

**ORAL TESTIMONY IN SUPPORT OF HB 881:
Mental Health Facilities- Sexual Abuse and Harassment- Reporting and Prevention
Health and Government Operations Committee - March 2, 2021**

Thank you Madam Chair Pendergrass, Vice Chair Pena-Melnyk, and committee members for all of the hard work you've done and are doing to improve the availability of healthcare services for Marylanders of all ages.

My name is Rowan Powell, and I am here providing personal testimony in support of House Bill 881, which would ensure proper reporting mechanisms and protocols for private residential treatment facilities. I am a survivor of childhood sexual abuse and I believe my story and the trauma cycle that it perpetuated is one which could have been prevented or intercepted by the mandates of this bill.

In 2007 I was repeatedly sexually abused by a classmate of mine. We went to all the same classes and spent a good deal of time together in school. It started with simple demeaning comments. He called every idea I had in class stupid, and reinforced that within conversations among classmates, often stating that I was worthless. He told peers that he had chosen to partner with me on projects because I was incapable of doing the work by myself. It moved from this verbal bullying to threats of violence, and then finally to actual violence. Early on, a teacher saw him punch me in the chest. She scolded him for flirting with me at school, helped me up and as I tried to regain my breath, told me that he just liked me a lot and that boys didn't know how to express their feelings correctly.

After months of this escalating violence he raped me multiple times, several of which occurred in the school building. Afterwards my behavior changed dramatically. I stopped being a straight A student. I became withdrawn, depressed, and cut off from those I was close to. I was in the nurse's office at least 3 times a week, complaining of headaches and stomachaches. Eventually I was pulled into a guidance counselor's office due to my inability to focus or participate in class, and I disclosed to her what had been happening. I described it in the best way that I could as a child, that he had been hurting me and touching me in places that I didn't want to be touched. She kindly explained to me that what he had been doing to me was what boys did when they liked girls, and that perhaps I was overreacting.

There were so many opportunities for intervention by an adult in my story. If my teachers and guidance counselor had received proper training in recognizing the signs of abuse, this might have been stopped after the initial verbal bullying. If they had had training which enabled an understanding that sexual abuse even between kids as young as 13 is possible, they might have intervened. And if they had received training to lay out a response protocol which made them comfortable with reporting and intervening, I might not have been patted on the head and dismissed.

Statically childhood sexual abuse affects 1 out of 12 children, and that is a low estimate given that most children who are sexually assaulted or abused do not officially report the crime. However, many have disclosed to an adult who either dismissed their claims or was unsure of the best way to handle the situation. Reporting enables appropriate organizations to respond and establish consistent care for victims and to gather information on organizations where sexual assault may be disproportionately occurring. The trauma of sexual assault often leads to lifelong somatic and behavioral health complications for victims. Establishing consistent care and identifying supportive services can help

mitigate the damage done, and the oversight of protection and advocacy organizations can help coordinate needed care through service transitions.

This leads to ongoing somatic and behavioral health complications throughout one's life. It is imperative that we prepare adults to intercept this cycle of trauma.

Thank you for your time, and please support HB 881.