this Program’s team work remotely. First, there would be a much wider pool of applicants, ensuring the Program could hire the most talented individuals regardless of where they live. Second, with intention during the hiring process, the Program can hire people who span each of the country’s time zones, which would make staffing the Program’s expansive hours of operation easier. Similarly, the Program can hire people who live in the Program’s priority states (listed on page 37) to leverage their knowledge of and relationships with local Deaf communities and resources, which would strengthen outreach efforts and serve as the foundation for the Program’s nationwide network, which is essential for serving survivors nationwide. Incidentally, this staffing strategy would also benefit local Deaf economies by creating jobs for Deaf people in multiple communities across the country, which is sorely needed given that only 53.3 percent of Deaf people were employed in 2017 compared to 75.8 percent of hearing people. [53]

Since staff of the Program will be working from remote locations (likely their homes), the Program will also need to establish policies and protocols around confidentiality and privacy and they will need to address staff use and storage of laptops, cell phones, and other devices used to communicate with survivors, as well as the security of those devices.

Staffing

In adherence to the “for Deaf, by Deaf” model, the Virtual Service Line should be operated by members of the Deaf community who have deep expertise in the anti-violence field. Vera estimates the Program will need to hire 12 people to operate the hotline (24/7) and the service line (15 hours a day/5 days a week) nationwide:

Outreach Specialist (2)

These staff members will be responsible for raising awareness about the Program within Deaf communities across the country. They will conduct a significant amount of their outreach and community engagement activities in-person in communities across the country. They will attend and participate in community events; visit Deaf-centered organizations such as Deaf schools, state-level deaf and hard of hearing commissions, Deaf social service organizations, and places of worship; and meeting with community leaders and other influencers. They will also manage the Program’s social media accounts and create a significant presence for the Program on social media. They will also be responsible for creating inclusive and accessible outreach materials.

Virtual Advocate (9)

Of the 9 advocates hired, 6 will be full-time and 3 will be part-time. These staff members will be responsible for providing direct crisis intervention and advocacy services to survivors who contact the Program. While advocates will be cross-trained in the Program’s hotline and service line, they will be assigned to work in one primary program area. Working closely with the Outreach Specialists, Advocates will also be responsible for conducting outreach, raising awareness about the Program, and building relationships with key organizations and people in Deaf communities in designated states.

Program Manager (1)

This staff member will oversee and support all aspects of the project. They will maintain relationships with key stakeholders, including funders and national advisors. With the assistance of national advisors and other team members, they will develop the project’s policies and practices. They will oversee service delivery and ensure the quality and consistency of the services provided. They will hire, supervise, and coordinate staff training and development. They will organize and lead regular staff meetings (some in-person). These meetings will be an opportunity to celebrate successes, provide support and promote wellness; and discuss challenges the staff face and identify solutions to those problems. These meetings also will be an opportunity to re-evaluate the Program’s strategies and to decide how to adjust them to reflect developments in the field.

Staff Training and Resources

There are many similarities between providing services to survivors virtually and in-person. In that respect, the training needs of the virtual advocates mirror those of in-person victim services advocates. As a base foundation of knowledge, the virtual advocates would be expected to complete training analogous to the content covered in 40-hour domestic violence and sexual assault advocate trainings. Specialized training will also be needed in hotline advocacy and service line advocacy. These trainings would provide more in-depth information on the protocols and practices of these two programs and expansive training on the skills required to support survivors in these two programs. An important component of these trainings will be in-depth information on online/virtual privacy and confidentiality, as well as tech safety, and how to communicate information on these topics and limitations to the people being served by the Program.

There are several important differences between in-person and virtual services that impact the training and resource needs of the staff of the Virtual Services Program. Most notably, unlike most brick and mortar programs, the Virtual Services Program can serve survivors who are virtually anywhere in the United States. This requires virtual advocates to know each state's laws, statutes, and regulations pertaining to domestic violence and sexual assault, as well as confidentiality, privilege, and mandatory reporting. In addition, these advocates will need a much more expansive understanding of the resources available in communities across the country so they can make referrals to services not offered by the Program.

