

PISC

PARTNERS
IN
SOCIAL
CHANGE

A Publication of the
**Sexual Assault
Prevention Resource
Center**, dedicated to
providing technical
assistance to those
engaged in sexual
violence prevention
in Washington State

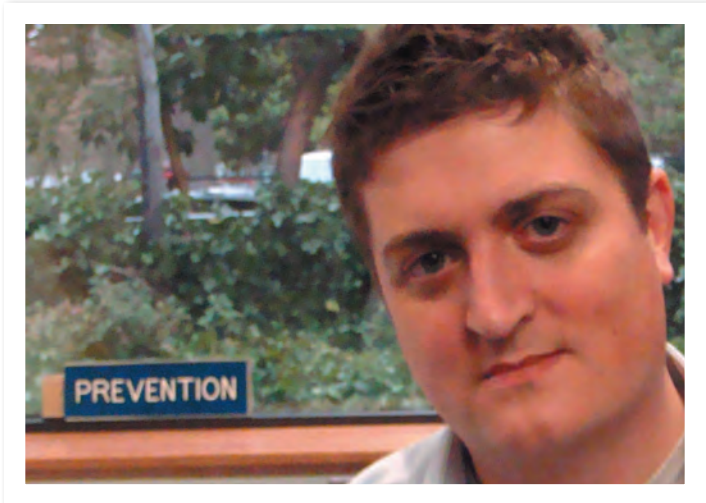
WASHINGTON COALITION OF SEXUAL ASSAULT PROGRAMS

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Volume XII Issue 2
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Sexual Violence Prevention and People with Disabilities

Prevention Notes




Grant Stancliff, Prevention Specialist

This poem is a nice summary of this issue of *Partners in Social Change*, where we turn our attention to disabilities and sexual violence prevention.

To craft this issue, we asked ourselves a few questions.

1. If our organization does not work regularly with people with disabilities, how do we meaningfully work within that community?
2. What are some successful approaches?
3. What knowledge do we need to begin or enrich a project?

To answer those questions, we have contributions from innovators who have done sexual violence prevention aimed at people with disabilities. Throughout we will be featuring poetry from Illinois activists and self advocates Amy Walker and Brenda Henson.

As always, we welcome feedback directly or on PartnerNet. 

We look forward to hearing from you!

Best,

Grant Stancliff
Prevention Specialist
Prevention Resource Center, WCSAP

I am a person, so treat me like you.

Don't hurt me, abuse me,

or embarrass me too.

I think and I feel and I will speak out—
If someone does hurt me,

I'll stand up and shout!

From *One Victim's Voice*
by Brenda Henson and Amy Walker,
Self-Advocates

The mission of the Washington Coalition of Sexual Assault Programs is to unite agencies engaged in the elimination of sexual violence through education, advocacy, victim services and social change.

The Prevention Resource Center is a project of WCSAP, designed to provide support and technical assistance to individuals, communities and agencies engaged in sexual violence prevention within Washington State.



Volume XII Issue 2
Sexual Violence Prevention
and People with Disabilities

Partners in Social Change
is published quarterly by the WCSAP Prevention Resource Center from its offices in Olympia, Washington. The focus of this publication is to present information and resources for the prevention of sexual violence, with a special emphasis on social change. Issues are mailed to subscribing members of WCSAP. For membership information, visit www.wcsap.org.

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You Raped Me, First With Your Mind

Amy Walker, Self Advocate

Before your hands grabbed me and groped me,
You kept me from using my voice.
You told me that I deserved pity,
And did not deserve any choice.
You showed me true discrimination.
Would you rather I respond in kind?
Before you raped me with your body,
Yes, you raped me, first, with your mind.

Your ignorance, frankly, disgusts me.
I don't know which attitude's worse—
The hot stigma with which you brand me,
Pronouncing my name like a curse,
Or the assumptions that you make about me—
“She's incompetent. The fault is hers.”
You have assigned me labels, like “retard”—
Would you rather I respond in kind?
Before you raped me with your body,
Yes, you raped me, first, with your mind.

Your inflexible nature astounds me.
Whom did you think I was—your slave?
Indeed, I was your body, your token,
A slot in a video game.
As I felt you, panting and pressing,
Ignoring my humanity,
I then realized what “game” this was—
A contest of “you versus me”.
Oh, you've think you've won, but you haven't!
Would you rather I respond in kind?
Remember as you're sent to prison—
Yes, you raped me, first, with your mind!



