

Miss the last DCCESV Meeting?

Minutes from every coalition meeting are available on our website under the "What We Do" section.

Visit [DCCESV.ORG](https://www.dccesv.org) today!



Visit "What We Do" to see the latest meeting minutes, special projects, and newsletter archive.

National and Local Legislation: Stay Updated

DCCESV maintains charts tracking proposed and passed legislation of concern to members and stakeholders, including issue areas affecting women, children, sexual assault, and more. For the most recent version of our local and national legislation tracking charts, visit [dccesv.org](https://www.dccesv.org)

DCCESV Social Growth: FY2020

This year marked impressive social media growth for the Coalition. Our Instagram, Facebook, and Twitter platforms exist to promote the work of the Coalition and its members and stakeholders. A big thank you to you for your contribution of events and posts!

DCCESV SOCIAL GROWTH 2020 By the Numbers:

- 89.5k impressions on Twitter
- 55.7% follower growth on Twitter
- 64.3% increase in Facebook page likes
- 70% increase in Instagram follows
- 127 events promoted, representing over 32 organizations

Gender-Based Violence Field Addresses Racism

Reflecting the values of DCCESV, including an anti-oppression and intersectional lens, below are anti-racism resources with a gender-based violence focus:

- **Criminalizing Survival Curricula** - Survived & Punished, a prison abolition organization, offers this [free curriculum](#) focused on the intersection between racialized gender-based violence and criminalization. “This resource is intended to help activists, advocates, organizers and community members to learn more about the criminalization of violence survivors.”
- **Continuum on Becoming an Anti-Racist, Multicultural Institution** - Regional Arts & Culture Council offers a [handout](#) that categorizes institutions on a scale of “exclusive” to “fully inclusive.” This sheet can be a helpful jumping-off point for organizations seeking to understand their racism and offers a vision of the components of inclusive, actively anti-racist spaces.
- **How Can We Prevent Child Sexual Assault Without Incorporating an Analysis of Systemic Violence as a Causal Factor?**- [This workshop](#), given by Irene Strong Oak Lefebvre from Visioning B.E.A.R. Circle Intertribal Coalition “explains how historical trauma is the root cause of childhood sexual abuse, resulted by structural racism and oppression. The workshop also addresses the role and significance of community organizing as a prevention strategy by collaborating with anti-racist and environmental community groups.”
- **Toolkit for Interrupting Oppression** - [This toolkit](#), created by the Oregon Coalition Against Domestic and Sexual Violence, offers resources aimed at addressing how professionals in the field can strategically interrupt and dismantle oppression and violence in our communities while intervening with an awareness of power and privilege.

Organization Spotlight: Mary’s Center



This quarter, DCCESV features Mary’s Center, a nonprofit community health center serving Washington, DC and the surrounding metro area. Mary’s Center’s vision is to embrace all communities and provide high-quality healthcare, education, and social services to build better futures. With 8 sites in DC and Maryland, Mary’s Center provides essential medical, dental, and behavioral health services, along with social services and family literacy services to over 60,000 participants a year, serving people of all ages, races, genders, and sexual orientations.

Mary’s Center provides comprehensive medical services, including specialty services such as nutrition counseling, sexual health services, and specialty offerings for LGBTQ+ visitors. Serving both patients with and without insurance, the organization uses a sliding fee scale to meet the needs of uninsured patients, and also

offers support to uninsured patients by helping them apply for health insurance at clinic locations. The Center also offers broad social services, including family support programs, energy assistance programs,

after school programs for teens, and programs tailored to the needs of seniors. The broad reach of services at Mary’s Center attend to the fact that health, financial, and social needs are often overlapping and intersecting.