Advocates also need specialized knowledge and skills to ensure the Program can effectively serve everyone in the Deaf community, especially those who are most marginalized including DeafBlind, Deaf people of color, Deaf people with disabilities, and Deaf people who do not have fluency in American Sign Language. To that end, the Program's advocates will need to mirror the diversity of Deaf communities and be deeply familiar with the diverse cultures within these communities. They will also need to have a high degree of language fluency and flexibility to meet the complex and diverse communication needs of the Deaf community. It is imperative that the Program have people on the team with expertise in Deaf interpreting and DeafBlind advocacy.

Case Management Approach

The Program will need to determine the specific case management approach it will use. Vera recommends that the Program's advocates be assigned to specific geographic regions. Advocates would be responsible for serving survivors who contact the Service Line from states that are located in their region (unless the survivor requests a different advocate). This would allow advocates to better serve survivors by drawing on their specialized knowledge of a particular region's relevant laws and statutes and resources available. The Program should also be flexible and create an environment where survivors become familiar with all of the advocates on the team and can reach out to anyone for assistance if their primary advocate is unavailable.

We also recommend a low staff to survivor ratio. Serving Deaf survivors requires much more time than serving hearing survivors because of language use and consideration, cultural norms around iterative communication to build understanding, the complexity of need, and systemic communication barriers. Based on our interviews with Deaf advocates who work at brick and mortar programs, **for every hour hearing advocates spend supporting a hearing survivor, Deaf advocates spend 6-8 hours doing equivalent work with Deaf survivors.**

Documenting Service Provision

Importantly, the Program will need to determine what, if any, personally identifiable information will be collected, how that information will be used, and who will have access to this information, keeping in mind local, state, and federal laws regarding privilege within victim services. As with any victim services agency, the Program will need to be intentional and diligent about what information is documented and what information is not.

The Program will need to develop policies, procedures, and mechanisms for collecting information from and sharing information with survivors, including informed consent, privacy and confidentiality notices, and written releases, as well as for retention of such records. Given the virtual nature of service provision, the Program will also need to determine how to share written documents with survivors and electronically obtain signed consent forms, written releases, and other documents requiring signatures from people served by the program.



Case Management Software. Vera recommends the Program use a cloud-based case management software. The software should maintain information about cases, track required information, and run reports to meet funding requirements. A cloud-based solution will allow the Program's staff, who are working remotely from different locations across the country, to use the software and share relevant information in a secure environment. The software should allow the Program Manager to give staff access to the relevant data and features they need, while protecting them from information they don't need to see.

Records Retention. Electronic files policies and procedures should comply with record retention laws and funding requirements, and be backed up regularly with end to end encryption. At a minimum, Vera recommends that policies should address what records are to be maintained, how they should be maintained (including the methods of data encryption), the process for backing up data, how long records should be maintained, and protocols for destroying records.



Accessibility

Vera recommends that the Program be designed and operated with the highest degree of accessibility to ensure it meets the needs of DeafBlind individuals and Deaf individuals with disabilities. Because the reach and impact of the Program hinge on the success of its outreach materials and efforts, high priority should be placed on their accessibility. In addition to including visuals and videos in American Sign Language, the website, for example, should be designed in accordance with the Website Content Accessibility Guidelines (WCAG). Emphasis should be placed on accessibility for DeafBlind users, which require websites to offer visitors the ability to customize features such as font size and color contrast and to use image descriptions to name a few essential components. Social media posts and any other outreach materials (written or electronic) will also need to be created with the highest standards of accessibility in mind including captions, large font, and high color contrast. Additionally, any online services and software, such as email marketing, video conferencing, and online chat services, used will need to be vetted and selected with accessibility in mind, including but not limited to compatibility with screen enlargement software, Braille displays, and color contrast needs.

With a wide variety of technology options available and being used by the Program, advocates will need to be familiar with the accessibility considerations and limitations of each and equipped to make suggestions that best fit the needs of each survivor. To that end, during the Program's early contact with survivors, advocates will need to talk with survivors to identify any accommodations they need to fully participate in the services offered by the Program, as well as any assistive technologies survivors use. Not only will this help the advocates ensure equitable and inclusive experiences for DeafBlind individuals and individuals with disabilities it will help advocates better safety plan, navigate systems, and identify potential resources with these access needs in mind.

Use of Interpreters in "for Deaf, by Deaf" Programs

While "for Deaf, by Deaf" programs create an opportunity for Deaf survivors to receive services in a sign language environment, sign language interpreters are still needed and Vera anticipates the Virtual Services Program will have interpreting needs, as well.

