

SEXUAL VIOLENCE IN OHIO:

The Effects of COVID-19

**A Toolkit for Policy Makers in Addressing the
Impact of COVID-19 on Sexual Violence
Survivors through Legislation and Operating
Budget Allocations for FY 2020 and FY 2021**

SPECIAL REPORT

Social Distancing Increases Sexual Exploitation, Abuse, and Harassment

Sexual violence is about power and control. As Ohio's general population adheres to social distancing, it is critical to remember that the following risk factors allow sexual violence to thrive amid a pandemic:

- Survivors are most frequently abused by someone they know, including coworkers, family members, neighbors, and friends.
- Even per the Governor's March 22, 2020 Executive Order, broad categories of workers still reported to places of employment. As more businesses reopen, increasing Ohioans are susceptible to sexual violence in the workplace.
- As unemployment skyrockets, survivors of workplace sexual violence are increasingly afraid to report sexual violence, in the event they receive a retaliatory termination.
- The FBI, United States Department of Justice, and the Centers for Disease Control and Prevention report increasing cyber sexual exploitation and abuse, as students spend more time on computers throughout the day. Children and teens are especially vulnerable to increased cyber abuse because they have been ripped from their routine, friends, and other supports.
- Not everyone practices social distancing, and those that are may disregard the risk to abuse in a neighbor or family member they have access to.



KATIE KINDELAN
FOR ABC NEWS

Kids epitomize the problem faced by many sexual assault survivors during the pandemic. Isolated at home, they're often with their perpetrator and without access to the teachers, coworkers, and guidance counselors in whom they could confide, or who under normal circumstances would see them daily and be able to spot signs of sexual assault.



ABC News. (2020, April 27). Sexual assaults have not stopped during coronavirus pandemic. Retrieved June 04, 2020, from <https://abc7ny.com/sexual-assaults-have-not-stopped-during-coronavirus-pandemic-/6132349/>

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THE DATA:

Between March 23 and May 28, 2020, OAESV hosted 35 Cultivating Conversations in Crisis (CCCs) webinars, one each week for campus personnel, preventionists, rape crisis program directors, advocates, and people of color in the anti-sexual violence field, respectively. Along with data collected during CCCs, OAESV analyzed data from the Federal Bureau of Investigation and United States Department of Justice, responses from Ohio's 32 rape crisis centers to the National Alliance to End Sexual Violence's COVID-19 Survey, interviews with forensic nurses and educators, and Ohio news in producing this report.

The Core Standards for Rape Crisis Programs in Ohio defines “Rape Crisis Center” as an agency providing a full continuum of services to survivors, including:

- 24-hour Crisis Hotline
- Hospital and Medical Advocacy
- Criminal Justice and Legal Advocacy
- Community Awareness and Outreach
- Crisis Intervention
- Information and Referral
- Systems Coordination

Community-based rape crisis programs are the only professionals solely dedicated to empowering sexual violence survivors.

Rape crisis centers must administer services with Accessibility, Cultural Competency, Ethics and Accountability, and Evaluation. When supportive funds are available, centers also provide prevention services, counseling, and support groups. Unlike prosecution-based advocacy, child advocacy center services, child protective services, and other systems, rape crisis program advocacy functions solely to empower and serve survivors of sexual violence, supporting long-term healing, safety, and economic sustainability.

The World Health Organization estimates that 35% of women worldwide experience sexual or gender-based violence during their lifetime. This rate doubles in crisis circumstances, where more than 70% of women experience sexual and gender-based violence. Sexual violence and intimate partner violence alike impact persons of all genders in Ohio and around the world, and sometimes survivors experience these forms of violence simultaneously.

These two forms of violence are often lumped together by government agencies seeking to respond, which can be ineffective. Ohio maintains coalitions and crisis centers serving both intimate partner and non-intimate partner sexual violence survivors, and we've seen that, while closely related and sometimes occurring in tandem, intimate partner (domestic) violence and sexual violence can have and require distinct impacts and services.

