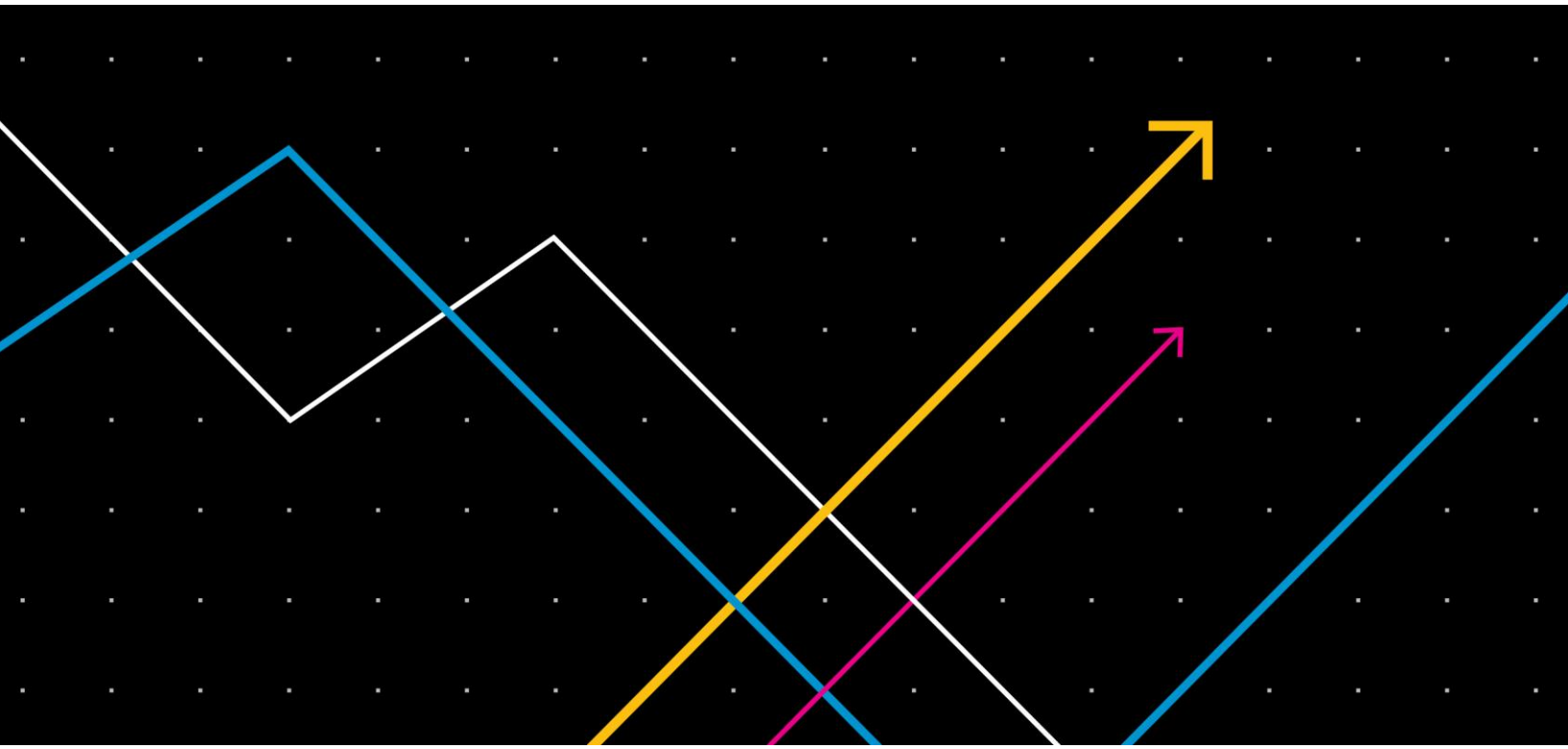

RESEARCH REPORT

Strengthening Domestic Violence Services for Deaf Survivors

An Evaluation of Barrier Free Living's Deaf Services Program

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Executive Summary

More than 11 million people in the United States are Deaf, deaf, hard of hearing, late-deafened, or Deaf-Blind. In the New York metropolitan area alone, more than 240,000 people report a hearing-related disability.[1] Research indicates deaf people report experiencing victimization at higher rates, with studies estimating that around 50 percent of women in the deaf community experience domestic violence compared to around 25 percent of women in the general population (Anderson and Leigh 2011; Pollard, Sutter, and Cerulli 2014). But a lack of accessible resources and trauma-informed services for American Sign Language (ASL) speakers makes it difficult for deaf people to report crimes and access support.

In response to these issues, the Manhattan District Attorney's Office (DANY) in 2017 began to provide grant funding to support Barrier Free Living's (BFL's) Deaf Services (DS) program through its Criminal Justice Investment Initiative (CJII). BFL provides safe and accessible services for survivors of domestic violence and their families (referred to by the program as consumers) through three programs. Freedom House is BFL's fully accessible shelter offering stays up to 180 days and support services. Secret Garden offers nonresidential domestic violence services, including counseling, advocacy, and case management. BFL Apartments offers permanent housing and support services for survivors. BFL's goal for the CJII grant was to increase access to direct services for deaf survivors at Freedom House and Secret Garden and increase local stakeholders' (e.g., direct service providers', first responders', policymakers') awareness of deaf survivors' needs.

Overview of the DS Process Evaluation

In 2019, DANY awarded a 34-month contract through a competitive solicitation to the Urban Institute, in collaboration with Gallaudet University and NORC at the University of Chicago, to conduct a multimethod process evaluation of BFLs' DS program. The purpose of the evaluation was to document the implementation of the DS program and assess whether it achieved its intended goals.

Our goal was to answer the following six research questions:

- How does the DS program serve deaf survivors?
- How does DS increase BFL's ability to effectively communicate with deaf survivors?

- How does DS increase staff communication and collaboration around services provided to deaf clients?
- How does DS increase community service providers' knowledge of deaf survivors' needs and services?
- What are consumers' perceptions of the DS program?
- What factors impede or support the implementation of enhanced services (i.e., the DS program) for deaf survivors?

To accomplish this goal, the research team implemented a multimethod approach involving interviews, surveys, and program data. The research team began to review program materials in Summer 2019 and collected qualitative and quantitative data between October 2019 and November 2021. Primary data sources included 36 semistructured interviews with 12 BFL staff, 7 community partner organizations, and 15 DS consumers, as well as an online survey completed by 10 DS consumers. For participants who are deaf, interviews were facilitated by co–principal investigator Teresa Crowe, who is fluent in ASL. Additional consumer and program information was collected from quarterly progress reporting and performance data submitted by BFL to ISLG, which manages the CJII grant.

Key Findings

Drawing on the information gathered from the above sources, we identified the following key findings.

The DS program provided a range of services to meet the needs of deaf survivors. Consumers mostly experienced physical violence, financial exploitation, and issues with child custody, and reported needing help with financial security and benefits, housing, and legal issues. In response, most consumers received counseling, legal services, and case management through Secret Garden. Consumers at Freedom House received emergency shelter and help finding more permanent housing. BFL also offered employment support, occupational therapy, support groups, child care, and yoga for deaf consumers.

The DS program served 62 consumers—53 through Secret Garden and 9 through Freedom House—between January 2018 and August 2021. Although the number of consumers served was below the target of 6 survivors at Freedom House and 60 to 70 at Secret Garden per year, the number of deaf consumers in the DS program was consistent throughout the project period. Consumers were

most likely to be referred to BFL by organizations that support survivors of intimate partner violence and communities and families in need.

The DS program helped increase BFL's ability to communicate with deaf survivors. BFL used DS funding to offer five rounds of a six-week introductory ASL course for all BFL staff and one ASL 201 course. The practice of routinely using interpreters in BFL meetings has improved since the inception of the grant. The grant also enabled BFL to improve its communications technology, including tablets with video remote interpreting, updated accessibility devices in Freedom House units, and a videophone-based, ASL-signed helpline.

The DS program led to increased awareness and collaboration around services provided to deaf clients, but communication and staffing challenges remain. Deaf staff are now more involved across both Secret Garden and Freedom House, allowing for greater communication and collaboration across BFL's primary programs. BFL staff are also more aware of deaf people's needs because of the formal in-house trainings on deaf communication and Deaf culture as well as informal education provided by the DS team. But information sharing and transparency between deaf and hearing staff remain a challenge, and respondents cited difficulties related to large caseloads, staff turnover, and lack of formal training for DS team members.

The DS program partners with a range of external agencies to support referrals or coordinate service provision, provide education and training, and conduct outreach and advocacy. BFL's partners include disability and/or deaf service organizations, survivor-focused service organizations, family service organizations, and criminal legal system agencies. All partners we interviewed reported having learned a great deal about the needs of and how to serve deaf survivors from working with BFL. They also indicated that BFL fills a significant gap by being the only organization to provide domestic violence services to deaf survivors. The DS program has also enabled staff to engage in formal advocacy to improve the systems and services available in New York City to deaf survivors, such as the New York Police Department's Text-to-911 service.

Consumers reported overall positive experiences with the services they received and communication accessibility at BFL. Consumers appreciated the diversity of services offered and having deaf and/or signing social workers and case managers. In general, they reported positive relationships with BFL staff. But a small number reported challenges or negative experiences, such as disruptions in services owing to the pandemic and staff turnover. Specifically, there were some delays rescheduling in-person appointments to be conducted remotely and safely over videophone, and for certain staff changeovers, some time was required until a new person was hired (e.g., for a case

management position). Moreover, several consumers who had received services for a while reported disliking the program location compared with a previous location and difficulties communicating with nondeaf staff for certain services.

Factors that support enhanced services for deaf survivors include staff training, collaboration and communication between staff, and partnerships with community organizations. BFL staff and community service providers highlighted the need to provide ongoing staff training, including ASL instruction and trainings on Deaf culture. In addition, BFL staff and partners underscored the need for organizations that may provide services to deaf clients to set aside money for interpreters and for technology to facilitate communication with their clients. They also highlighted the importance of building strong collaborations across community agencies to provide the services deaf people need.

Funding and staffing are the primary factors that impede the provision of enhanced services for deaf survivors. BFL staff and community providers indicated that consistent and sufficient funding to provide accessible services to deaf people is lacking, and that challenges associated with sustaining services and supports beyond grant funding impede enhanced services for deaf people. Moreover, turnover among hearing staff requires training new staff in ASL and Deaf culture, and turnover among deaf staff leaves gaps in services and heavy caseloads for remaining DS staff. It is also difficult to find qualified deaf staff. The COVID-19 pandemic created additional barriers to serving deaf survivors.

More research on programs such as BFL's DS is needed. The evaluability assessment component of this study determined that the program size, funding structure, and data collection framework do not currently support an outcome evaluation, nor is a comparison group readily identifiable. Yet, the logic model developed during this study can serve as a framework for a future study of DS program implementation and outcomes.

Recommendations

Based on our findings from interviews and surveys, we provide the following recommendations for how BFL and similar programs can improve and adapt staffing, services, and outreach:

- Hire additional deaf and ASL-fluent hearing staff to increase capacity to provide services to deaf survivors and ensure someone is always present who can communicate with deaf consumers when they reach out to BFL for services or enter BFL offices.

- Continue to train hearing staff on ASL, deaf issues and culture, and resources available to deaf consumers in the community.
- Use the same interpreters throughout a deaf consumer's engagement for continuity of services and to eliminate the need for consumers to repeatedly provide interpreters contextual or background information.
- Implement or modify processes to improve transitions between programs within BFL and when transitioning away from BFL.
- Increase the number of locations offering BFL's deaf services throughout New York City.
- Continue to increase and diversify the types of services and trainings available to deaf consumers, including services for children, legal and financial workshops, and tailored services for subpopulations within the deaf community (e.g., deaf survivors who are Orthodox Jewish, Deaf-Blind, or immigrants).
- Identify additional avenues to inform the deaf community about BFL to raise awareness about its services and to increase trust that services are deaf-friendly.
- Increase the number of trainings on Deaf culture and domestic violence in the deaf community and diversify the types of trainings available to community members and professional organizations, such as law enforcement agencies and medical providers.

Staff and community partners also reported extensively on the societal and policy-level barriers to meeting the needs of deaf survivors, which resulted in the following recommendations for policymakers, funders, and system-level stakeholders:

- Fund programs sufficiently to serve deaf survivors, including by providing adequate long-term funding.
- Continue to implement policies, technologies, and trainings to improve language accessibility in the criminal legal, social service, and medical sectors.
- Improve the availability and accessibility of housing in New York City, including long-term and permanent housing for deaf people.
- Facilitate communication and networking across service providers and other agencies across New York City,
- Conduct additional research on the experiences of deaf survivors and evaluation of the programs that serve them.

Lastly, our assessment of BFL's evaluability for an outcome evaluation and best practices for conducting research with the deaf community resulted in the following recommendations for researchers and funders of research:

- Ensure researchers collecting data from deaf people have relevant sociocultural and linguistic expertise.
- Take time to build trust between the research team and the community.
- Ensure deaf participants in research studies proportionately represent diverse racial, ethnic, linguistic, and cultural groups, including deaf people with additional disabilities (e.g., people who are Deaf-Blind, or deaf people with mobility challenges).
- Ensure appropriate designs are reviewed and approved by experts who are familiar with research methodologies in the deaf community.
- Provide accessible and diverse forms of communication (e.g., interpreters, Communication Access Realtime Translation, videophones).
- Think creatively about developing suitable research tools and protocols.

Strengthening Domestic Violence Services for Deaf Survivors

More than 11 million people identify as Deaf, deaf, Hard of Hearing, late-deafened, or Deaf-Blind in the United States.[2] In the New York City (NYC) metropolitan area alone, more than 240,000 people report a hearing-related disability.[3] Research indicates deaf people report experiencing victimization at higher rates,[*] but a lack of accessible resources and trauma-informed services for American Sign Language (ASL) users makes it difficult for deaf people to report crimes and access support (Anderson and Leigh 2011; Pollard, Sutter, and Cerulli 2014).[4] In response to these issues, the Manhattan District Attorney's Office (DANY) provided funding in 2017 to support Barrier Free Living's (BFL's) Deaf Services (DS) program through its Criminal Justice Investment Initiative (CJII). The goal of the funding was to increase access to direct services for domestic violence survivors who are deaf and to increase local stakeholders' awareness of deaf survivors' needs.[†]

In 2019, DANY awarded the Urban Institute a 34-month contract through a competitive solicitation to conduct a rigorous process evaluation in collaboration with Gallaudet University of BFL's DS program.[5] The purpose of the evaluation was to document the implementation of the DS program and assess whether it achieved its goals. More specifically, the research team sought to: (1) understand the factors that impede or support the implementation of enhanced services for deaf survivors, (2) assess how DS consumers perceive their experiences with the DS program and staff,[6] (3) provide insight on BFL staff communication and collaboration around services provided to deaf consumers, and (4) examine BFL's collaboration and engagement with community partners on issues related to deaf survivors.

The research team implemented a multimethod approach to achieve the goals of this study. Qualitative data collection included 36 semistructured interviews with 12 BFL staff, 9 community partners from 7 organizations, and 15 DS program consumers. Quantitative data collection included an

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[*] Except when referring specifically to Deaf culture, for purposes of inclusivity and simplicity, we use "deaf" in this report to refer to people who are Deaf, deaf, hard of hearing, late-deafened, or Deaf-Blind.

[†] In the victim service field, "victim" is typically used in a criminal legal context and/or to refer to someone who has recently experienced violence, whereas survivor is often used to refer to someone who is going through or has gone through the recovery process. Consistent with the language used by BFL, we use survivor in this brief to refer to people who have experienced domestic violence.

online survey of 10 DS program consumers. We also collected and reviewed program data submitted to BFL's CJII grant managers at the Institute for State and Local Governance (ISLG). In this report, we summarize the methods and findings of this process evaluation. We also discuss future directions for research on deaf services and considerations for conducting research with the deaf community.

Background

Domestic violence or intimate partner violence (IPV)[*] is experienced by people of all gender identities, races and ethnicities, socioeconomic statuses, and cultural backgrounds. But certain factors, such as disability status, increase the likelihood of victimization and create barriers to safety and services. The deaf community is one population that experiences both significant needs and barriers to receiving services. Whereas deaf refers to a range of types of medical hearing loss resulting in a person being unable to understand speech using sound alone, the term Deaf often refers to one who identifies as culturally Deaf (signified by the capitalized D), which often means they use ASL as a primary language (Crowe 2017). People who self-identify as a part of Deaf culture share common and distinct languages, social mores, and norms (Crowe 2020).

