

Mr. Chairman, Members of the Committee, and Distinguished Guests:

My name is Dr. Howard Fradkin and I've been an Ohio psychologist since 1982. I am one of Ohio's leading trauma psychologists specializing in working with male survivors of sexual trauma, with over 37 years of clinical experience. I have been retained by attorney Scott Smith for the plaintiffs in *Snyder-Hill v. The Ohio State University*.

Thank you for the opportunity to advocate for the passage of HB 249. You have the unique opportunity to provide justice for these victimized, betrayed men.

I first want to offer you my definition of sexual victimization:

Sexual victimization consists of any overt or covert sexual behavior by which the abuser *chooses* to take advantage of a power differential with a *dependent or vulnerable victim* and *betrays their trust* in order to satisfy the abuser's needs *without the victim's consent*.

Dr. Strauss chose to abuse his power with patients; they gave consent for medical treatment, not to be sexually abused. *The core damage done to a sexual abuse survivor is interpersonal betrayal*. Betrayal is the violation of implicit and explicit trust. Dr. Strauss betrayed *their trust* in him as their doctor, betrayed their bodily integrity, and betrayed their emotional safety and well-being. Because many of these men had to see Dr. Strauss despite their objections, or risked losing their athletic status if they refused to see him, the betrayal was even worse.

These men were not only betrayed by Dr. Strauss, but also by OSU, the institution that was supposed to protect them. *OSU engaged in institutional betrayal* by failing to honor its duty to protect its students, especially after OSU had been informed about Dr. Strauss's dangerous,

unethical behavior in his first year of employment, and repeatedly after that. The effects of this institutional betrayal compounded the interpersonal betrayal on these men.

Dr. Strauss engaged in both overt sexually abusive acts, including rape, and covert acts, including inappropriate touching of a victim's genitals or body and making sexual comments.

There have been at least six major studies about the impact of sexual abuse in a patient-physician relationship. The 1991 Ontario Task Force on Sexual Abuse of Patients, after reviewing 303 reports in North America, concluded:

“Due to the nature of power the physician brings to the doctor-patient relationship, there are NO circumstances-NONE-in which sexual activity between a physician and a patient is acceptable. Sexual activity between a patient and a doctor ALWAYS represents sexual abuse.”

Further, they found that *only 1 in 10* victims is able to come forward because they were *convinced that their accounts would not be believed*.

Every one of these studies found physician-patient sexual abuse causes serious and considerable harm, even with one episode of abuse.

Many victims of doctor-patient abuse experience significant confusion about the doctor's sexual behavior: Victims often struggle, wondering if this was a legitimate part of the exam. Because they've been raised to trust doctors, when they experienced discomfort during an exam, they often struggle with trusting their gut that something was wrong. They may also have feared that they were somehow at fault. When OSU students found the courage to speak up about their discomfort, they were made fun of, dismissed and/or discounted.

With a high degree of psychological certainty, based on my review of the literature and available legal documents, I offer these conclusions:

- A. It is unquestionable that Dr. Strauss violated *every* basic tenet of ethical medical practice by choosing these abusive behaviors.
- B. It is highly likely most of Dr. Strauss's victims faced very significant barriers in coming forward to report the abuse done to them. Research has found it takes male survivors on average 20 years after their abuse to report it, if ever.
- C. It is highly likely most of the victims-whether abused once or many times- suffered significantly, including struggling with significant mental health problems of depression, anxiety, and symptoms of Post-Traumatic Stress Syndrome.
- D. It is highly likely many of the victims are experiencing impaired functioning in many areas, including physically, emotionally, professionally, economically, and in intimate relationships.
- E. It is highly likely many of the victims have adopted negative coping mechanisms to deal with the adverse effects of the abuse, including denial; self-blame; isolation; distrust of authorities and health-care professionals, leading to avoidance of seeking medical attention; shutting down emotionally; and numbing behaviors, including all forms of compulsive behaviors and suicidality.
- F. It is highly likely all of the victims experienced re-traumatization because of the manner in which The Ohio State University has dealt with this case.
- G. It is highly likely the traumatic after-effects are likely to continue for some period of time.
- H. Many of the victims will be hesitant to seek out help even while suffering.
- I. It seems highly likely that there are many more victims.

J. Tragically, much of the damage these victims are suffering could have been avoided if The Ohio State University had investigated the allegations of Dr. Strauss's abuse early on, when they first surfaced.

I strongly urge you to support HB 249 to right the substantial wrongs done to these men. You can't undo the harm, but you can help them heal. You have the power to help them secure justice from Ohio State. Thank you.