Acting as a Prevention Ally for People with Disabilities

Grant Stancliff, Prevention Specialist

One of the targets of community development is to shift ownership of the solutions to ending sexual violence to our communities from social services. This article examines how that goal fits with the goal of empowerment for people with disabilities, and how organizations that are not exclusively focused on people with disabilities can act as allies. An ally is a person or an organization that seeks justice for and with a group they are not a member of. Allies work with others to end oppression together. Individuals cannot dismantle an entire system of oppression, but working in solidarity, we can create social change.



Disability and Oppression

Historically, people with disabilities have been separated from mainstream society. The lens of culture has viewed disability as a problem with individuals, and in the darkest times, a problem with humanity. It is a story of fear, institutionalization, and oppression. The perception of disability has gone through many names and forms—western history has seen disability as a sign of imperfection, to a cause of sin, to unfit for society, and finally to a pathology. This most recent stage has been referred to as the medical model of disability, and is typically associated with language surrounding the treatment or the disadvantages of disability as it affects an individual (Clapton and Fitzgerald, n.d.).

Alternately, the social model of disability views disability as a social phenomenon. According to the social model, societal forces are the deciding factor regarding who is branded disabled and who is not. Further, social and cultural norms restrict access to resources based on a diagnosis or decision of who is disabled and who is not. As a result, there are social realities of having a disability that are distinct from the results of living with an impairment. This creates an environment where “disability is no longer seen as aberrant, outside the norm, or pathological but instead recognized as part of being human” (Wehmeyer, Bersani, & Gagne, 110).

Strategies of fighting social oppression of disabilities have been varied. A foundation for many approaches has been the inclusion of people with disabilities in decisions or initiatives that affect them. Many organizations founded for and by people with disabilities are doing this work already. Some organizations wish to be a disability ally. Prevention, and in particular community development, is a great place to start.

The idea of genuine inclusivity is embedded in the community development process. Community development rests on the idea that communities themselves are the experts and have the potential to end sexual violence within their own context. As people with disabilities are not defined solely by a diagnosis, and are in every community, any community development initiative can be genuinely inclusive of people with disabilities, even if the initiative is not aimed specifically at people with disabilities.

The Spectrum of Attitudes

There is more to inclusion than an invite or the basics such as meeting accessibility or interpretation requirements, and this is important. If someone feels included, they will be more creative and productive. They will have buy-in. If someone does not feel included, they will inevitably lose interest in the project.

One way to view inclusion is The Spectrum of Attitudes (Lofquist, 1996). If people are merely objects, they have no autonomy in the system—their role is predefined for them. If people are recipients, they may have a sense of control, but since another group gives control, it can also be revoked. Genuine inclusion requires viewing people as resources who know the solutions for their own community.

Moving toward viewing people as resources is an important component in the creation of a community-specific sexual violence prevention strategy in any community. There is a parallel between the Spectrum of Attitudes and the history of society's treatment of people with disabilities, which underscore the importance

People Viewed as Objects

This attitude assumes that one group knows what is best for another. If a group is instrumental in creating another, this attitude might also result in a sense of ownership over the second group's existence. This limits the freedom, creativity, and options of the second group. Additionally, the person or group being objectified generally knows it.

People Viewed as Recipients

This view also holds that one group knows what is best for the other, but this attitude is characterized by one group giving another the opportunity to be involved in decision making based on the idea that it will be good for the other person or group. There is an assumption that the group who has the opportunity to be involved will benefit from being allowed to participate. While seemingly loaded with good intentions, this view restricts the freedom and autonomy of decision makers.

People Viewed as Resources

Respect by the first group towards the other defines this attitude. This is a key tenant of community development. Individuals know the solutions for their own community. Lofquist notes that this view is closely associated with self-esteem and productivity. (Lofquist, 1996)

of meaningful inclusion of people with disabilities in prevention initiatives.

If people are resources, they have *access* to decision-making and the process of the project. The word *access* tends to make one think of physical requirements, but that is not all. Taking it further requires examining one's privilege.

Privilege is something afforded to one group at the expense of another. Privilege is an unearned benefit given to someone based on their social location. Living without a disability carries privilege. A very simple way to picture privilege is to imagine that we only have a limited amount of "stuff" for people to have. Privilege affords extra stuff to one person, but that stuff has to come from another person. Privilege is a complex thing: some people are given it at some times and not at others. Individuals with an invisible disability, for example, may not have to deal with people making assumptions about them based on a visible disability, but also may be denied full access to something based on the appearance of not having a disability. A decision to be truly inclusive of people with disabilities in prevention efforts requires looking hard at privilege.