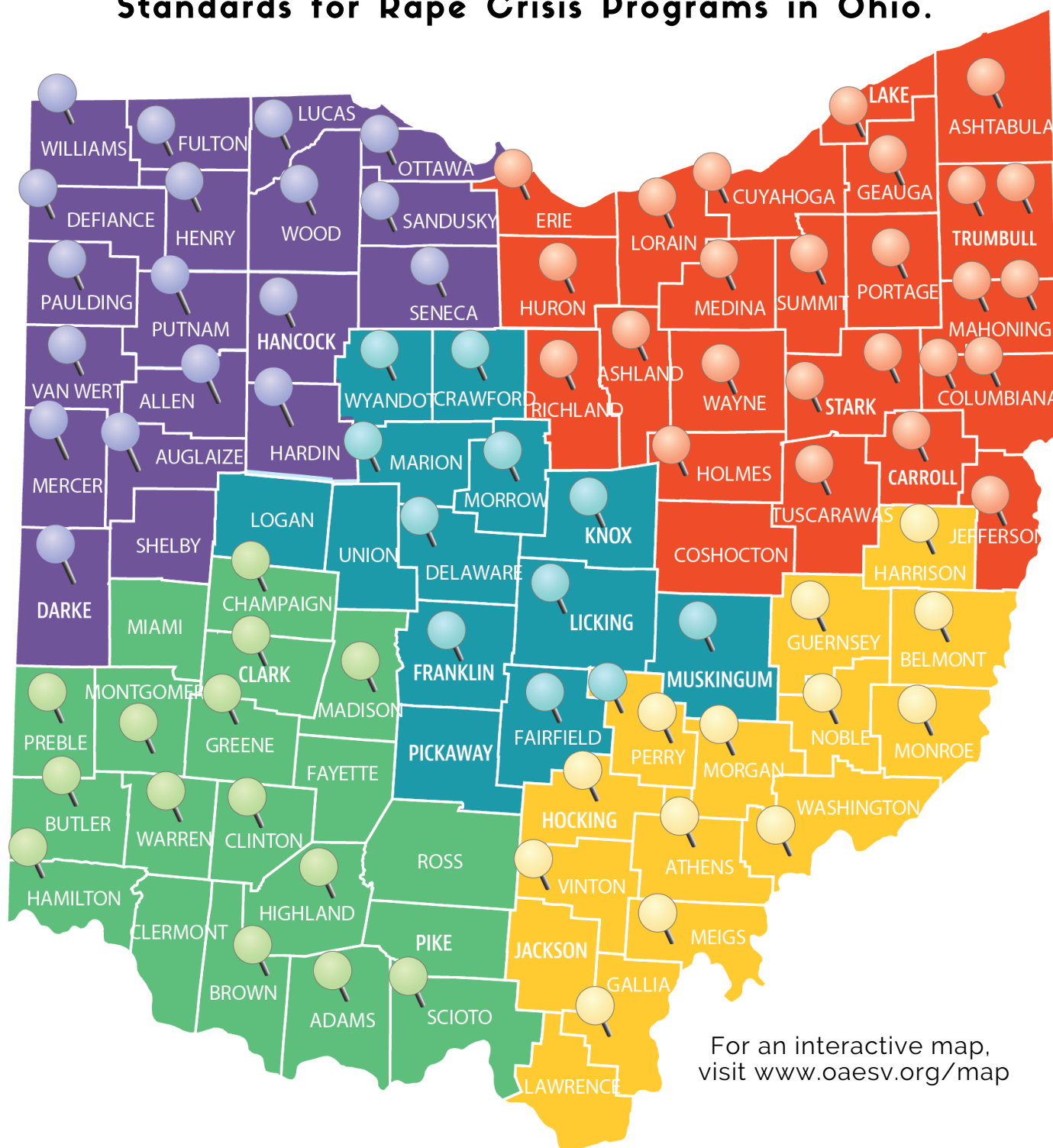
This report focuses on the specific needs experienced by sexual violence survivors, regardless of the survivor's relationship to the person who harmed them. These needs are vast, and are impacting children, adolescents, and adults at alarming rates during the COVID-19 crisis.



Developed by the OAESV Standards and Review Committee, the Core Standards for Rape Crisis Programs in Ohio provide required standards for recipients of Ohio Operating Budget Rape Crisis Centers Line Item funds.

EVERY PIN YOU SEE ON THIS MAP REPRESENTS A RAPE CRISIS CENTER

In our state, there are 32 rape crisis programs
that are recognized as fulfilling the Core
Standards for Rape Crisis Programs in Ohio.



For an interactive map,
visit www.oaesv.org/map

2018 DATA ON SEXUAL VIOLENCE SERVICES IN OHIO

Reported by rape crisis programs via the
OAESV Annual Agency Update, July 2019.

30,888

total number of survivors and
co-survivors served by helplines



22,464

total number of survivors
served by programs



2,970

total number of co-survivors
served by programs

4,735

number of survivors and co-
survivors who received
medical advocacy



6,686

number of survivors and co-
survivors who received legal
advocacy



4,880

number of survivors and co-
survivors who received
counseling



5,103

number of survivors and co-
survivors who attended
support groups



5,934

total number of community
awareness/outreach event
presentations

number of participants reached in
Prevention Education presentations

58,106

PRE-COVID FUNDING

Ohio's 32 rape crisis programs are funded primarily by federal grants, state funds, and donations. The following funding streams historically support Ohio survivor services. However, the challenges listed below threaten rape crisis sustainability.

Funding	Details	Challenges
Federal Victims of Crime Act (VOCA) Grant	Administered by Office of the Ohio Attorney General NOT taxpayer-funded. Funded by criminal fines, penalties, and forfeited bonds collected in the federal system	In the past few years, a reduction in the collection of federal criminal fines and penalties resulted in significant decreases to the VOCA fund. Thus, for the 2020 fiscal year, Ohio rape crisis programs already faced a 7% cut in funding.
Donations	Many rape crisis programs host annual fundraising campaigns to support staff positions and resources.	April is Sexual Assault Awareness and Prevention Month – as nearly all rape crisis program annual fundraisers, mandatory cancellations devastated rape crisis budgets.
Violence Against Women Act (VAWA) Grants	A small number of rape crisis programs in Ohio receive VAWA grants supporting prevention and advocacy.	Though existing VAWA grants are honored through the federal appropriations process, VAWA lapsed in 2018, and growth is stalled for the foreseeable future.
State Rape Crisis Centers Line Item	GRF 055501 in the Ohio Operating Budget	Ohio's 32 rape crisis centers may apply for equal portions of the rape crisis fund to pay for advocacy personnel, prevention efforts, and other critical costs. This line item must increase to avoid losses to victim services in FY 2021 and FY 2022.

