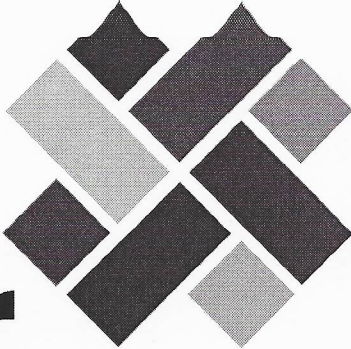




Safer Communities

LEGISLATIVE WORKGROUP

136th Ohio General Assembly

Final Report & Policy Priority Agenda

Prepared for: Governor Mike DeWine, President McColley, and Speaker Huffman

Workgroup Convened by: Senator Louis W. Blessing III and Representative Rachel B. Baker

General Assembly: 136th Ohio General Assembly | Date of Release: September 23, 2026

This report represents a snapshot of the workgroup's current understanding and is not intended to be exhaustive. As our collective knowledge of sexual violence and domestic violence deepens, this document, and the recommendations within it, should be expected to evolve.

Executive Summary

Domestic violence constitutes a pervasive public safety and public health crisis in Ohio. Each year, an estimated 188,575 Ohioans experience intimate partner violence, imposing a total annual economic cost of nearly \$1.2 billion on victims, families, and communities. The single largest cost drivers are physical health care (\$264.8 million), loss of life (\$239.9 million), and lost worker productivity (\$227.7 million). Hidden costs, including the harm to victims' overall well-being, account for nearly 40% of the total, conservatively estimated at \$467.6 million annually.

Sexual violence also affects tens of thousands of Ohioans each year. The Ohio Alliance to End Sexual Violence's 2025 report on sexual violence service providers demonstrates that Ohio's rape crisis centers served 30,000 survivors of sexual violence. Because sexual violence is among the most underreported crimes, however, the number of Ohioans impacted is substantially greater than service and reporting data alone can capture. Advocates provided 24,000 hours of legal advocacy to survivors navigating Ohio's courts – the equivalent of more than 65 hours of advocacy every day of the year. Together, these figures highlight the breadth of sexual violence across Ohio and the critical role of a coordinated statewide infrastructure to support survivors and prevent future violence.

The Ohio Domestic Violence Network's most recent report identified 2025 as the most lethal year for domestic violence-related homicides in the last decade. Recent high-profile events across the state underscore that domestic violence and sexual violence happen throughout all corners of our communities. Decreasing its occurrence requires a comprehensive, systemic approach.

Senator Blessing and Representative Baker convened a virtual workgroup strategy session on October 15, 2025, bringing together leaders, state policymakers, professionals, and advocates to brainstorm a bold legislative agenda. Following this session, the larger body was divided into four specialized subgroups to collaborate with field experts and craft actionable policy priorities designed to make Ohio a safer place for everyone.

Workgroup Participants

The following individuals and organizational representatives contributed their time and expertise across the workgroup and its subsequent subgroups:

- Alexandria Ruden, Legal Aid Society of Cleveland
- Amy Bleser, Women Helping Women
- Amy Wiechart-Bayliff, Crime Victim Services
- Angella McMahan, Forensic Nursing Network
- Anne Face, Journey Center for Safety and Healing
- Anne Flottman, Hamilton County Domestic Relations Court

