CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, HEALTH AND PUBLIC SAFETY

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June 22, 2009 Start: 1:15 pm Recess: 5:35 pm

HELD AT: Council Chambers

City Hall

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KENDALL STEWART JOEL RIVERA

DARLENE MEALY
PETER F. VALLONE, JR.

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Daniel R. Garodnick

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CHAIRPERSON STEWART: Good

afternoon. My name is Kendall Stewart and I am the Chair of the Immigration Committee. I am joined by my co-chairs Council Member Rivera and soon to join us would be Council Member Darlene Mealy, and also Council Member Peter Vallone, who is the Chair of the Public Safety Committee.

Thank you for being here, I would also like to thank the staff who helped to put this hearing together. I know that one of the other chairs will be recognizing the folks as they come in and we will notify you thereafter.

We are here today to determine what city services are available for immigrant women who are victims of sexual and domestic violence.

For example, we want to know what efforts city agencies make to provide culturally competent services to immigrant domestic and sexual violence victims. Whether agencies that have language access, implementation plans, adequately trained front line employees on the plan or whether agencies work with community-based organizations to determine what concerns immigrant communities may have and best ways to address those concerns.

We are also here today to hear from community-based organizations of all sizes.

Community-based organizations provide services directly to immigrant communities and may be able to provide us with information on the effectiveness of city services and programs and point to the areas that need improvement. The grassroots efforts of so many of these

Once again I would like to thank everyone for attending this afternoon's hearing. With that, I will turn to my co-chair Mr. Rivera to give his opening remarks.

organizations are crucial to saving women and

families in New York City.

CHAIRPERSON RIVERA: Thank you very much. Good afternoon, ladies and gentlemen. My name is Joel Rivera, I am the Chair of the Health Committee.

As my colleagues have said, today we are discussing a very serious issue affecting our city--sexual and domestic violence against immigrant women--and we will examine ways in which the city can better assist these vulnerable individuals.

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Immigrant women are

disproportionately affected by sexual and domestic violence, whether the behavior involves threats and intimidation relating to one's immigration status or is culturally motivated, it is clear that this behavior is unacceptable and not tolerated in our diverse city. Yet, unfortunately, these actions do occur and it is for these reasons that we in government must ensure adequate resources for these women.

The New York City Health and
Hospitals Corporation, our city's public hospital,
provides a myriad of services for immigrant women.

HHC serves approximately 1.3 million individuals
each year and language accommodations and cultural
competency are of the utmost importance. HHC
staff must be able to meaningfully interact and
assist these patients and can only do so through
their network of multilingual staff, the use of
Language Line, TEMIS, and distributing important
patient information in multiple languages.

Overcoming cultural and language barriers is the initial concern when interacting and treating immigrant women who were affected by

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domestic violence or sexual violence. All HHC acute care facilities are designated by the state as Sexual Assault Forensic Examiner Centers of Excellence. These centers are supposed to ensure that patients receive treatment promptly within one hour of arrival. The affected women will also interact with members of the Sexual Assault Response Team, which may include rape crisis counselors and forensic examiners.

The SART team strives to take care of the needs of the women and also preserve any evidence for law enforcement purposes. HHC also offers as additional victim-related and counseling services. Today we will examine the effectiveness of these services to ensure that the city is doing everything practical to provide quality and appropriate treatment to immigrant women.

I'd like to thank the staff of the committees for their hard work and let me introduce the members of the committee who's here with us today. We have Council Member Dickens, Eugene, Sears, and James, and let me also introduce Council Member Peter Vallone, who is also chairing this hearing today.

CHAIRPERSON VALLONE: Thank you.

It's my honor to chair with you, Chair Rivera and Chair Stewart, we await Chair Mealy.

As has been said, we hope to examine the many services available to domestic and sexual abuse victims here in the city. We're fortunate to be served by the, what I believe is the best law enforcement agency in the world and one that makes protecting women a priority.

In the recent report from the Human Rights Watch, the NYPD received accolades for making a concentrated effort over the last decade to test every rape kit that comes into them.

During that decade, the number of cold hits in rape cases has risen to about 2,000 and the arrest rate for reported cases of rape has risen by 40% to 70%.

Today we're discussing how we can best provide services to members of the immigrant communities, individuals who frequently encounter language and cultural barriers in their search for help. We are doing oversight and, although we know that you're doing probably more than anywhere else in the world, there's always something we

could do more, always something we could do better.