STATE OF SEXUAL VIOLENCE IN OHIO

THE EFFECTS OF COVID-19

SOME DEMAND IS **DECREASING**

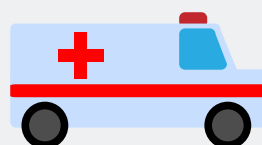
(but not in a good way—research shows that this decrease in demand does not necessarily correlate with a decrease in incidents of violence)



HOTLINE
CALL
VOLUME



REPORTS
TO LAW
ENFORCEMENT



EMERGENCY
DEPARTMENT
VISITS



HOSPITAL
AND COURT
ADVOCACY

MOST REQUESTS ARE **INCREASING**

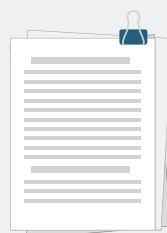
(& higher than they were prior to quarantine)



LENGTH OF
HOTLINE
CALLS



SAFETY PLANNING
& SHELTER REQUESTS



CIVIL
PROTECTION
ORDERS

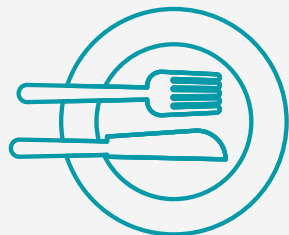


SURVIVORS
REQUESTING
COUNSELING

REQUESTS FOR BASIC NEEDS, SUCH AS RENT AND FOOD, HAVE SKYROCKETED.

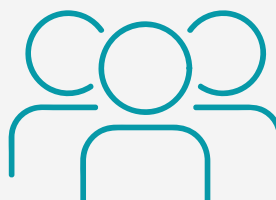
PRIMARY NEEDS

FOR RAPE CRISIS PROGRAM STAFF TO
SUPPORT SURVIVORS REMOTELY DURING
COVID-19



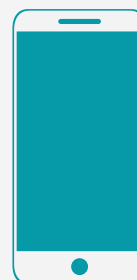
EMERGENCY NEEDS
(FOOD, RENT, ETC)

**RESPONDING TO
AT-RISK COMMUNITIES**
(IMMIGRANTS, HOMELESS,
CULTURALLY-SPECIFIC)



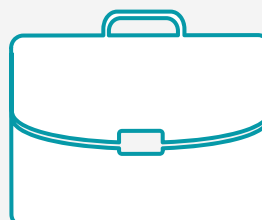
**PURCHASING
LAPTOPS
AND TABLETS**

**PURCHASING
CELL PHONES AND
DATA PLANS**



**PURCHASING
WIFI AND
BROADBAND**

**REPLACING SERVICES
FORMERLY PROVIDED
BY VOLUNTEERS WITH
PAID ADVOCATES**



SURVIVOR CONCERNS

Survivors do not have access to resources.

Rape crisis programs are making difficult decisions about how to best serve survivors while also prioritizing health and safety. Ohio programs are continuing to offer services online, but many survivors are uncertain what resources are open and available and have also had difficulty finding time to safely call services.

Limited or no internet access and limited mobile phone service may be a barrier to those living in rural areas. Landlines can access voice calls only, not video calls, and may incur additional long-distance charges. Delivery is slower and options for resources are more limited, such as simply accessing food, supplies, or household items. There is less access to resources due to location and less access to hospitals that are not local. There is also a limited means of seeking help or knowledge of how to seek help.

In urban areas, high population density leads to greater challenges for continual social distancing. Survivors are uncertain what resources are still open and where and how they can access them. There is a greater demand for services and basic needs, like food, and some areas are not able to meet the demand. There are more people of color in urban areas, being disproportionately affected due to higher poverty rates, crowded living conditions, and a reliance on public transit. Since local libraries and community centers are closed, the places survivors may have used for internet access are not available. For college student survivors, there has been difficulty in communication, engagement, and connection to local resources upon relocation away from campus. Many have reported financial, housing, and food insecurity.

Resources that were already difficult to access by people of color — housing, work, healthcare, unemployment — have become more difficult. There are less rape crisis centers or local programs directly in their neighborhoods, making it even less likely that people of color can find help. COVID-19 has exacerbated already-present disparities such as a lack of childcare and systems of support.

Survivors with disabilities report feeling more isolated and distant than they previously had been. Phone, video, or text communications may or may not be the best means of communications which can create added barriers to accessing support.

Survivors are in unsafe housing situations.

Due to social distancing, hotlines experience spikes of calls at unusual times, making it hard to plan hotline and advocacy on-call coverage.

Hotline callers are reporting that they are more "on edge" because of the pandemic. People who have experienced a violent trauma may be triggered by high levels of stress due to COVID-19. Social distancing can increase a sense of isolation from others, making survivors feel like they are alone and far from help. For example, survivors expressed that less access to outside resources, help, or tangible support from their family and community has heightened stress and tension. This heightened stress and tension may also contribute to an increase in controlling and abusive behavior by abusers.

Many survivors of violence are required to stay with abusers and have nowhere to go--whether the abuser is a partner, family member, or roommate, for example.

An increased number of survivors, including children, are unable to access services due to stay-at-home orders and quarantine requirements; more are seeking civil protection orders (CPO) and asking others to speak for them in proxy in efforts not to be identified.

There are increased difficulties in reaching communities of persons with disabilities because there may not be aides to support them or report to; their designated care giver might be abusing them; and there may be increased technical needs to meet remotely. Persons with disabilities often have a small network of people they know and speak with. If that group of people is not working or is closed off in their homes, they aren't as likely to receive these disclosures.