- Ashley Kline, Hope and Healing Survivor Resource Center
- Beth Bullock, Brave Choices
- Carson Mahoney, Hamilton County Court of Common Pleas
- Cathy Harper-Lee, Ohio Crime Victim Justice Center
- Charlotte LeClaire, Hamilton County Court of Common Pleas
- Christine Hassert, TriHealth CARES Program
- Danielle McCament, Ohio Network of Children’s Advocacy Centers
- Danielle Thinnes, Stronger Roots
- Dawn Anderson-Thurmond, YWCA Hamilton
- Emily Gemar, Ohio Alliance to End Sexual Violence
- Heather Wilde, Forensic Nursing Network
- Heidi Rosales, Hamilton County Prosecutor’s Office
- Jane Bryan, Forensic Nurse Examiner
- Jessica Gordon, Women Helping Women
- Juwana Glover, YWCA Greater Cincinnati
- Kelsey Richardson, Women Helping Women
- Kristin Shrimplin, Women Helping Women
- Laura Kaiser, Forensic Nursing Network
- Lisa DeGeeter, Ohio Domestic Violence Network
- Maria York, Ohio Domestic Violence Network
- Mary Carol Melton, Hamilton County Sheriff’s Office
- Mary Culver, Ohio SARNO – Franklin County
- Michele Reali, Cleveland Clinic
- Nicole Williams-Kingsley, YWCA Greater Cincinnati
- Rachel Ramirez, Ohio Domestic Violence Network
- Rebecca Surendorff, Ohioans for Child Protection
- Robert Shapiro, Mayerson Center for Safe and Healthy Children
- Ryn Wolfe Farmer, Crime Victim Services
- Tammy Robertson, Ohio Alliance to End Sexual Violence
- Taylor Curtis
- Teresa Stafford-Wright, Hope & Healing Survivor Resource Center

Subgroup 1: Expanding Access to Forensic Nursing in Ohio

Ohio has an opportunity to modernize and strengthen its response to sexual assault, domestic violence, strangulation, and similar crimes through comprehensive reform of forensic nursing infrastructure,

funding, statutory language, and victim protections. These recommendations reflect expert consensus on improving access, standardization, and outcomes for survivors across the state.

1.1 Workforce Expansion and Access

Access to certified Forensic Nurse Examiners (FNEs) is inconsistent across Ohio, particularly in rural and underserved communities. Patients frequently face delays in care or must be transported long distances during a crisis. A well-trained forensic nursing workforce improves patient outcomes, enhances evidence collection for the criminal justice system, and supports multidisciplinary collaboration with law enforcement, advocacy organizations, and prosecutors.

- **Workforce Expansion:** Increase state funding for forensic nurse training programs to offset costs associated with clinical training, continuing education, and certification.
- **Regional Centers of Excellence:** Develop state-funded regional training hubs to provide standardized training, certification, forensic mentorship, and clinical consultation to ensure consistent forensic quality of care statewide.
- **Tele-Forensic Services:** Establish statutory authority and funding for secure tele-forensic consultations to provide timely forensic care when local specialists are unavailable, modeling legislation after successful programs in Texas and Pennsylvania.
- **Mobile Forensic Units:** Provide state funding for mobile response teams to deliver onsite forensic exams at rural hospitals, community clinics, and domestic violence shelters.
- **State Agency Oversight:** Create a dedicated oversight position within the Ohio Department of Health (ODH) or the Attorney General's Office (AGO) to coordinate training and standards.

1.2 Reimbursement Rates and Covered Costs

Ohio's current reimbursement structure fails to reflect the comprehensive costs associated with specialized forensic evaluations.

- **SAECK Reimbursement:** Raise the Sexual Assault Evidence Collection Kit (SAECK) reimbursement rate paid to hospitals from \$632 to \$1,000 to cover specialized equipment, photography, staffing, and on-call compensation.
- **Expand Eligible Kits:** Establish formal state reimbursement pathways for Drug-Facilitated Sexual Assault (DFSA) toxicology kits and strangulation assessment kits.
- **Crime Lab Capacity:** Allocate dedicated state funding to expand crime laboratory staffing and equipment to eliminate backlogs and accelerate the testing of DFSA and strangulation kits.

1.3 System Standardization and Legal Protections

- **Statewide Protocols:** Standardize the forensic exam protocol across all victimization types (including strangulation and DFSA) to ensure consistency between urban and rural healthcare networks.

- Unified Tracking System: Expand the existing SAECK tracking system (ORC 109.68) to include DFSA and strangulation kits, removing discretionary law enforcement delays by mandating swift crime lab submissions.
- Centralized Service Database: Direct ODH to maintain a public-facing database detailing the locations, hours, and specific forensic services (e.g., pediatric, telehealth) available statewide.
- Compliance Accountability: Establish clear reporting mechanisms for hospitals that fail to provide forensic exams as required under ORC 2907.29
- Domestic Violence Exam Mandate: Establish a statewide mandate guaranteeing domestic violence and non-fatal strangulation victims access to free forensic exams, independent of their choice to report to law enforcement.
- Modernizing ORC 2907.29: Expand statutory language to encompass the full clinical scope of forensic nursing (domestic violence, elder abuse, child abuse) and legally define forensic nurse examiners (FNEs). Mandate that all hospitals and Child Advocacy Centers (CACs) offer exam access in-person or via telehealth.
- Victim Employment Protections: Expand ORC 2930.18 to protect victims from employment retaliation, discipline, or job loss when taking leave to seek medical care, participate in investigations, or attend court.

