

SUPPORT H.B. 566



Enact the Break the Silence Act

Sponsors: Rep. Dontavius Jarrells (D-Columbus) and Rep. Josh Williams (R-Sylvania Twp.)

Current Law

Ohio has no statewide protocol for hospitals and urgent care facilities to follow when a provider believes a patient is experiencing domestic violence. Because facilities set their own procedures, survivors may be questioned about injuries without consistent privacy and safety practices. Consequently, too many survivors are being asked to explain injuries while the person causing harm is present.

If passed, H.B. 566 would

- Require the Director of the Ohio Department of Health to develop statewide protocols for hospitals and urgent care facilities when a health care professional has reasonable cause to believe a patient is a victim of domestic violence.
- Require hospitals and urgent care facilities to adopt the protocols within 90 days of the effective date.
- Standardize the screening and interviewing of patients and require medical staff to interview accompanying family/household members separately.
- Require healthcare professionals to document injuries in medical files and take photographs, when possible.
- Ensure patients receive up-to-date referrals to local DV and legal resources.
- Require DV training for hospital and urgent care health care professionals within one year of the law's effective date.

Why is H.B. 566 important?

In a December 2025 survey of 46 victim advocates across Ohio:

- 95% of medical staff in the emergency room asked how the injuries occurred while the abusive person was in the room.
- 89% asked if the survivor felt safe at home while the abusive person was in the room.
- 84% asked about the survivor's drug or alcohol use in front of the abuser.
- 89% asked about the survivor's mental health in front of the abuser.

"Safety should not depend on which hospital you visit or who happens to be on shift that day. Too many survivors have sat in waiting rooms next to the very person who hurt them, afraid to speak, afraid to be believed..."

- Breana Nooks, bill champion



Comments from advocates at ODVN member programs about why H.B. 566 is needed, according to an ODVN survey conducted in December 2025.



The experience affected her care—she did not report the abuse or return for follow-up. She felt mistrust toward the nurses and hospital staff, who asked questions in front of her abuser and left her feeling powerless.”

“Recognize that in many cases, victims will not disclose the first time they are seen...Providers/staff need to have more awareness around language that they use...being mindful that things you say can make or break the possibility of feeling safe to disclose.”



Victim stated that she had been threatened by abuser prior to going to emergency room so she just answered the question the way he had instructed her. They were out of town at the time and she was afraid for her and her child.”

“During a discussion with a survivor, they indicated they had gotten into an altercation with their abuser. Survivor had to beg and plead with the abuser about going to the hospital as the pain was so intense. Abuser told her what to tell medical staff which was a false story, so they didn't suspect anything. Abuser was in the room the whole time. Abuser was never asked to leave.



Deaf survivors often do not have chance to get help from hospital professionals because they become depended on the abuser to communicate. We had a lot of situations where a survivor went to the emergency room with the abuser (to interpret) and the medical staff asked the abuser to be an interpreter.

“I've had too many survivors talk about how they tried to share what happened, but because the abuser had given information that made it seem like a mental health problem, the medical professionals took the abuser's word over the survivor's.



I have heard and seen hospital staff ask very directly “are you being abused?” Most survivors, especially those still affected by their situations, are likely to say “no” for their safety. We should be asking questions in ways that the survivor can feel safe responding to.”