

Clarissa Jones, LISW-S, CDCA  
Clinical Services Manager/Hope and Healing Survivor Resource Center  
Akron, OH 44305  
Testimony in Opposition to HB 172  
Before the Health Committee  
11/19/25

Members of the Committee, thank you for the opportunity to share my written testimony today.

My name is Clarissa Jones, and I am a Licensed Independent Social Worker with supervisory status from Akron, Ohio. I am the Clinical Services Manager for Hope and Healing Survivor Resource center, a comprehensive victim services agency that serves over 30,000 survivors annually through direct support and education. As an EMDRIA-certified therapist and Ohio NASW member, with 5 years in mental health practice and 14 years in social services and crisis response, I bring extensive expertise in adolescent mental health and firsthand insight into why confidential access to care is critical. I am writing to you today in opposition of HB 172 because this is a matter that I believe is incredibly important and has potentially dire consequences if enacted.

I strongly oppose this bill because denying teens in crisis immediate access to mental-health care puts some of our most vulnerable youth at serious risk. This includes teens fleeing abuse, those living in domestic violence shelters, and those whose parents are neglectful or opposed to mental health treatment. Each of these situations highlights how restricting confidential access can jeopardize a teen's safety, stability, and well-being, issues I will outline in more detail below

### ***Abuse Survivors & Confidential Care***

As a social worker with 14 years of experience, I know firsthand the power and importance of confidential services. My first role in the field was on a 24-hour hotline in Portage County, where we provided free, confidential crisis support to anyone in need, including teens seeking stabilization around mental health concerns. Later, in my therapy work, I provided free and confidential services to survivors of intimate partner violence, sexual violence, and human trafficking of all ages. This included allowing teens to access safe, supportive therapy for a set period prior to parental consent—typically six sessions or 30 days—so they could stabilize immediate safety concerns, report abuse to authorities as mandated by law, and develop safety plans. This period was especially critical for teens whose parents or caregivers were the abusers, allowing them to explore resources and involve safe adults in long-term care planning.

At Hope and Healing, we have seen numerous situations in which HB 172 would actively harm sexual abuse and human trafficking survivors. Many survivors of childhood sexual abuse, particularly when a parent is the perpetrator, do not seek help until they are teens or adults. Ohio law currently allows youth aged 14 and older to access confidential therapy, giving them a safe space to process trauma without fear of intimidation or interference from the parent causing harm. Ohio data highlights the urgency of this protection: 62% of child maltreatment

perpetrators are the child's own parent, and in 2023, Ohio Children's Advocacy Centers reported over 1,800 alleged offenders were parents—more than a quarter of all identified offenders that year. These numbers make clear that a significant proportion of abused children are harmed by the very adults who would be required to give consent under HB 172. Requiring children to obtain permission from their abuser is not protection. It is a barrier that endangers safety and silences disclosure.

Our agency has also worked with teen survivors of sex and labor trafficking perpetrated by caregivers, as well as survivors of sexual abuse by parents or relatives. According to our Advocacy Director, Megan Vermillion, who oversees our partnership with the Summit Regional Human Trafficking Task Force, familial trafficking is the most common form of trafficking we encounter. This means that victims are often exploited not by strangers, but by the very people who should be protecting them. These cases are uniquely complex and require intensive, long-term support for survivors. National data confirms that familial trafficking is the most common form of child trafficking, with roughly one-third to over half of identified cases involving a parent, caregiver, or relative as the trafficker. HB 172 could force survivors to seek permission from the very individuals exploiting them before accessing emergency mental-health care.

Teens who are survivors of abuse need safe, confidential access to mental-health services. Research consistently shows that adolescents are far more likely to seek help and engage in therapy when they can do so confidentially. Limiting their ability to access care without parental consent creates a barrier that may prevent the first critical step toward stabilization and healing. Confidential care is not a privilege—it is often the only way teens feel safe enough to disclose trauma, engage with a clinician, and begin addressing their mental health needs.

### ***Teens in Domestic Violence Shelters or Fleeing Home***

In my 14 years in social services and working with abuse survivors, I have also worked with teens and families living in domestic violence shelters that are fleeing abuse in their home. Teens living in domestic violence shelters or fleeing unsafe homes face unique and urgent safety concerns. Requiring parental consent in these circumstances can put teens at direct risk by delaying access to necessary mental-health evaluation and crisis services. This bill is vague in language around parental consent and if this includes accessing consent from both parents, this could put teens and families at immediate risk and harm. Potentially even giving away their location in hiding in order for their teens to access mental health services. The family will not choose to put their safety at risk and instead will choose for their teen to go without therapy services. Immediate access to therapy and stabilization is often essential to prevent further trauma, self-harm, or exploitation. Denying this autonomy ignores the real-life situations of the most vulnerable youth and jeopardizes their safety at precisely the moment they need support.

### ***Parental Neglect or Opposition***

I have also seen the unfortunate reality in which teens may want to access therapy and mental health support, but a parent will refuse to take the child, give consent or be an active participant in their treatment. Some teens have parents or guardians who are neglectful, unsupportive, or actively opposed to mental-health care. In these cases, requiring parental consent can prevent

teens from accessing life-saving services, increasing the likelihood of hospitalization, suicide, or substance use as coping mechanisms. These are not hypothetical risks, research and clinical experience show that barriers to care in adolescence can have devastating short- and long-term consequences, particularly when parental support is absent or harmful. Even short-term confidential care can make a significant difference for teens. It allows them to feel empowered in their mental health care and encourages them to seek resources they can implement immediately. At the same time, it provides immediate access to a licensed professional who can assess safety concerns. This includes the ability to report medical neglect if parents are refusing necessary mental health treatment for their teen. HB 172 would remove this important safeguard that allows teens to access timely and confidential mental health care in moments of crisis

We routinely entrust teens with substantial autonomy in our society. They drive cars, work jobs, babysit younger children, manage money, and make important decisions about their education and extracurricular activities. Yet when it comes to the one area that can directly protect their safety and well-being, their mental health, HB 172 would strip them of the very autonomy research shows they need to engage in care. Preserving the current law is not just a matter of convenience; it is a critical safeguard for survivors of sexual abuse and human trafficking, many of whom live with the very adults who harm them. Allowing teens to access timely, confidential mental-health services ensure they can stabilize, disclose trauma, and begin healing without fear or delay. For these reasons, I respectfully urge the committee to oppose HB 172 and protect the rights and safety of our most vulnerable youth. Denying these protections would force survivors to choose between safety and silence, putting their healing and in some cases their very lives at risk.

Thank you for your time and consideration.

Clarissa Jones, LISW-S, CDCA

[clarissaj@hope-healing.org](mailto:clarissaj@hope-healing.org)

330-374-0740

Hope and Healing Survivor Resource Center Name