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**Youth Advocacy &**

**Prevention Program**

**Information & Agreement Packet**

What is DOVE and the YAP Program?

Deaf Overcoming Violence through Empowerment (DOVE), established in 2000, is a non-profit 501(c)(3) organization dedicated to serving victims and survivors of domestic violence and sexual assault in the Colorado Deaf community. The Colorado Deaf community is a diverse community that includes Deaf, deaf, hard of hearing, late-Deafened, DeafBlind, and Children of Deaf Adults (CODAs).

All of DOVE's services are 100% free regardless of age, race, gender identity, sexual orientation, religious affiliation, nationality and/or income level. We also provide resiliency services, community education, cultural responsiveness training, technical assistance, and youth advocacy and prevention.

DOVE’s **Youth Advocacy & Prevention (YAP) Program** has been working with schools and youth programs since its inception in 2008. Teen Dating Violence (TDV) rates are growing nationwide, and it’s time to talk about healthy relationships with our Deaf, DeafBlind, DeafDisabled, and Hard of Hearing (DDBDDHH) teens. We offer ***free*** interactive workshops for middle and high school age youth, as well as training for adults who work with this age group. Additionally, we provide advocacy, support, and referrals to DDBDDHH youth who may be experiencing or witnessing relationship abuse, bullying, family violence, and/or sexual assault.

We’re thrilled to start the conversation with you! We look forward to having the opportunity to work with you and your youth group.



Why is Youth Advocacy & Prevention Necessary?

* 1 in 3 American teens has experienced physical, sexual, emotional, or verbal abuse from a dating partner[[1]](#footnote-1)
* 54% of D/HH boys and 50% of D/HH girls reported experiencing sexual abuse[[2]](#footnote-2)
* Only 33% of youth experiencing relationship abuse ever told someone about the abuse[[3]](#footnote-3)
* Young women between ages 16 – 24 experience the highest rates of relationship abuse (almost 3x the national average)[[4]](#footnote-4)
* An estimated 83% of women with disabilities will be sexually assaulted during their lifetimes[[5]](#footnote-5)
* Youth relationship abuse puts victims at higher risk for substance abuse, eating disorders, risky sexual behavior, and further domestic violence in adulthood[[6]](#footnote-6)
* D/HH children are often taught to be compliant; don’t always have full communication access at home or in other everyday settings; and aren’t specifically taught about healthy boundaries



How Does the YAP Program Work?

* *Collaboration, collaboration, collaboration*. We work with you to accommodate your group of teens, their communication modalities, and their preferred topics.
* We ask that you work *with* your youth group to select a desired topic. The YAP Program will not plant any seeds unless the teens themselves are ready to discuss and learn. Common topics include:
  + Healthy vs. unhealthy relationships
  + Dating rights
  + Gender identity and roles
  + Internet safety
  + Peer pressure & bullying
  + Sexual health & sexuality education
  + Rape culture & consent
  + Bystander effect & intervention
* Once a topic has been chosen, fill out our YAP Program Request Form and submit it to DOVE’s Program Director ([sabrina@deafdove.org](mailto:sabrina@deafdove.org)).
* DOVE’s Program Director will communicate with you via email or phone to discuss logistics.
* DOVE staff will facilitate the workshop at your requested location with the consent of the teens’ parents and the involvement of you and/or any other school/program staff.
* If you are interested in a **training for you and your staff** on mandated reporting, how to talk with your teens about relationship abuse, or other related topics, contact DOVE’s Program Director directly ([sabrina@deafdove.org](mailto:sabrina@deafdove.org)).



What is Expected of You as the Point of Contact?

DOVE is a small nonprofit organization, and we try our best to meet all requests for free YAP workshops and trainings. Based on our years of experience, here’s what we ask of you as our point of contact:

* Be present as much as possible on the day of the YAP workshop. Some groups will be resistant to/embarrassed by the presence of a teacher or support staff when discussing sensitive topics. However, you and your colleagues’ presence will reinforce concepts being discussed, and you can continue the dialogue after DOVE’s staff leaves – this is the ultimate goal. We want to empower you as adults and role models to become comfortable talking about these topics with your students, since DOVE can’t be there on a daily basis.
  + Depending on the group, this could mean just sitting to the side and observing the discussion quietly; with other groups this could mean active participation and commentary from you based on *general* things you’ve noticed happening among the teens.
* Submit your YAP Request Form *at least* 2 weeks in advance of requested dates.
* Customize and send out the parent notification and consent letter. We have included a template that you are welcome to use, or you are free to create a letter of your own. Our requirement is that you send out a letter at least once each school year to parents/guardians; some schools send a letter prior to each workshop, while others send a letter that references an array of topics that will be covered that year. If any parent/guardian requests that their child opt-out of attending, please honor those requests and be sure to devise a back-up plan for those youth.
* Communicate as much as possible with DOVE staff about why your group chose the topic(s) and any current issues of concern. The more information you share with DOVE staff, the more relevant our workshop will be to your group. We make every effort to customize talking points and activities based on this information!
* Let us know exact **numbers of students attending** as much as possible. We will plan activities accordingly. If you think dividing your groups based on gender identity is preferable for a certain topic, let us know. Note that this will require more logistics planning.
* Contact DOVE staff within a few days of the schedule workshop to confirm again. **If more than 50% of your students are absent/unable to attend the same day of the workshop, please contact DOVE staff immediately to reschedule.**
* Allow at minimum 1 hour for each workshop requested.
* DOVE’s staff will communicate in ASL. If you and/or any of the teens use different mode(s) of communication, let us know on the request form. Typically we use interpreters available at your school, but if given enough notice, we may work with you to bring in an outside interpreter(s).
* Remember that certain discussions may be triggering for your teens. If you have concerns or information that you want to disclose about a specific teen to DOVE staff, please do so **privately and with their express consent.** Additionally, please do not disclose personal information about any of your youth participants in front of their peers (e.g. if you are actively participating in a YAP workshop, use general examples instead of saying, “Jacob, remember when Mo said that to you?”).