1.4 Mandated Reporting

- Modernizing Mandated Reporting Laws: Review whether to create an exception for strangulation when it is part of interpersonal violence or change the concept of mandated reporting for felony cases to an opt in or opt out.

1.5 Mandated Training

- Mandated Training Requirements: Require training for healthcare professionals, law enforcement, and first responders on domestic violence/intimate partner violence, sexual assault, strangulation, and trauma informed care.
- Acquired Brain Injury (ABI) Training: Implement specialized training for recognizing brain injuries from violence, including traumatic brain injuries and brain injuries from oxygen deprivation (strangulation and suffocation).

[Link](#) to full Subgroup 1: Expanding Access to Forensic Nursing in Ohio final report

Subgroup 2: Statute of Limitations (SOL) Reform

Many survivors delay reporting sexual violence due to trauma, fear, power dynamics, or lack of supportive resources. Modifying Ohio's civil and criminal timelines is critical for holding repeat offenders accountable and enhancing public safety.

The state currently maintains a tiered approach to criminal prosecutions for sexual offenses:

Sex Offense	Ohio Revised Code	Current Criminal Statute of Limitations
Rape	R.C. 2907.02	25 years (With a 5-year extension for DNA matches)
Sexual Battery	R.C. 2907.03	25 years
Unlawful Sexual Conduct with Minor	R.C. 2907.04	20 years
Gross Sexual Imposition	R.C. 2907.05	20 years
Importuning	R.C. 2907.07	6 years
Commercial Sexual Depiction of Minor	R.C. 2907.19	6 years
Pandering Obscenity Involving Minor/Impaired	R.C. 2907.321	6 years
Voyeurism	R.C. 2907.08	Felony: 6 years / Misdemeanor: 2 years
Sexual Imposition	R.C. 2907.06	2 years

2.1 Civil and Criminal SOL Reform

The workgroup proposes an incremental 'Good, Better, Best' choice matrix for legislators to expand access to justice:

Tier / Option	Civil Reform Policy Actions	Criminal Reform Policy Actions
Good	Extend timelines for certain populations such as youth and	Eliminate criminal SOL for sex crimes against victims who are

	vulnerable adults; increase civil SOL timelines for victims who were under the age of 25 at the time of the assault.	under 18 at the time of the offense or against individuals with developmental disabilities; extend adult rape prosecution SOL by 5 years.
Better	Extend civil SOL for child sexual abuse to age 55; extend civil SOL for sex crimes committed against adults to 10 years; establish a lookback window for victims sexually abused as children.	Eliminate criminal SOL for sex offenses against victims who are under 25 at the time of the offense; extend adult rape prosecution SOL by 10 years.
Best	Eliminate the civil SOL for child sexual abuse; establish a time-limited lookback window for all survivors to increase access to justice for past instances of sexual violence; align civil and criminal timelines (e.g. if criminal SOL for rape is 25 years, the civil SOL for rape should be 25 years).	Full elimination of the criminal SOL for rape and sexual battery, with possible lookback provisions to apply to retroactive cases.

[Link](#) to full Subgroup 2: Statute of Limitations Reform final report

Subgroup 3: Children and Vulnerable Populations

This subgroup's recommendations focus on strengthening protections for children and vulnerable populations in Ohio through prevention, early intervention, survivor-centered responses, and evidence-based policy reform.

3.1 Problematic Sexual Behavior (PSB)

In 2025, Ohio Child Advocacy Centers served 11,891 child victims; among alleged youth offenders, 459 were age 11 or younger, and 1,298 were between 12–17. PSB deviates from normative development

and requires clinical intervention rather than criminalization, which research shows increases juvenile trauma and fails to improve recidivism.