Deaf Interpreters. One of the most significant areas of need are interpreters for survivors and/or their family members who are not fluent in or do not use American Sign Language. These survivors may have minimal language skills; use home signs and/or gestures to communicate; be developing their fluency in American Sign Language; or may be from another country and use a different sign language. In each of these instances, hearing sign language interpreters could not adequately access communication; thus, Certified Deaf Interpreters are used to ensure effective communication between these survivors and Program staff. Deaf Interpreters are Deaf, native signers, and trained as interpreters. They have specialized training in and experience using gesture, mime, props, drawings and other tools to enhance communication. They also have extensive knowledge in Deaf community and Deaf culture, which helps to support communication and understanding of everyone involved.

Protactile Interpreters. "for Deaf, by Deaf" programs also need interpreters and other communication supports to communicate effectively with DeafBlind individuals. The use of ProTactile is growing among DeafBlind individuals. ProTactile is a language and it is rooted in touch and used on the body. It empowers DeafBlind people who can communicate, connect, and experience the world through touch as opposed to sight, which is critical given the isolation, exclusion and discrimination DeafBlind people experience in a hearing and sighted world.[54] ProTactile interpreters are specially trained interpreters who, most often, are Deaf. They can be used to ensure effective communication between any of the Program's advocates who are not fluent in Protactile and DeafBlind individuals. In some instances, the Program may need to provide Communication Facilitators (CFs). CFs provide visual information to those unable to see the video screen. A CF is a skilled signer who copies sign language and other visual information from a videophone screen and provides it to the DeafBlind person through close vision or tactile sign language.

Hearing Interpreters. Advocates at "for Deaf, by Deaf" programs routinely interact with hearing people in their day-to-day work. In the Virtual Services Program, advocates may field calls from hearing victim services providers or law enforcement officers who are trying to link Deaf survivors to more appropriate support, or they may reach out to hearing service providers to assist Deaf survivors access local resources. While the responsibility to provide interpreters often lies with the hearing organizations, to ensure communication happens quickly and survivors don't experience unnecessary delays, Program staff will need access to hearing American Sign Language interpreters.



Partnerships

National Advisors

Vera recommends that the Program assemble a national board of advisors. The purpose of the board is to ensure that the Program builds on the latest developments in the field and also contributes to the process of advancing knowledge and practice nationally. The board will consist of 5 to 7 people with expertise in domestic and sexual violence, advocacy, language justice, and diversity in Deaf communities, especially communities of color and DeafBlind individuals. The knowledge and experience of these advisors can influence the Program at every stage, from start-up and launch to maturation. They will help the team take a step back from the daily operational details and examine the big-picture questions: Is this Program having the desired impact on Deaf survivors nationwide? Additionally, they will help the team refine their approach and strategies to better meet the Program's goals and the needs of survivors.

Deaf Action

Funded by the U.S. Department of Justice's Office on Violence Against Women, Deaf Action is a "for Deaf, by Deaf" training and technical assistance project. It provides support, in American Sign Language, to "for Deaf, by Deaf" victim services organizations, programs, and startups across the United States. Deaf Action provides training, including a 40-hour advocacy training designed specifically for Deaf advocates, and networking opportunities for the Deaf advocacy field. Deaf Action also tailors its support to meet the needs of each program and has helped programs address a wide variety of challenges from hiring and retaining staff to increasing organizational capacity to developing advocacy practices that reach the most marginalized of survivors in Deaf communities. Deaf Action can provide support to the Virtual Services Program and be a source of training for its staff.

Brick and Mortar “for Deaf, by Deaf” Victim Services Programs

“For Deaf, by Deaf” victim services programs are crucial partners of the Virtual Services Program in a number of ways.

- Outreach: Brick and mortar programs can help increase the visibility of the Virtual Services Program, especially the hotline, by featuring information about it on their websites, social media channels, and other communications with Deaf communities. Doing this will also help elevate the Program’s credibility within the community, as well.
- Referrals: The virtual and brick and mortar programs will need to develop strong referral systems to provide seamless support for survivors. Survivors who live in states with a brick and mortar program could be served by the Program, if they prefer not to work with the brick and mortar program in their local community. If, however, they prefer the brick and mortar program, the Program will make a warm referral. Similarly, if survivors contact brick and mortar programs and they live outside of programs’ service areas, they should be referred to the Virtual Services Program.
- Information and Resource Sharing: The brick and mortar programs share the same mission and goals as the Virtual Services Program. As such, these programs can both benefit from working with one another in a coordinated manner. They can share knowledge, tools, and other resources with one another to enhance each program and their collective impact.