For example, the meeting facilitator might have the ability of easily reading a document before the meeting, but a participant with a visual impairment might be unable to (even with screen reading software) depending on the format of the document. Privilege sometimes manifests in less visible ways, such as expecting a person with a disability to speak on behalf of all persons with disabilities, or assigning a task or responsibility based on perceived ability.

In addition, the examination of privilege has to occur in light of the oppression being examined. People with disabilities exist across social lines. As a result, they may experience oppression from multiple sources. Multiple oppressions are not something that are experienced separately or can be divided cleanly. The lived experience of injustice cannot be separated into categories on a flowchart. This idea is referred to as *intersectionality*, and it is an important concept to be aware of for organizations seeking to be allies. The reality of intersecting oppressions requires examining and reducing privilege from other oppressions, such as racism, sexism, and heterosexism.

Able-bodied privilege is an unearned benefit that is not afforded to people with disabilities. Examining privilege allows us to discover ways we can expand the circle of prevention. If through this examination, barriers to real access are found, redefining the process to elevate marginalized voices moves attitudes closer to viewing people as resources.

Considerations for Prevention Professionals

- Access is not merely physical. Are materials designed appropriately? Is the meeting facilitated in a way that allows for full participation for everyone? Do people have accessible materials ahead of time?
- Not every person with an impairment has the same access requirements, or even identifies as having a disability. How can room be created in your project for people with disabilities?
- People with disabilities are in every community. Is your community development initiative inclusive? ♦

Genuine inclusion requires viewing people as resources who know the solutions for their own community.

References

Clapton, J., & Fitzgerald, J. (n.d.). The History of Disability: A History of 'Otherness' | Human Rights. Retrieved April 27, 2009, from <http://www.ru.org/human-rights/the-history-of-disability-a-history-of-otherness.html>

Lofquist, W. A. (1996). *The Technology of Development: A Framework for Transforming Community Cultures*. Tuscon, AZ: Development Publications.

Wehmeyer, M., Bersani, H., & Gagne, R. (2000). Riding the Third Wave: Self-Determination and Self-Advocacy in the 21st Century. *Focus on Autism and Other Developmental Disabilities*, 15, 106-115.

New online library!

The Technology of Development, as well as other prevention resources, is available for checkout to WCSAP Members. Check out our online library at www.wcsap.org!

V Dvukh Slova, or “In Two Words” for Victims of Sexual Assault

Amy Walker, Self Advocate

If someone has been sexually assaulted,
he or she might only say two words before
“clamming up” out of fear and shame.

What might they say?

“Help me.”

“I’m scared.”

“Please understand.”

“Don’t touch...”

“Don’t judge.”

“I’m hurt.”

“Why me?”

“I’m angry.”

“I’m sad.”

“Don’t stare.”

“Back off!”

“Go away.”

“Please leave.”

“Please listen.”

“Trust me.”

“Believe me.”

“I’m embarrassed.”

“I’m ashamed.”

“I’m bad.”

“My fault.”

“NO MORE!”

And, of course, what all of us might say if we were trying to hide an awful secret such as this:

“Don’t tell.”

How would you respond if you knew you would only get two words from a potential victim?

A little compassion goes a long, long way—much further than “professional distance.”

“Accept me.” It’s your only real option. If you don’t,

“Who will?”



The Top 10 Things

I'd like to Tell Rape Crisis Centers about Prevention of Sexual Violence of People with Developmental Disabilities

Shirley Paceley, Director of Blue Tower Training

When I was asked to write this article about prevention of sexual violence of people with developmental disabilities, many ideas came to mind. I could summarize the data on prevalence and review the many risk factors for sexual violence. I could talk about successful collaborative models or the three year prevention project that I led in Illinois. Or perhaps I could outline specific skills to teach and effective teaching strategies. As I reflected on the possibilities, the answer came clearly as many faces and voices appeared in my memories. What would the people I have supported in prevention of and response to sexual violence want me to share? The answer was a bit too much, so I limited it to the top ten. I hope you find it inspiring, motivating and challenging. Most importantly, I hope it leads you to action.

