

I am Takiyah Smith, a mental health registered nurse, sexual assault nurse examiner and recent graduate of Case Western Reserve University's Women's Health Nurse Practitioner program. I am here to support H.B. 161, sponsored by Representative Miranda, Representative Hilyer, and Representative Williams.

With a background in forensics, women's health and mental health, I support this bill because it helps patients who report abuse from their spouses. Marital rape is described as sexual acts committed without a spouse's consent. This includes physical force, threats of violence, or implied harm based on prior assaults. This causes the victim to fear that some form of harm will result if they resist the unwanted advances. I support a person's decision to consent, even if the perpetrator is a spouse, without fear of physical violence. Beyond the physical and sexual abuse, the psychological impact of humiliation, fear, self-blame, and guilt.

#### Neurobiology and Physical Responses to Sexual Assault

Although self-blame is a common emotion victims have, they are not to blame for their body's response during the assault. When a perpetrator of sexual assault is detected, hyper-vigilance is the common first response activating the sympathetic nervous system. Then, the hypothalamic-pituitary-adrenal axis is activated releasing hormones, including glucocorticoids and catecholamines, that help the body respond to trauma in the fight or flight response. Although this response can help in times of danger, high levels of this hormone can impact functioning, decision making, behavior, rational thought, and organization. Consequently, tonic immobility, or freeze-fright, is next. Tonic immobility is a physiologic, involuntary, unlearned response elicited by extreme fear, physical contact, and entrapment with the inability to escape (Cuevas et al, 2018). For the victims, this acute stress response activated on a consistent basis because the perpetrator is their spouse.

The brain's responses during and after sexual assault can impact the victim's psychological and physiological health for a lifetime. Numerous studies examining victims of sexual assault state they're at an increased risk for physical conditions. This includes gastrointestinal symptoms (nausea, vomiting, abdominal pain, diarrhea), cardiopulmonary symptoms (such as shortness of breath, arrhythmias, chest pain, asthma, hyperventilation, numbness, weakness, insomnia, fatigue), reproductive problems (like vaginal bleeding or infection, genital irritation, tears, pelvic pain, urinary tract infections) (Cuevas et al, 2018).

### Domestic Violence

Ohio remains one of a handful of states that allow legal loopholes for spousal sexual violence. When passed, H.B. 161 will close that loophole and permit a person to testify against their spouse in a prosecution for any of the offenses detailed in the legislation.

Domestic violence and sexual abuse are about power and control. Traumatized people have enormous difficulty disclosing to others. Nurses are amongst the most trusted professions in the public. As nursing professionals, we are ethically bound to promote the health, welfare, and safety of all people. Trauma informed care provided by nurses help victims receive non-judgmental support helps this population heal. Access to medical, legal, and community support options contribute to positive long term health outcomes and need to be available for all victims. Violence is a public health issue impacting healthcare systems and communities worldwide.

I am thankful to the sponsors, Representative Miranda and Representative Hilyer, as well as co-sponsor Representative Williams. Thank you for the opportunity to submit testimony in favor of passing H.B. 161. Please contact me via email at [takiyahsmith95@yahoo.com](mailto:takiyahsmith95@yahoo.com) if I can be of further assistance in passing this important bill.

### Sources

Cuevas, K., Balbo, J., Duval, K. & Beverly, E. (2018). Neurobiology of Sexual Assault and Osteopathic Considerations for Trauma-Informed Care and Practice. *Journal of Osteopathic Medicine*, 118(2), e2-e10. <https://doi.org/10.7556/jaoa.2018.018>