

Opponent Testimony on House Bill 172
House Health Committee

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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. I am here today on behalf of Crime Victim Services, a comprehensive violence-prevention and victim-services agency serving Allen and Putnam Counties. Our organization operates the local Rape Crisis Center, Child Advocacy Center, Court Appointed Special Advocate (CASA) Program, Domestic Violence Program, and Violence Prevention Program, along with several other specialized services that support survivors and strengthen community safety.

Ohio's rural communities – like Allen and Putnam Counties, where Crime Victim Services provides critical victim services - face high rates of Adverse Childhood Experiences (ACEs) and a severe shortage of mental-health professionals, creating significant barriers for youth who need trauma-informed support. House Bill 172 would deepen these gaps and place vulnerable young people at even greater risk.

Several years ago, a teenage girl came to our agency after experiencing a sexual assault by a family acquaintance. She was scared, ashamed, and unsure how to talk about what had happened to her. Her parents minimized the assault and discouraged counseling because they did not want anyone in the community to know. **Because Ohio law does not require parental consent**, she was able to receive short-term, trauma-informed counseling from a licensed therapist. That access allowed her to rebuild her sense of safety, process the trauma, and receive the support she urgently needed.

HB 172 **endangers victims of abuse and other vulnerable populations** by requiring parental consent for counseling - a policy that prevents minors from safely disclosing or accessing help when the harm-doer is a parent, caregiver, or household member. This creates additional and unacceptable danger for human-trafficking survivors, homeless and unstably housed youth and any child who fears retaliation or loss of safety at home.

The bill also **delays life-saving mental-health care**. Research consistently shows that early trauma-informed intervention reduces long-term harm. By creating new barriers to treatment, HB 172 increases the risk of PTSD, depression, self-harm, and suicide among child abuse survivors—particularly in rural areas where access to clinicians is already limited.

Furthermore, HB 172 **undermines trust and professional standards**. Non-clinical adults such as teachers, coaches, and volunteers cannot replace trained mental-health professionals who are skilled in trauma-informed disclosure, safety planning, and mandated reporting. Confidential therapy is essential for youth to speak openly, especially in close-knit rural communities where fear of retaliation often silences victims. Clinicians

are bound by ethical standards that protect youth safety and ensure evidence-based care—standards that this bill disregards.

Crime Victim Services' school-based violence-prevention programs work every day to **break cycles of harm** by teaching consent, healthy relationships, and boundary-setting - skills that help students recognize abuse, seek help, and build resilience. HB 172 would directly undermine this work by limiting the trusted pathways young people use to disclose harm and access support.

For Ohio's children — especially those already carrying the weight of trauma, like the young survivor I described earlier — House Bill 172 makes help harder to reach, safety more difficult to secure, and healing significantly less accessible. Please protect children in Ohio and vote no on this bill.

Thank you for the opportunity to testify against HB 172. I am happy to answer any questions you may have today and can be reached at erinb@crimevictimservices.org for further inquiries.