Good morning Chairman Lipps, Vice-Chair Manning and Ranking Member Boyd.

My name is Sally Dyer. I live in Dayton. I have devoted most of my adult life to advocating for and acting on issues impacting the health and safety of children. With permission, I submit for the record a list of my child advocacy related experiences, along with a written copy of my testimony.

You have already heard many of the statistics so I summarize only a few here now. A 2005 Center for Disease Control (CDC) report estimated that 1 in 4 girls and 1 in 6 boys will experience some form of sexual abuse before the age of eighteen. In the same report, approximately 1 in 5 female high school students reported being physically and/or sexually abused by a dating partner. Furthermore, “disclosure of sexual abuse is often delayed; children often avoid telling because they are either afraid of a negative reaction from their parents or of being harmed by the abuser. As such, they often delay disclosure until adulthood.”[[1]](#footnote-1)

These statistics are shocking. And childhood sexual abuse is always secretive by nature. Children are often warned against or threatened about exposing the secret. So, sadly, the reported statistics in this area are widely acknowledged as underreported. [[2]](#footnote-2)

The long-lasting impacts from such childhood trauma can, and often does, impact not only the victims mental health, but also their physical health. On this point, in her MEDTED Talk, pediatrician and California’s Surgeon General Nadine Burke Harris, stated that victims of abuse and other childhood traumas who are exposed in very high doses have triple the lifetime risk of heart disease and lung cancer and a 20-year difference in life expectancy.[[3]](#footnote-3) While this pervasive impact is hard to fathom, I have witnessed this type of health manifestation of childhood sexual abuse in both family members and other victims, including a second generation who also became victims of sexual abuse while being raised by a parent who had severe mental health issues as a result of her own traumatic childhood sexual abuse. It is important to understand that one individual’s experience of childhood sexual abuse can and frequently does, have a direct impact on those who live with and love them.

The Rape, Assault and Incest National Network (RAINN), reports that “every 73 seconds an American is sexually assaulted. And every 9 minutes, that victim is a child.” Those are alarming statistics in themselves, but even more so, that “as many as 93 percent of victims under the age of 18 know the abuser.”[[4]](#footnote-4) Childhood sexual abuse and assault happens in families, in schools, in neighborhoods, at a friend’s home…much more frequently than any of us realize because the victim(s) is often too scared or ashamed to tell a trusted adult. The CDC report I mentioned at the beginning of my testimony also notes that when children do discloseabuse, teachers are the most likely professional to be told.[[5]](#footnote-5) Erin’s Law would make that even more likely to happen.

When I recently met with State Senator Teresa Fedor to discuss the need for Erin’s Law, she brought to my attention the book titled The Boy Who Was Raised As A Dog: And Other Stories from a Child Psychiatrist’s Notebook / What Traumatized Children Can Teach Us About Loss, Love and Healing, by Bruce D. Perry, MD PhD. It is an in-depth look at childhood trauma and how it impacts the developing brains of children and the life-long consequences that come with it. In it, Dr. Perry writes: “The most moderate estimates suggest that at any given time, more than 8 million American children suffer from serious, diagnosable, trauma-related psychiatric problems. Millions more experience less serious but still distressing consequences.” [[6]](#footnote-6)

Gov. DeWine is focused on improving pediatric mental health for Ohioans. The Governor has stated, “we know what impact that trauma has on children, we have to do something about it.”[[7]](#footnote-7) The trauma that an inordinate number of children and teenagers suffer, is a result of sexual abuse and assault - a trauma most children don’t disclose until adulthood - if they ever do disclose. The Governor’s recent summit on Pediatric Mental Health in Dayton, is a terrific step in the right direction towards improving the mental well-being of our children. And I’m confident that the passage of Erin’s Law would further advance the overall improvement of pediatric mental health in Ohio.