1. **We need you.**

People with disabilities experience sexual violence more often than people without disabilities. From a prevention perspective, people with developmental disabilities have many more risk factors, mostly due to social and environmental factors. We are sometimes isolated, often taught to be very compliant, not given critical information, overprotected, marginalized, segregated, and sexually assaulted at alarming rates. We may be denied basic human rights. We need your help. But first,

2. **We want you to know the truth.**

There are many myths about us...or more correctly called lies. Some people think because we are different, we aren't equal and that we can't make contributions to others and our communities. Some people think we have less value, that we don't feel pain, and that we can't learn. Those are lies. We have feelings like everyone else. Each of us has talents and abilities and preferences. We are more like you than we are different. Get to know us and you will learn the truth. However,

3. **You may have to look for us.**

If you are teaching bullying classes or relationship classes or any type of violence prevention classes in the schools, we may not get to learn from you. Many times we are segregated from the other students in different classrooms or even different buildings. In our world, special means separate so you may have to

ask for the Special Education classes. Please ask. Don't let them tell you we can't learn, because we can. For those of us out of school, you can contact disability service organizations. Some professionals may focus on our deficits but...

4. We are not our labels.

Don't worry about learning everything there is to learn about people with disabilities before you work with me. A label doesn't tell you who I am. I want to be defined by my likes, dislikes, hopes, dreams, accomplishments, and unique personality. While my label might help you understand something about how I learn, I am a person first. Remember this, I am a person first! Some labels are very hurtful and I prefer not to be labeled anymore. Just ask me if you want to know something about me. I am the expert on myself. Please remember,

5. Sticks and stones may break my bones but words will break my heart.

A woman once told me, "Being called retarded is a pain I will take to my grave." Don't tell us to ignore those who call us names and treat us bad. Words hurt. Words leave lasting scars. Work with us to change those attitudes. Use respectful, people first language. Speak out when you hear cruel words spoken about us. Help others to see our abilities. When we need an advocate or a counselor, encourage your colleagues to support us. Healing begins with relationships, and relationships begin with communication so...

6. Listen carefully because everyone communicates.

We may not communicate the same way that you do so you might think you can't understand us. This isn't true. You can understand us. But don't just listen with your ears; listen with your eyes as our bodies have a lot to say. And most importantly, listen with your heart. When you do, you will most likely understand what I am trying to say. Together, we can figure out lots of things. Please give me time and I will help the best I can. If you don't understand something,

7. Ask lots of questions.

When you enter our classrooms, workshops and residences, you may have questions about how things are set up. You might notice some rules that don't make sense. You might be told to ignore someone or to not talk to someone. If something makes you uncomfortable, please ask about it. It could make a huge difference in our lives. If you follow the golden rule, then we know you see us as equal citizens. It is good to burst the bubble of implied agreement. We are counting on you to do the right thing and to...

8. Teach my family and support staff about the effects of trauma.

When I am having a hard time, people say I am having a 'behavior', or that I just want attention. I don't understand why people without disabilities can have difficult times but I am not allowed to. Can you help them understand that I still remember my abuse and it hurts my heart? No medicine or behavior plan will make the memories go away. Teach them to believe and support me. I need to feel safe to express what has happened to me. I need help in finding my strength and moving forward. I don't want to be managed; I want to feel able to manage myself. Please also...

9. Encourage others to empower us.

If you teach us to be assertive and tell us we can say no to unwanted touch, we may be confused. Some of us are NEVER allowed to say no. If we can't say no to food or an activity, how can we possibly say no to someone who wants to hurt us? Keep teaching us how to be safe, but encourage and teach our families and staff also. If the people we trust the most give us permission to say no, then we will be free to say no to others. And lastly,

10. Thank you.

Thank you for understanding about oppression and privilege. Thank you for understanding about power and control and for believing in empowerment. Thank you for being patient as I learn to trust you. Thanks for knowing the truth and for finding me. Thanks for believing in me. Thanks for caring enough to help me find my inner strength. Thanks for honoring me as your equal. Thank you for knowing that my safety is important...that my life is important. Thanks for helping me to find my voice and speak up. ♦

Shirley Pacey is the founder and Director of Blue Tower Training in Illinois. Shirley is an international trainer, consultant, author, visionary and activist, with over 35 years work experience with people with disabilities. Since 2006, Shirley has conducted 14 workshops in the State of Washington. For more information, go to www.bluetowertraining.com or check out the newly released article below.