Sample Parent Notification & Consent Letter

(use your own letterhead and signature)

(MONTH, DAY, YEAR)

Dear Parents/Guardians,

We have invited Deaf Overcoming Violence through Empowerment (DOVE) to visit (SCHOOL/PROGRAM NAME) with the goal of facilitating discussions and activities with our (YOUTH/STUDENTS). DOVE is a nonprofit agency that provides advocacy services to Deaf, DeafBlind, DeafDisabled, and Hard of Hearing (DDBDDHH) people of all ages and gender identities who experience abuse. They also run a Youth Advocacy and Prevention Program to educate youth about various interpersonal topics.

DOVE will provide (A WORKSHOP/A SERIES OF WORKSHOPS) to our (YOUTH/STUDENTS) on (TOPIC(s) YOU SELECTED). (THIS/THESE WORKSHOP(s)) will take place on (DATE(s)). Please return the permission form below indicating your desire for your child to participate in these workshops by (DATE). We encourage you to continue these important discussions with your child at home, as parental involvement is a huge key in education and prevention!

If you have questions about DOVE’s discussion points, you may contact DOVE directly at [sabrina@deafdove.org](mailto:sabrina@deafdove.org) or 303-831-7932. For other concerns or questions, you may contact me at (YOUR EMAIL/PHONE).

Thank you,

(YOUR SIGNATURE)



**Permission Form: DOVE Workshop(s)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Print Name of Parent/Guardian)

give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Print Name)

**do not** give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Print Name)

to participate in the DOVE workshop(S) on (DATE(s)).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian)



Youth Advocacy & Prevention Program

Workshop Request Form

**School/Group Requesting YAP Workshop:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Point of Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Workshop Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Dates & Time Slots:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Desired Topic(s):**

\_\_\_ Healthy vs. Unhealthy Relationships

\_\_\_ Dating Rights

\_\_\_ Internet Safety

\_\_\_ Gender Identity & Roles

\_\_\_ Rape Culture & Consent

\_\_\_ Peer Pressure & Bullying

\_\_\_ Sexual Health & Sexuality Education

\_\_\_ Bystander Effect & Intervention

**Youth Age(s)**

\_\_\_ 6th Grade

\_\_\_ 7th Grade

\_\_\_ 8th Grade

\_\_\_ 9th Grade

\_\_\_ 10th Grade

\_\_\_ 11th Grade

\_\_\_ 12th Grade

\_\_\_ Other: \_\_\_\_\_\_\_\_

**Number of Youth Participants:** \_\_\_\_\_\_\_\_\_

**Communication Modalities:**

\_\_\_ ASL

\_\_\_ Spoken English

\_\_\_ Signed Exact English

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_

**Any Special Instructions (parking, classroom #):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email completed form to** [**sabrina@deafdove.org**](mailto:sabrina@deafdove.org)

1. . Davis, A., MPH. (2008). Interpersonal and Physical Dating Violence among Teens. The National Council on

   Crime and Delinquency Focus. Available at <http://www.nccdrc.org/nccd/pubs/Dating%20Violence%20Among%20Teens.pdf>. [↑](#footnote-ref-1)
2. Sullivan, Patricia M., Vernon, M., & Scanlan, John, M. (1987). Sexual abuse of deaf youth. American Annals of the Deaf, 32(4), 256-262. [↑](#footnote-ref-2)
3. Liz Claiborne Inc., Conducted by Teenage Research Unlimited, (2005). [↑](#footnote-ref-3)
4. Department of Justice, Bureau of Justice and Statistics, Intimate Partner Violence in the United States, 1993-2004. Dec. 2006. [↑](#footnote-ref-4)
5. Obinna, J., Krueger, S., et al. (2005). Understanding the Needs of the Victims of Sexual Assault in the Deaf Community: A Needs Assessment and Audit. Available at <http://www.ncjrs.gov/pdffiles1/nij/grants/212867.pdf>. [↑](#footnote-ref-5)
6. Silverman, J., Raj A., et al. (2001). Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. JAMA. 286:572-579. Available at <http://jama.amaassn.org/cgi/reprint/286/5/572>. [↑](#footnote-ref-6)