Some communities may not be able to socially distance due to care-taking work or accessibility limitations. In urban areas, for example, an increased number of communal living situations leads to a higher risk of spreading the virus.

Survivors face challenges accessing law enforcement.

Survivors have expressed concern about accessing law enforcement and what investigations would look like. Every court is different throughout the state, meaning that instructions, availability, and court processes vary vastly.

Many police departments are responding in person only to "injury accidents," meaning that they may not respond immediately to a sexual violence call if no physical injuries are reported. Some advocates have reported that law enforcement agencies are putting off investigation of sexual violence reports because they are not considered urgent compared to other COVID-19-related concerns.

Further, police are attempting to avoid entering homes or collecting DNA from suspects during investigations into sexual violence, delaying the investigation and increasing survivor uncertainty and fear.

For people of color, the systematic and historical violence from law enforcement has been exacerbated due to racism and cultural biases. They report a fear of violence from law enforcement spreading illness by coming into contact with survivors.

Direct service staff at dual domestic violence and sexual violence programs report that requests for domestic violence services, including civil protection orders and shelter needs are now higher than they were prior to COVID-19 quarantine safety measures.

Child advocacy centers offer multidisciplinary services for children and families affected by sexual abuse or severe physical abuse. They report that though domestic violence advocacy is still functioning in their programs at a consistent level, their biggest challenge has been responding to child sexual abuse, particularly because social distancing has ended the forensic interview as we know it.

Many survivors fear entering into courtrooms.

Ohio rape crisis program legal advocates, who support survivors through the criminal and civil justice processes, indicate that many courts are still holding emergency protection order hearings in person, but banning advocates or other non-attorney support persons from the court room. Now, survivors are more fearful to go to court for protection orders without their advocate, who they anticipated would be there by their side, and worry their trials/cases will be continued indefinitely. The survivor is forced to choose between not seeking protection or doing so without the support needed.

Title IX offices are holding remote hearings while they have the time to do so, thus survivors are dealing with preparing for and participating in sexual violence hearings while also attempting to engage in distance learning.

When courts reopen, the demand for advocacy will be overwhelmed, and survivors will be especially harmed if the advocate they worked with before the pandemic has been laid off due to funding cuts.

With survivors who are Deaf or Hard of Hearing, specifically, OAESV has experienced delays in case processing because, where an attorney, interpreter, and survivor generally met in person for intakes or consultations, an additional layer of tech coordination and cost add delays and potentially disrupt access for members of the Deaf community.

Survivors worry about reporting to hospitals.

Reports to emergency departments have plummeted, indicating that health and safety concerns about COVID-19 are barriers for sexual violence survivors in accessing medical services.

Survivors have also expressed a caution of entering hospitals for forensic medical exams because they fear exposure to the virus or because of the additional screening requirements. They are also not reporting to the hospital for sexual assault exams because of the belief that their circumstances are not “severe enough” to warrant an ER visit or that the hospitals are “closed” to anything other than COVID-19 concerns.

Some survivors are afraid of incurring an expense because they have recently lost health insurance due to job loss. Students have not been able to access medical services at college health centers due to closure of campuses.

SV advocates have reported that while they have received fewer requests for remote-hospital advocacy, the length of time providing advocacy for an individual situation has increased due to longer waiting time for the survivor to be seen for a medical and/or forensic exam and additional steps needed to access services via technology.

Further, survivors may not be able to seek services that would inform them of the need to get a SANE exam soon after the assault; time will pass causing destruction of evidence.

For people of color, many have less access to COVID-19 testing, even though their chronic illness risk is higher. It is less likely for their health concerns to be taken seriously due to false belief that people of color can tolerate more pain than others. Additionally, frontline workers of color are losing their lives at a higher rate.

A FORENSIC EXAM, COMMONLY KNOWN AS A 'RAPE KIT', ALLOWS SURVIVORS TO GET MEDICAL ATTENTION AND COLLECT DNA EVIDENCE FROM THEIR BODIES, CLOTHES AND BELONGINGS. THAT EVIDENCE CAN BE CRITICAL AS VICTIMS ENTER THE JUSTICE SYSTEM

Marià Balata, Director of Advocacy Services for the Chicago rape crisis center Resilience, says the virus could impact victims who may delay going to the hospital because they have other priorities during the crisis, including coping with a job loss or struggling to make their rent. Those priorities are coupled with conflicting messages about avoiding the hospital in an already overwhelmed health care system.