My youngest sister was an example of that “serious diagnosable, trauma-related psychiatric problems” referenced by Dr. Bruce Perry in his book. She was molested from a young age by a family member. She was 43, when she first disclosed to her therapist that she had been sexually abused. By that time she had developed very serious mental health problems and was diagnosed with Borderline Personality Disorder - which often has its origins in severe childhood trauma. Her life was a tragic example of the consequences of childhood trauma from sexual abuse which included eating disorders, dozens of suicide attempts, more than 8 hospitalizations and self-mutilation by biting and beating herself, to name a few. She was so adversely affected, that she developed dissociation as a coping mechanism. When triggered by something, often times her voice would change to what we called “her little girl voice” and she would become childlike in her behavior. The most extreme dissociative event happened when she was 43 years old and was found early one morning sitting on her neighbor’s front porch, naked and babbling incoherently - possibly triggered by a phone call the night before informing her that her perpetrator was coming to visit in a few days. The image of her strapped to a hospital bed in the ICU alternatively crying and laughing and speaking gibberish is forever seared in my memory. This coping mechanism, used by some childhood sexual abuse victims is well documented in Dr. Perry’s book. My sister ended her tragic and trauma-filled life in the back seat of her running car, in the garage, holding her favorite stuffed animal. She was 45 years old.

We grew up in an affluent Cincinnati neighborhood and I was the middle child in a family of 6 children. I was molested from the age of 7-12 years old by my oldest brother. I kept my secret for more than 14 years, afraid to tell anyone, first under threats from my brother that no one would believe me, and later out of shame and the false belief that I had survived the abuse unscathed. With my husband’s support and encouragement, I persisted over the course of 12 years and 5 different therapists to come to terms with the abuse and to heal. On the other hand, both of my sister’s children, now in their 20’s, continue to deal with the consequences of being raised by their mentally ill mother despite having received therapy. They are both survivors themselves of childhood sexual abuse and assault, and face daily challenges with their own mental health issues, including: depression, anxiety, PTSD, self-mutilation, eating disorders, drug and alcohol addiction, suicidal gestures and suicide attempts. This is another example of how one individual’s experience of childhood sexual abuse can and frequently does, have an adverse impact on those who live with and love them.

Another statistic I feel that is important for you to be aware of is the following: More than a third of female state prison inmates report sexual abuse as children, as do about 14 percent of male inmates. Even more alarming, sexual abuse was reported by 44% of the male prisoners and 87% of the female prisoners who spent significant time in foster care or in institutions as children. [[8]](#footnote-8)

While serving as a Court Appointed Special Advocate / Guardian Ad Litem volunteer for 18 years, I was privileged to represent dozens of children before the Montgomery County Juvenile Court. A history of being in foster care, institutions including pediatric psychiatric treatment facilities and juvenile lock-ups, combined with a history of sexual abuse, was the story of many of the children I served. One in particular can teach us a valuable lesson.

I was appointed to advocate for Robert when he was 10 years old. By that time, he was living in his third foster home. Robert’s story is one more tragic tale of how childhood sexual abuse can ruin a life if left undisclosed or untreated.

In short, Robert was sexually abused multiple times by multiple people, while he was with his birth family, as well as while he was in the custody of an agency that was supposed to protect him. After experiencing unreported abuse earlier in his childhood, Robert came in contact with a pedophile that had been featured on America’s Most Wanted television program who had skipped bail in New Jersey only to end up in Dayton. Robert first encountered this pedophile at the home of a family member, but the abuse continued even after he was removed from his family and placed in a foster home. While Robert bravely testified to the grand jury against his perpetrator, I am sure that if Robert had felt safe to disclose the earlier abuse by family members and others, to a trusted teacher, he would have been better equipped to avoid further harm when he later came in contact with this ruthless pedophile.