National Deaf Therapy (NDT)

NDT provides video-based e-therapy in American Sign Language to members of the Deaf community including individual, couples, and family therapy sessions and group support circles. NDT provides telemental health services in 9 states: Arizona, California, Colorado,

Illinois, Maryland, North Carolina, Ohio, Oregon, and Texas, and they are actively working to expand the states they serve. Since their licensed practitioners are Deaf and the Virtual Services Program cannot provide survivors with counseling services directly, an opportunity for collaboration exists. With training on domestic and sexual violence from the Virtual Services Program, the NDT can be a referral source for survivors who need mental health services. The Program can refer survivors to NDT and they receive services directly from NDT or get a referral to a culturally-specific practitioner in their area.

While the Virtual Services Program will prioritize outreach efforts on states without “for Deaf, by Deaf” services, some of its outreach efforts, especially its social media strategies, will be nationwide. With increased attention and awareness, Vera anticipates existing “for Deaf, by Deaf” programs will experience an increase in demand for their services. These programs will need to stay up-to-date on the outreach efforts of the Virtual Services Program and be in communication to understand impact.

Other Deaf-Centric Organizations

Deaf-centered organizations at the national, state, and local levels throughout the country play a critical role in outreach, community engagement, and referrals. These organizations include Deaf schools, state-level Deaf and hard of hearing commissions, and local Deaf social service agencies. Importantly, these organizations also include a number that advocate for members of specific cultural groups within Deaf communities including Council de Manos, National Black Deaf Advocates, and the National Deaf Asian Congress, as well as organizations that serve DeafBlind people such as Tactile Communications. These partnerships can inform the design and practices of the Virtual Services Program, so it reaches, engages, and meets the needs of the most marginalized survivors in the Deaf community. As the Virtual Services Program builds strong relationships with these organizations and demonstrates an on-going commitment to centering these often underserved communities, the Program's visibility within these communities will increase, as will trust and credibility, which is essential for survivors to reach out to the Program for support.

Impact and Assessment

Program evaluation is a critical component of any victim service program. Vera recommends the Program regularly engage staff, volunteers, Deaf survivors, and Deaf community advocates and stakeholders in the program to inform program evaluation activities. Vera recommends that the Program, before launch, develop mechanisms for collecting and analyzing performance measures. At a minimum, the Program should collect and analyze information on:

Service Provision

- Number of survivors served, by crime type/topic
 - Gender
 - Age
 - Location
- Number of victim services provided, by service type
 - Intake
 - Crisis Intervention
 - Case management
 - Individual advocacy and support
 - Documentation assistance
 - Information and referral
 - Education and support group
 - Emergency Housing
 - Transportation Assistance
 - Other Financial Assistance
- Number of engagements, by engagement type
 - Video, by platform (direct contacts, social media platforms, and video messaging apps)
 - Text
 - Email
 - TTY
- Days and hours of engagements
- Unmet requests, by request type

- Number of accommodations provided, by accommodation type
 - American Sign Language Interpreters (Deaf and Hearing)
 - Protactile Interpreters
 - Materials in alternate formats (Braille, large font, etc.)
 - Other accommodation requests

Outreach and Education

- Number of outreach and education activities
- Training and Consultation
 - Number of consultations provided to other service providers
 - Number of information or referrals to other service providers
 - Number of trainings provided to other service providers, and number of people trained
 - Number of professional development opportunities staff attended

Website and Social Media

- Website visitors by page
- Social Media visitors by platform

This information can be used to report out on the impact of the Program, as well as to analyze trends to make refinements.

Timeline

Vera recommends that the Virtual Services Program receive funding in Year 1 of the five-year expansion strategy project and continue to operate over the course of those five years (and beyond, if proven successful).