- Evidence-Based Treatment: Expand access to Problematic Sexual Behavior-Cognitive Behavioral Therapy, which yields a 2% recidivism rate over 10 years for school-age children.
- Statutory Definition: Define a 'child/juvenile with problem sexual behavior' in ORC as an individual under a specific age (e.g., 14 or 18) who has allegedly committed sexual abuse against another minor, and mandate clinical referrals to CACs to redirect youth away from juvenile registration registries and toward clinical treatment.

3.2 Testimony and Competency of Child Witnesses

- Amend ORC 2317.01: Remove the age-based competency presumption that automatically questions the capacity of children under ten years old. Shift Burden of Proof to defense counsel to demonstrate witness incompetency based on individualized assessment, rather than relying on a baseline age exclusion. Align Rule of Evidence 601 accordingly.

3.3 Strangulation Awareness & Prevention

Ohio enacted a felony strangulation statute through Senate Bill 288, codified at ORC 2903.18, effective in 2023. Prior to enactment, Ohio was the last state without a standalone felony strangulation law. Strangulation is a significant predictor of future lethal violence and often presents with little or no visible injury. Potential consequences include an increased risk of homicide, traumatic brain injury, stroke, and long-term neurological damage. Colleges and universities are often among the first institutions where survivors disclose: intimate partner violence, sexual assault, stalking, and/or strangulation-related injuries.

- Amend ORC 3333.0417 to add strangulation-specific training requirements for higher education institutions, including annual prevention education for students.

3.4 Digital Abuse and AI-Generated Material

As of August 2025, Ohio remained one of only five states lacking laws criminalizing AI-generated or computer-edited child sexual abuse material (CSAM).

- Comprehensive Criminalization: Enact legislation protecting both adult and minor victims from AI-generated sexual abuse and non-consensual intimate imagery (establishing criminal penalties and civil causes of action).
- Platform Accountability: Establish statutory provisions requiring social media companies and online hosting platforms to remove abusive, digitally altered imagery immediately.

3.5 Screened-Out Family Support Services

- Amend ORC 5153.16: Authorize Public Children Services Agencies (PCSAs) to refer families whose child abuse reports have been legally screened out by child protective services to Child Advocacy Centers for wraparound prevention services, mental health treatment, and family stabilization supports.

3.6 Educator Screening and Misconduct Standards

Ohio's current Licensure Code of Professional Conduct for Educators features limited definitions regarding grooming and boundary violations.

- Professional Misconduct Framework: Direct the State Board of Education to adopt comprehensive professional misconduct standards. This allows early, non-criminal intervention under a 'preponderance of the evidence' standard for behaviors such as a pattern of flirtatious comments, seeking unnecessary time alone with a student, explicit joking, or inappropriate digital communications.

[Link](#) to full Subgroup 3: Children and Vulnerable Populations final report

Subgroup 4: Domestic Violence Policy Priorities

Ohio has made incremental progress in domestic violence law, including the 2023 criminalization of strangulation as a standalone felony. However, significant gaps remain and domestic violence remains a pervasive public safety and public health crisis in Ohio.

4.1 Lethality Assessments & Strangulation Response

- Statewide Mandatory LAP: Mandate evidence-based lethality assessments, such as the Lethality Assessment Program (LAP), Domestic Violence High Risk Team (DVHRT), Danger Assessment for Law Enforcement (DA-LE) protocols for all law enforcement agencies responding to domestic violence calls. Incorporate standardized training, direct routing to local domestic violence advocates, and explicit funding appropriations.
- Standardized Statewide Assessment Tool: Implement statewide standardization in procedure for law enforcement and forensic examiners for strangulation cases
- Domestic Violence Advisory Board of Ohio (DVABO): Establish a statewide board modeled after the Sexual Assault Advisory Board (SAABO) to promote trauma-informed practices, identify systemic gaps, and issue annual policy recommendations to state leadership.

- Forensic Strangulation Exam Pilot Project: Fund a 12–36 month pilot program to cover the costs of forensic strangulation exams (\$1,700 per survivor) to assess the impact and return-on-investment for a statewide hospital reimbursement framework.