Pacey, S., & Laesch, S. (2009). Sexual Abuse Prevention for People with Developmental Disabilities. *Sexual Assault Report*, 12, 53-54, 56, 58-59.

Partners in Prevention of Sexual Assault in the Deaf Community

Dov Wills, Mental Health Therapist

A group of stakeholders in the Deaf community have been meeting for many years to identify the underlying causes to the barriers and biases affecting Deaf people as well as pervasive misinformation and lack of information regarding sexual assault. Among the stakeholders are Deaf people, a social & professional member of the Deaf community, and the Superintendent of Washington School for the Deaf in Vancouver, Washington. Through a process over a few years, a multitude of barriers were identified, each resulting in fewer options available for Deaf survivors of sexual assault and a distrust of mainstream service providers and systems. One primary barrier is language isolation: few parents of Deaf children ever learn enough sign language to comfortably communicate with their children. These children are educated primarily through their peers and school personnel that know sign language. They do not learn from their parents the signs for sexual vocabulary and parents do not have the ability to understand their child's disclosures of sexual abuse.

The stakeholders worked to develop a strategy to combat these barriers. They envisioned a world free of communication barriers. They decided to tackle one of the roots of sexual violence in the Deaf community, which was the lack of information in the homes of Deaf children. The stated goal: *that all parents of Deaf children are able to comfortably communicate with their children about their family values and personal safety, to understand their children's communications if sexual violence is disclosed, and to become aware of what resources are available and effective for sexual assault prevention and intervention.* This would be accomplished in two ways: by giving parents tools to enable them to expand their sign vocabulary to include sexual signs and key prevention concepts, and by presenting the information in a visual way that could be duplicated in their own homes. The desire was also to have information be accessible to as many parents as possible in a way that would make it easily fit their busy lives.

To meet these goals, the group decided to produce a DVD for parents of Deaf children. A DVD can be viewed in the privacy of their own homes, as many times as needed, and whenever they wanted. As sign language is not a written language, the typical strategies (such as brochures

and flyers) used by other programs are not effective in this community. It was felt that parents would benefit most from watching native signers modeling conversations with Deaf children discussing crucial prevention issues. With the technical and financial support from Washington School for the Deaf, a 49 minute long DVD was produced that includes instruction of relevant signs and scenarios demonstrating concepts of sexual assault prevention, and utilizes settings familiar to families (such as a living room or a playground).

One specific issue addressed in our DVD is the need for clarity in the signs chosen to explain sexual issues for Deaf children unique from a conversation with hearing people. For instance, the sign for "private" is the same as what's used for "secret". Common practice is to teach children that their sexual body parts are "private," but with Deaf children, this concept becomes confusing when we also have positive "secrets" like a surprise birthday gift for their father. We address the necessity of using medically accurate signs for body parts to make the meaning clear to children. When Deaf children are not equipped with the terminology for body parts and experience a sexual violation, they are more likely to be unable to report the incident.

Currently, the stakeholders are in the beginning stages of producing a second DVD targeting parents of Deaf teenagers. Since many parents have become less involved with their children by their adolescence, the DVD is intended to be viewed by adolescents and parents. This year, Washington School for the Deaf is unable to financially support the DVD as they did last year. Therefore, creative ways to produce a DVD of equal quality are being explored. At the same time, there is a need for more feedback from parents who have viewed the DVD. In that vein, an on-line version of the written 4 question survey that went out to parents along with the DVD was created. There is optimism that this effort will increase response. ♦

Dov Wills has been in the field of mental health therapy in the Deaf community for 10 years. She has been a therapist at ADWAS (Abused Deaf Women's Advocacy Services) since July 2008.



One Victim's Voice

Brenda Henson and Amy Walker

I am a person, so treat me like you.

Don't hurt me, abuse me, or embarrass me too.

I think and I feel and I will speak out—

If someone does hurt me, I'll stand up and shout!

Listen to me and believe what I say

Because if you don't, the hurt won't go away.

Help me to get well and heal my pain

And don't let this kind of thing happen again.

If someone hurts me, then lock them away,

But still give them help so that they will not stray

And hurt someone else. If you do this for me,

Then I will be glad I spoke out. I'm set free!