So today we're going to look to hear from all those different agencies you see sitting up there, then representatives from the district attorney's office, then the advocates, and there are many, many advocates, so as everyone knows, their testimony, as opposed to the first two panels, is going to be limited to about three minutes. It's going to be very tough for us to be cutting people off with the testimony this sensitive, so please, in order to get to everyone, you have to limit your testimony to three minutes.

As we said, we're going to hear from the district attorneys next, and I was a prosecutor for six years and I can tell you the difficulties that are faced trying to prosecute these type of cases, especially when women are reluctant to prosecute out of fear or fear of violence, fear of losing their income, all sorts of reasons. And, unfortunately, sometimes it's the third or fourth incident where finally, finally they prosecute and that's something we all have to work to overcome. You only have to see

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 12 HEALTH AND PUBLIC SAFETY
2	the recent headlines to see that women can be
3	violently attacked and then change their mind
4	about prosecuting almost immediately after that,
5	and that's something we can't allow to happen.
6	So I look forward to this testimony
7	and I look forward to Darlene Mealy's opening
8	statement, since she is now here.
9	Welcome, Chair Mealy. You're up,
10	ready or not.
11	CHAIRPERSON MEALY: Good afternoon
12	everyone. I'm the Chair of the Women's Issue
13	Committee and I thank you all for being here today
14	discuss these issues faced by immigrant women who
15	experience domestic violence and sexual violence.
16	Domestic violence affects family
17	from all sociologies, backgrounds. It does not
18	discriminate by age, race, thicity, education,
19	employment status, physical fitness, or marital
20	status. Victims of domestic violence often feel
21	trappedthis is particularly true for women with
22	few economic resources.
23	Immigrants that are victims of
24	domestic violence have special concerns about
25	reaching out for assistance. Some speak little of

English or no English at all and others may not be aware of the various services available to them.

Some immigrant victims of domestic violence may not feel comfortable discussing intimate details of their relationship or with strangers who are unfamiliar with their culture, beliefs, and customs. Some immigrant victims are concerned about their immigration status and assume that speaking out could endanger their ability to stay in this country.

We need to ensure that services provided to immigrant victims provide language access, cruelty sensitivity to their special needs. The isolation felt by immigrant women, along with limits on financial resources makes this challenging and I hope that we can all come together as one body discussing immigrant and women issues together, that we could make a change, 'cause no one with domestic violence should have to not get help just because of their status.

And I want to thank all the Chairs here for having this great hearing. Thank you.

CHAIRPERSON STEWART: Once again,

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 14 HEALTH AND PUBLIC SAFETY
2	folks, I want to thank you guys for being here and
3	we would like to call our first panel, we have
4	Commissioner Yolanda Jimenez, we have Inspector
5	Theresa Shortell, and we have Assistant Chief
6	Kathy Ryan, and we have, this is Professor
7	Ramanahin Raju, did I do justice to that?
8	[Off mic]
9	CHAIRPERSON STEWART: Perfect? All
LO	right. And if you first can identify yourself and
11	then we get into it. Starting from my right.
12	INSPECTOR THERESA SHORTELL: Good
L3	afternoon, I'm Inspector Theresa J. Shortell,
L4	Commanding Officer of the Special Victims
L5	Division.
L6	ASSISTANT CHIEF KATHY RYAN: Good
L7	afternoon, Assistant Chief Kathy Ryan, Commanding
L8	Officer of the Domestic Violence Unit, NYPD.
19	MS. YOLANDA JIMENEZ: Good
20	afternoon, I'm Yolanda Jimenez, Commissioner of
21	the Mayor's Office to Combat Domestic Violence.
22	DR. RAMANATHAN RAJU: Good
23	afternoon, I'm Dr. Ramanathan Raju, the Executive
24	Vice President and the Chief Medical Officer for
25	New York City Health and Hospitals Corporation.

income, gender, disability status, or sexual orientation. Last year alone, the New York City Police Department responded to over 230,000 domestic incidents, an average of over 600 incidents per day, and the City's Domestic Violence Hotline answered almost 135,000 calls, an average of 370 calls per day.

While domestic violence remains pervasive, there is also encouraging news: over the last seven years we have seen a 24% decrease in all family-related crimes and an 8% drop in family-related homicides. Significantly, female intimate partner homicides have decreased by almost 30%.

The City's efforts encompass the work of 14 city agencies, including criminal justice, social service, health, which address the issue of domestic violence. This administration spends over \$227 million each year for services, including social and legal, shelter, housing, criminal justice intervention, training, and prevention services, among others. My office has also secured almost \$10 million through private foundations, individual donors and competitive

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2 grants.