Although research on the deaf community is limited, the literature indicates that women with disabilities are more likely to be abused than women without disabilities and men with disabilities (Breiding and Armour 2015; Hughes et al. 2011; Mitra and Mouradian 2014; Olofsson, Lindqvist, and Danielsson 2015; Smith 2008). Women with disabilities also tend to experience more severe forms of abuse and for longer periods of time (Brownridge 2006; Nosek et al. 2001). Furthermore, research shows that deaf women report higher rates of IPV than hearing women, with one study of deaf women receiving mental health services reporting lifetime rates of physical abuse up to 56 percent (Anderson and Leigh 2011; Johnston-McCabe et al. 2011; McQuiller Williams and Porter 2011; Pollard, Sutter, and Cerulli 2014).

Along with physical, sexual, psychological, and financial abuse, deaf victims face other forms of abuse related to their auditory status. For example, abusive partners may prevent access to a

[*] Domestic violence and IPV are often used interchangeably, but domestic violence is a broader category that typically includes forms of family violence beyond intimate partners, such as elder abuse, child abuse, and violence between any family members. This report uses "domestic violence" when referring to BFL and its consumers for consistency with BFL's own framing. When referring to other research studies or services, it follows the terminology in those studies and services.

videophone or other communication device, hide or damage hearing aids, or restrict ASL education. They may also use text-based communication mediums as another way to manipulate the victim or use the victim's auditory status as a subject of emotional abuse (Anderson 2014). A victim may also be easily isolated if the abuser refuses to use sign language or keeps them from accessing information about IPV, services, or legal rights (Ballen, Freyer, and Powledge 2017; Crowe-Mason 2010; Schild and Dalenberg 2012).

In addition to being a source of abuse, factors related to being in a linguistic and cultural minority in the United States create barriers to escaping abuse and seeking services. Most deaf children are born into families who do not sign (Mitchell and Karchmer 2004); if a communication system is not established during early childhood, these language barriers can result in limited basic knowledge that includes a lack of understanding about physical, sexual, and mental health. The National Association of the Deaf writes in a 2022 statement about early cognitive and language development of deaf and hard-of-hearing children, "the effects of early language deprivation or limited exposure to language due to not having sufficient access to spoken language or sign language are often so severe as to result in serious health, education, and quality of life issues for these children."[7] In 2020, Crowe found that "Deaf individuals who seek help must overcome problems with language inaccessibility, societal negative attitudes, internalized shame and stigma, low mental health literacy, and lack of available resources" (4).

"Deaf individuals who seek help must overcome problems with language inaccessibility, societal negative attitudes, internalized shame and stigma, low mental health literacy, and lack of available resources."
—Crowe (2020, 4)

Deaf individuals may avoid seeking help because of communication barriers that foster distrust between providers, law enforcement, criminal legal system professionals, and other service professionals, especially nonsigning professionals, and deaf individuals, which inhibits reporting, creating additional vulnerability (Crowe 2020). Deaf individuals often prefer direct communication with a signing professional rather than having an interpreter translate the conversation. In a 2010 study by Crowe-Mason, deaf and hard-of-hearing adults reported two additional key barriers to reporting: belief that law enforcement would side with a hearing perpetrator and the belief that deaf individuals should protect other deaf individuals. Cultural loyalty is exacerbated by the small size and close-knit nature of

the deaf community. This insular nature combined with discrimination or devaluing of Deaf culture and institutions (also called audism) leads to fear and mistrust of hearing-dominated systems (Smith and Hope 2015). Victims may be further disadvantaged because of higher rates of economic insecurity, lower educational attainment, and structural inequalities related to race, gender, sexual orientation, and immigration status (Ortoleva and Lewis 2012).

Across the United States, there is a general lack of accessible, culturally competent, trauma-informed, and linguistically appropriate services for deaf individuals who have experienced violent victimization. When deaf survivors do seek help, they often encounter service providers who are unfamiliar with Deaf culture and lack fully accessible services. For example, providers may not offer functional text-based telecommunication numbers, such as TeleTYpe, Telecommunications Device for the Deaf, Text Telephone or interpreters, either because it is considered too costly or perceived to be unnecessary (Crowe 2013; Smith and Hope 2015). If interpreters are available, providers may lack training to effectively use them to communicate with clients (Crowe 2013). The confidentiality of interpreters is also a concern for many victims given the small size of the deaf community, lack of different service options, and importance of reputation in the community (Crowe 2015; Smith and Hope 2015). Additionally, deaf individuals have a range of language and interpretation preferences, knowledge about their options for services, and available income and other resources (Ballan, Powledge, and Marti 2016). For example, one study asked Deaf and hard-of-hearing adults multiple questions about help-seeking and found that 87 percent preferred to seek help from someone who used ASL, 75 percent preferred that the person providing help be deaf, 56 percent preferred that they be hard of hearing, and 41 percent preferred that they be hearing (Crowe 2017).

In addition to the limited resources, there is also a lack of research on the needs of deaf survivors and the effectiveness of the services that are available. Because of the lack of IPV research on deaf individuals, hearing service providers remain unaware of the problems, and adequate services remain scarce (Anderson, Leigh, and Samar 2011). Thus, there is a need for research on IPV in the deaf community that includes broader samples—many studies have focused on college students—and take into account the diversity of victims' characteristics (Ballan, Powledge, and Marti 2016). For example, a literature review of 21 studies on IPV and disability found an underrepresentation of women of color (Hughes et al. 2011). Disability literature in general tends to neglect examinations for women with physical or sensory disabilities (Hughes et al. 2012). Services and research on those services must consider essential identity characteristics—such as race/ethnicity, immigration, gender identity/expression, and sexual orientation—as well as what is required for equal access across disabilities (Ballan et al. 2014). To date, there have been multiple calls for research to provide evidence

about deaf survivors' victimization experiences and existing services, particularly to increase awareness about any programs specifically designed for deaf individuals (Cerulli et al. 2015; Johnston-McCabe et al. 2011; Pollard et al. 2014).

About Barrier Free Living

For nearly 40 years, BFL has provided services and advocacy in New York City for survivors of domestic violence with a range of disabilities, including hearing impairments. It provides services through three overarching programs: Freedom House, Secret Garden, and BFL Apartments. **Freedom House** is a domestic violence shelter offering stays of 90 to 180 days to families and single women and men. The shelter is fully accessible to, and its apartments are equipped to accommodate, wheelchair users, people who are deaf, and people who are blind or visually impaired, although people do not need to have a disability to stay there. Residents have access to social workers, counselors, case managers, occupational therapists, emergency child care, and family services. **Secret Garden** is BFL's nonresidential domestic violence program that provides counseling, support groups, advocacy, safety planning, and case management to survivors. Most recently, **BFL Apartments** opened in 2015 to offer permanent housing to survivors of domestic violence with disabilities. In addition to housing and direct services for consumers through these three programs, BFL conducts training for service providers, criminal legal system professionals, and community members and advocates to policymakers and community leaders to improve services across New York City for survivors of domestic violence with disabilities.

Around 2014, BFL embarked on a journey to understand and improve their services for deaf survivors, following observations of higher and faster turnover for the deaf consumers receiving services than other consumers. BFL began by conducting a focus group with deaf individuals to learn about the barriers that they experienced and how BFL could provide more responsive services. One key takeaway was the need for BFL to hire staff who understood deaf culture and spoke ASL fluently. Between 2014 and 2017, BFL made meaningful strides to support deaf survivors, including improving their Wi-Fi to enable more reliable use of videophones and other electronic-based communications and creating a welcome video for deaf and hard of hearing consumers who entered Freedom House. Before the 2017 DANY grant, BFL also employed a social worker from the deaf community who began to lead trainings for all BFL staff on deaf culture and communication.

However, BFL recognized it needed targeted funding to make internal staffing and structural changes, as well as investments in community outreach. In 2017, BFL received funding from DANY

through a competitive solicitation via its Criminal Justice Investment Initiative to enhance its DS program and team. Specifically, BFL's program was funded through the Increase Access to Services for Survivors of Crime initiative, which seeks to address barriers to culturally competent services for survivors of crime.

The goals of the DS initiative under the 2017 DANY funding are to increase access to direct services for victims of crime who identify as deaf and to conduct outreach and trainings with the deaf community, service providers, law enforcement, and other criminal legal system actors on the needs of deaf survivors. The DS program intended to expand BFL's deaf and ASL-fluent direct service staff capacity at Freedom House and Secret Garden, leading to increased counseling and case management services that are culturally and linguistically appropriate for deaf survivors. Internally, the program aims to increase ASL and deaf culture training for BFL's hearing staff, streamline use of interpreters, and improve communication and information sharing through technology. Externally, BFL's DS program includes additional opportunities for community outreach and training.

Research Goals

The goal of this evaluation was to document the implementation of the DS program at BFL and assess whether it achieved its intended goals. The following six research questions guided this study:

1. How does the DS program serve deaf survivors?
2. How does DS increase the ability to effectively communicate with deaf survivors?
3. How does DS increase staff communication and collaboration around services provided to deaf clients?
4. How does DS increase community service providers' knowledge of deaf survivor needs and services?
5. What are consumer perceptions of the DS program?
6. What factors impede or support the implementation of enhanced services for deaf survivors (i.e., the DS program)?

Table 1 pairs the research questions and associated data sources that guide this study. The sections that follow describe the methodology, the results and findings, methodological challenges and study limitations, and recommendations for programs, policymakers, and researchers. The study also aimed to assess the program's readiness for outcome evaluation and potential evaluation designs.

TABLE 1

Research Questions and Data Sources for the Urban Institute's Evaluation of Barrier Free Living's Deaf Services

Research question	Data sources
1. How does the DS program serve deaf survivors?	▪ Program data submitted to ISLG ▪ Staff interviews ▪ Community interviews
2. How does DS increase the ability to effectively communicate with deaf survivors?	▪ Staff interviews ▪ Consumer interviews ▪ Consumer survey ▪ Community interviews ▪ Training assessments
3. How does DS increase staff communication and collaboration around services provided to deaf clients?	▪ Staff interviews
4. How does DS increase community service providers' knowledge of deaf survivor needs and services?	▪ Staff interviews ▪ Community interviews ▪ Training assessments
5. What are consumer perceptions of the DS program?	▪ Consumer interviews ▪ Consumer survey
6. What factors impede or support the implementation of enhanced services for deaf survivors (i.e., the DS program)?	▪ Staff interviews

Notes: DS = Deaf Services. ISLG = Institute for State and Local Governance.

Methods

The research team began to review program materials in summer 2019 and collected qualitative and quantitative data between October 2019 and November 2021. Primary data sources included 36 semistructured interviews with 12 BFL staff; 7 domestic violence, deaf services, and criminal legal system organizations; and 15 DS consumers, as well as an online survey completed by 10 DS consumers. Additional consumer and program information was collected from quarterly progress reporting and performance data submitted by BFL to ISLG.

Primary Evaluation Data Sources

15 DS Consumers Interviewed | **12 BFL Staff Interviewed** | **7 Community Partners Interviewed** | **10 DS Consumers Surveyed**

QUALITATIVE INTERVIEWS

The research team collected qualitative data via in-person, video, and telephone interviews. Before the onset of the COVID-19 pandemic, the research team conducted two site visits to BFL in fall 2019 and winter 2020. During these visits, the research team interviewed 5 BFL staff, 2 community service providers, and 6 consumers in person. In addition to data collection, the research team observed and participated in an on-site training focused on Deaf culture, facilitated by a DS staff member. After the onset of COVID-19, the research team conducted 8 staff interviews, 5 community partner interviews, and 9 consumer interviews via phone, videophone, or Zoom.

The team interviewed participants who are deaf or hard of hearing and who are hearing, and when relevant ensured that the interview was translated in real time. Before beginning all interviews, the team received informed consent to ensure BFL staff, community partners, and DS consumers understood that their participation in this study was voluntary and confidential. Interviews ranged from 45 to 90 minutes. All in-person interviews with BFL staff and DS consumers took place at BFL; in-person interviews with victim service providers were conducted at the organization's office. For participants who were deaf, interviews were facilitated by co–principal investigator Teresa Crowe, who is fluent in ASL. All interviews were audio-recorded unless the respondent preferred not to be recorded, in which case detailed notes were taken. In-person interviews with deaf respondents were conducted using two independent and certified ASL voice interpreters for the purpose of creating audio recordings of the interviews. During these interviews, the interpreters sat across the room and voiced questions asked by Crowe and the respondents' answers into an audio recorder, which were transcribed at a later date. In cases in which in-person interviews were not able to be conducted, Crowe facilitated the interview via videophone or Zoom and took notes on the individuals' responses. Virtual interviews with hearing participants were conducted and recorded over Zoom.

BFL staff interviews. The research team conducted 14 interviews with BFL leadership and staff, including those from the DS team, Freedom House, Secret Garden, and one former DS staff person. Two staff were interviewed twice, once at the beginning and end of the evaluation. Interviews were facilitated by BFL's liaison to the study, who identified and connected the research team with the staff respondents. Interviews with staff focused on building a robust understanding of the DS program and responding to research questions 1, 2, 3, 4, and 6. Specifically, interviews focused on gathering data across eight domains: (1) staff background and training; (2) BFL services and program participants; (3) DS goals; (4) DS communication, operations, and services provided; (5) DS consumers served; (6) barriers and challenges to implementing DS; (7) community collaboration and training; and (8) DS outcomes (see appendix A for interview protocols). Qualitative data collected through interviews with BFL staff also

informed the development of a program logic model, which BFL and ISLG reviewed and approved in December 2019 (figure 1 on page 14).

Community partner interviews. The research team interviewed representatives from seven community organizations. Two interviews were with pairs of staff for a total of nine participants. Three of the organizations were disability and/or deaf service organizations, three were victim-focused service organizations, and one was a criminal legal system agency. Community organizations interviewed as a part of this study were identified by BFL and the DS team. Interviews with community partners focused on building knowledge on how BFL and the DS program staff collaborate with and support partners in the community around deaf issues. Interview data focused on research questions 1, 2, and 4, and specifically on: (1) respondent background and training; (2) services provided generally and to deaf survivors; (3) collaborations with BFL/DS and other community organizations related to deaf survivors; (4) deaf awareness and community collaboration; and (5) barriers/challenges to serving, communicating with, and supporting deaf survivors.

DS consumer interviews. The research team conducted interviews with 15 DS consumers. As previously mentioned, 6 of the interviews were conducted in person at BFL over two site visits in October 2019 and January 2020, and 9 were conducted via videophone or Zoom. All participants for consumer interviews were identified by the DS social workers and case managers. DS staff members shared information about the study with consumers and, if a consumer was interested in being interviewed, they worked with the research team to schedule a day and time for the interviews to occur (either while on site or via video). In response to the COVID-19 pandemic and the cessation of in-person site visits, the research team and BFL worked to create a system to schedule and share information that protected the privacy of the consumer. Both teams accessed a shared Google document in which Crowe, who conducted all consumer interviews, input her availability for interviews and the DS team scheduled interviews for the consumers who expressed interest, inputting only the consumers' initials, their preferred method of communication (all chose videophone), and who they preferred to initiate the call.

Data collected from interviews with consumers focused on answering research questions 2 and 5. Specifically, interviews with DS consumers gathered information on: (1) services received; (2) perspectives of the services received, including what consumers like and do not like about services; (3) communication and interactions with BFL staff; and (4) recommendations to improve deaf survivor services. In response to COVID-19, additional questions were added to the interview protocol to assess DS consumers' perspectives of the adaptations that have been made to DS services as a result of the pandemic, what has worked well, what has not, and any recommendations particular to providing

services during the pandemic. The interview protocol was pilot tested during the first in-person visit to BFL in fall 2019 and is included in full in **appendix A**.

All DS consumer respondents received a $25 Target gift card to thank them for participating in the interview. For those respondents who participated in an in-person interview, the gift card was shared immediately following the interview. For those who participated in video interviews, the gift card was either mailed or emailed, depending on the respondent's preference.

At the start of the consumer interviews, participants were asked to share their age, how they describe their race/ethnicity, and whether they identify as female, male, or something else. As shown in table 2, 12 of the 15 consumers interviewed self-reported as female, 2 self-reported as male, and 1 self-reported as nonbinary. Regarding race and ethnicity, 5 identified as Black or African American, 3 as Hispanic or Latino/a, 3 as white/Caucasian, and 4 as another race or multiracial. All the consumers we interviewed were older than 30 at the time of the interviews, and 5 immigrated to the United States from another country and used ASL and English as their second and third languages, respectively. These demographics primarily reflect the overall makeup of program participants as reported by BFL to ISLG.