One of the areas of service that brings Mary’s Center to the DC Coalition to End Sexual Violence is their domestic and sexual violence support services. Mary’s Center’s staff is trained to look for signs of domestic violence, and has a team of trained professionals—from family support workers, to advocates, to mental health professionals—primed to offer support through case management, safety planning, shelter placement, and help with legal needs. Mary’s Center also accepts direct referrals from individuals and other service providers. Survivors of sexual violence often experience intersecting needs for resources that go beyond initial trauma care, and Mary’s Center provides a broad array of resources and services to respond to exactly that.

Beyond the programming they provide, Mary’s Center performs a critical role in advocacy for residents of DC. Their participation in local and national advocacy groups serves to advocate for the needs and challenges faced by communities in the DMV when seeking medical care, education, and social services. Mary’s Center also develops campaigns to raise awareness about community issues and available resources, and educates legislators.

To learn more about Mary’s Center, how you can support their work, and available resources, visit maryscenter.org.

Audism and Phonocentrism in Sexual Assault Response: Addressing Gaps

By: Hannah Goldstein

2020 has called upon us to name, more than ever before, the ways oppression is deeply woven into systems, attitudes, and cultures. In its commitment to providing services and trauma-informed care, the sexual assault community in Washington, DC strives for accessibility, inclusivity, and transparency. The issues of audism and phonocentrism, which affect the Deaf community, demand our attention and redress.

Audism “judges, labels, and limits individuals on the basis of whether a person hears and speaks. [It] reflects the medical view of deafness as a disability that must be fixed” (VAW). Phonocentrism, the belief that sound and speech are superior to written and other forms of communication, rears its head in our work as well. As we strive to build systems that adequately meet the needs of sexual assault survivors in the District and in the nation, it merits examining the ways we



may miss the audism and phonocentrism in our own intentions to provide advocacy and access to services.

According to Vera Institute, DeafDisabled, DeafBlind, Deaf, Hard of Hearing, Late Deafened (DDDBDHHL) people experience sexual violence at higher rates, and are three times more likely to be sexually abused as children. While we know that intersecting identities affect the ways people both experience violence and seek support, a lack of cultural understanding of the DDDBDHHL community by the hearing community imposes additional barriers to providing sufficient care. As members of a tightly-knit community, DDDBDHHL victim-survivors may hesitate to seek services because abusers, rapists, or people causing harm may be connected to them in some fashion, such as those providing interpretation. Without understanding the unique experiences of DDDBDHHL people and the support best suited to serve them, we may be falling short of our responsibility to victim-survivors.

Advocates contend there is a broad misunderstanding of the means of abuse, assault, control and manipulation experienced by DDDBDHHL people. Educational materials that convey common modes of abuse or assault may often exclude the experiences of DDDBDHHL survivors—[as a 2015 report by the Vera Institute of Justice explains](#), “behaviors listed...rarely include those such as destroying video phones and channeling physical abuse towards the victim’s hands” (15). One area of focus in better meeting the needs of DDDBDHHL people should be to strive for inclusivity in educational materials—not only for those who are seeking to identify patterns of abuse or assault in the DDDBDHHL community, but also for providers and responders unaccustomed to considering these routes of abuse.

Audism is often baked into the way we conceive of interpretation. As Najma Johnson, the Executive Director of [DAWN](#), has shared, the primary concern for service providers is often the cost of interpretation. This undermines the right of a DDDBDHHL person to communicate in what may be their first language. There is also no guarantee that interpreters obtained for these purposes have the specialized vocabulary to interpret language specific to assault. In a space where a survivor’s transmission of their lived experience depends upon an interpreter’s accurate conveyance, interpretation may be provided by someone who does not have a trauma-informed lexicon.

Audism crops up even as we approach the notion of urging more “qualified” interpreters into the field. One of the reasons there may be a lack of qualified interpreters in this space is due to the audism present in certification standards. Tests for certification prioritize hearing people, and are also conducted in English. This puts people whose first language may be ASL at a disadvantage. These standards may box out people with the appropriate experience or community background to provide trauma-informed interpretation. It especially leaves Deaf interpreters and interpreters of color at a disadvantage.

