



Opponent Testimony on House Bill 172
House Health Committee
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Ohio Alliance to End Sexual Violence
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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide testimony on House Bill 172.

The Ohio Alliance to End Sexual Violence (OAESV) is the federally designated sexual violence coalition for Ohio. OAESV works alongside survivors, rape crisis centers, and statewide and national partners to promote comprehensive responses to sexual violence and prevent its occurrence. In Ohio, 36 qualified Rape Crisis Centers (RCCs) provide no-cost services to victims and survivors, including counseling, trauma therapy, victim advocacy, and crisis response. Several of these centers provide free trauma counseling specifically to minors who have experienced sexual abuse. Access to trauma counseling plays an essential role in reducing the long-term psychological, health, and even financial impacts of abuse.

If enacted, House Bill 172 would eliminate the six counseling sessions or 30 days of services that minors aged 14 or above can access without parental consent or notification. Current law strikes a careful balance — it protects parental rights and children’s safety by allowing a narrow pathway for children to seek *limited* therapeutic services.¹ This bill would close that pathway for the children who need it most.

Requiring parental consent *prior to* all counseling would endanger victims and other vulnerable youth. Most child sexual abuse is committed by someone the child knows — often a parent, guardian, or other family member.² When the abuser is a parent or has influence over the home, requiring that parent’s consent for counseling effectively denies the child access to safety, disclosure, and intervention. Confidential counseling is often the first and only setting where a child can safely disclose abuse to a trained professional. Even when counseling is provided, clinicians routinely support adolescents in identifying trusted adults and, when safe, in involving parents or guardians. Providers often ask, “Who is a trusted adult who can help you navigate

¹This law ([R.C. 5122.04](#)) does not permit the minor to consent to the use of medication. The parent or guardian is also not liable for the costs of services provided under this law.

² RAINN, *Stats: Perpetrators of Sexual Violence*, <https://rainn.org/facts-statistics-the-scope-of-the-problem/statistics-perpetrators-of-sexual-violence/>

this situation? Can we help you have a conversation with your parents here, or prepare you to have that conversation later?" Current law allows these critical conversations to begin and for clinicians to build trust in initial sessions for the disclosure of abuse. In Ohio, licensed counselors are mandated reporters and are trained to help children navigate next steps and plan for safety as the appropriate authorities are notified.

House Bill 172 would also disproportionately impact youth who already struggle to access stable support systems. This includes minors in foster care, youth experiencing homelessness or family instability, and victims of human trafficking or commercial sexual exploitation. Often, trafficked youth lack safe or consistent parental involvement, and we know that many youth are trafficked by caregivers themselves. Research shows that confidentiality is often the only circumstance under which trafficked minors feel safe disclosing abuse or engaging in care.³ By requiring parental consent, this would make therapeutic access impossible for trafficked minors, further entrenching trauma and preventing pathways to recovery and safety.

Thank you for your time and attention. OAESV appreciates your ongoing commitment to ensuring effective and compassionate responses to sexual violence survivors across Ohio. We urge you to carefully consider our concerns, and those of victims and service providers statewide, as you evaluate the many impacts of House Bill 172 on the safety and well-being of Ohio's children.

³ Journal of Pediatric Nursing. *Barriers to Mental Health Access for Trafficked Youth* (2022).