



WHITMAN-WALKER HEALTH

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BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY

Testimony of Whitman-Walker Health on Bill 22-222, the Sexual Assault Victims' Rights Amendment Act of 2017 Bill 22-255, the Child Neglect and Sex Trafficking Amendment Act of 2017 Bill 22-266, the Victim Services Omnibus Amendment Act of 2017 July 13, 2017

Pursuant to the Committee's Notice of Hearing of June 13, 2017, Whitman-Walker Health (WWH or Whitman-Walker) is pleased to submit this written testimony in support of these three important bills – with a recommendation for amendment of Bill 22-222 to ensure that youth advocates and health professionals involved in examinations of sexual assault victims receive appropriate training in issues related to sexual and gender minorities.

Interest and Experience of Whitman-Walker

WWH provides high quality, affirming health care to more than 16,000 individuals, including nearly 12,000 DC residents – approximately 3,000 of whom are living with HIV and 60% of whom are members of the city's gay, lesbian, bisexual, and transgender communities. Providing consumers with integrated care by offering primary medical, behavioral health, dental, legal services, insurance navigation, health education and wellness services, WWH serves consumers from every Ward in the City at our four sites – the Elizabeth Taylor Center in Ward 2; our northwest clinical site, "1525", in Ward 2; Youth Services in Ward 6; and, the Max Robinson Center, our Southeast clinical site, in Ward 8.

In February 2015, Metro TeenAIDS became part of Whitman-Walker. Our Youth Services site near Eastern Market provides a wide range of health-related services to DC youth and their families, as well as to youth in the larger metropolitan area, including:

individual and group psychotherapy for youth who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) who have experienced or have witnessed a crime;

health care navigation for young people who are living with HIV;

our Stable Families program, which provides support for families affected by HIV, including HIV-positive pregnant women;

HIV, STI and pregnancy testing and counseling services;

our REAL TalkDC program, which links young people ages 13 to 24 years old to sexual health information; leadership and workforce readiness training opportunities; free condoms; and HIV/STI/pregnancy testing; and

Capacity Talk, which offers free capacity building services to youth-serving organizations and schools in the District.

In calendar year 2016, we provided one or more of these services to more than 3,000 young people, and to a number of their families. More than 80% of these clients were DC residents.

Whitman-Walker Youth Services works with many DC young people who have been victims of crime or sexual assault or whose families and social networks are affected by these issues. We applaud the Mayor for introducing these landmark bills and urge the Council to approve them – with the modification to Bill 22-222, discussed below, to ensure culturally sensitive, appropriate services to LGBTQ individuals.

Bill 22-222, the Sexual Assault Victims' Rights Amendment Act of 2017

Whitman-Walker strongly supports this bill, as it aims to provide young people with the same protections and rights as their adult counterparts. Youth are often fearful of disclosing a

sexual assault as the ramifications extend beyond that incident. As with any assault the trauma strips the victim of any control and often the systemic response exacerbates this loss of control. For youth, this can include who knows about the incident and involvement of parents/guardians who may or may not be safe and healthy for that young person. Bill 22-222 affords minors the same right to an advocate that adults have. The advocate supporting a young person through this complex process and system is vital for recovery and resilience.

Additionally, we support the provisions in the bill that provide a young person who has experienced sexual assault supports through an advocate who is exempt from mandated reporting except in specific circumstances, and that the youth's parents/guardians are brought in only when that youth feels comfortable. Removing the advocate from the mandate of reporting to CFSA allows this relationship to be safe and the minor to have control over the identification of who the safe adult is in their life. Additionally, this safeguard takes into account family-level trauma that may be impacted by disclosure of an assault. The basis of a trauma-informed response to an assault is that it is client-centered and not necessarily parent/family centered; the client should maintain as much control as possible.

Need to ensure that sexual assault victim advocates and SANE nurses are trained in the needs and particular vulnerabilities of sexual and gender minority individuals.