DS CONSUMER SURVEY

In addition to data collected through interviews, we administered a short web-based survey (intended to take under 10 minutes) to DS consumers who were involved in the DS program or who received DS services in the past. The survey instrument collects data to answer research questions 2 and 5. More specifically, the survey complements qualitative data collected through consumer interviews by soliciting consumer feedback on the types of services received through the DS program, satisfaction with the services received, and interactions with BFL staff. **Appendix A** contains the informed consent language and survey questions.

The DS team offered the survey to all current consumers after approximately three months of services or upon completion of services if before that time frame. In addition to service duration, survey distribution was dependent on the DS provider's determination that the consumer was in a place in their healing to take the survey (i.e., when the client was not in crisis and had access to stable housing). The DS team also identified clients who completed or ended services in the past two years (a total of 24) for a separate outreach effort and included an offer to participate in the present study in those emails. However, the majority were unavailable, largely due to changed contact information, or felt they could not speak to the services due to limited engagement.

The survey was administered via Qualtrics, a secure web-based software, which enables the DS caseworkers to share a link to the survey with current and past DS consumers on a periodic basis to solicit participation. Survey instructions, questions, and responses were accompanied by a video that interpreted the respective language into ASL. Survey responses were saved to the Qualtrics database, which only the research team had access to. Respondents did not provide any identifying information, and the data were voluntary to provide and confidential. The survey instrument was offered in both English text and ASL. Before launching the survey, the research team shared the survey with and solicited feedback from BFL and DS staff and ISLG program managers. Suggested modifications were made before launching the survey with DS consumers in April 2020 (although the first responses were not received until September 2020). There was consensus among BFL, DS staff, and the researchers when the survey instrument was ready to launch. Incentives for completing the survey were not available.

As shown in table 2, the 10 consumers who completed the online survey had similar demographics to those who participated in interviews and the participants reflected in the program data reported by BFL. All online-survey respondents identified as female (80 percent) or as something other than male/female (20 percent). Three respondents identified as Black or African American, two as white, and two as Hispanic or Latino/a; three respondents chose not to disclose their race/ethnicity. Half of the respondents reported they were between 30 and 50 years old. The total sample number of clients who were linked to the survey is unknown.

TABLE 2

Characteristics of Barrier Free Living's Deaf Services Consumers

	Interview participants (n = 15)	Survey respondents (n = 10)	All DS program consumers (n = 62)[a]
Sex			
Male	2 (14%)	0 (0%)	5 (8%)
Female	12 (80%)	8 (80%)	57 (92%)
Something else	1 (6%)	2 (20%)	0 (0%)
Race			
Black/African American	5 (34%)	3 (30%)	18 (29%)
Hispanic/Latino/a	3 (20%)	2 (20%)	22 (35%)
White/Caucasian	3 (20%)	2 (20%)	8 (13%)
Multiracial/Another race	4 (26%)	0 (0%)	14 (23%)
Missing		3 (30%)	
Age			
30–39	6 (40%)	4 (40%)	--
40–49	2 (14%)	1 (10%)	--
50 and older	7 (46%)	3 (30%)	--
Missing	0 (0%)	2 (20%)	--

Sources: Semistructured interviews of Barrier Free Living Deaf Services consumers conducted by the Urban Institute research team, an online survey of Deaf Services consumers administered by the research team, and Deaf Services program data provided by Barrier Free Living to the Institute for State and Local Governance between January 2018 and August 2021.
Note: DS = Deaf Services.
[a] Data rely on quarterly progress reports submitted by Barrier Free Living to the Institute for State and Local Governance. Data include 9 people who received services through Freedom House and 53 who received services through Secret Garden. Detailed data on age are not available; 1 person was 18 to 20 at the time of intake, and 61 were coded as 21 or older at the time of intake.

TRAINING ASSESSMENTS

The research team also worked with BFL to modify a written training assessment to be administered to community service providers and BFL staff who participate in DS trainings, including Secret Garden Services for the Deaf and Hard of Hearing, Understanding Deafness, Deaf Traumatization, Sexual and Domestic Violence in the Deaf Community, and Stalking in the Deaf Community. Training assessments were designed for BFL staff to administer following a training and to take approximately five minutes to complete. These assessments are intended to capture the participants' perceptions of the quality of the training and whether the training increased participants' awareness of Deaf culture and the unique needs of deaf survivors. Due in large part to the COVID-19 pandemic, the training assessments were not implemented in the community during this study.

Results

In this section, we discuss the development of a logical model designed to reflect the DS program under the CJII grant and document the extent to which the program met the targeted inputs, activities, and

outputs. Then, we present the findings from each of the research questions that guided our evaluation of the program.

Logic Model Development and Execution

The first step in our process evaluation was the development of a logic model that captures the enhanced DS program. Logic models are useful tools for outlining programs' supports, goals, and aspirations. They also help generate a shared understanding of programs both at the program level and between program actors and researchers.

The Urban-Gallaudet team began collecting documents describing the program and meeting with BFL staff in summer 2019 to understand the goals and mechanisms of the DS program that would form an accurate and beneficial logic model. The framework was ultimately designed to include an overarching goal, inputs, activities, and outputs, as well as three levels of outcomes: short-term, intermediary, and long-term. The model was finalized in December 2019 following a collaborative development and review process with BFL and with input from ISLG.

As shown in the finalized logic model in figure 1, the DS program relies on key staffing and material resources, including the DS social worker and case manager, BFL supervisors and support staff, communication technology and services, and community partners. Their activities fall into four main categories: accessible services for deaf consumers at Freedom House and Secret Garden; language accessibility through staff, technology, or external interpreters; engagement and training for BFL staff on Deaf culture and ASL; and community outreach and training. By screening and serving deaf clients, improving BFL's internal capacity to meet the needs of deaf survivors, and engaging with the community, BFL hoped to see positive outcomes in the short term, intermediary, and long term.

The intended short-term outcomes included greater understanding, capacity, and collaboration by the BFL staff, increased direct services and communication access for deaf consumers, and increased community outreach. Examples of key intermediary outcomes are for deaf survivors to feel supported and aware of available supports, increased referrals between partners and BFL, and for BFL to be seen as a safe resource among the deaf community. Lastly, BFL envisioned the DS program could result in the long-term in a continuum of stable, culturally competent services for deaf survivors in New York City, fewer survivors who go without services or experience revictimization, and improved overall well-being of deaf survivors.

FIGURE 1

Logic Model for Barrier Free Living's Deaf Services Program

Process			Outcomes		
Inputs (resources)	**Activities (implementation)**	**Outputs (program counts)**	**Short-term outcomes (program measures)**	**Intermediary outcomes (program measures)**	**Long-term outcomes (population indicators)**
▪ DS staff (social worker and case manager) ▪ BFL personnel (DS administrator, program directors, OT, IT, etc.) ▪ Consulting clinical supervisor ▪ Deaf tech/ equipment (iPads, videophones, etc.) ▪ Deaf interpretation services ▪ Freedom House facilities ▪ Secret Garden facilities ▪ DANY grant ▪ Community partners	Deaf-Accessible Services ▪ Intake/screening ▪ Shelter ▪ Case management ▪ Counseling ▪ Support groups ▪ Occupational therapy ▪ Yoga ▪ Child care Language Accessibility ▪ ASL-fluent staff for DS team ▪ Interpreters ▪ Secure iPads for VRI ▪ Accessible videos and materials BFL Staff Engagement & Trainings ▪ Deaf culture & communication ▪ ASL Community Outreach & Trainings	▪ Deaf survivors screened ▪ Deaf survivors served at Freedom House ▪ Deaf survivors served at Secret Garden ▪ Deaf-accessible services provided ▪ ASL informational videos produced ▪ iPads to access VRI installed ▪ ASL-fluent staff hired ▪ ASL instruction to BFL staff provided ▪ Deaf educational trainings to BFL staff provided ▪ Interpreters provided to staff and consumers ▪ Outreach and educational activities provided in the community	▪ Increased direct services provided to deaf survivors ▪ Increased capacity of the DS team ▪ Greater appreciation and understanding of Deaf culture and survivor needs within BFL ▪ Unrestricted communication access for deaf consumers via VRI ▪ Stronger BFL staff collaboration on deaf survivor cases ▪ Increased community outreach and trainings	▪ Greater sense of support from BFL staff among deaf survivors ▪ Greater understanding of available supports (internal/external) among deaf survivors ▪ Increased knowledge among community partners about deaf culture and communication ▪ Increased referrals of deaf survivors from partners to BFL ▪ Increased referrals from BFL to community orgs ▪ Improved reputation of BFL as a resource and safe space among deaf community	▪ More culturally competent services for deaf-survivors in NYC ▪ Reduced number of deaf survivors who go without services ▪ Reduced number of deaf survivors who are revictimized ▪ Improved financial, emotional, and physical health of deaf survivors ▪ Increased stability and continuity of services for deaf survivors in NYC, centered around BFL and extending across sectors ▪ Ongoing community engagement and collaboration on deaf culture and communication
GOAL: To expand services for survivors of domestic violence who are Deaf, deaf, or hard of hearing and strengthen program capacity to ensure access for deaf people at Freedom House and Secret Garden.					

Source: Logic model developed by the Urban Institute and Gallaudet University, with the collaboration of Barrier Free Living and the Institute of State and Local Governance.

Notes: ASL= American Sign Language. BFL = Barrier Free Living. DS = Deaf Services. IT = Information Technology. OT = Occupational Therapy. VRI = video remote interpretation.

This process evaluation tracked the extent to which the BFL DS program received the inputs needed, implemented the activities planned, and achieved the targeted outputs. The program benefited from all available and planned inputs. One minor exception was that it did not always have a full DS team due to turnover in the DS social worker and case manager position during the grant. The team was also able to enact all activities envisioned, although some deaf-accessible services were paused during the pandemic. As a result, they completed or made significant progress toward each of the outputs, as described in table 3.

TABLE 3

Barrier Free Living's Progress toward 11 Deaf Services Program Outputs, 2018–2021

Outputs	Progress	Summary
Deaf survivors screened	Ongoing[a]	A large number of people reached out to BFL through the videophone hotline – including 900 from April to December 2020 and 1495 from January to November 2021- and many new callers went through screening and intake.
Deaf survivors served at Freedom House	Ongoing	9 consumers served at Freedom House over the course of the grant, but fewer than the target number (6 per year).
Deaf survivors served at Secret Garden	Ongoing	53 consumers served at Secret Garden over the course of the grant, but fewer than the target number (60-70 per year).
Deaf-accessible services provided	Ongoing	Deaf consumers received case management, counseling, housing support, legal support, and other individual and group services.
ASL informational videos produced	Complete	An internal informational video for occupational therapy and an external animated film about gaslighting were produced.
iPads to access VRI installed	Complete	Tablets were purchased for each program and BFL contracted with a company that provides Video Remote Interpreting (VRI) services for implementation in 2019.
ASL-fluent staff hired	Ongoing	During the grant, BFL hired an ASL-fluent social worker, a deaf social worker/case manager, and a deaf case manager. The first two have left BFL and BFL is now hiring a new deaf social worker.
ASL instruction to BFL staff provided	Complete	Between 2018 and 2020, staff completed 6 rounds of ASL 101 as well as 1 round of ASL 201 per staff request.
Deaf trainings to BFL staff provided	Complete	Rounds of deaf-focused trainings were provided to staff in person in 2018 and 2019 and virtually in 2020 and 2021.
Interpreters provided to staff and consumers	Ongoing	BFL consistently provided or made available interpreters for internal meetings and work with deaf consumers.
Outreach and education provided in the community	Ongoing	BFL's DS staff conducted hundreds of activities related to community outreach and education, including directly contacting agencies, training or presenting, and attending meetings.

Source: Urban Institute evaluation of Barrier Free Living's Deaf Services program.

Notes: ASL = American Sign Language. BFL = Barrier Free Living. DS = Deaf Services.

[a] Ongoing progress implies that BFL is continuing the output work or task past the end of the grant.

Research Question Findings

In the sections below, we present the findings from our evaluation of the DS program broken down by the six research questions that guided the evaluation and subareas under each question.

Research Question 1: How Does the DS Program Serve Deaf Survivors?

CONSUMER CHARACTERISTICS

As of August 2021, the DS program had served 62 consumers. Fifty-three deaf consumers received services through Secret Garden, and 9 consumers received services through Freedom House. Notably, 21 of the 62 consumers were already engaged with the DS program when it received funding in 2018. Over 90 percent of the consumers served identified as female (see table 2). The racial identities of consumers receiving services through the DS program were split between those who identified as Black or African American (29 percent), Hispanic or Latino/a (35 percent), white or Caucasian (13 percent), and multiracial or another race (23 percent). The majority of consumers at both Freedom House and Secret Garden reported a household income under $20,000, and staff confirmed in interviews that nearly everyone they work with meets the federal definition of poverty.

CONSUMER NEEDS

According to program data, over three-quarters (87 percent) of the 53 consumers served through Secret Garden indicated that they had previously been a victim of a crime, and half (49 percent) had previously engaged victim services. Sixty-seven percent of Freedom House consumers indicated that they had been a victim of a crime, and less than one-quarter (11 percent) indicated that they had previously received services through a victim service provider. None of the deaf consumers served across BFL reported experiencing harassment or being refused care by a provider.

DS staff indicated that their consumers mostly experience physical violence, financial exploitation, and issues with child custody. Consumers interviewed reported a variety of reasons for seeking out and using services at BFL; however, all consumers initially came to BFL to address life difficulties associated with abuse and the effects of abuse. More specifically, consumers reported needing help with establishing financial security, new housing, obtaining food stamps and other benefits, and court cases and issues, such as child support or custody, divorce, and immigration issues. These match the needs that DS staff said bring survivors to BFL. Many consumers also reported experiencing mental health challenges as a result of abuse, such as depression and isolation, and initially arriving at BFL feeling

dependent and lacking life skills. Several consumers were parents who had challenges associated with security and establishing a safe environment for themselves and their children.

REFERRAL STREAMS

According to program data, consumers who receive services through the DS program are most likely to be referred to BFL by organizations that support victims of intimate partner violence and communities and families in need (e.g., the New York Foundling). The second most common referral streams were self-referrals or referrals through navigators embedded in schools and other organizations (table 4). The consumers we interviewed for this study most often indicated learning about BFL's services through referrals from other agencies. For example, one consumer reported being referred to BFL from another nearby shelter that did not provide interpreter services, one by a social worker from the Administration for Children's Services, one by Lexington School for the Deaf, one by a deaf service provider, and one by an employer.

TABLE 4

Program Referral Streams for Barrier Free Living's Deaf Services, January 2018–August 2021

	N	%
IPV-focused organization	10	16
Foster care agency (e.g., the New York Foundling)	10	16
Walk-in or self-referral	8	13
Community navigator referral	6	9
Peer referral	5	8
Targeted or community outreach	4	7
Administration for Children's Services	3	5
Legal Aid Society	3	5
Family court	2	3
Community fair	1	2
Other community-based organization	2	3
Other	8	13

Source: Urban Institute evaluation of Barrier Free Living's Deaf Services program.
Notes: IPV = intimate partner violence.

Several participants reported that their attempts to access other services before BFL were unsuccessful and messages often left unanswered. Many of the interviewees stated they felt they had an especially difficult time because they were deaf. They reported trying to access services, but without success. One consumer specifically said, "I called several [other service providers] first without success. Finally, I got ahold of someone at BFL. They immediately answered me within minutes, and I was able to meet the person." Also, most consumers had been involved with agencies other than BFL and reported great difficulty with accessibility (e.g., interpreters). Often interpreters were not provided at other agencies and providers were not knowledgeable about working with deaf individuals.

I called several [other service providers] first without success. Finally, I got ahold of someone at BFL. They immediately answered me within minutes, and I was able to meet the person. —BFL consumer

Confirming these findings, DS staff reported that when other agencies receive calls or visits from deaf survivors, they will often contact the DS community outreach staff member, who will then refer the survivor to either the DS case manager or social worker, depending on their needs. However, one staff member expressed the desire to reduce the number of referrals that come through other agencies by increasing the deaf community's knowledge and awareness of BFL's services. They stated, "a big question I have not been able to answer at this point is how do we get into the deaf community and they know we exist so they don't have to jump through two or three agencies to actually get to us."

SERVICE ENGAGEMENT

Of the 15 consumers interviewed for this study, all had received services through Secret Garden, and 5 had first received services at Freedom House and then began services with Secret Garden after discharge. One consumer had a one-time appointment for intake for Secret Garden but did not continue with services. The amount of time consumers received services ranged from the short term (2 months) to the long term (14 years). Five consumers who were interviewed received services for less than 8 months, and 10 received services for more than a year. The frequency of services ranged from daily contact to once a month.