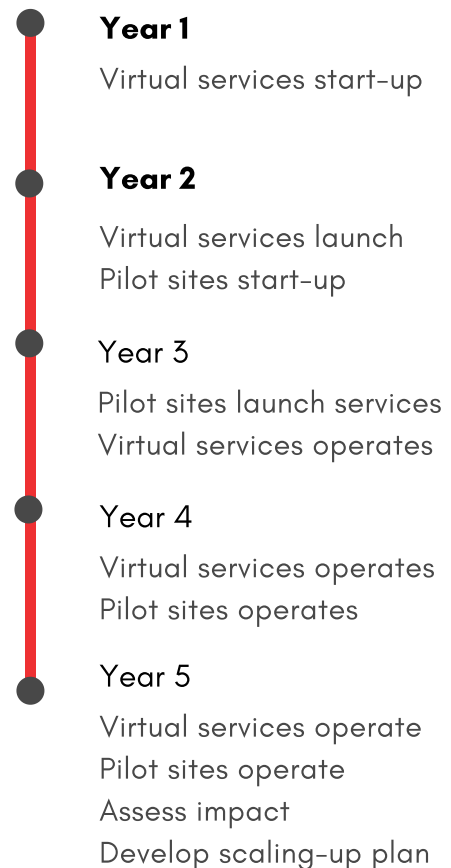
In Year 1, the Virtual Services Program will be in the start-up phase. During the start-up phase, the Program will focus on finalizing the design of the program and building the infrastructure to support its operation. Importantly, this includes the following interrelated areas of work:

- Hiring and training staff.
- Developing policies and practices to support the Program's design.
- Building the Program's technology infrastructure.
- Creating a brand identity for the Program and its comprehensive outreach plan and initial outreach materials, including a website, promotional video, and written materials.
- Orienting brick and mortar agencies to the Program and coordinating efforts.
- Conducting initial outreach to key, national and state-level organizations to build awareness about the Project.

Vera suggests the Program consider having an initial, public soft-launch in Month 9. This would allow the team to test the Program's technology and protocols; identify any unanticipated issues; and make adjustments before the project

launches nation-wide. Vera anticipates the project could launch fully in the beginning of Year 2 and operate through the duration of the expansion project.

5-YEAR EXPANSION TIMELINE



Budget

The estimated, annual operating budget the Virtual Services Program is **\$1.25 million**.

PERSONNEL + FRINGE

\$780,000

- Executive Director = .25 FTE
- Fiscal Manager = .20 FTE
- Project Director (Full-Time) = 1 FTE
- Virtual Advocates (Full-Time) = 6 FTEs
- Virtual Advocates (Part-Time) = 3 FTEs
- Outreach Specialists (Full-Time) = 2 FTEs

TRAVEL

\$150,000

- Outreach Engagement to Priority States
- Quarterly Staff Meetings
- Trainings and Conferences for Professional Development

CONSULTANTS

\$125,000

- Website & Graphic Designer (Year 1 only)
- Videographer (Year 1 only)
- Technology Consultants
- Legal Counsel
- American Sign Language (Hearing and Deaf)
- Protactile Interpreters
- Captioning & Braille

OTHER EXPENSES

\$90,500

- Technology Equipment (Year 1 only)
- Technology Fees and Service Subscriptions
- Outreach and Marketing Service Subscriptions
- Website Hosting Fee
- Case Management Software
- Financial Assistance for Survivors (Year 2 and beyond)

Includes 10% de minimis indirect cost rate.



PILOT TEST EXPANSION OF IN- PERSON SERVICES

Given survivors' needs and the complexities of the systems they must navigate, most survivors need in-person advocacy services at some point in their healing journey. This specific form of support cannot be provided by the Virtual Services Program as it is designed and discussed in the previous section and a tested and proven model for how to expand in-person "for Deaf, by Deaf" services does not exist. Thus, in addition to the Virtual Service Program, Vera recommends a four-year, small-scale pilot to test the feasibility and effectiveness of several models to expanding in-person "for Deaf, by Deaf" victim services.

Pilot Design

The purpose of the pilot is to test various strategies to expand in-person "for Deaf, by Deaf" victim services into states that currently do not have them. Vera suggests testing each of the three promising strategies that emerged during the planning process:

Pilot Site 1: An existing brick and mortar "for Deaf, by Deaf" victim services agency establishing a satellite office and team of local advocates to provide services in a surrounding state.

Pilot Site 2: An emerging and unfunded "for Deaf, by Deaf" victim services group establishing an office and team to provide services in the state where they are located.

