

**Proponent testimony submitted to the
Ohio Senate Judiciary Committee
Sub. Senate Bill 41
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Sexual Assault Response Network of Central Ohio (SARNCO)
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Chair Bacon, Vice Chair Dolan, Ranking Member Thomas and members of the Ohio Senate Judiciary Committee, thank you for reviewing my written testimony in support of Sub. Senate Bill 41. The Sexual Assault Response Network of Central Ohio (SARNCO) is a rape crisis intervention and prevention program that provides advocacy and emotional support services in conjunction with medical and social services at OhioHealth Emergency Departments and other local facilities in central Ohio.

SARNCO has served central Ohio survivors since opening its doors in 1980. In addition, I have worked in this field for four years, specializing in providing advocacy to survivors through our rape helpline and in hospital emergency rooms. The core principle at the root of academic research and experiential expertise in the sexual violence advocacy field is that survivors benefit from confidential advocacy services designed specifically for persons having suffered a sex crime. Sub. Senate Bill 41 makes highly important improvements to the Ohio Revised Code that will enhance survivor services in Ohio and finally bring survivors in our state access to truly confidential services.

As this committee is aware, Ohio law currently provides privilege for communications between professionals who need full and accurate information to complete their professional duties and the persons that they serve. For example, privilege exists between mental health professionals and patients, social workers and their clients, attorneys and clients, doctors and patients, penitents and members, and others. Like these professionals, advocates are highly trained and serve a multitude of functions for survivors – all of which require candor for effectiveness. Under SB 41, survivors can communicate with qualified advocates under the assurance of true confidentiality provided by privilege. Qualified advocates must work for qualified crisis centers with specific community-based advocacy roles, funded by grants with survivor-centered regulations. SB 41 prescribes precise training requirements for qualified advocates, as well as standards for the programs that employ them. This system reinforces the professionalism of advocacy, supports the constant continuing education required to ensure comprehensive survivor services, and ensures that advocates understand the boundaries of privilege.

The advocacy profession is unique and critical. It is a profession most people do not think about or become aware of until a sex crime happens to them or someone they care about. In the immediate aftermath of a sex crime, most survivors have no idea what to do or what to expect. This is logical – we do not grow up planning to be crime victims. We receive no compulsory education on what to do after suffering from a rape or sexual assault. Though professional advocates know what steps can be taken after the crime, survivors are not and should not be expected to have that information on their own. Survivors come into contact with advocates in different ways – some do an internet search and find their local program, some go to the emergency room and get a rape kit, at which point the hospital staff calls the local program to send an advocate. Other times, friends or family make a recommendation.

When a survivor first meets with the advocate, the advocate compiles information and sets up a system in which the advocate serves as a sort of case manager and point of contact for the survivor. The advocate helps the survivor identify needs, find legal and medical services, locate counseling, fill out crime victim compensation paperwork, find solutions to lack of safety in housing and employment situations resulting from victimization, and most importantly, safety plan. This work is only as effective as the completeness of the information the survivor provides. Unfortunately, survivors in Ohio feel thwarted when they learn that though advocates provide confidential services, confidentiality is subject to limitations based on lack of privilege for advocate and survivor communications. This causes survivors to fear that information may be compelled that could impact their safety, result in victim blaming, or cause various other consequences. This is especially true because survivors are often victimized by persons they know. Families, employers, and social networks often have strong opposition to survivors who report peers, and it is incredibly difficult to share this information with an advocate when making decisions if the survivor fears the perpetrator can later use a subpoena and manipulate the information to the survivor's detriment.

Thank you for taking the time to review my testimony. I am happy to provide any additional information or answer any questions you may have. Michelle Prabhu, (614) 566.4414, Michelle.Prabhu@ohiohealth.com.