As shown in table 5, the most reported BFL services received by the consumers who were interviewed for this study were counseling and legal services. Ten consumers reported that they used the counseling services offered by a deaf social worker at BFL. The grant also funded a deaf domestic violence support group facilitated by a deaf staff member. Other groups were accessible to deaf consumers through BFL-provided interpreters, but interview participants preferred groups and services with direct communication from a signing provider or facilitator. Consumers reported using this time to discuss the effects of abuse on their lives as well as other challenges, such as depression, homelessness, parenting issues, and financial strain.

> I was so depressed. I wanted to be more independent. At BFL I learned what domestic violence is. I learned coping strategies, like how to communicate better with my children. I learned how to deal with my controlling mother. I had real dependency issues. While I was at Freedom House, I got involved with the domestic violence group and had one-on-one meetings with the deaf social

> worker. The domestic violence group has been great because I'm learning from other people's experiences as well. I'm learning about the situations that they've been through. I'm really garnering strength from them and their stories. I'm learning that it's important for me to take a stand. —BFL consumer

Nine consumers reported receiving legal assistance through the DS program. Legal assistance included help with obtaining legal separation or divorce from their abusive spouses/partners. BFL began providing in-house legal assistance in April 2020, prior to which it partnered with Sanctuary for Families and hosted monthly legal clinics. As one staff member stated, "having the trained lawyer who's familiar with the issues of deaf individuals to serve them, it's a big win for us." Also, all five consumers interviewed who had immigrated to the United States received support and referrals from BFL to external immigration-specific legal services, which BFL does not provide in house. However, one staff member emphasized the need for the legal team to work with the DS team and allow the advocates in meetings. They felt DS staff are needed to help deaf consumers understand the process, terminology, and provide emotional support, which would in turn help the lawyers better represent the client in trial because the client would be better prepared.

TABLE 5

Services Received by Barrier Free Living Deaf Services Consumers

	Semistructured interview participants (*n* = 15)	Online survey respondents (*n* = 10)
Emergency shelter	5 (33%)	3 (30%)
Finding housing	0 (0%)	4 (40%)
Counseling	10 (66%)	5 (50%)
Employment	0 (0%)	2 (20%)
Legal	9 (60%)	1 (10%)
Occupational therapy	2 (13%)	2 (20%)
Support groups	1 (6%)	2 (20%)
Child care	1 (6%)	1 (10%)
Yoga	0 (0%)	2 (20%)
Case management	5 (33%)	--[a]
Missing	0 (0%)	3 (30%)

Source: Urban Institute evaluation of Barrier Free Living's Deaf Services program.
Note: [a] Case management was not included as a response option in the survey.

In addition to counseling and legal services, five consumers interviewed reported receiving case management services and five reported using the Freedom House shelter. The types of services they received through case management included assistance with housing, referrals to and advocacy and assistance with other services (e.g., interpreters for the New York City Administration for Children's

Services (ACS), school services for their children, financial resources), and independent living skills. The five consumers who reported using the shelter also reported receiving psychosocial, psychoeducational, and socialization services. In addition to individual guidance, DS staff offered quarterly or biannual workshops informing deaf consumers about their legal, housing, and immigration rights. Lastly, staff reported that through another grant, BFL hired an on-site sexual assault counselor who was hearing but to whom DS consumers had access with the use of interpreters.

The domestic violence group has been great because I'm learning from other people's experiences…I'm really garnering strength from them and their stories. I'm learning that it's important for me to take a stand.
—BFL Consumer

The COVID-19 pandemic created some challenges with service engagement without resulting in significant disruptions. The most difficult challenges occurred immediately after BFL shut down in-person services in 2020. Its staff shifted from in-person to remote service delivery, which required initial in-person appointments to be rescheduled and conducted over videophone. Consumers who received services via videophone reported slight delays in making appointments, but once they were made, services were able to continue. Notably, program data showed a consistent number of new and existing consumers served before and during the pandemic and none of the consumers interviewed for this study since the onset of the pandemic reported severe service disruptions as a result of COVID-19. However, as discussed further below, consumers and staff had to schedule appointments at times when the consumers felt safe and where privacy could be ensured, particularly because videophones were often located in consumers' homes where other household members could observe conversations.

Among the 62 consumers served by the DS program, 42 (33 from Secret Garden and 9 from Freedom House) were no longer receiving services as of August 2021. For the consumers in Freedom House, 6 were administratively discharged, 1 reached the maximum number of days (180) they could stay in the shelter, and 2 left after finding permanent housing. One community partner expressed concerns about requiring a consumer to leave the shelter when their term expires regardless of whether they have found permanent housing, although this policy is governed by state and city regulations. For the consumers receiving services from Secret Garden, 23 cases were closed because 60 days had gone by without contact and 10 were closed because the consumers asked that they be.

Research Question 2: How Does DS Increase the Ability to Effectively Communicate with Deaf Survivors?

STAFF ASL COMPETENCY

Key goals for the DS program include making BFL more accessible to ASL speakers and offering trainings on issues pertinent to the deaf community. To achieve these goals, BFL has used DS funding to provide a six-week ASL course that all BFL staff, including case managers, social workers, occupational therapists, and administrative and front-desk staff, are required to take. Staff also had the opportunity to engage in additional ASL classes. However, BFL staff noted during interviews that few staff participated in the additional ASL training beyond the first six-week session.

A total of five rounds of ASL 101 were held between fall 2018 and fall 2020, and an additional ASL 201 course was held in spring 2020 per staff request. Courses in 2018 and 2019 were held in person and the two courses in 2020 were held virtually because of COVID. Roughly 35 staff participated in ASL instruction, with slightly better turnout for virtual than in-person classes because of the convenience of not having to travel to get to the classes. All ASL courses ended in December 2020 after the DS grant was prolonged through no-cost extensions, and the remaining funds were directed toward DS staff positions; however, leadership aims to bring these trainings back when additional funding is secured given the enjoyment and benefit they observed.

I think having a Deaf Services team here has really invited us to do better and deeper work around communication access. We are way more intentional and well versed in how we schedule interpreters and how we follow up with deaf consumers.
—BFL staff member

INTERPRETATION SERVICES

Interpreters have been regularly used as needed in BFL staff meetings, consumer workshops, and interactions between consumers and staff to support communication between hearing and nonhearing staff and with deaf consumers. This practice has improved since the inception of the grant. One BFL staff member articulated, "I think having a Deaf Services team here has really invited us to do better and deeper work around communication access. We are way more intentional and well versed in how we schedule interpreters and how we follow up with deaf consumers around their experience of having

worked with interpreters, if necessary." To ensure interpreters are present when needed, BFL has used funding to implement clearer processes for scheduling (such as by clarifying who is in charge of scheduling in each situation), train management staff to request interpreters, and preschedule interpreters for recurring meetings. As a result, it has relieved deaf staff of the burden of scheduling interpreters for their meetings with staff and consumers. BFL routinely works with multiple local interpreting agencies based on the staff and consumer needs to eliminate gaps in accommodation availability and maintain consistent levels and types of interpretation. Particularly during the pandemic, BFL has made it second nature to provide closed captioning for events and include a budget line for closed caption accommodation.

COMMUNICATIONS TECHNOLOGY

The CJII grant has enabled BFL to improve its communications technology. In 2018, BFL purchased tablets to support video remote interpreting (VRI), an on-demand service that helps facilitate conversations between deaf people and hearing people in the same location using a remote interpreter on camera. BFL's intention was not for these devices to replace in-person interpreters, but rather that they be used for emergencies or when consumers need to speak with hearing staff and cannot wait for a live interpreter. BFL contracted with a company that provides VRI and implemented the service in 2019 once it developed procedures for using the devices. Moreover, in 2018, BFL completed a needs assessment of the technology in use at Freedom House to modify the units to be deaf friendly. It concluded that it needed to replace some outdated devices and acquire additional ones. As a result, it upgraded the accessibility kits in each Freedom House unit to include deaf-accessible devices, such as blinking lights for the doorbell and vibrating alert systems.

During initial screenings, staff use videophones as needed to help them determine people's eligibility for Secret Garden and Freedom House services. Videophones also became the primary mode of communication between deaf staff and consumers during the COVID-19 pandemic when in-person services ceased. In addition, BFL created a separate visual hotline with an ASL-signed menu that deaf people can use to reach members of the DS team rather than the traditional voice hotline that hearing survivors use. Protocols and best practices for this hotline were then added into the BFL employee handbook. Deaf hotline calls remained steady throughout the grant apart from a spike in numbers occurring in summer and fall of 2021.

Lastly, in 2021, BFL produced and shared an ASL-signed and animated educational video about gaslighting, a form of manipulation that occurs in abusive relationships, with the deaf community. This video has been used in several trainings and conferences and has been shared on social media.

However, one BFL staff member noted that DS staff are hesitant to use social media on behalf of BFL, because of understandable concerns about being ostracized in the community if identified as a domestic violence advocate, which decreases their ability to conduct ASL-accessible outreach with the deaf community. BFL is interested in increasing its presence on social media because it believes its ability to conduct outreach through those media will help it serve more deaf consumers, but it does not currently have the staff to support technology-based outreach and does not have in the budget to hire someone for this role.

Research Question 3: How Does DS Increase Staff Communication and Collaboration around Services Provided to Deaf Clients?

DEAF STAFF INTEGRATION

Deaf staff are now more involved across both of BFL's primary service sites. Before receiving funding from DANY, deaf DS case managers and social workers only provided services at Secret Garden. The grant funds have enabled these staff to serve consumers at both Freedom House and Secret Garden.[8] According to interviews, this staffing change supports better communication between consumers and DS staff at Freedom House and facilitates service collaboration across BFL's programs. From a trauma-informed lens, it is particularly beneficial for consumers who leave Freedom House and continue services at Secret Garden to not have to disclose their stories again and develop new relationships, as having to retell stories of victimization can cause further trauma.

> I do think having a program that fits at both Freedom House and Secret Garden helps foster collaboration because there's a lot of communication that needs to happen about clients that are being referred back and forth. [For example,] somebody who's at Secret Garden and who needs shelter, so how can we get them into shelter? Or they're leaving shelter, let's make sure they're continuing to get services. I think that's been a good model that we're really trying to continue to expand on. —BFL staff member

BFL staff articulated support for encouraging both BFL hearing and deaf staff to consider DS an integrated BFL service rather than a standalone program. To support the integration of DS, BFL staff credited offering various public and anonymous ways for staff to express themselves and to ask questions. One forum where staff learned about what is happening within DS and across the organization was through monthly town hall meetings. Both hearing and deaf staff, however, believe there is still more work to be done to integrate, consistently share information, and acknowledge the work and successes of deaf staff. A contributing barrier is that BFL employs many more hearing service providers than deaf providers. Though interpreters are present for staff and supervisory meetings,

communication remains difficult when interpreters are not present and there is not always a fluid exchange of information between the DS program and the agency as a whole.

Other challenges and areas of potential growth for BFL include staff turnover, ensuring forms and materials provided to consumers are accessible, and integrating onboarding and training for new DS staff. Notably, staff turnover among members of the DS team posed a significant challenge over the course of the grant.[9] Staff consider the DS social worker position to be particularly hard to fill and, although one DS social worker was in the position for around three years, BFL is currently in the process of hiring its third social worker since 2018.[10] The turnover has partly contributed to an uneven caseload between DS staff as remaining staff "carry the load" and new staff take time to build up caseloads with their own clients. Large caseloads can be a particular burden because of the extra time it takes to work with deaf clients compared with similar hearing clients. Examples include explaining letters that consumers receive in the mail, helping consumers understand terminology used in meetings, and ensuring interpreters are in place at other agencies. Staff also noted that many of BFL's materials were not accessible to the deaf individuals they were working with. In response, DS staff modified intake-consent and other forms and materials to be more visual and accessible for their consumers and to ensure they were able to understand the documents they were being asked to sign.

Lastly, several staff noted that BFL lacks a formal onboarding and training for new deaf staff. As such, deaf staff are largely required to train themselves and seek out guidance from others. BFL did implement a weekly clinical supervision structure with an external consultant from Gallaudet University for the deaf staff. Program leaders and direct service staff whom we interviewed both cited the benefits of this opportunity. Deaf staff especially reported satisfaction with having a clinical supervisor fluent in ASL and knowledgeable about deaf survivors. Moreover, DS staff expressed gratitude for having a DS team and that the opportunity to discuss as a group how everyone is doing and how to successfully minimize barriers has made communication between them and the rest of the organization more effective.

INCREASED AWARENESS

BFL staff are more aware of deaf people's needs because of the DS grant. Deaf Services staff provide periodic in-house trainings to hearing staff across all BFL programs on topics such as deaf communication, Deaf culture, and the intersection of domestic violence and disabilities. Interview participants indicated that these trainings, in addition to the increased number of deaf staff, have increased awareness across BFL programs and staffing positions, including upper management, about

the needs of deaf people. As a BFL staff member reported, “Deaf Services has paved the way for us to really do some deeper, more intentional work around our privilege, around our hearing privilege.”

Deaf Services has paved the way for us to really do some deeper, more intentional work around our privilege, around our hearing privilege.
—BFL staff member

The research team received two sets of assessment feedback forms from internal staff trainings on understanding Deaf culture, one from an in-person training in October 2019 (*n* = 7 of 15 attendees) and one from a virtual training in October 2021 (*n* = 9, total number of attendees unknown). All participants agreed that the presenter exhibited a good understanding of the topic, that the information presented was useful for their work or their community, and that they better understand Deaf culture as a result of the training. The interactive group activities were particularly beneficial. A minority of respondents indicated there was some room for improvement in clarity, time management, and presentation style and organization. One participant requested additional training on how to access resources for deaf clients.

Since receiving DS program funding, BFL has moved toward ensuring interpreters are present for routine meetings and that staff are aware of the various options to communicate with deaf individuals who reach out to BFL. Another interview revealed that from the beginning of the grant to the end, “the staff are much more aware of what to do when situations arise when there's a deaf person who's coming in for services. They're not uncomfortable anymore, particularly with the technology." In one specific example, staff have learned how to communicate with incoming consumers about what confidentiality means so that the location and safety of Freedom House is not compromised. DS staff also reported doing informal education or training for specific hearing staff in the organization, such as for the legal department. For example, “gradually legal performance improved because [the lawyers] had a better understanding of clients they were serving.”

Research Question 4: How Does DS Increase Community Service Providers' Knowledge of Deaf Survivor Needs and Services?

The DS program's goals include increasing outreach to organizations and the deaf community in New York City and providing more trainings on Deaf culture, particularly to disability-focused service organizations and victim service agencies that interact with deaf people. To better understand BFL's community engagement and collaboration with external organizations, the research team interviewed nine professionals from seven BFL community partners in New York City, three of which were disability and/or deaf service organizations, three of which were victim-focused service organizations, and one of which was a criminal legal system agency. Interviewees were executive director– or program director–level staff and represented a mix of those who work directly with clients and those who work with BFL staff or supervisors. The majority reported long-standing partnerships between their organizations and BFL, many beginning before the tenure of the interviewee and before BFL received funding to expand the DS program. Most did not specifically mention having a memorandum of understanding in place, but several mentioned formal partnerships through other grants.

The types of work and partnerships with BFL that interviewees described fell generally into three categories: client referrals for services, education and training, and outreach and advocacy. Six of the seven organizations engaged in client referrals and service delivery to and from BFL, whereas not all received training or engaged in coordinated outreach. The partners interviewed universally expressed appreciation for BFL's services and collaboration. They discussed the unique role BFL plays and what they learned from BFL generally as well as the specific benefits from referrals, training, and other collaborations. As one partner summarized, "we need 1,000 more Barrier Free Livings. They really are a great organization, and I think that it's just underresourced. I think if we could clone them, we will."

We need 1,000 more Barrier Free Livings. They really are a great organization, and I think that it's just underresourced. I think if we could clone them, we will.
—Community service provider

COORDINATED SERVICE PROVISION

The majority of the partners interviewed identified the joint or cross referrals as the most important component of the partnership. The referral partnerships are largely designed to fill gaps in available

services and expertise. For example, another organization may provide tax services, immigration services, or vocational training for deaf victims that BFL does not. Conversely, BFL may provide case management that a trauma-focused organization does not, domestic violence services that a disability-focused organization does not, or deaf-specific services that a hearing-focused domestic violence organization does not. In these cases, partners report receiving referrals from DS staff for individual services or making connections to BFL if they have a client in a situation where they would benefit from BFL. BFL also serves as an on-site partner at several Family Justice Centers, where staff members have observed immediate service needs around physical safety, needing shelter or an order of protection, and legal services.