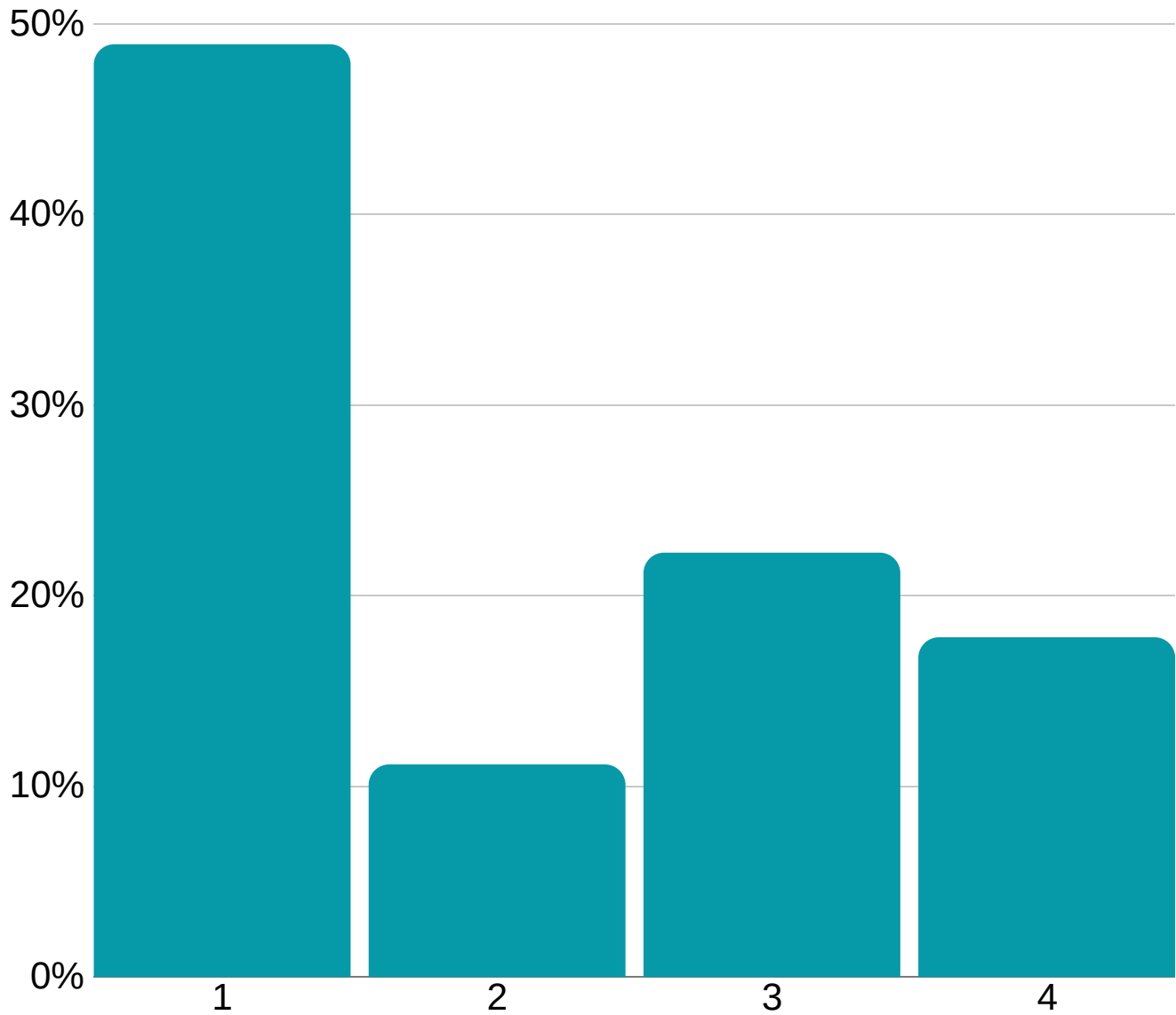
“—————

Currently, the only mechanism for accountability that we’ve made available for survivors is the criminal justice system, and as somebody who works very closely with that system, I know how incredibly important evidence collection can be and the role that that plays in prosecution.

- MARIÀ BALATA

—————”

DEMAND FOR SERVICE*



1. Overall requests for sexual assault services have gone up**
2. Overall demand for services has gone down. This means an overall decrease in all types of requests for services.
3. Overall demand has stayed the same.
4. Demand has changed in a different way

*of the 32 Ohio rape crisis centers surveyed by the National Alliance to End Sexual Violence

**This includes if the needs of survivors requesting services have increased or become more complex overall. This also includes situations where demand for in-person services has decreased but overall demand and/or demand for remote services has increased.

There is difficulty in providing direct services to survivors.

Advocates have difficulty knowing where to start; they are unsure how to even reach the survivors they have already had contact with, especially those with limited resources and technology access.

Advocates have also expressed difficulty in reaching survivors who are now in need of services but don't know how or where to get in touch with advocates or a rape crisis center. This is especially problematic for survivors who don't have access to social media posts explaining how to call. They also feel worry over the reduced confidentiality of calls now that both advocates and survivors are more likely to be in their homes, around others.

The uncertainty of how courts and other systems are operating right now, in how long this situation will last, and how their jobs may continue to change has also affected advocates. They report they are struggling to focus, for example. Not only is this an unprecedented time for them, but since all courts and related legal systems are handling the emergency differently, it is difficult for advocates to advise survivors on what may or may not happen for them in any given place.

While OAESV and other organizations have rapidly produced and distributed resources to guide advocates and other service providers, there really is no easy "handbook" for supporting survivors in a public health crisis. Advocates also express a fear of letting down survivors.

Work-life balance has become more complicated.

Advocates now have access to a work phone and computer at all times, necessitating stricter boundaries. Difficulties have been reported about working from home while simultaneously caring for family members and monitoring children's schooling. Advocates also report struggling to create and maintain a work schedule and adapting to online technology.

Creating space and time to speak with survivors while also maintaining confidentiality in a residential setting has resulted in added stress and complications. Advocates report being overwhelmed and stressed about a variety of issues, such as the difficulty of confronting individual trauma during a time of cultural trauma while also ensuring vicarious trauma does not overwhelm them.

They fear a risk of further lost funding to programs.

Some sexual violence advocates have reported significant concerns for pay cuts, layoffs, or reduction in staff due to the temporary decline in numbers or general funding issues related to addressing the COVID-19 pandemic.