Program Update

Sexual Assault Awareness Month

Grant Stancliff, Prevention Specialist

This year's SAAM Media Campaign was an invitation to action. The intention of the *Be the Solution* message was to make clear all the things that can be done to interrupt sexual violence in our communities. By discovering and rethinking the ways that people can be solutions—as bystanders, friends and family, and intimate partners—the campaign sought to make a meaningful impact on sexual violence. It is everybody's responsibility to step up, ask questions, and believe survivors. Ending sexual violence takes all of us.

The campaign itself included some physical materials. WCSAP printed posters, glossy double-sided handbills, stickers, and buttons. All the materials were produced in English and Spanish. The campaign was designed to appeal to a youth/young adult audience and intended to make good use of the few seconds people take to glance at posters by using short, quick, and concise messaging.

Social media tools were new to the strategy this year and facilitated communication between programs and the public. We initially thought we would simply post programs' events on Facebook, but as the campaign began being used, we quickly saw the materials being remixed and used in ways we could not have imagined all across the state.

- Quality Behavioral Health Services in Clarkston got a billboard with the month's theme.
- Domestic Violence and Sexual Assault Services of the San Juan Islands held a 5k Awareness Run and used *Be the Solution* as the theme—and awarded *Be the Solution* t-shirts!
- Domestic Violence & Sexual Assault Services of Whatcom County held a brown bag lunch with Faith Communities as a Part of the Solution.
- Children's Response Center, in collaboration with University of Washington Bothell, UW Bothell Office of Student Life, UW Bothell Counseling Services, UW Bothell Gay Straight Alliance, UW Bothell Human Rights Action! Group, UW Bothell Chapter of Tau Sigma Honor Society, Harborview Center for Sexual Assault and Traumatic Stress, Harborview Social Work Department, Sexual Assault and Relationship Violence Information Service at UW Seattle, and King County Community Organizing Program, themed a month of activities around *Be the Solution*.



Coaster



Bookmark

Sexual Assault & Family Trauma Response Center in Spokane remixed the campaign by creating bookmarks for distribution throughout the city and by purchasing drink coasters for use in bars and restaurants. The response to both was very positive.

**STEP UP
DON'T
STEP BACK**

**JOIN US AT THE...
BE THE SOLUTION
MARCH**

Thurs., April 16
3-4 pm
on the Lower
Valley Pathway
between
Edison &
Lincoln Ave. Call 837-6689
to participate

**BE THE
SOLUTION**

LVCSS
Lower Valley Crisis
& Support Services
(509) 837-6689
24 HOUR CRISIS LINE
A United Way Agency
Toll Free 1-877-604-7432

Lower Valley Crisis & Support Services used campaign elements to promote and theme their awareness march.

Newspaper Ad

Rise above the myths

Believe in the sacredness of all
women and children.
Don't victim blame.
Hold offenders responsible.

Honor women even in thought

You are accountable to seven
generations in the past and for seven
generations in the future.

Be the solution

Created by Cowlitz Tribal DVSA Program

Cowlitz Tribal DVSA Campaign

Cowlitz Tribal DVSA Program used the state theme to retool and develop their own culturally and community specific message.

A big round of applause to the committee who worked hard on generating ideas and the direction of the campaign and to Tara Wolfe who led the committee here at WCSAP. ♦

- Ann Simpson**, Forks Abuse Program, Forks
- Grant Stancliff**, WA Coalition of Sexual Assault Programs, Olympia
- Jeanne McCurley**, WA Coalition of Sexual Assault Programs, Olympia
- Jenn Mason**, Domestic Violence & Sexual Assault Services of Whatcom Co., Bellingham
- Matty Nelson**, Sexual Assault Center of Pierce County, Tacoma
- Nikki Finnestead**, Alternatives to Violence of the Palouse, Pullman
- Stephy Nobles-Beans**, Whitworth College, Spokane



PISC is your magazine.

We invite guest authors to submit pieces on a variety of topics, and welcome your submissions on prevention approaches, media reviews, and creative work like original art or poetry.

We would also like to feature highlights of your agency and the prevention work you are doing.

Direct submissions to
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Andrea Piper, Executive Director of WCSAP, accepted a *proclamation declaring April Sexual Assault Awareness Month* from Washington State Governor, Christine Gregoire.



WCSAP STAFF

Top (left to right):
 Toby Shulruff, Grant Stancliff, Jeanne McCurley, Yahui Chi, Valerie White,
 Marilyn Turnbow, Jennifer Levy-Peck
 Bottom (seated, left to right):
 Tara Wolfe, Penni Maples, Andrea Piper



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End Sexual Violence in our Communities