Several interviewees acknowledged that BFL fills a unique and significant gap by being the only program to work with survivors who have disabilities, particularly deaf individuals who have experienced trauma. From the perspective of a deaf services organization, BFL is easy to partner with because it does not need to be taught about deaf-related issues and accessibility; it already knows. They reported that "BFL is the only [domestic violence] agency that provides deaf services to deaf individuals, so if you take that away, there's nothing left. They know how to get and provide interpreters, appropriate ones that match the clients' needs."

BFL is the only [domestic violence] agency that provides deaf services to deaf individuals, so if you take that away, there's nothing left.
—Community service provider

At times, multiple organizations will work with the same family at the same time. For example, one disability-focused partner described participating in team meetings for clients who have been involved in BFL services (primarily Freedom House shelter) to make sure they are on the same page about goals for the clients and that the proper accommodations are in place. They also described meetings when clients are transitioning from BFL's shelter to something more permanent to coordinate the role of various service providers. These relationships tend to feature ongoing coordination for a short period. Because they occur as the need arises, the numbers also tend to be low: one partner estimated only three such collaborations over the past few years.

Multiple partners highlighted strong communication, trust, and confidentiality as big parts of what makes collaboration successful. For example, one community service provider stated, "BFL is the one. We also have so much trust with them. Other organizations, we just simply don't trust enough with divulging private and confidential information as we don't have that long history of collaboration with them." For one victim-focused service provider, having BFL staff on site and therefore being able to access BFL's communication technology helped them communicate and engage with deaf clients who came in for services. Another partner shared that if shelters are full, they feel confident they can reach out to their contacts at BFL, who can use their wider network and find services.

We also have so much trust with [BFL]. Other organizations, we just simply don't trust enough with divulging private and confidential information as we don't have that long history of collaboration with them.
—Community service provider

However, most of the partners discussed the benefits of partnering with BFL in general rather than the DS program specifically, perhaps because the majority interviewed were hearing and did not focus their services or collaboration with BFL on the deaf community. Furthermore, the majority of the partners did not report observing a change in services or collaborations after BFL received funding for the DS program. Only one interviewee referenced a change after the DS program received funding, noting the benefit of staff who could provide direct clinical services. "Several of our clients reported that BFL services have really improved since the new clinician was hired. Ever since they hired a second person, there has been a lot more collaboration about how to support families. Communication has really improved, too."

COMMUNITY OUTREACH AND TRAINING

According to program data, DS staff conducted nearly 300 direct outreach activities to agencies across the city, facilitated more than 100 workshops, and represented BFL at more than 250 conferences and coalition/community meetings between January 2018 and September 2021 (table 6). Reported outreach activities include task forces and committee meetings, systems advocacy, and handouts at schools and other organizations. Staff have also conducted trainings with agencies such as the City of New York Mayor's Office, hosted town halls for the deaf community, and been important contributors

to improving citywide accessibility. BFL's DS training may be one-directional, such as providing Deaf Culture 101 to an organization's staff, but in other instances BFL staff receive training from the partner as well. As shown in table 6, there were relatively few outreach and training activities in 2018 and 2019 before they increased significantly in 2020 and 2021, particularly for direct outreach, workshops, and conferences.

TABLE 6

Barrier Free Living Deaf Services Outreach Activities, January 2018–August 2021

	2018	2019	2020	2021	Total
Direct outreach to agencies	13	57	80	146	296
Facilitate workshops	0	12	75	40	127
Conduct trainings	7	13	29	27	76
Facilitate coalition meetings	4	7	41	24	76
Presentations	13	7	9	8	37
Attend community meetings	8	7	12	23	50
Tabling event	4	9	6	0	19
Attend conferences	2	10	13	105	130

Source: Urban Institute evaluation of Barrier Free Living's Deaf Services program.

BFL community partners we interviewed who had participated in formal deaf-related training generally considered the BFL trainings very beneficial. According to one frequent attendee, the trainers were welcoming and informative, allowing people to ask questions, feel comfortable, and engage in in-depth conversations without feeling embarrassed. BFL has also "taken the mantel" developing and facilitating trainings that another partner organization offers to professionals in the field on working with survivors with disabilities and internal trainings for staff on language access, the bulk of which occurred in 2018. In the past two years, BFL has also increased its training relationship with criminal legal system partners. For example, DS staff have provided training for law enforcement and virtual training with law enforcement for the deaf community that staff and partner interview respondents report were well attended and received. Specifically referring to BFL's training, one community service provider said that "I've been doing this work for many years, and I've always learned something new when I've attended their trainings, even recently."

In addition to formal training, BFL seeks to increase the awareness of community partners through advocacy and informal education. BFL has incorporated information about deaf survivors and services in all its broader community outreach, but it also conducts advocacy specific to the deaf population. As one staff member reported, "I think that's where our work is now, because we got it together internally, it's educating people outside of BFL about how they can work with people who are deaf and hard of hearing. Every training we do with providers, working with deaf individuals is incorporated so it's no

longer on the Deaf Services team. It's everyone's responsibility to be talking about this when we are doing a training." One community partner confirmed the benefit of this relationship, stating, "they have been our thought partner in how we can better serve survivors. They have been really critical of our work, which we welcomed with open arms. They've been helping us think through some of the challenges that we experience serving, particularly, deaf and hard-of-hearing clients."

They have been really critical of our work, which we welcomed with open arms. They've been helping us think through some of the challenges that we experience serving, particularly, deaf and hard-of-hearing clients.
—Community service provider

All participating partners reported learning new information from working with BFL. The disability-focused organizations learned about domestic violence and its impact on deaf individuals and families as well as community resources for deaf individuals experiencing domestic violence–related issues. One such organization reported not participating in formal trainings or education on survivors' needs, but that "having had collaborations with Barrier Free Living, it has expanded my knowledge to know what resources are out there for victims of domestic violence who are deaf and hard of hearing." However, they also thought their staff would be interested in more formal learning, particularly on domestic violence and what to look for, and that they would be more likely to take advantage of offers for a DS speaker to present at a regularly scheduled meeting rather than needing to respond to a blast email advertising a training or webinar.

The victim-focused organizations learned about Deaf culture and how to serve deaf clients. Several service providers and legal system partners indicated BFL helped them better understand several deaf-related issues. For example, partners learned and shared with their colleagues about responding to the deaf community, the laws on communication access, how to find the money for a sign language interpreter, and how to effectively work with an interpreter. One partner reported that BFL prompted them to have deep and important conversations, such as "What is justice?", "What is effective communication?", and "What specific language is best to use or not use?" These collaborations helped them be more patient and intentional when working with this population. Other examples include learning how a Telecommunications Device for the Deaf is an outdated communication device, which one hotline provider was still using, and learning that ASL is unique to the United States and that deaf

people from other countries may not know it and may be fluent in the sign languages of their home countries.

Lastly, BFL has engaged in formal advocacy to improve the systems and services available to deaf survivors. One partner reported that BFL leadership is often at the table for advocacy conversations about broader service delivery. Other partners have found sitting on joint roundtables that meet regularly regarding services for the deaf community to be very enlightening, especially about creative safety planning for deaf victims. However, one of the most significant accomplishments has been working with the city to develop and adapt the New York City hotline and the Text-to-911 service. The hotline, NYC Well, is a free, confidential service that enables people to speak to a counselor via phone, text, or chat 24/7/365 and access mental health and substance use services in more than 200 languages. NYC Well counselors are trained to accept calls from deaf and hard-of-hearing people using video relay services. Text-to-911 is a reliable and safe way to reach emergency services in New York City and is beneficial to deaf individuals, people with hearing loss or speech disabilities, and those who can't safely call 911. DS staff testified twice to city officials in public hearings on why the latter was needed and invited other members of the deaf community to join to demonstrate a diversity of perspectives from within the community. Staff report they are now working on the next generation of 911 access to include video and not just text.

Research Question 5: What Are Consumer Perceptions of the DS Program?

Overall, consumers reported positive experiences with the services they received at BFL and the communication accessibility at the agency. All consumers who responded to the survey indicated they were either "very happy" or "somewhat happy" with the services they received at BFL. Interviewed consumers also expressed strong support for the agency, DS staff, and the services they provided.

DIVERSITY OF SERVICES

Many consumers indicated that DS services were helpful in multiple ways. For instance, they had learned a lot about themselves and how to lead better lives. Consumers appreciated the diversity BFL's of services, which helped them address various needs. For example, one consumer commented, "I was able to really experience all of these different activities that had never been available to me in my country or even if I were here just without any support. The counseling services really, really helped me improve. I was feeling very depressed. I had no connection with my family. I'm by myself. The counseling really, really helped me get better and stronger." Moreover, several consumers mentioned being very

happy with BFL's programming during the holidays when BFL offered holiday-themed activities and provided gifts for their children.

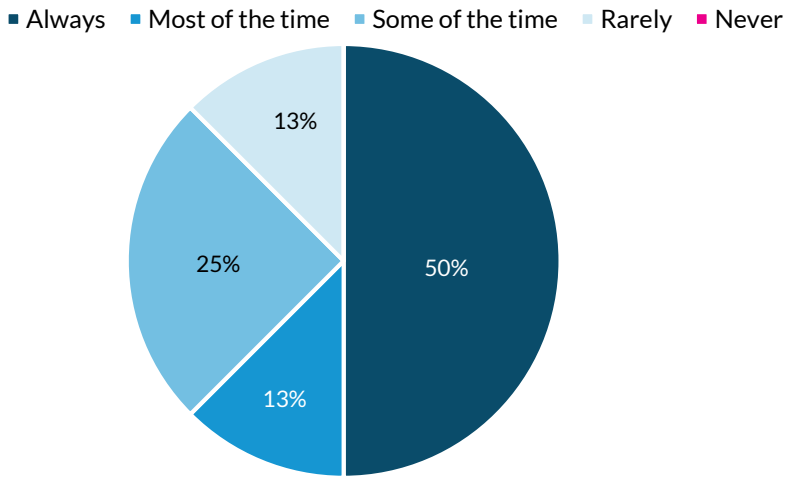
The fact that I'm deaf and that [the social worker] is deaf really helps with communication…I trusted the [social worker] with my confidentiality.
—BFL Consumer

COMMUNICATION ACCESSIBILITY

Importantly, all of the consumers interviewed said they were very happy with the communication accessibility of BFL services. They especially appreciated having a deaf social worker and a signing case manager. As one consumer told us, "The fact that I'm deaf and that [the social worker] is deaf really helps with communication. I have had other instances when it was difficult to communicate with people, but with [the social worker], it is so clear and easy to understand. I trusted [the social worker] with my confidentiality." Consumers indicated that they felt comfortable because communication was clear and that they understood everything that was explained to them. Consumers also had access to interpreters at BFL, unlike their experiences at other agencies.

FIGURE 2

How Often Are You Able to Successfully Communicate with Staff?



Source: Urban Institute evaluation of Barrier Free Living's Deaf Services program.
Note: Survey question *N* = 8. Percentages in the graph do not total 100 because of rounding.

Among the consumers who answered the question, 5 indicated they were able to communicate with BFL staff all or most of the time. Two indicated they were able to communicate with staff only "some of the time," and 1 indicated they were able to able to communicate with staff "rarely."

RELATIONSHIPS WITH BFL STAFF

Nearly all interviewed consumers reported having positive relationships with BFL staff members; the one exception seemed to stem primarily from a lack of deaf-friendly resources to which BFL could connect them. Of note, consumers valued having deaf staff members and other staff who could sign available to them. Because of this communication access, they were able to develop trust and have confidence in their case managers and social workers and felt the social workers also understood the consumers' situations. One consumer reported that "the staff respect and support me a lot. They help me calm down and lessen my stress. The case manager is especially helpful. They understand me and my background. They understand how much I hurt before. They communicated well with me." Also, all of the survey respondents except for one indicated that they "agreed" or strongly agreed" that staff at BFL understood their background and treated them with respect. These sentiments are generally shared by DS staff, one of whom stated "I think many of the clients feel comfortable with me. I feel really connected with the clients."

The case manager is especially helpful. They understand me and my background. They understand how much I hurt before. They communicated well with me.
—BFL Consumer

CHALLENGES AND BARRIERS EXPERIENCED BY BFL CONSUMERS

While most interviewed consumers reported that BFL's DS program helped them address many of their needs, some reported challenges such as disruptions in services because of the pandemic or staff turnover. However, 4 of the 15 interviewed consumers expressed some dissatisfaction with BFL. Two disliked the agency's new location and felt it was in an unsafe neighborhood where they were exposed to people using drugs in public.

> Outside [the building] you see so many people involved in public drug use. Adults are the people that my children look up to. As a mother, it's really important to me to make sure that they're protected from that. My concern is more of the outside world and safety for my children. I love this place [BFL], but the area is in a really, really bad area. I wonder why they put it here.
> —BFL consumer

Four consumers also reported varying degrees of dissatisfaction with services because BFL was not able to assist them with their particular circumstances. For example, one consumer reported that BFL staff forgot to arrange for an interpreter during an activity. Another consumer reported that BFL did not follow up with them regarding services. A community partner relayed similar concerns with communication from one joint client, specifically that it was not clear to the consumer what the transition from shelter to Secret Garden services would look like or who the primary contact would be. A fourth consumer suggested that Freedom House was not well kept and that the staff member who provided counseling at Secret Garden did not appear welcoming or friendly. The consumer also reported that the legal services provider was unfamiliar with the issues facing deaf survivors and would not allow the case manager or social worker to be in attendance with the attorney.

Research Question 6: What Factors Impede or Support the Implementation of Enhanced Services for Deaf Survivors (i.e., the DS Program)?

FACTORS SUPPORTING SERVICE PROVISION

Factors supporting the provision of enhanced deaf services included institutionalized and ongoing staff training around deaf communication and culture, strong internal collaboration and communication between staff at all levels, the consistent use of interpreters, and supportive partnerships with community organizations.

Internal training and communication. BFL staff and community service providers we interviewed highlighted the need to provide ongoing staff training, including ASL instruction and trainings on Deaf culture. Several BFL staff, for example, described the implementation of the DS program as a catalyst for change within the organization, which was largely facilitated by in-house trainings. Specifically, one staff member confided that "we had to get through a lot of hard conversations and allow space for people to just be honest…Yes, there was a cultural shift, and I truly do think it was because of the trainings." Respondents also emphasized the importance of activities that facilitate interactions between staff at all levels of the organization, and they consider integrated working spaces that incorporate deaf-friendly technology important to promoting a sense of team building, collaboration, and communication among hearing, nonhearing, and senior and more junior staff.

Yes, there was a cultural shift, and I truly do think it was because of the trainings.
—BFL staff member

External communication and collaboration. BFL staff members and community partners underscored the need for organizations that may serve deaf clients to set aside money for interpreters and for technology to facilitate communication with those clients. One external partner referenced the benefit of having a vendor who provides ASL interpretation, and another reported having improved its technology so all agency cell phones are equipped with translators, meaning it no longer needs to call someone to come interpret in person. Respondents also highlighted the importance of building strong collaborations across community agencies to provide the services needed for deaf people, including survivors of domestic violence. For example, one partner asserted that a large percentage of people on their caseload really benefit from having mental health services in the community.

FACTORS IMPEDING SERVICE PROVISION

Funding. The primary factor impeding the provision of enhanced services to deaf survivors of domestic violence is a lack of funding. Sustaining programs implemented with time-restricted grant money is a key challenge in this area. The DS program was maintained using a series of no-cost extensions which ultimately covered less and less of the planned staffing and activities, plus several small grants that only supported specific components, such as one staff member for one year. This structure creates uncertainty among the staff and consumers about the longevity of the services as well as administrative burdens for program leadership. "This is not unique to BFL, though. The way New York State has set up community-based DV [domestic violence] services, it's very difficult to sustain," reported one BFL staff member.

Staffing. Staff turnover and the ability to find qualified, deaf staff was also highlighted as a primary concern. For example, one consumer interviewed for this study indicated that they thought BFL's deaf services had improved since it received the grant but noted there had been a lot of staff turnover, and multiple BFL staff members said staff turnover was one of their largest challenges. One stated, "I do suspect that this staff turnover, I don't know how that impacted our numbers in our consumers, exactly, but you know it did over the past few years…It's a hard position to be in, I think, to be within the community and dealing with the level of trauma." Staff who are licensed and familiar with issues surrounding trauma in the deaf community, in addition to being culturally and linguistically competent

to work with deaf populations, are difficult to find because of the limited numbers of professionals with this specific skill set. Often staff positions for deaf services need to be advertised nationally to solicit applications. In addition, communication between hearing and nonhearing staff about roles, expectations, and program and funding requirements may pose challenges if ample space and time are not provided to support consensus building and understanding among the team.