Job insecurity, including reduced hours and reduced pay is also a concern among advocates. Others have reported a fear of state funding loss due to announcement of overall state budget cuts. This fear is very high and exacerbated by lack of communication from some agencies, colleges, and employers. The uncertainty of health, safety, and ongoing financial support is adding strain and additional trauma to an already traumatic time period.

Accessing hospitals has becoming difficult.

Advocates are commonly barred from hospitals or have to choose to risk their health in order to provide advocacy within the health system. They worry about safely providing in-person advocacy services, but conversely, worry that survivors will be alone in these settings. Survivors and advocates have expressed fear around advocates being restricted from accompanying survivors to forensic exams. The impact on survivors causes increased stress and compassion fatigue in advocates.

There is concern about their own health.

Some sexual violence advocates have reported concerns about the health and safety of both themselves and loved ones. Among those who are high-risk, there is increased worry about the potential for contracting COVID-19, while others have fears about people not taking safety precautions or following stay-at-home orders.

There is a disproportionate lack of systems of support for advocates who are people of color. For example, nearby family may be in the same struggle and unable to provide support. Also, due to a lack of available childcare and a greater number of people of color in essential worker roles, an increased work schedule disrupts the ability to home-school children.

Some advocates reported concern about maintaining good mental health, especially due to isolation and difficulty with self-care due to lack of transition between work and home. Those with children reported worry about their children's physical and mental health and new schooling procedures. Job insecurity, including reduced hours and reduced pay, is also a concern among advocates.

There is an increase in vicarious trauma.

Some SV advocates who are survivors themselves have reported an increase in vicarious trauma and related concerns such as: anxiety, sleeping difficulties, and eating concerns. The following challenges and difficulties have been reported:

- Lack of social interaction and a decrease in self-care practices
- Inability to attend religious services/receive support from religious affiliation



- Headaches and eye strain
- Anxiety, stress, uncertainty
- Burnout, tiredness, and difficulty sleeping

Equipment is needed for distance advocacy.

Advocates have expressed that they need to reach survivors by phone, email, or video calls. Advocates and survivors need computers, phones, and internet access. This is particularly difficult when survivors have limited resources, which creates a barrier to finding resources and then to accessing them as well.

Equipment is needed for home offices as well. For longer term needs, chairs, mice, keyboards, and other pieces may be considered in order to facilitate healthier advocacy work. The following technology must be available to answer hotlines, provide tele-advocacy and tele-counseling remotely and when working from home:

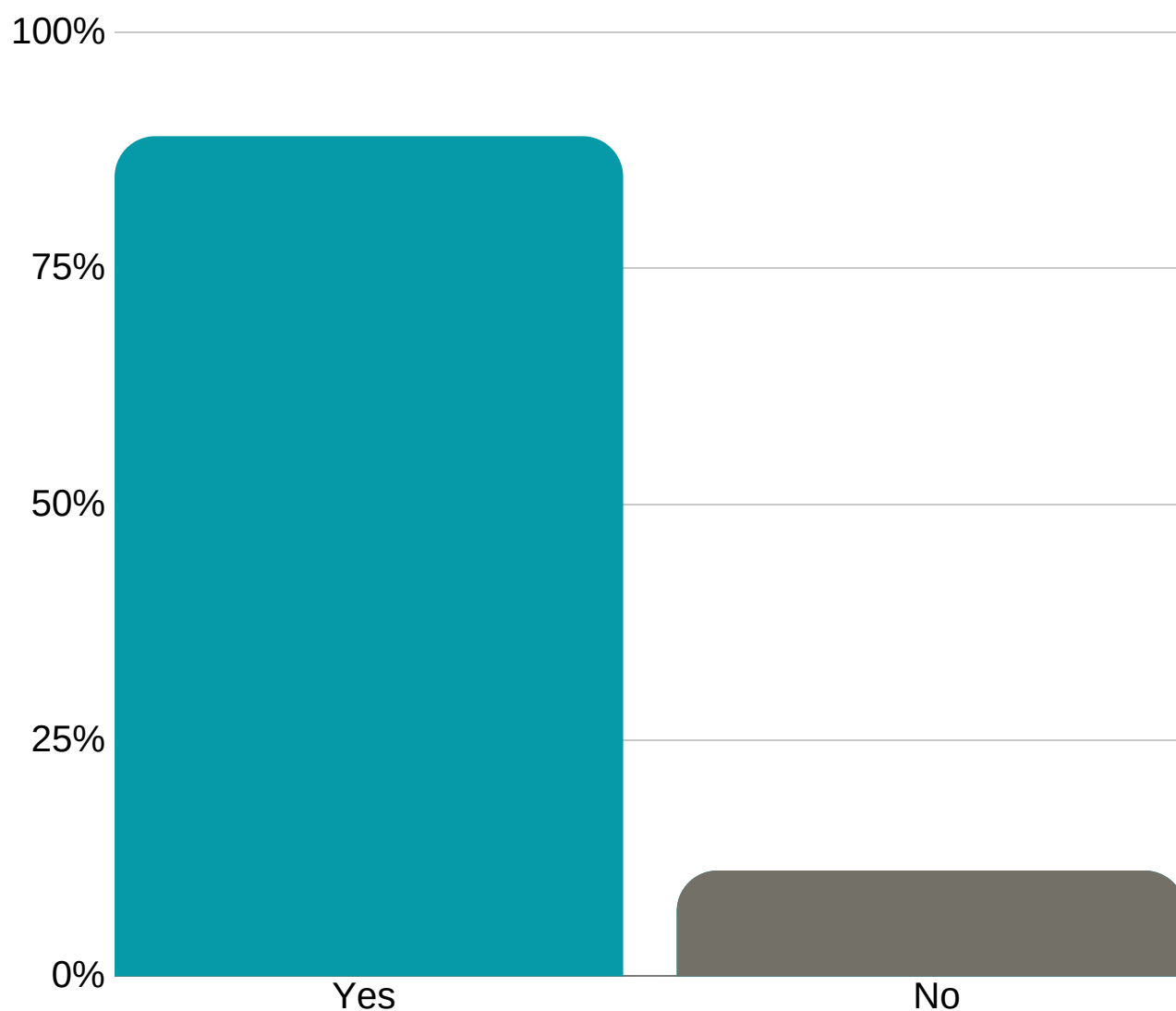
- Screen-fillable documents with e-signature
- Computers/laptops with video cameras and microphones
- Vouchers for internet service costs for direct service staff
- Cell phones and phone service for direct service staff and survivors
- Enhanced security features for technology, including HIPPA-compliant videoconferencing platforms and upgrades for programs