Pilot Site 3: The Virtual Services Program establishing an in-person office and hiring a team of advocates to provide in-person victim services in a state that currently lacks services.

The organization selected for each pilot site will need to develop an expansion plan that builds off these general strategies. The plan should include information on the design of their project, a detailed implementation plan and measures of success.

Learning from the Pilot

Since the lessons learned from the pilot determine if and how in-person services can be scaled, it is crucial that a dedicated and defined process be used to document and analyze the pilot. This process should track outcomes and progress towards goals and include structured and on-going opportunities for pilot site participants to share their experiences, identify and discuss challenges, and adapt accordingly. These engagements would also be an opportunity to identify capacity-building and training needs of the pilot sites.

Outcome

The pilot test will:

- Help to determine which, if any, strategy to expand in-person services is viable.
- Identify problems before taking the project to scale.
- Create opportunities to adapt strategies to address unforeseen issues.
- Identify success factors and inform the criteria for participation in the scaling phase.
- Help to determine the financial resources and support needed during full-scale implementation.

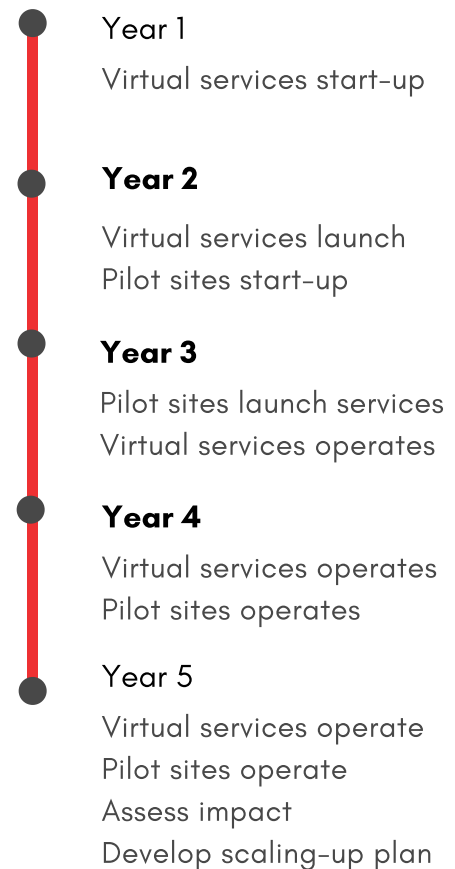
Timeline

The timeline for the pilot test is four years. During the first year (Year 2 of the overall expansion project), the pilot sites will focus on start-up activities. These activities will depend on the strategy that is being tested, but likely will include hiring and training staff and/or consultants, building the technology infrastructure, securing and setting up office space (if applicable), creating an outreach plan, and raising awareness among and building relationships with key organizations, groups and people in the expansion area(s).

Budget

The total anticipated budget for the four-year pilot test is \$2,625,000. This budget reflects 3 pilot sites. Each pilot site would receive \$125,000 for start-up expenses and, then, \$250,000 per year for 3 subsequent years. This budget estimate does not include expenses associated with training, technical assistance, or other support provided to the pilot sites during the project.

5-YEAR EXPANSION TIMELINE



SCALE UP IN-PERSON, "FOR DEAF, BY DEAF" SERVICES

The third component of Vera's recommended strategy is to scale up in-person "for Deaf, by Deaf" programs. This component should only be pursued if the pilot achieves favorable outcomes and any scaling should be based on the lessons learned from the pilot.

A Scaling Plan

A necessary first step in the scaling process is to develop a scaling plan. The scaling plan should:

- Clarify what is being scaled based on what worked and what is transferable from the pilot.
- Determine the scale and timing of the expansion.
- Detail an implementation plan, including any capacity building support expansion sites will need.
- Identify the stakeholders and partners needed and their roles.
- Assess and determine cost.
- Include a monitoring and evaluation plan.

An organization, different from those operating the Virtual Services Program and the pilot sites will need to participate in the project to garner lessons learned and develop this plan. They will also need to determine the implications of this plan on the Virtual Services Program.

Timeline and Budget

Vera recommends that the scaling up plan be developed in Year 5 based on the lessons learned from the Pilot Sites first two years of operation. We estimate this will cost \$125,000.

