

SARNCO Testimony

In Opposition of HB 294: November 4, 2015

Chairman Derickson, Ranking Minority Member Howse, and members of the House Community and Family Advancement Committee, I am writing this testimony in representation of myself, and I am also a volunteer advocate with the Sexual Assault Response Network of Central Ohio, also known as SARNCO. SARNCO is a sexual assault intervention and prevention program that serves survivors of sexual assault, rape and incest as well as friends and family of survivors. We provide advocacy to survivors in hospital emergency rooms, at law enforcement agencies, and on a 24-hour Helpline to assist in accessing resources and navigating through the wide range of issues that arise from sexual violence, including reproductive health consequences. Our agency receives funding from multiple federal and state sources, including the Ohio Department of Health Rape Prevention Education grant, without which we could not provide comprehensive rape crisis services in Franklin County. SARNCO does not offer medical advice to survivors, nor do we counsel women one way or another about pregnancy options. Our sole interest is in the safety and well-being of survivors, and our role involves empowering them to make the best decisions for themselves.

SARNCO has a long standing collaborative relationship with Planned Parenthood. Planned Parenthood has been a resource given to survivors and Helpline callers since the inception of our Helpline in 1996. They are an active member of SARNCO's Sexual Violence Prevention Advisory Committee, a subcommittee of the SARNCO Advisory Board. Through this relationship, SARNCO and Planned Parenthood have collaborated together on numerous prevention and intervention initiatives in the community. In addition, Planned Parenthood staff train our volunteer advocates on all pregnancy options and accessible community resources.

One of the many funding streams impacted by this bill is the Ohio Department of Health's Centers for Disease Control (CDC) through the Violence Against Women Act (VAWA) Rape Prevention Education (RPE) grant. Grantees of RPE, like SARNCO and also like Planned Parenthood, apply competitively for this money and must demonstrate comprehensive, research-

based, and effective models of prevention education. This money is not about abortion, but instead is about changing our culture into one that stands up against sexual and relationship violence. As a Grantee, Planned Parenthood teaches protective factors against rape like healthy relationship skills, promotion of bystander intervention, and anti-violence values. They reach young people—because prevention starts with our youth—and serve students in communities who would otherwise never get this education. RPE funding is a crucial part of making sure every student gets access to a future free from sexual violence. Removing Planned Parenthood from the pool of applicants would erode our state’s capacity of prized educators and demonstrate a de-valuation of sexual violence prevention as a priority public health issue.

Planned Parenthood clinics also specially integrate comprehensive assessments for relationship violence and reproductive coercion into their basic care. In fact, intimate partner violence has become a strong determinant in the reproductive health outcomes of women and teens. Fifty-three percent of women aged 16-29 reported physical or sexual partner abuse to family planning health care providers¹, with 1 in 5 women reporting pregnancy coercion, and 1 in 7 reporting active birth control sabotage by their intimate partners². Adolescent girls who experience intimate violence in their relationships are 4 to 6 times more likely to become pregnant than teens in non-abusive relationships³, and 40 percent of pregnant women in abusive relationships report their pregnancy was unintended⁴. Only a handful of women’s health clinics across the state of Ohio routinely screen for partner violence and offer appropriate options and referrals for women in abusive relationships. Planned Parenthood’s dedication to serving women experiencing partner violence exemplifies their commitment to women’s reproductive agency and the need to continue funding their clinics.

¹ Miller, E., Decker, M.R., McCauley, H.L., Levenson, R., & Silverman, J.G. (2010). Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception*, 81(4), 316-322.

² U.S. Department of Justice. (2005). 2005 National Crime Victimization Survey.

³ Silverman, J.G., Raj, A., & Clements, K. (2004). Dating violence and associated sexual risk and pregnancy among adolescent girls in the United States. *Pediatrics*, 114(2), e220-225.

⁴ Hathaway, J.E., Mucci, L.A., Silverman, J.G., Brooks, D.R., Mathews, R., & Pavlos, C.A. (2000). Health status and health care use of Massachusetts women reporting partner abuse. *American Journal of Preventative Medicine*, 19(4), 318-321.

The new restrictions imposed by this bill on funding dispersed by the Ohio Department of Health will impact SARNCO's ability to prevent sexual violence in Franklin County. As a recipient of the RPE grant for more than a decade, the staff at SARNCO undergo a competitive application process and follow rigorous reporting standards. While as a volunteer I cannot speak to the details of our grant awards, this bill would directly interfere with SARNCO's ability to receive RPE funding in the future. To be clear, the RPE grant is about preventing sexual violence in our community, a goal shared by all of our partners including Planned Parenthood. Adding this restrictive language to ODH grantees would require rape crisis programs like SARNCO to dictate survivors' decisions, which is a clear move away from supporting all survivors' paths to recovery.

Please vote NO on HB 294.

If you would like more information on SARNCO and their services, including how SARNCO reports to ODH, I can happily give contact information for SARNCO staff.