SAVRAA 2019 Passes Unanimously

A process that began in 2013 reached an important milestone on Tuesday, November 5th when the DC Council unanimously approved the Sexual Assault Victims’ Rights Amendment Act of 2019 [SAVRAA]. This legislation expands the rights of survivors of sexual assault, ensuring that advocacy services are more available to victims. In a previous version of the bill, victims aged 12-17 had more limited access to advocates; this legislation will provide greater resources for youth who have experienced assault. In the coming days, Mayor Bowser will sign the legislation, and then it will go through a 60-day congressional review period, after which point the legislation becomes law.

A Web Resource for Members and Stakeholders

This month we are pleased to promote a section of our website designed to lift up the work and initiatives of our members and stakeholders. The events page of www.dccesv.org features workshops, lecture series, screenings, and other community events from member organizations, where we hope to drive greater exposure to the important work performed by members of the Coalition. If you are interested in having an event added to the Coalition site, please email hgoldstein@mencanstoprape.org.
Community Health and Safety Act: Update

The Community Health and Safety Act is currently under review by the DC Council. The act would decriminalize prostitution in Washington, DC. A Public Hearing held for the legislation on October 17, 2019 lasted over 14 hours. Footage of the hearing can be viewed here.

Organization Spotlight: Whitman Walker Health Youth Services

This quarter, the Coalition highlights Whitman Walker’s Youth Mental Health program. With services for young people aged 13-24, this program provides free individual and group therapy with a focus on trauma recovery and LGBTQ identities. Therapy can be provided at any Whitman-Walker Health location, where STI testing is also available. This program encourages young people to seek out mental health services, providing low-barrier access to support healing and growth. Those interested in the program can email youthmentalhealth@whitmanwalker.org to schedule a screening or learn more.

Whitman Walker has a variety of programs for youth beyond scheduled therapy. With a youth drop-in center located at 651 Pennsylvania Avenue, Whitman Walker runs behavioral health, family support, peer education, and community-building programming for young people. To learn more, visit the location’s webpage.
Launch of Website & Montgomery County Premiere of *Nameless*

On Sunday, October 27, Men Can Stop Rape hosted a screening of the documentary *Nameless* at the American Film Institute in Silver Spring. The event marked the Montgomery County premiere of the film, and featured panelists Dr. Katherine Deye of the Child Adolescent Protection Center, Rebecca Burney of Rights4Girls, Cheryl Bozarth of the Office of Victim Services and Justice Grants, and Neil Irvin of Men Can Stop Rape. The audience represented a broad range of interests, from mental health professionals and others in the medical field, to affiliates of law enforcement, and community members at-large.

This screening also marked the launch of the *Nameless* website, which highlights information shared in the film and resources for viewers. Visit [www.namelessfilm.org](http://www.namelessfilm.org) to learn more.

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A Promising Approach to Prevention Education: Student Activism on Sexual Assault

*By Hannah Goldstein, Program Coordinator, Men Can Stop Rape*

#MeToo has been about much more than accountability, visibility, or responsiveness to sexual assault. Due to its essence as a movement borne out of the social media era, it has also been about educating youth. As a high school intern at Men Can Stop Rape reminded us this summer, “kids have all the same access to information that adults do.” From that vantage, it was only a matter of time before students took up the mantle of #MeToo and made it their own.

This was the case at Bethesda-Chevy Chase High School, when a group of students became aware that boys had circulated a list ranking and rating their
peers’ looks. After feeling shocked and outraged that this was happening at their school—no less during a moment when adults were being held accountable on the national stage—they reported it to administrators. When school officials decided to discipline a single male student with a one-day in-school detention that would not go on his record, they rallied together to protest the administration’s decision. As a result, a public discussion was held amongst students and staff to address accountability.

Nationally—from Seattle, Washington to Portland, Maine—students are demanding policy changes from their school administrations. Student activism is getting younger because of social media. Not only does it provide young people information about and access to the issues, but it furnishes them with a platform from which to share their voice.

The question becomes, then: how do organizations harness the power of student activism to support young people in creating positive change? Where some organizations like Stop Sexual Assault In Schools (SSAIS) call upon students in K through 12 schools to step up by equipping them with resources and facts, others galvanize young people to engage each other. The best strategies will be informed by young people, and adults can give support by listening, providing students with appropriate guidance, and offering tools for processing information.

That students are rising up is the best of what #MeToo has to offer in terms of both response and prevention. From the response side, it makes clear that sexual harassment and assault happens not only in all echelons of the professional world, but in K through 12 schools. Students are taking up their leadership to demonstrate to their schools that they are in need of policies and programs that adequately address what is often thought of as an adult issue.

Perhaps even more profound is that this student activism is evidence of effective prevention education. Students are aware of and identifying inappropriate behavior. Better yet, they are taking prevention education into their own hands, intervening by calling for new norms amongst peers, and educating each other.

This isn’t just mission-focused work, either. School staff—teachers, club facilitators, coaches—and the broader community of parents, faith-based organizations, teams, and neighbors, have a responsibility to listen to young people as they take this issue into their own hands, and to lift up their strength for doing so. While it can be tempting to think that adults have all the expertise and the answers, prevention education is most powerful when student voices are at the fore.
CDC Researches Health Outcomes Associated with Childhood Trauma

A recent study by the Center for Disease Control links childhood trauma to adverse health outcomes later in life. Using survey data from 2015-2017 of more than 144,000 adults, they assessed that 60.9% of adults had at least one “adverse childhood experience,” while 15.6% reported four or more. Adverse childhood experiences are considered, in the report, as “potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide.” The report also includes environmental causes that undermine a child’s sense of security, such as “growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.”

The report finds that the experience of childhood trauma is more common in non-white communities. As an article reviewed in the August 2019 DCCESV Newsletter, the American Pediatric Association has also published links between the effect of racism on child and adolescent health.

The report identifies solutions such as greater economic support for families and prevention education. The report calls for promoting social norms that protect against violence and adversity, which includes public education campaigns, legislative approaches, bystander approaches, and efforts to mobilize men and boys as allies in prevention.

Read more about the study here.