There are multiple ways to address the challenges posed in providing adequate interpretation. For one, the DDDBDHHL community may be able to identify, for itself, people who are prepared to and capable of providing interpretation within this field, even if those people do not meet standard certification

criteria. Additionally, using Deaf interpreters, and not only hearing interpreters, can provide another layer of assurance in the accuracy of interpretation. Further, hearing people and organizations ought to address audism in their priorities when it comes to hiring interpreters: the ability of an interpreter to provide trauma-informed services should be more of a priority than securing interpretation for the lowest cost.

Broadly, a lack of awareness about audism and phonocentrism keeps the sexual assault field from adequately preparing for, understanding, and meeting the needs of DDDBDHHL D survivors. Without recognizing the disparities experienced by DDDBDHHL D people seeking services or care, taking steps to eliminate them will prove uneven and misdirected. As a global city, the nation's capital, and the home of Gallaudet University, Washington, DC is home to a large DDDBDHHL D community. It is of critical importance that we take this issue on by investing in strategic planning to eradicate the audism in sexual assault services.

Our Members and Stakeholders are Hiring!

DC SAFE, My Sister's Place, and Safe Shores - The DC Children's Advocacy Center have recently announced job openings. DC SAFE will be hiring a response line advocate; [find the listing here](#). My Sister's Place will be staffing a new program developed through the Department of Housing and Urban Development; [postings can be found here](#). Safe Shores will be hiring several positions, including Teen Advocates, Advocacy Services Associate, Forensic Interviewer, and a Grants and Partnerships Manager; [read the job descriptions and apply here](#). Share these job postings widely with your network!

Report Review: *Coming Forward*

In October, the National Women's Law Center published "Coming Forward," a report providing an overview analysis of requests for legal help surrounding sex harassment cases submitted to the TIME'S UP Legal Defense Fund between January 1, 2018 and April 30, 2020. Founded in the aftermath of #MeToo, TIME'S UP focuses on sexual harassment experienced in the workplace. Salient takeaways from the report include the fact that 72% of survivors who

experienced workplace sexual harassment faced some form of retaliation; 22% reported that workplace harassment had a negative impact on their financial or economic well-being; and more than one in four shared that the harassment they experienced was not an isolated incident. For further takeaways or the full report (in English or Spanish), visit [National Women's Law Center](#).



Mark Your Calendars!



- DCCESV quarterly meetings are scheduled for the following dates. Until further notice, all meetings will be virtual.
 - Quarter 2 meeting: January 27, 2021 at 1pm
 - Quarter 3 meeting: April 28, 2021 at 1pm
 - Quarter 4 meeting: July 28, 2021 at 1pm
 - Vera Institute will host a webinar on Tuesday, November 17 from 2:00-3:30pm ET about supporting immigrant survivors with disabilities. [Register here.](#)
-

Survivor Surveys - Network for Victim Recovery DC

NVRDC is seeking respondents for two surveys. The iEmpower survey aims at learning more about the experience of survivors of sexual assault when receiving care from gynecology, obstetric, and abortion clinics in the Washington, DC region. [This survey can be found here.](#)

The second survey, the HIV and nPEP survey, seeks to understand where there may be gaps in awareness about HIV prevention care and medication, as well as the barriers survivors face when trying to access this medication. [This survey can be found here.](#)

Respondents may have an opportunity to win a \$25 gift card.

This newsletter was produced by Men Can Stop Rape under 2021-DCCESV-01, awarded by the Office of Victim Services and Justice Grants, Executive Office of the Mayor, District of Columbia. The opinions, findings, and conclusions or recommendations expressed in this newsletter are those of the contributors and do not necessarily represent the official position or policies of the Executive Office of the Mayor.

STAY CONNECTED:



Men Can Stop Rape, 1130 6th Street NW, Washington, DC 20001