Robert’s life continued to be one of turmoil and drug use following his emancipation from the custody of Children’s Services. He spent countless months in county jails on various charges and probation violations and had numerous failed relationships with both men and women. His drug addiction moved from marijuana use as a teen, to Oxycodone in his 20s to heroin in his 30s. Following a 3 month stay in the county jail in early 2017, his probation officer was able to get him into a residential drug treatment program. I had high hopes that he would finally be able to tackle his long history of sexual abuse with a trained therapist and hopefully find the ever elusive sobriety and happiness that he had been in search of for most of his life - and that he deserved. I learned that Robert left the program the day after I last visited him and became another statistic 4 weeks later. On May 24, 2017 he was found dead - a victim of a heroin overdose behind a carwash in North Dayton. Robert was 34 years old.

Today, a great number of Ohio children in the foster care or juvenile justice system, and students in our schools, are trying to deal with the trauma of sexual abuse. Erin’s Law would potentially give them the courage and resources to tell a trusted adult or teacher about their situation. By doing so they could obtain treatment earlier in their lives -*before* physical and mental illness and addictions become their way of life and coping with their childhood trauma.

You have heard the statistics of the prevalence of childhood sexual abuse and assault and stories from those who have suffered such trauma. These stories are unsettling. By sharing these alarming statistics and examples of how childhood trauma arising from childhood sexual abuse and assault, my hope is that you will feel compelled to vote in support of passing Erin’s Law. And then, we need you to advocate to bring this bill to the House floor for a timely vote before the end of this term.

This is not the first time the House has considered Erin’s Law. For reasons I cannot begin to understand, the adoption of this bill has always died in committee and never been brought to the floor for a vote. Why? This is certainly not a partisan issue. And I cannot imagine any priority higher than protecting our children, particularly now that Gov. DeWine has made the improvement of pediatric mental health a priority for his administration. In the meantime, shocking events, like the recent abuse of 88 first graders by a trusted adult in Springboro OH continue to happen. Enough is enough.

It is my sincere hope that this is the final time this legislation needs to be introduced in the General Assembly of Ohio and that this committee will support and make it a priority. Ohio’s children are depending on you to make this a priority.

I leave you with this quote from Dr. Bruce Perry: “Ultimately what determines how children survive trauma, physically, emotionally or psychologically, is whether the people around them - particularly the adults they should be able to trust and rely on - stand by them with love, support and encouragement.” [[9]](#footnote-9)

Will you be one of them?

1. Center for Disease Control and Prevention. (2005). *Adverse Childhood Experiences Study: Data and Statistics.* Atlanta, GA: Center for Disease Control and Prevention, National Center for Injury Prevention and Control. [↑](#footnote-ref-1)
2. The National Child Traumatic Stress Network, Child Sexual Abuse Fact Sheet, April 2009 [↑](#footnote-ref-2)
3. <https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/transcript?language=en>. TEDMED / 2014 [↑](#footnote-ref-3)
4. <https://www.rainn.org/about-sexual-assault>, The Rape, Assault and Incest National Network [↑](#footnote-ref-4)
5. Center for Disease Control and Prevention. (2005). *Adverse Childhood Experiences Study: Data and Statistics.* Atlanta, GA: Center for Disease Control and Prevention, National Center for Injury Prevention and Control. [↑](#footnote-ref-5)
6. Perry, MD. PhD, Bruce D. And Szalavitz, Maia; The Boy Who Was Raised As A Dog and Other Stories from a Child Psychiatrist’s Notebook, What Traumatized Children Can Teach Us About Loss, Love and Healing. Pg xxvi [↑](#footnote-ref-6)
7. <https://www.daytondailynews.com/news/local/dewine-visits-dayton-children-announce-mental-health-summit/2l6BpWKfmDpIDGKR4aQEbK/> [↑](#footnote-ref-7)
8. ”Prior Abuse Reported by Inmates and Probationers” (NCJ-172879) BJS statistician Caroline Wolf Harlow, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/parip.pdf>. April 1999 [↑](#footnote-ref-8)
9. Perry MD PhD., Bruce D. And Szalavitz, Maia; The Boy Who Was Raised as a Dog and Other Stories from a Child Psychiatrist’s Notebook, What Traumatized Children Can Teach Us About Loss, Love and Healing. Pg xxvviii [↑](#footnote-ref-9)