Communication access. BFL staff and community partners noted gaps in deaf services that challenge their ability to serve deaf survivors. The most common issue raised was the frequent lack of language and interpreter accessibility in various institutions and across larger societal systems. According to one staff member, "[clients] have problems with hearing agencies because there often isn't an interpreter. They don't understand what's happening at other agencies. Sometimes it's better for the staff at other agencies to explain to me and then I'll explain it to [the clients], but the professionals from hearing agencies often don't communicate with BFL about what's going on with the deaf clients." The service providers we interviewed acknowledged the communication challenge and their desire and effort to both respond immediately and provide appropriate services. One community partner indicated, "We attempt and make every effort to serve everyone, every survivor of gender-based violence. There are moments, particularly with the deaf and hard-of-hearing community, where we struggle. It's simply because we don't have all of the equipment that we would want to have to offer the services in the way that we would like."

There are moments, particularly with the deaf and hard-of-hearing community, where we struggle. It's simply because we don't have all of the equipment that we would want to have. —Community service provider

Almost all partners noted that numerous social systems often fail to fully meet the legal obligation of ensuring an interpreter. One partner shared that agencies such as the Human Resources Administration may inadvertently violate the American Disabilities Act when they do not know how to request an interpreter.[11] They added that courts will sometimes ask whether anyone in house signs without ascertaining their language fluency before hiring a certified interpreter and that the process for getting a sign language interpreter in the New York Police Department can be so long and protracted that, by the time it happens, a deaf person may no longer be interested in continuing to communicate with the police. Some respondents felt that police too often still use victims' children as interpreters or

require deaf people whose preferred language is ASL to use writing (i.e., when the officers do not know ASL or have an interpreter). However, participants working in the criminal legal system emphasized that people in the deaf community are understandably hesitant to reach out to law enforcement given the lack of sign language proficiency and lack of knowledge about the deaf community by most officers and the potential for misunderstandings and abuse, but also that officers in the field are less knowledgeable about victimization in and responding to the deaf community because they get so few calls from deaf people. There is also frustration that agencies contract with interpretation services outside of New York City that cost less but create problems when they do not know the local signs.

Access to services. Additional barriers included challenges reaching emergency services through videophone, long waitlists for mental health services and a lack of emergency mental health interventions outside of business hours, the lack of accessibility of the New York City subway to deaf people, and that shelters in New Jersey will not accept a New York City resident unless they are referred through a specific hotline. Also, gaps in services for deaf survivors include short- and long-term housing, deaf therapists, services for children, services for deaf perpetrators, and trauma therapy with interpreters. More broadly, the community partners we interviewed cited a need for more real resources for deaf people, more agencies that provide services, agency staff who can communicate with deaf people, and more funding to attract diverse and qualified providers.

Impact of and Responses to the COVID-19 Pandemic

One recent and unforeseen barrier to the provision of enhanced serviced to deaf survivors has been the COVID-19 pandemic. Similar to other service providers, BFL staff ceased in-person meetings with staff when COVID hit New York City in March 2020 and began relying primarily on videophone meetings with consumers. Although videophone was a familiar way of communicating for consumers, it also presented challenges around confidentiality and safety. One staff interviewee noted,

> It's really hard to have a confidential conversation if your abuser is also home, so being able to have safe, confidential conversations has definitely been a challenge for all of our clients, and then, yes, particularly I think for the deaf consumers, particularly if they're using a videophone because then we have to be mindful. We always have to think about safety, but if the abuser is home, we really have to be mindful of: Is this a safe method of communication for our staff? Because we don't want to unfairly expose any of our staff to that as well. Definitely, that communication piece, I think, has been a big challenge for folks, and the isolation.

Increased used of the videophone was anticipated and planned for by consumers and staff. In fact, before the pandemic, many consumers used their videophones to communicate with the DS staff. As

noted above, BFL reported serving similar numbers of new and existing consumers before and during the pandemic and none of the consumers we interviewed reported that it resulted in severe service disruptions. Two interviewees remarked that in-person visits were preferable but that the videophone worked fine. However, one staff member felt clients were very frustrated with having to wait even longer than usual to get services from external agencies and not being able to see DS staff in person to, for instance, show them the letters they do not understand.

It's really hard to have a confidential conversation if your abuser is also home, so being able to have safe, confidential conversations has definitely been a challenge for all of our clients, and then, yes, particularly I think for the deaf consumers.
—BFL staff member

Two victim service organizations shared their staff members' email addresses and phone numbers with the BFL staff so they could help deaf clients reach out once offices went fully remote and survivors could not seek services in person. Another increased their referrals to BFL's deaf-accessible hotline because the mini-hotlines they instituted during the pandemic were not TeleTYpe equipped. One victim service organization reported that BFL has continued to do annual, mandatory trainings online and another stated it was in the process of reinstituting trainings, although it is unclear whether those trainings are specific to DS or to working with people with disabilities more broadly.

Several community partners we interviewed also discussed the impacts of COVID-19 on their work with survivors. Case numbers for one victim service organization's programs fell between 10 and 60 percent, and the organization assumed the same had occurred in the deaf and hard-of-hearing community. At least one organization reported that COVID-19 has led to advocates no longer being stationed in police precincts, so it is no longer getting information from officers directly or from police reports about whether a victim is deaf and it does not know what circumstances and needs may be creating barriers to effectively reaching out to the victim. One deaf-focused service organization reported domestic violence–related referrals had increased since the pandemic started.

Programmatic and Policy Recommendations

Through our interviews with BFL staff, consumers, and partners, we have produced **programmatic recommendations** for how BFL and similar organizations can improve and adapt their staffing, services, and outreach. The following recommendations may also inform the work of other funders and providers seeking to serve deaf survivors:

- **Hire additional deaf staff.** Community partners, staff, and consumers all articulated the need for additional deaf staff to be hired by BFL to increase its capacity to provide services to deaf survivors, and to ensure there is always someone present who can communicate with deaf consumers when they reach out to BFL for services, enter BFL offices, and initiate admissions and appointments at Freedom House. Respondents further recommended taking steps to ensure more stable staffing. BFL could also consider hiring a staff interpreter team for immediate on- and off-site needs. Because finding qualified staff with a specific skill set can be difficult, recruitment efforts should be focused toward using the deaf community's network of local, state, and national deaf-specific agencies and advocacy organizations, such as the National Association of the Deaf, DeafJobWizard.com, Conference of Educational Administrators of Schools and Programs for the Deaf, and Gallaudet University's social work, psychology, and mental health graduate programs (for graduating students).
- **Continue to train hearing staff on deaf issues, Deaf culture, and available resources.** BFL staff articulated the need for, and their interest in, continuing internal training on deaf issues, including building staff knowledge of resources available for deaf consumers in the community.
- **When working with a consumer, use the same interpreter throughout their engagement.** Consumers suggested that using the same interpreter to interact with staff over the course of their services would support the continuity of services and alleviate the need for consumers to be repeatedly providing interpreters contextual or background information. For example, one community partner said, "If BFL used the same interpreter when working with me (not having different interpreters), that would make the services better. Switching out interpreters for every meeting isn't good. They [the interpreters] don't understand the full situation. For any deaf person, having one interpreter with staff appointments would be helpful and offer continuity."
- **Increase the number of locations that offer deaf services.** Consumers find BFL's location hard to get to or unsafe and suggested opening additional (smaller, satellite) offices in other parts of the New York City area.

- **Continue increasing and diversifying the types of services and trainings available to deaf consumers.** Examples consumers provided include credit counseling workshops, legal services and workshops, transportation workshops (about bus, subway, and car transportation), budgeting classes, and classes on independent-living skills, like cooking. Examples staff provided include financial and budgeting education, art therapy classes, and financial assistance for clients for clothing, food, or transportation.
    - » **Offer tailored services for certain populations in the deaf community.** Consumers suggested a need for specialized services for deaf people who identify as Orthodox Jewish, deaf-blind people, and immigrants. One deaf immigrant specifically mentioned it would be helpful if BFL supported DS consumers with learning how to read and understand English.
    - » **Expand services to include children**. Community partners, staff, and consumers all suggested there is a service need for children who are either deaf or live with a parent who is deaf and who is a survivor of domestic violence. As one consumer stated, "Sometimes deaf parents may not understand how to discipline or things like that. Their children might be taken away from them by the ACS [Administration for Children's Services] just because there's a misunderstanding or there's confusion about how abuse is labeled." Community partners identified partnerships that could be established with ACS and schools in New York, such as the Professional Children's School, which could support parents and children and help bridge a gap in this area. As one BFL staff member stated, "We've talked about adults, but there is a need for children who have left homes because of domestic violence. I would like to build on a program to support deaf children who have had to leave home. I think that's really important because children have a voice. They are victims…Working specifically with deaf children, that would just be something wonderful."
- **Implement or modify processes to improve transitions between shelter and community services**. Community partners requested more communication with consumers about and procedures guiding the flow of transitioning from BFL's shelter to community services. DS staff could also offer more support to consumers transitioning away from BFL to make sure their next housing stop is accessible and safe and, if not, to work with the housing provider to set it up appropriately. One suggestion was to add consultative services to the program for other shelters where BFL instructs them on what needs to be implemented or available before a client can come, even potentially helping to provide the proper technology.
- **Continue to increase the avenues by which the deaf community is informed about BFL services**. Community partners, BFL staff, and consumers all suggested that continued and

diversified methods of outreach to the deaf community were needed to raise awareness about BFL's services and to increase trust that services are deaf friendly, including those provided at Freedom House. As one consumer stated, "I think that people need to know more about BFL because I don't think that people realize what kind of service [this is]. I know that it's very important to provide confidentiality so people feel safe, but I wish more people knew about it. I guess they would have to check online. They would just have to look on their website and follow the information there." Staff agreed, stating that they do a lot of outreach to the social service community but that figuring out how to reach the deaf community directly would be beneficial. Community partners cited a community in Brooklyn with undocumented deaf individuals originating from the same area, for example, and noted that it would be impactful to partner with community-based organizations and BFL to target specific communities to let them know support and services are available to them.

- **Increase use and effectiveness of social media to reach the deaf community.** Building and maintaining a presence on social media may require developing an intentional communications strategy, identifying targeted funding, and training staff.
- **Increase the number of community trainings on Deaf culture and domestic violence.** Suggested enhanced trainings for community members included police officer workshops and training, trainings with medical professionals, and more communication training for hearing people. As one partner requested, "training, training, training. And training is only good when you are able to put it to use." They recommended frequent training about how to respond to deaf survivors for criminal legal system agencies and service agencies that do not get frequent calls from deaf people so they have the information in mind when encounters do occur. Some partners would also like to see BFL do targeted outreach to organizations that have not engaged in formal training, suggesting they be more proactive about offering tailored trainings on identifying possible instances of domestic violence or working with deaf people. One thought it would be helpful to be aware of other services BFL offers that they might not know, stating, "If we could learn more about their entire scope of practice we may be able to provide more referrals or work more collaboratively together than we already are."

In addition to recommendations directly related to providing services for deaf survivors, staff and community partners had much to say regarding the societal and policy-level barriers to meeting the needs of deaf survivors. The following **policy recommendations** address these gaps and challenges:

- **Fund programs sufficiently to serve deaf survivors**. For programs like BFL's DS to be sustainable, they need adequate long-term funding. One funding stream could be created for

community-based services, like New York State has for domestic violence shelters, and the administrative burden of managing multiple small grants could be reduced.

- **Continue to improve language accessibility in the criminal legal and medical sectors**. Though New York City has made advancements in language accessibility—chiefly in Text-to-911 and translation apps on law enforcement phones—further training, initiatives, and policy enforcement are needed to ensure deaf survivors feel more comfortable interacting with people in the criminal legal system and medical sector and can better communicate their needs. Video-based technology is an important advancement, but quality, live interpretation needs to be available when deaf people interact with law enforcement, emergency medical services and the fire department, courts and the legal system, and local emergency rooms.
- **Improve the availability, affordability, and accessibility of housing in New York City**. Many BFL staff and partners referenced the challenges around housing and the need for more appropriate long-term and permanent housing to place their clients in. They also suggested implementing more accessible structures in the New York City shelter system.
- **Facilitate communication and networking across agencies**. Many interviewees referenced a need for structures that support learning, information sharing, and collaboration among service providers and other professionals across the city. Some believe BFL is well situated to coordinate and lead a coalition or another type of regular convening of deaf service organizations.
- **Conduct additional research and evaluation**. Better understand why service agencies are seeing lower numbers than they should given the data on the population they serve. For example, explore why domestic violence programs report serving few deaf survivors and why deaf and disability services seldom recognize experiences of domestic violence among their clients. Additional program evaluations, including outcome evaluations (described below), would also help improve and replicate strong services for deaf survivors.

Evaluating the Outcomes of Deaf Service Programs

While the research team collected data for the purpose of understanding and describing the DS program services and participants, we also sought to determine the DS program's readiness for a subsequent outcome evaluation and explore potential outcome evaluation designs for the DS program and similar programs. More rigorous outcome evaluations provide opportunities to measure the

intended effects of program services on program participants and other stakeholders. More specifically, outcome evaluations enable community service providers, such as BFL, the opportunity to understand whether their programs are achieving their intended goals by comparing participants with nonparticipants. This section describes the conditions needed to conduct outcome evaluations and considerations for doing so, presents our assessment of the feasibility of conducting an outcome evaluation of the DS program, and proposes potential research questions and methods for a future study of DS outcomes.

Conditions for Successful Outcome Evaluations

Before initiating a successful outcome evaluation, several key factors must be in place. First, the program being studied must have enough participants to be able to assess whether it is having the intended impact. If there are too few participants in the program (or too few who are willing to participate), for example, researchers cannot make reliable estimates as to the effects of program, particularly in the case of quantitative data. Second, the program should be implemented as designed, meaning its inputs and activities, as outlined through a logic model, should remain stable throughout the study period. Considerable change to program components or dosage over the course of the study can impact the program's effects. Third, data on program dosage, services provided, and outcomes must be obtainable, either through the agency, outside organizations, or information collected from program participants. Fourth, the program must be well resourced, staffed, and sustained (JJEC 2003). Lastly, the organization operating the program must be supportive of the evaluation and open to a randomized control study being implemented or a comparison sample being identified to support a study of program outcomes.

Randomized control studies, which are often considered the gold standard for assessing programs, measure impacts of a program by randomly assigning people to receive the program or service (i.e., a treatment group) or to not receive the program or service (i.e., a control group) (Shadish, Cook, and Campbell 2002). In many cases such a study is not feasible to implement, or it may be unethical to not provide the program services to everyone eligible. In these conditions, quasi-experimental studies can be implemented to compare outcomes among program participants with a similar group of people who did not receive the program or services. Comparison groups may include people who have simply opted out of the services being studied or people in other cities, counties, or states in which similar programs do not exist. Quasi-experimental comparison studies can also compare the outcomes of people who participated in a program or received services with those of people before the program existed or services were implemented.

A formal evaluability assessment is an important step toward embarking on an outcome study. Such an assessment gives the program and a research partner time to assess a program's readiness for an outcome evaluation. Evaluability assessments focus on identifying whether an outcome evaluation is feasible and can provide meaningful data (Leviton et al. 2010). They also give the program and researcher time to develop a logic model to guide data collection goals, tools, and measures. For evaluations involving the deaf population, for example, researchers can use this time to work with deaf service providers and staff to ensure an outcome study and quantitative and qualitative data collection methods are informed by deaf staff and/or people in the deaf community and are accessible to the people who will be involved in the study.

The Feasibility of an Outcome Evaluation for the DS Program

While the goal of the present process evaluation was much broader than an evaluability assessment, data collected through this study highlighted several factors affecting BFL's readiness to engage in an outcome evaluation of the DS program. We identified the following challenges and considerations for conducting a successful outcome evaluation of BFL's DS program:

- **DS program participants**. Between 2018 and August 2021 the DS program served 62 consumers (see table 2). Though this is more deaf consumers than BFL had previously served, it is not yet sufficient for producing a large enough sample to support an outcome evaluation focused specifically on the DS program. Moreover, we struggled to gain consumer participation in this process evaluation study (n = 15 interviews; n = 10 survey responses). The ability to secure high participation rates and retain participation over time is key to consider before embarking on any outcome evaluation.
- **DS data.** Through the DANY CJII grant, BFL has begun to collect more data on DS consumers. It has also begun to transfer paper records to electronic files in partnership with Michelle Ballan at Stony Brook University.[12] Although the work with Stony Brook has not focused specifically on the DS program and does not currently include reliable program and dosage data, additional training and technical assistance could provide the resources needed to support additional studies. In addition to working closely with BFL and DS staff, researchers can build from the current study to collect quantitative data directly from consumers. For example, conducting structured in-person surveys (using interpreters) could provide opportunities to collect standardized background and outcome data across program consumers.