Other potential needs for survivors, rape crisis centers, and their staff may include:

- Personal protective equipment for direct service staff
- Childcare assistance for employees
- Funding for contract workers if the rape crisis program does not have existing staff capable of providing remote survivor services
- Disinfectant and cleaning supplies for programs/shelters that remain open; funding for deep-cleaning service if a person tested positive for COVID-19
- Clothing/undergarments for sexual assault survivors at hospitals who have had clothing collected for evidence
- Financial assistance for co-pays and prescriptions for survivors following a hospital exam
- Hotel vouchers for survivors who need to be quarantined (i.e. not able to be in a shelter) and are unsafe at home
- Emergency assistance for survivors who may be out of work due to lay-offs/business closure
- Food, grocery gift cards, disinfectant/cleaning supplies, toiletries, over-the-counter medicine, prescription vouchers, transportation vouchers, gas gift cards, housing/utilities assistance, childcare assistance
- Funding to cover the hours employees are unable to work due to COVID-19, such as sickness, childcare needs, or caring for a family member who is sick

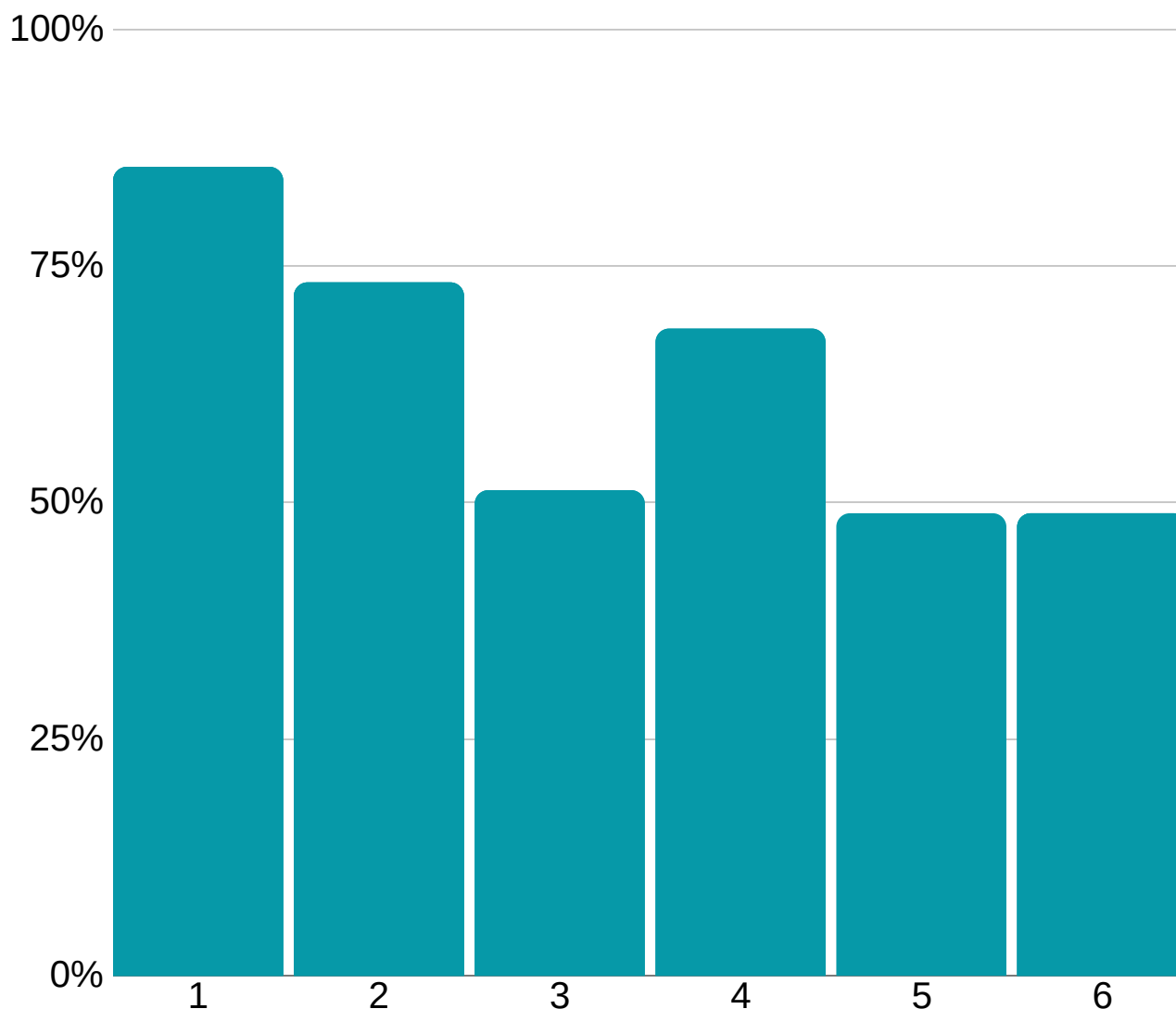
Of the 32 Ohio rape crisis centers surveyed,
the National Alliance to End Sexual Violence found:

89% OF RAPE CRISIS PROGRAMS NEED EMERGENCY STIMULUS FUNDING TO RESPOND TO SURVIVOR REQUESTS



There is an urgent need for emergency funding to make sure rape crisis centers can respond to survivors entering the legal system or seeking medical attention. Sexual violence and domestic violence centers report needing additional resources to meet survivor needs under the unprecedented circumstances of the COVID-19 pandemic. Numerous fundraising events have been canceled and the Victims of Crime Act funding (VOCA) was significantly reduced in the last funding cycle.

PRIMARY NEEDS FOR STIMULUS FUNDING



- Emergency needs of survivors (food, rent, etc.)
- Responding to vulnerable communities (immigrants, homeless, culturally-specific, etc.)
- Purchasing cell phones, data plans, etc. for staff to support survivors remotely
- Purchasing laptops, tablets, etc. for staff to support survivors remotely
- Purchasing Wifi, broadband, etc. for staff to support survivors remotely
- Replacing services formerly provided by volunteers with paid advocates

Those who responded "Other" identified a need for: a technical consultant to help set up online assistance (chat rooms, online support groups, etc); potentially diverting services away from the emergency departments to other locations; counseling services; emergency needs (food, rent, etc) for staff; and personal protective equipment.

While we do not know what is next, we do know that our programs need resources to safely respond to people currently in danger as well as those that may come in a surge or a resurgence of the pandemic in the coming weeks. When stay-at-home orders are lifted, in addition to an increase in disclosures, experts said they're also bracing for survivors who will need even more help than usual, according to Laura Palumbo, a spokeswoman for the National Sexual Violence Resource Center.

“—————

The volume and this situation is going to be compounding these people's experience. They've had no way to seek immediate support or medical resources or other forms of assistance and because of that may be facing additional medical needs or mental health impacts.

- LAURA PALUMBO

—————”

When courts reopen, they will be quickly working to get jury trials completed, conduct delayed CPO full hearings, and finalize delayed family law hearings. This will overwhelm the demand for advocacy, and survivors will be especially harmed if the advocate they worked with before the pandemic has been laid off due to funding cuts.

Survivors will continue to lack access services in person, and will likely have limited time or access to confidential conversations.

Survivors who have been confined with their abuser will likely need additional services as well. And many survivors who feared access to a forensic medical exam in an emergency room during the COVID-19 crisis may have emerging medical concerns as a result of delayed treatment.

These barriers are compounded for people of color, people with disabilities, people in the LGBTQIA+ community, and other highly impacted communities.

WHAT CAN BE DONE?

LEGISLATIVE ASKS:

- Classify advocates as emergency workers for emergency childcare services
- Wave child care fees for an advocate
- Meet VAWA and VOCA rules
- Collaboration with courts to increase use of virtual hearings for rural survivors needing CPOs
- Personal protective equipment, sanitizers, and cleaning agents for advocates and survivors
- Increase rape crisis center line item for advocacy positions formerly funded by federal grants
- Increase legal services to meet the demand created by job loss and economic instability
- Increase sick days and hazard pay for frontline staff
- Grief support for survivors who have lost family members to COVID-19

FUNDING NEEDED FOR:

- Communications and advertisements
- Technology to provide e-signature and e-filing options
- Hospital advocacy training and resource production (videos, written resources)
- Housing support for survivors who are isolated at home with their abusers
- Housing support for people being turned away from shelters due to COVID-19 concerns
- Advocate work phones, service, tablets, and wifi
- Phones and prepaid cell phone minutes for survivors in marginalized communities
- Securing staffing for programs serving communities of color
- Securing additional interpreting services
- Establishing a system of free transit to closest hospitals for forensic exams and specified care
- Coalition to provide law enforcement training
- Sustaining legal advocate positions
- Publications on trauma-informed interviewing in social distancing
- Personal protective equipment for survivors, court advocates, and attorneys
- Culturally specific, free mental health access for advocates/preventionists and survivors
- Research for culturally specific, long-term responses and prevention, due to COVID further exacerbating wealth and health disparities

COMMUNITY INVOLVEMENT:

How can you help?

- Ask your legislators to meet the needs listed above.
- Volunteer for OAESV or for an organization near you.
- Donate to OAESV or to a rape crisis program near you.
- Become an OAESV member, and continue learning and engaging with us.



As Ohio's statewide coalition, OAESV advocates for comprehensive responses and rape crisis services for survivors and empowers communities to prevent sexual violence. We provide many services, including training for advocates and preventionists, technical assistance for local programs, systems advocacy, public policy work, and much more.

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FOR MORE INFORMATION, VISIT WWW.OAESV.ORG.