4.2 Family Law Reform

- Kayden’s Law Implementation: Align Ohio law with the federal Violence Against Women Act (VAWA) Reauthorization incentives. Require domestic relations courts to undergo evidence-based training and heavily weigh documented histories of domestic abuse and sexual violence before awarding child custody or unsupervised visitation.
- Coercive Control: Review states that address coercive control in both protection orders and family law, such as Michigan, Missouri, and Oklahoma, and involve stakeholders in what could work for Ohio.
- Parental Alienation Protections: Flag and amend pending legislation to remove broad, unscientific codifications of 'parental alienation'. These terms are frequently weaponized by abusers to discredit protective parents and ignore a child's trauma-informed aversion to an abusive individual.

4.3 Firearm Enforcement & Compliance Mechanisms

Firearms are utilized in 84% of Ohio’s intimate partner fatalities. While state bills like H.B. 352 (firearm surrender) and S.B. 98 (misdemeanor prohibitions) exist, compliance checking is severely deficient.

- Align state prohibitions with federal laws; consolidate pending firearm bills into a single, streamlined statutory framework with background check mandates. Essentially, codify existing federal laws.

4.4 Meeting Survivor Needs (Economic, Housing, & Technology)

- Economic Abuse Legislation: Establish a comprehensive statutory framework recognizing financial control and coerced debt as distinct forms of domestic violence.
- Housing Protections: Enact statutory guarantees allowing survivors to terminate residential leases early without penalty when fleeing abuse, protecting survivors from eviction actions stemming from an abuser's conduct, and outlawing housing discrimination based on domestic violence status.
- Technology-Facilitated Abuse: Revisit and expand the 135th General Assembly's SB 100 to explicitly criminalize the misuse of smart home ecosystems (cameras, thermostats, locks). Appropriately fund law enforcement agencies with specialized investigative tools (Faraday bags, detection mirrors) to locate hidden tracking devices.
- Post-Conviction No Contact Orders: Recommend legislative review of gaps in availability and enforcement of protection orders after conviction.

4.5 Survivor Defendants & Offender Accountability

- **Criminalized Survivors:** Introduce comprehensive sentencing mitigation and formal re-sentencing pathways for victims whose criminal offenses directly stemmed from their own domestic violence, human trafficking, or sexual victimization. Reforms should include recognizing trauma as a mitigating factor, expanding affirmative duress defenses, and removing outdated references to 'battered woman syndrome' in favor of modern trauma standards.
- **Suspicious Death Investigations (also could be called Hidden Homicides):** Establish a statutory framework requiring coroners, medical examiners, and law enforcement to cross-reference documented histories of domestic abuse in deaths initially classified as suicides, overdoses, or accidents involving intimate partners. Joanna's Law is similar legislative framework that was enacted in 2025 in California.
- **Batterer Intervention Programs (BIPs):** Prohibit jurisdictions from routing domestic violence offenders to generic anger management programs. Mandate certified BIP completion as a uniform condition of probation, integrate BIP accessibility within state correctional facilities, and require mental health screening at pretrial risk assessment (ORAS) and sentencing phases.

4.6 Education Needs

- **Animal Mistreatment:** Education to law enforcement and prosecutors around the current ability to include threats and harms to animals as part of the pattern of domestic violence

Coercive Control: Education and conversations with stakeholders around the importance of evaluating coercive control as a course of conduct in domestic violence.

4.7 Standalone Policy Position: Domestic Violence Offender Registries

Workgroup Consensus: The workgroup strongly recommends against pursuing a public domestic violence offender registry. Data from comparative states suggests registries fail to reduce recidivism, create a false sense of security, risk publishing survivor address information, and severely deter victims from contacting law enforcement out of fear of dual-arrest listings.

Mandatory Guardrails (If Pursued): If the General Assembly advances a registry against expert advice, it must be restricted to second felony domestic violence convictions or later, maintain strict privacy over address/phone listings, embed a national domestic violence hotline link directly on the interface, and dedicate a portion of registry fees to local victim services.

[Link](#) to full Subgroup 4: Domestic Violence Policy Priorities final report