- **DS program implementation.** Because reliable, systematically collected consumer and program data do not currently exist for all DS consumers, we cannot assess the fidelity of the DS program implementation at this time. Also, the DS program services were disrupted significantly by the COVID-19 pandemic. Nonetheless, the logic model developed during this study can be a framework for a future study of DS program implementation.
- **DS program resources.** The DS program is supported by external grant funding, which means program staffing, services, and other resources may not continue after the CJII grant ends. Thus, at this point, the DS program cannot be considered sustainable and is not guaranteed to be supported for the duration of an outcome study.
- **DS evaluation methods.** It is highly unlikely that an outcome evaluation of DS could rely on a randomized control methodology, due in large part to the low number of consumers the program serves. By randomly assigning people referred to BFL to not receive the DS program services, an adequate sample size could not be reached. Also, because BFL is currently the only program in the greater New York City area that specializes in direct services for domestic violence survivors who are deaf, it would be inappropriate to refuse people services. Thus, researchers should consider using a quasi-experimental design with a comparison sample and collecting data at two points (pre- and postservices) to measure whether the services provided impact outcomes. A comparison group could comprise deaf survivors who (1) call BFL's videophone helpline but do not initiate services, (2) present themselves at hospitals, or interact with law enforcement or other criminal legal system actors or institutions, but do not receive services, or (3) receive services through other providers in the greater New York City area.

Proposed Design for a Deaf Services Outcome Evaluation

Given the lack of research on deaf people who have experienced domestic violence and the need for more evidence about programs serving them, we believe a rigorous outcome evaluation, conducted after BFL's DS program has met the conditions laid out above, would add valuable knowledge to the field. Accordingly, we have identified potential research questions and methods to guide researchers and deaf services stakeholders in future evaluation efforts.

An outcome study of the DS program or other deaf services programs could answer the following research questions, which are guided by the long-term outcomes identified in BFL's logic model:

- Are deaf survivors who receive support through BFL's DS program less likely to be revictimized?
- Do deaf survivors who receive support through BFL's DS program report improved emotional and physical well-being?
- Do deaf survivors who receive support through BFL's DS program report improved financial well-being?

To answer these questions, researchers could implement a mixed-methods approach with consumers who receive DS services and those who do not to measure the impact of the DS program. Data collection activities could incorporate (1) collection of administrative data on the type and frequency of services provided to program participants, and (2) collection of survey or interview data among program participants and nonparticipants to measure emotional and physical health, financial health, (re)victimization, perceptions of self, trust in service providers and criminal legal system actors, and other outcomes of interest. Researchers could administer baseline and follow-up surveys to measure the impact of services, for instance, at 12, 18, and 24 months. Research questions and measures incorporated into outcome studies of community services should be guided by the program's objectives and logic model.

Conducting Research with the Deaf Community

When embarking on process or outcome evaluations with the deaf community, it is important to consider culturally appropriate data collection methods. The methods relied on for this evaluation involved several approaches to collecting reliable data and ensuring language accessibility across researchers and respondents. Key aspects (described below) included (1) one of the researchers being fluent in ASL, which enabled direct communication with consumers and deaf staff, (2) use of interpreters and technologies to support communication with deaf participants, and (3) modification of data collection procedures and tools to ensure accessibility. Throughout the study, the research team facilitated open and clear communication with project stakeholders and built trust with the deaf community. These strategies helped us secure buy-in and support from stakeholder partners and conduct a study centered on the perspectives of Deaf, deaf, and hard-of-hearing staff and survivors. We hope these considerations and lessons learned from the DS program evaluation encourage other researchers to pursue rigorous and culturally appropriate research and evaluation on domestic violence in the deaf community.[13]

ASL Fluency and Cultural Knowledge

Researchers' qualifications for conducting research with the deaf community are critical to consider. In this evaluation, co–principal investigator Teresa Crowe's ASL fluency was measured using the American Sign Language Proficiency Interview, a holistic language evaluation used to determine ASL proficiency that Gallaudet University requires for its faculty.[14] It is a 20-to-25-minute video-recorded interactive dialogue between the examinee and the interviewer that is then rated by a team of evaluators on a 0–5 scale, with 0 representing a new signer with very limited proficiency and 5 indicating native-like ASL fluency. This study's researcher scored a 4, signifying an ability to demonstrate "spontaneous elaboration on all familiar and most unfamiliar topics…They are able to use an array of rhetoric (narration, description, argument, and hypothesis) with complex topics in paragraph-length discourse related to employment, current events, and matters of public and community interest." For its own faculty, Gallaudet University recommends a proficiency interview score of 3.

In addition to ASL fluency, cultural knowledge is an important aspect of working with and studying populations who use ASL. Deaf people who use ASL as their primary mode of communication are part of a subgroup of a larger group who have hearing losses (Crowe 2020). Cultural knowledge involves recognizing signing nuances and understanding social mores and norms of the deaf community. Someone knowledgeable about the deaf community will know that health and mental health literacy are often low because of limited access to language during key developmental periods (Anderson, Craig, and Ziedonis. 2017; Crowe 2020). Qualified researchers will also know that deaf people understand and engage in communication differently, that many deaf people experience social and linguistic barriers to accessibility, and that repeated experiences of these barriers may make them reluctant to participate in research or access services.

In other words, simply having ASL fluency is not enough to conduct an evaluation study of this type. A researcher who has direct contact with deaf staff, consumers, and/or community members must have a range of communication fluency as well as cultural knowledge of and humility around the deaf community and Deaf culture. This study's ASL-fluent researcher is a practicing social worker and researcher with 33 years of professional experience in the deaf community. Crowe's understanding and skills in these areas facilitated trust and rapport among staff and consumers.

In addition, it is critical to **understand the variation in language and experiences of people who receive deaf services**. There are approximately 300 distinct sign languages around the world.[15] As such, deaf people born outside the United States may not be familiar with or rely on ASL as their primary language, and their experiences as refugees or immigrants will likely differ substantially from US-born

deaf people (Moers 2017). As many consumers in the BFL DS evaluation were from other countries, recognition of different signed languages was an important part of the evaluation process. In one on-site interview, the interpreter happened to be fluent in a particular Arabic sign language and was able to assist the interviewer with communication. With in-person site visits, the interpreters were familiar with the sign language nuances (e.g., sign names, locations) and helped the researcher to understand the cultural context. This was very helpful, especially when data collection strategies changed because of the pandemic. Though the interpreters were not used in videophone interviews, the researcher had previously learned of local signs, nuances, and the social service systems in the area.

Deaf people, especially those with additional disabilities and deaf people of color, experience other challenges, including double oppression, lack of culturally appropriate services, isolation, shame, lack of trust for service providers, multiple cultural identities, multiple languages, communication barriers, and societal prejudice (Crowe 2020; Lightfoot and Williams 2009). In addition, differences in participants' understandings of interpersonal violence became apparent through the interviews. People of different racial and ethnic backgrounds, including those who are deaf, have different experiences with domestic violence (Lightfoot and Williams 2009).

Data Collection and Communication Accessibility

In deaf community research, researchers must consider particular components for the research to be culturally appropriate. Recruitment, sampling, and data collection procedures for the general public often exclude deaf participants (e.g., random-digit-dial surveys, English surveys that are beyond the language mastery of many deaf participants) (Anderson, Craig, and Ziedonis 2017). The design of this evaluation included components designed to maximize accessibility for the deaf participants. As with any research design, this study underwent a review with the Urban Institute's institutional review board. Gallaudet University's institutional review board, which specializes in research with deaf populations, also reviewed and approved the research protocol. More specifically, Crowe, the ASL-fluent researcher, provided informed consent, explained the research procedures, and interviewed deaf participants directly in their primary language.

The research team also took care to ensure accessibility when writing products or communications for this study. For example, written text was kept to a minimum in outreach emails and flyers, informed consent, and the online survey, and any text used was written using clear, concise wording. BFL staff reviewed the interview and survey questions to ensure they were accessible to Deaf, deaf, and hard-of-hearing clients and that staff would be comfortable recruiting their clients. As needed, we adapted the

tools and recruiting strategies based on feedback from BFL. Furthermore, we embedded ASL videos in our online survey to ensure Deaf, deaf, and hard-of-hearing respondents could see the consent, questions, and responses. Our ASL-fluent researcher recorded a video introducing herself and the study in a survey outreach email. We also created a simple flyer with a QR code to the survey that could be physically handed to respondents.

Initially, interview data were collected using Communication Access Realtime Translation (CART), a professional computer-aided transcription service that can be delivered on location or remotely.[16] The CART system can use interpreters to translate ASL into spoken words through a microphone. A stenotype machine, notebook computer, and software can then create a typewritten text of the interviews. The CART system can also project the typewritten words on a screen, but for this data collection, CART was used to create an immediate transcript. For the purposes of this study, the CART system was used to collect interview data for one day only, as the cost of this type of system (two paid interpreters and the CART operator) was prohibitive. For other on-site interviews, interpreters who voiced the interview into an audio recorder were used to collect interview data. Interpreter-translated interviews were conducted until the pandemic.

Data collection procedures, however, changed after the onset of the pandemic prohibited safe on-site visits and in-person interviews. As a result, the ASL-fluent researcher conducted interviews with deaf staff and consumers using a videophone. Technologies that support visual communication, such as video remote interpreting, video relay services, and videophones, are often used for communication between deaf and hearing individuals and among deaf individuals conversing with other deaf individuals when live interpreting is not available (Bai and Bruno 2021).[17] Videoconferencing equipment, such as videophones, can be used for direct communication similar to the telephone used by individuals who are hearing. The videophone enabled the researcher and interviewee to converse directly in ASL; however, verbatim transcripts were not available as they were with in-person interpreters. Using video relay interpreters for the purpose of audio recording would have proved invasive and disruptive to the interview process once on-site visits were not possible. The interviewer took detailed notes throughout and after the interviews for each question.

Recommendations for Studies with Deaf Participants

Our team has identified the following recommendations based on lessons learned from this study and existing best practices for working with the deaf community. We hope these recommendations help

other researchers include deaf participants in their studies and begin to close the significant research gaps that affect the availability and accessibility of programs and policy:

- Ensure researchers collecting data from deaf people have sociocultural and linguistic expertise.
- Take time to build trust between the research team and the community.
- Ensure deaf participants in research studies represent proportionately diverse racial, ethnic, linguistic, and cultural groups, including deaf individuals with additional disabilities (e.g., people who are deaf-blind, deaf individuals with mobility challenges).
- Ensure appropriate designs are reviewed and approved by experts who are familiar with research methodologies in the deaf community.
- Provide accessible and diverse forms of communication (e.g., interpreters, CART, videophones).
- Think creatively about developing suitable research tools and protocols.

Study Limitations

The research team experienced some limitations throughout this evaluation. One significant challenge for data collection was sample size. According to a 2019 American Community Survey, there were approximately 240,000 people living in New York City with a hearing-related disability.[18] Though a smaller percentage would conceivably seek domestic violence services from BFL, one would still imagine that many more deaf survivors' experiences have yet to be captured. BFL had initially estimated it would serve approximately 6 deaf survivors at Freedom House and 60 to 70 deaf consumers at Secret Garden each year. With only 62 consumers served across both programs over the period of the grant, there was a limited pool from which to survey and interview.

Even with a limited sample size, this study faced barriers to study recruitment, particularly for the online survey. Four factors likely affected recruitment: survey design and implementation, staff departures, distrust of hearing researchers, and COVID-19. First, the survey was designed as an online survey that included ASL videos and written English for all instructions, questions, and responses. However, despite our use of ASL videos, the diversity in signed language and limitations in this community in understanding spoken and written English likely led to low interest in the survey. We also believe participants preferred the interview over the survey because it was conducted face-to-face, which is a key component of Deaf culture, and offered a financial incentive. Second, multiple DS staff departures influenced overall program numbers and recruitment to the study since we relied primarily

on DS staff to schedule interviews and administer surveys. Third, despite our best efforts to build trust and rapport with the DS team, concerns about the research team not being from the deaf community and distrust about the purpose of the study and confidentiality may have affected DS staff members' willingness to assist with consumer recruitment and deaf consumers' willingness to participate.

Fourth, the timing of this evaluation study, which took place during the COVID-19 pandemic, was such that research participation could have been greatly impacted by the increased isolation and economic insecurity brought on by the pandemic. The pandemic also resulted in BFL providing most services virtually for a substantial period of the evaluation and the permanent switch to virtual data collection for the research team. The former likely limited opportunities for DS staff to help recruit for the survey and interviews, and the latter meant that it was harder to build trust with potential participants and schedule blocks of interview times. Offering in-person, signed interviews may have increased participation because of the culture value of face-to-face direct communication. COVID also reduced the number of trainings offered during that period and therefore likely contributed to the lack of training assessments returned, but it is not the only cause.

Conclusion

In 2017, Barrier Free Living began receiving funding from DANY to improve and increase its direct services and external outreach for deaf survivors of crime. Despite the challenges it faced—chiefly, securing lasting funding, maintaining staffing, and finding meaningful cohesion between deaf and hearing staff—it has made great strides toward achieving its goals. Our evaluation found that BFL implemented the Deaf Services program with strong adherence to the process components of the logic model. The program has provided a wide range of services that largely meet the needs of deaf survivors in New York City. Its staff are well respected by their partners in the disability and victim service communities and have served as leaders in the effort to improve services and systems for deaf survivors across the city. We hope stakeholders can use the lessons described in this report to continue supporting deaf survivors by refining, replicating, or expanding the DS model and by furthering research with deaf service providers and survivors.

Appendix A. Research Instruments

BFL and DS Staff Interview Protocol

(Administer consent)

Respondent Background

1. Please describe your current position.
2. How long have you been in your current position?
3. How are you involved with Deaf Services (DS)? What services do you provide?
4. Do you have any background or training in providing services for victims of crime?

BFL/DS Services and Program Participants *(throughout probe for both Secret Garden & Freedom House)*

5. Can you tell me about the services that Barrier Free Living provides through Deaf Services, across both Secret Garden and Freedom House?
6. About how many consumers do you work with in the DS program? *For both Secret Garden & Freedom House.*
7. What is the general breakdown of DS program participants' demographic characteristics (age, gender, race, etc.)?
8. Generally speaking, what type(s) of victimization do DS program participants experience, or report to you?
9. How are individuals typically referred to or hear about BFL or DS?
10. What happens when you receive a referral, or when someone requests services? *Probe for intake, assessments, plans, etc.*
11. Do you have any eligibility criteria or protocol for determining if you will work with/provide services for a D/deaf/HOH survivor?
12. What services do D/deaf/HOH survivors typically come to your organization for?
13. Are there waiting lists for any of your services?
14. Are there any services that you refer out to other organizations?

15. Generally speaking, how long do you work with a D/deaf/HOH survivor who you are providing services to? *When do you decide whether a case should be closed?*

Deaf Services *(throughout probe for both Secret Garden & Freedom House)*

16. What are the goals of DS?
17. What are the specific components of DS?
18. Can you tell me about what components of DS have already been implemented?
19. Have you run into any challenges or barriers in implementing the components of DS? *If yes, can you tell me about them?*
20. How would you say your services have changed since the implementation of DS?
21. What components of DS have been most successful so far?

Outcomes *(throughout probe for both Secret Garden & Freedom House)*

22. So far, has DS had any impact on the number, type, and quality of services that you are able to provide to D/deaf/HOH survivors? *If yes, what services are you now providing that you were not before? What adaptations have been made to services that were previously provided?*
23. Has DS had any impact thus far on the internal communication or collaboration between BFL staff on the service needs of D/deaf/HOH survivors?
24. Has it improved your ability to communicate with participants? *If so, how; or, why not?*
25. What outcomes do you track for DS consumers?

Community Collaboration & Training

26. Are there other organizations in the community who provide similar services as BFL to the D/deaf/HOH survivor community?
27. What organizations or community members does DS regularly collaborate with when providing services for D/deaf/HOH survivors?
28. Were the collaborations in place prior to implementing DS, or were they a result of DS?
29. Can you talk about what kind of community outreach DS has implemented to date?
30. How many community trainings was BFL conducting related to the needs of D/deaf/HOH survivors prior to DS?
31. What organizations have you provided trainings to?