Particularly when there is a sexual incident or relationship that is legally a criminal assault because the alleged victim is a minor and the alleged perpetrator is more than four years older, but not a parent, teacher or other adult in a position of authority, we believe that caution is well-advised before notifying CFSA or involving the family. This caution is particularly important when the young person or young people involved are LGBTQ. There can be a fine line between sexual experimentation and nonconsensual abuse, and involving an abuse and neglect system, or

a family, that may lack understanding or even be hostile, can cause great harm. Therefore, we recommend that bill 22-222 be amended to specifically require that youth advocates, as well as SANE nurses, receive training on LGBTQ issues as they pertain to both adults and youth. The training should specifically be focused on development of youth and their sexual identity and additional complexities of sexual assault for LGBTQ youth – including risks involved in disclosure of sexual or gender identity to family and peers. Advocates and nurses should be trained on youth-specific responses to sexual assault including the implications of trauma on sexual identity and development. Youth are able to access this program through Children’s National Medical Center and Washington Hospital Center – and, given that WHC is an adult centered facility, staff should be trained to respond to the unique needs of a young person.

We therefore recommend that Section 2 of Bill 22-222 be modified to amend Chapter 19, Subchapter II, of Title 23 of the DC Code, by adding a new provision, § 23-1908, that would state:

§ 23-1908a Training of SANE personnel and sexual assault victim advocates

The DC SANE Program, and the OVSJG, shall ensure that all SANE nurses and other personnel providing care to victims of alleged sexual crimes, and all sexual assault victim advocates, receive appropriate training in the needs and special issues faced by lesbian, gay, bisexual, transgender and questioning youth and adults, and other sexual and gender minority individuals, and the needs and special issues that may be faced by other minorities.

Bill 22-255, the Child Neglect and Sex Trafficking Amendment Act of 2017

We support the proposal to amend DC law to expressly provide that a child who is a victim of sex trafficking be considered a victim of child neglect or abuse, whether or not the perpetrator or individual involved in the trafficking is a parent/guardian or another adult in a

position of authority, such as a teacher or coach. This change will allow any young person who is a victim of sex trafficking to receive services from CFSA.

Many of our young people either receiving services through our peer education drop-in center, youth mental health program, or youth care navigation/STABLE Families programs either have experiences with sex trafficking, know a peer who has been sex trafficked, or live in fear of being “snatched” on the street and sex-trafficked (specifically with the recent publicity regarding young black women in DC going missing). This legislation would increase supports available to young people who have experienced sex trafficking by connecting them with CFSA. Involvement of CFSA is preferable to simply turning the case over to the MDP because it allows the young person (and their family, when appropriate) to receive services that are based on strengths and recovery- and resilience-focused, rather than focused on prosecution.

Bill 22-266, the Victim Services Omnibus Amendment Act of 2017

Whitman-Walker is strongly in favor of Bill 22-266. Currently our Youth Mental Health program is funded entirely through DC’s Office of Victim Services and Justice Grants to provide mental health services to LGBTQ youth/young adults who have experienced or witnessed crime. This legislation would provide better supports for the young people we serve through our OVSJG-funded program. More broadly, WWH has significant numbers of patients and clients, of every age, who have been victims of violence or who are at significant risk of violence. This bill would provide much better support for these individuals as well.

In particular, we believe that Title I of the bill, which addresses victim confidentiality, is well thought-out and has a strong mechanism for implementation. We also are pleased to state that the Violence Fatality Review Board, created by title II, is a much-needed innovation that should allow for better documentation of violence and trends in violence, which impact our

clients significantly: the youth (LGBTQ and non-LGBTQ) and families who are clients of WWH Youth Services, as well as our adult health care patients and legal clients of every sexual orientation and gender identity.

Thank you for the opportunity to share our views. If you would like additional information, or if we can assist the Committee or the Council in any other way, please contact Daniel Bruner, (202) 939-7628, dbruner@whitman-walker.org.

Respectfully submitted,



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