5-YEAR EXPANSION TIMELINE

- Year 1
Virtual services start-up
- Year 2
Virtual services launch
Pilot sites start-up
- Year 3
Pilot sites launch services
Virtual services operates
- Year 4
Virtual services operates
Pilot sites operates
- Year 5
Virtual services operate
Pilot sites operate
Assess impact
Develop scaling-up plan

SHARE, LEARN, ADAPT



To ensure the expansion project is effective and sustainable, we recommend that evaluation and adaptation be integrated throughout the project. This will allow key stakeholders of the project - including funders, providers, and advisors - to account for changes in any of the assumptions underlying the recommended strategy, address unforeseen challenges, and mitigate any unintended consequences.

The project will need to have on-going and structured forums for stakeholders to convene to discuss progress, celebrate successes, and problem-solve challenges. The conveners will need to implement practices that ensure language access and, importantly, structure and convene the team of stakeholders in ways that foster trust, relationship-building, and open communication to ensure everyone is comfortable sharing challenges and failures, which is necessary to scale any innovation.

We recommend the conveners build the project in the spirit of a learning organization and integrate a learning culture into all aspects and levels of the project. According to the Corporate Executive Board (CEB), a learning culture is one “that supports an open mindset, an independent quest for knowledge, and shared learning directed toward the mission and goals of the organization.”[55]

The project will need to include an organization who is responsible for this work. This organization would also be positioned to provide training and guidance to the organizations involved in the expansion project. We estimate the five-year cost at \$875,000.

What is a learning organization?

According to the Harvard Business Review, “learning organizations are skilled at five main activities: systematic problem solving, experimentation with new approaches, learning from their own experience and past history, learning from the experiences and best practices of others, and transferring knowledge quickly and efficiently throughout the organization.”[56]



SUSTAINABILITY

A significant challenge to the success and ultimate impact of the proposed expansion plan in Deaf communities across the country is sustainability. While sustainability is an issue plaguing most victim services programs, it is even more pronounced for programs that are launched through a special initiative or demonstration project.

- What happens to the Virtual Services Program and the pilot sites after the 5-year expansion project?
- What happens to the Deaf survivors across who country who have come to rely on these programs for support?

What the Research Tells Us

A comprehensive study on sustainability examined 297 diverse, non-profit projects (including several that focused on victims of crime) and identified factors that strongly predict whether projects continue or not.[57]

Funding matters.

Projects that continue have more funding and non-financial support than those that don't continue. Importantly, they also have more funding sources. Greater diversity in funding is important for two reasons. First, it is an indication of the energy, commitment and capacity of projects' leaders to sustain projects. Second, it means projects have more sources of support to pursue after the initial funding ends.

What is sustainability?

Sustainability is "the continued use of program components and activities for the continued achievement of desirable program and population outcomes." [58]

Funders play an important role.

Projects that continue have highly involved funders. Importantly, their funders are oriented towards the future. They are focused on the sustainability of the project and building the long-term capacity of organizations involved in the project.

Organizational and project leadership is crucial.

Projects that continue have support from the broader organization's leadership. Those leaders assume ownership of the project and demonstrate strong support for it. Continued projects also have a champion within the organization. Moreover, continued projects are perceived by the staff as the organization's "flagship" project or the project that is most central to achieving the organization's mission.

Community support is critical.

Continued projects have more community "patrons." Patrons are well-known or influential people who lend their name and demonstrate strong support to the project.

Implications

The research on sustainability points to conditions that can be built into the expansion project to increase the likelihood that the programs created and/or supported through the project continue to provide victim services and have an impact after the initial five-year expansion project ends.

- Efforts should be made to fund the five-year expansion project from multiple sources, and its funders should infuse sustainability and support into the project (and scaling activities that would take place after the five-year project) from its inception.
- The organizations that run the Virtual Services Program and the pilot site expansion projects need to be carefully vetted. The expansion project should be central to the mission of the organization and the leadership of the organization needs to demonstrate a high-level of commitment and support for the project.
- The staff leading the expansion projects also need to be carefully selected, with an emphasis on people who are fierce supporters of the project and who have strong leadership, program development, and fundraising skills.
- Throughout the expansion project, a significant emphasis needs to be placed on garnering support from Deaf community members.

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For questions about this report or more information on the Center on Victimization and Safety, please contact at cvse@vera.org. Photos depict models, and are for illustrative purposes only.

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