32. What are the goals of your DS-related trainings?
33. Do you feel as if the trainings have been successful? *How so, or why not?*
34. Can you tell whether the trainings have increased referrals to DS, or improved services and communication with D/deaf/HOH survivors?
35. Has there been anything challenging about conducting DS-related trainings?
36. Are there organizations that you have had difficulty collaborating with, and why?
37. Will there be any change in the number and type of trainings moving forward?

Next Steps & Recommendations

38. What are the next steps for DS? *In the short- and long-term?*
39. Generally speaking, what barriers or challenges exist in providing services to D/deaf/HOH survivors?
40. What additional support is needed, or what would make it easier, for you to provide services to D/deaf/HOH survivors?

DS Consumer Interview Protocol

(*Administer consent*)

(*Throughout interview, probe for both Secret Garden & Freedom House*)

**If a consumer indicates that (s)he is in need of immediate support during the interview, the research team will notify the staff at the agency to provide support.*

Respondent Background

1. How old are you?
2. How would you describe your race/ethnicity?
3. Do you identify as female, male, or something else?

Service Referral, Quality, and Receipt

[We would like to ask some questions about your experience receiving services through Barrier Free Living. We don't know the details of your history and you should know it is your right to choose to share as much or as little as possible. We also won't share anything you say to us today with BFL or anyone outside of our research team.]

4. For about how long have you been receiving services from Barrier Free Living (BFL)?

5. How were you connected to BFL?
6. What kind of help, support, or services were you hoping BFL could provide?
7. What kind of help, support, or services do you receive from BFL?
8. How often do you receive this help, support, or services?
9. Overall, do you like the support that you receive from BFL?
10. What do you like about the help, support, or services that you receive through BFL?
11. What don't you like about the help, support, or services you receive through BFL?
12. Overall, how do you feel about the BFL staff and case manager that you work with?
    a. Do you feel as if the staff treat you with respect?
    b. Do you feel as if the staff understand your background and experiences?
13. Do you feel like you are able to communicate with BFL staff and your case manager about your needs?
14. *For those who have worked with BFL over two years*: Have you noticed any changes in the help, support, or services provided by Barrier Free Living since you have been working with them? Has anything changed in the last year?
15. How have BFL's services changed during COVID?

Recommendations

16. Is there any additional help, support, or services that you wish BFL provided?
17. Is there anything else that BFL could do to make it easier to communicate with staff and others?
18. How do you think BFL could provide better services for D/deaf/HOH survivors?
19. Is there anything we didn't discuss or ask that you think is important for us to know about your experiences with BFL?

Community Partner Interview Protocol

(*Administer consent*)

Respondent Background

1. Please describe your current position.

2. How long have you been in your current position?
3. Can you discuss how you interact or work with individuals who are D/deaf/HOH?

Services Provided to D/deaf/HOH

4. Does your organization offer any services to D/deaf/HOH individuals? If yes, what are they?
5. How are D/deaf/HOH individuals referred to your organization, or how do you typically come in to contact with D/dear/HOH individuals?
6. Do you have staff that are trained in ASL, or other methods to communicate with D/deaf/HOH individuals? *If yes, how many staff are trained and what are the communication methods?*

Collaboration with BFL/DS

7. Please tell us about any partnerships or interactions you have with Barrier Free Living and their Deaf Services.
8. How long have you been working or partnering with Barrier Free Living?
9. Have you participated in any trainings through Barrier Free Living and/or their Deaf Services on D/deaf/HOH survivors' needs and services?
    a. If yes, what trainings did you participate in?
    b. What were you or your staff hoping to learn through the training?
    c. How did you hear about or get involved in the BFL training on D/deaf/HOH survivors?
    d. Did the training meet your needs? If yes, how; if no, why not?
    e. Are there any/or additional trainings that you or your staff are planning to participate in the future?
10. Outside of the training, has Barrier Free Living provided any other type of help or support as it relates to working with D/deaf/HOH individuals?
11. Has your partnership or other work with BFL changed because of COVID-19? If so, how?
12. *For those who have worked with BFL over two years*: Have you noticed any changes in the help, support, or services provided by Barrier Free Living in the last few years (i.e. since 2017/2018)? Has anything changed in that time in your partnership?

D/deaf/HOH Awareness & Community Collaboration

13. How would you characterize your knowledge of the issues facing D/deaf/HOH survivors and the services available to them prior to your involvement with Barrier Free Living and their Deaf Services?

14. Do you feel as if your interactions or the trainings that you have received through Barrier Free Living have impacted you or your staffs' knowledge of the needs of and services available of D/deaf/HOH survivors?

    a. If so, how did they help increase knowledge (ex. training, newsletter or other publication, informal meeting)?
    b. What trainings or other aspects of your interactions have been most helpful?
    c. Have you changed your interactions with and/or services for D/deaf/HOH survivors as a result of your increased knowledge? If yes, how so?
    d. Has the number of referrals made to Barrier Free Living, or by Barrier Free Living to your organization changed?

15. What have you learned from Barrier Free Living's Deaf Services that has been most valuable to your work and your ability to serve D/deaf/HOH survivors?

16. Have you developed any new collaborations or partnerships over the past two years that has enhanced your ability to communicate with and provide services to D/deaf/HOH survivors?

    a. If so, please describe the process and the relationship.
    b. If not, are there any barriers or reasons that prevented these new partnerships?

17. What information do you still feel you are missing that would help you work with D/deaf/HOH survivors?

Barriers and Recommendations

18. In general, are there any gaps in services/service needs that you think are not being met for D/deaf/HOH individuals?

19. In your opinion, what are the biggest barriers that providers experience when communicating with and supporting D/deaf/HOH survivors?

    a. What resources or partnerships do you think would best address those barriers?
    b. In your opinion, what are the biggest barriers that law enforcement and other criminal justice agencies experience when communicating with and supporting D/deaf/HOH survivors?
    c. What resources or partnerships do you think would best address those barriers?

20. What collaborations or partnerships do you think are essential to supporting and providing effective support services to D/deaf/HOH survivors?
21. Do you think that Barrier Free Living and the Deaf Services have helped reduce the barriers to serving, communicating with, and supporting D/deaf/HOH survivors? *If so, please describe.*
22. Do you have any recommendations on additional trainings or support that Barrier Free Living could provide to increase awareness of the needs of D/deaf/HOH survivors and/or reducing the barriers to providing supportive services to D/deaf/HOH survivors?
23. Is there anything we didn't discuss or ask that you think is important for us to know about this topic?

BFL/DS Consumer Survey Instrument

The Urban Institute and Gallaudet University are nonprofits from Washington, DC studying Barrier Free Living's (BFL) Deaf Services. BFL offers services at Secret Garden (SG) and Freedom House (FH).

We want to learn about the services that you have gotten from SG and FH. We want to know what you like and don't like about the services. Your answers will help improve services for D/deaf/HOH survivors.

This survey should take about 10 minutes. You do not have to take it if you do not want to. We will not ask you for your name, and we will not share your answers with anyone. You can stop at any time or skip any questions that you don't want to answer.

Would you like to take the survey? *(click on response)* Yes/No

Service Receipt

1. For how long did you get services from Secret Garden (SG) or Freedom House (FH)?
    - Under 6 months
    - 6-12 months
    - 1-2 years
    - More than 2 years
    - I don't know
    - *Refuse to answer*
2. What kind of help, support, or services did you want or need BEFORE you came to Secret Garden (SG) or Freedom House (FH)? ***Choose all answers that apply.***

- Emergency housing
- Long-term housing
- Emotional or mental health support
- Help with finances or benefits
- Help finding a job
- Legal help
- Occupational therapy (OT)
- Community support
- Child care
- Something else: _____
- I don't know
- *Refuse to answer*

3. Which programs have you gotten services from?
    - Freedom House only
    - Secret Garden only
    - Both Secret Garden (SG) or Freedom House (FH)
    - I don't know
    - *Refuse to answer*

4. What kind of help, support, or services have you gotten at Secret Garden (SG) or Freedom House (FH)? ***Choose all answers that apply.***
    - Emergency shelter
    - Help finding housing
    - Counseling
    - Help with finances or benefits
    - Help finding a job
    - Legal help
    - Occupational therapy (OT)
    - Yoga
    - Support groups or meetings
    - Child care
    - Communication technology and support
    - Something else: _____
    - I don't know
    - *Refuse to answer*

Interactions with BFL Staff

Please indicate how strongly you agree or disagree with the following statements:

5. Staff at Secret Garden (SG) or Freedom House (FH) treat me with respect.
    - Strongly agree

- Agree
- Disagree
- Strongly disagree
- I'm not sure
- Refuse to answer

6. Staff at Secret Garden (SG) or Freedom House (FH) understand my background and experiences.
    - Strongly agree
    - Agree
    - Disagree
    - Strongly disagree
    - I'm not sure
    - *Refuse to answer*

7. How often are you able to successfully communicate with staff at Secret Garden (SG) or Freedom House (FH)?
    - Always
    - Most of the time
    - Some of the time
    - Rarely
    - Never
    - I'm not sure
    - *Refuse to answer*

Service Satisfaction

8. Overall, how happy are you with the services that you have gotten at Secret Garden (SG) and Freedom House (FH)?
    - Very happy
    - Happy
    - No strong feelings
    - Unhappy
    - Very unhappy
    - I don't know
    - *Refuse to answer*

9. What do you LIKE about the services that you have gotten at Secret Garden (SG) or Freedom House (FH)? ***Choose all answers that apply.***
    - Easy to communicate with staff
    - Easy to use interpreters, VRI, or CART
    - Easy to start getting services

- Location of the services
- The choices of services I can use
- I feel safe there
- Staff support me
- Staff help me find the programs or services that I need
- I can contact my case manager when I need to
- I can get services at times that I want
- There is child care for me to use during services
- Something else: _____
- Nothing
- I don't know
- *Refuse to answer*

10. What do you NOT like about the services that you have gotten at Secret Garden (SG) or Freedom House (FH)? ***Choose all answers that apply.***

    - Hard to communicate with staff
    - Hard to use interpreters, VRI, or CART
    - Hard to start getting services
    - Location of the services
    - Do not have the services that I needed
    - I do not feel safe there
    - Staff do not support me
    - Staff are not able to help me find the programs or services that I need
    - I am not able to contact my case manager when I need to
    - I am not able to get services at the best times for me
    - I am not able to use their child care
    - Something else: _____
    - Nothing
    - I don't know
    - *Refuse to answer*

11. Please write about what other help or services you would have liked to have gotten from Secret Garden (SG) or Freedom House (FH)? _____

Respondent Background

The survey is almost done! We have just a couple of background questions left.

12. What year were you born? _____

13. What do you consider your race? ***Please check all that describe you***.

    - White or Caucasian
    - Black or African American

- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Some other race
- *Refuse to answer*

14. Do you consider yourself Hispanic or Latino/a?
    - Yes
    - No
    - *Refuse to answer*

15. What is your gender?
    - Male
    - Female
    - Something else
    - *Refuse to answer*

Respondent Feedback

16. Please write about what you like about Secret Garden (SG) or Freedom House (FH) services. *If you do not want to answer, click on the arrow below.*

17. Please write about how Secret Garden (SG) or Freedom House (FH) services could be better.

Training Assessment

Person Giving Feedback
(please check one)

BFL Staff ( )

Community Member ( )

Community-Based Service Provider ( )

Law Enforcement ( )

Presenter: _____

Date: _____

Topic: _____

Objectives of this presentation:
1) Gain a greater understanding of deaf history within service provision and effects of audism
2) Understand different categories of deafness
3) Learn the basics of deaf culture

Presentation Effectiveness Criteria

To what extent did the presentation represent the following features?	**Yes**	**Needs Work**	**No**	**Comments**
Objectives communicated clearly.				
Organized and easy to follow.				
Presenter exhibited a good understanding of topic.				
Presenter was well-prepared.				
Presenter communicated clearly/effectively.				
Time for presentation used effectively by presenter.				
Slides or visual aids enhanced presentation.				

Presenter responded effectively to audience questions and comments.				
Presentation style engaged the audience.				
The information presented is useful for my work or my community.				

Please indicate how strongly you agree or disagree with the following statements.

	Strongly agree	**Agree**	**Neither agree or disagree**	**Disagree**	**Strongly disagree**
As a result of this training, I have a better understanding of deaf history within service provision and the effects of audism.					
As a result of this training, I have a better understanding of the different categories of deafness.					
As a result of this training, I have a better understanding of the basics of deaf culture.					

What did you like most about the presentation?

What areas might you suggest for improvement?

Other comments or feedback?

Notes

[1] Some of the discussion of these topics in this report is taken from Hussemann, Dusenbery, and Crowe (2021), an interim evaluation of Barrier Free Living's Deaf Services program.

[2] 2019 American Community Survey 1-year estimates, US Census Bureau, accessed October 15, 2021, https://data.census.gov/cedsci/table?q=hard%20of%20hearing&tid=ACSST1Y2019.S1810.

[3] 2019 American Community Survey 1-year estimates, US Census Bureau, accessed October 15, 2021, https://data.census.gov/cedsci/table?q=hard%20of%20hearing&tid=ACSST1Y2019.S1810

[4] 2019 American Community Survey 1-year estimates, US Census Bureau, accessed October 15, 2021, https://data.census.gov/cedsci/table?q=hard%20of%20hearing&tid=ACSST1Y2019.S1810.

[5] Gallaudet is a bilingual college for deaf and hard-of-hearing students in Washington, DC, that offers intellectual instruction and professional advancement in ASL and English. The City University of New York's Institute for State and Local Governance has managed the evaluation on behalf of DANY.

[6] Barrier Free Living refers to those who receive services or otherwise interact with its program as "consumers."

[7] "Position Statement on Early Cognitive and Language Development and Education of Deaf and Hard of Hearing Children," National Association of the Deaf, accessed July 29, 2022, https://www.nad.org/about-us/position-statements/position-statement-on-early-cognitive-and-language-development-and-education-of-deaf-and-hard-of-hearing-children/39.

[8] Despite this change in policy, some DS staff still do not carry caseloads with any consumers from Freedom House, which may owe to low numbers of new deaf residents at Freedom House.

[9] Our staff interview protocol did not explicitly cover turnover and the reasons for staff departures, nor did we interview any staff immediately before or after those departures, so we are unable to reach conclusions as to the exact reasons for high staff turnover on BFL's DS team.

[10] Under the CJII grant, BFL planned to staff the DS team with an advocate, a case manager, and a social worker in year 1, add a second social worker in year 2, and return to the year 1 staffing in year 3 and beyond. However, it did not have a dedicated case manager in place from 2019 to 2020 and decided not to add a second social worker given the lower numbers of consumers it was serving and the difficulty in staffing this position. From 2019 to 2021, it also had a Deaf clinical consultant in place.

[11] That act requires that state and local governments and businesses and nonprofit organizations that serve the public provide aides and services when they are needed to communicate effectively with people who are deaf. See https://www.ada.gov/effective-comm.htm.

[12] See Ballan and Amodeo's 2019 report *Advancing Practice-Relevant Research for Survivors of Intimate Partner Violence with Disabilities A Research-to Practice Fellowship Project* for a description of BFL's work to transfer paper files to a computerized database, available at https://ncvc.dspacedirect.org/bitstream/handle/20.500.11990/1555/R2P%20Fellowships%202 019_Stony%20Brook%20Barrier%20Free%20Living_Advancing%20Practice%20Relevant%20Research%20IPV.pdf

[13] See our November 2021 *Urban Wire* blog post on strategies for including deaf and hard-of-hearing people in research, available at https://www.urban.org/urban-wire/strategies-including-deaf-and-hard-hearing-participants-research.

[14] "The American Sign Language Proficiency Interview," Gallaudet University, accessed July 14, 2022, https://www.gallaudet.edu/the-american-sign-language-proficiency-interview/aslpi/.

[15] "The legal recognition of national sign languages," World Federation of the Deaf, accessed July 14, 2022, https://wfdeaf.org/news/the-legal-recognition-of-national-sign-languages/.

[16] "Communication Access Realtime Translation," National Association of the Deaf, accessed July 14, 2022, https://www.nad.org/resources/technology/captioning-for-access/communication-access-realtime-translation/.

[17] "Video Relay Services," National Association of the Deaf, accessed July 14, 2022, https://www.nad.org/resources/technology/telephone-and-relay-services/video-relay-services/.

[18] 2019 American Community Survey 1-year estimates, US Census Bureau, accessed October 15, 2021, https://data.census.gov/cedsci/table?q=hard%20of%20hearing&tid=ACSST1Y2019.S1810.

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