New York City is a vibrant and diverse city with thriving immigration populations. In fact, almost 40% of New Yorkers are foreign-born and 48% speak a language other than English at home. For any person trying to leave an abusive relationship, there are both personal and institutional challenges; for immigrant women, they may face additional unique barriers. They may be unaware of where to get services, fear that they may not be able to find services in their language, or worry that their immigration status will stand in the way of getting help. Through strong public/private partnerships, the city is working to address and eliminate some of those barriers that victims face in seeking and maintaining safety.

One of the most effective ways the city facilitates access to services, especially for immigrants, is through the New York City

Family Justice Centers, an initiative of my office in partnership with the district attorney's offices. I would like to take this moment to first to thank the Council, particularly, Council

Member Baez, for their support of this important initiative. The one-step Family Justice Centers are where city agencies and community based organizations have co-located to provide wraparound services for domestic violence victims and their children. These innovative centers enable victims to meet with a prosecutor, speak with a trained counselor, and apply for housing assistance in just one visit—all in their language while their children play safely in the next room.

The city's first center opened in Brooklyn in July 2005 and since then has had over 43,000 client visits, including over 4,000 children visits. Due to the overwhelming success of the Brooklyn Center, the city's second center opened in Kew Garden, Queens in July 2008, and has had over 4,500 client visits since its opening.

In Brooklyn, 35% of the clients are foreign-born, and in Queens, nearly 70% of the clients are foreign-born. The immigrants who visit the center come from over 140 countries, speak over 50 languages, and a third center is currently under development in the Bronx.

Reaching out for help takes a
tremendous amount of courage, so we have made
these centers as friendly and accessible as
possible. I would like to walk you through the
experience that an immigrant client would have at
one of our centers. First, the client walks into
the centers and sees signs in multiple languages
letting them know that the people at the center
can speak her language. Next, the client is
greeted by a bilingual intake staff person who
provides client information written in their own
language. In fact, all key documents are
currently available in eight languages.
Throughout the client's visit she will be assisted
by staff who collectively speak 34 languages,
including Mandarin, Haitian-Creole, Punjabi,
Korean, Arabic, Russian, Spanish, among others.
The centers also provide telephonic interpretation
services as needed. Additionally, providers who
staff the centers complete training on immigrant
issues, cultural competency and language access,
in addition to domestic violence, logging over
43,000 total training hours to date.
While the client receives services

at the center, her children can visit Margaret's Place, a children's room funded by the Joe Torre Safe at Home Foundation, where they can play, read books available in many languages, and, if appropriate, be connected to specialized bilingual counseling.

The client is then connected to an advocate who is linguistically and culturally appropriate from organizations such as the Korean American Family Center or TAMKEEN, an Arab-American clients. The client's advocates can enroll her in many of the valuable programs at the center, including a bilingual support group, bilingual parenting classes, on-site job counseling readiness programs, English as a Second Language classes, as well as assisting the client to complete a housing application or enter emergency shelter.

All of our 21 on-site community
based partners were carefully chosen to reflect
the diversity of populations we serve. We cannot
overestimate the importance of having
organizations onsite such as Dwa Fanm, which
serves Haitian immigrants in Brooklyn, or New York

Asian Women's Center, which serves Asian clients in Queens. In addition, if the clients express a desire to speak with clergy, there is a voluntary spiritual support program on-site.

If the client has physical injuries or expressed a need to be connected to medical providers, we have formal partnerships with nearby Health and Hospitals Corporation facilities where the client can be directly linked to the Domestic Violence Coordinator at the hospital. This partnership was consolidated in 2003, through Project H.E.A.L., a collaboration between my office and the Health and Hospitals Corporation. Last year alone, over 2,400 domestic violence victims disclosed abuse and were assisted by a social worker at the hospital.

If the client does not have legal status, she can be connected to one of our immigration attorneys located down the hall. With the client's permission, the attorney can also work directly with an Assistant District Attorney to file for a special remedy called a U visa. The client can also speak with a police officer onsite about her situation and feel comfortable

knowing that, due to Executive Order 41, the New York City Police Department does not ask victims or witnesses of crime about their immigration status. The police officer can explain the sometimes complicated criminal justice system and assist the client in filing a complaint, if needed.

Before the client leaves the center, she may be asked to complete a client satisfaction survey, currently available in both Spanish and English. This survey will help us learn how to better assist our clients. As you can see, we're committed to making it as easy as possible for all domestic violence victims to get the help they need, regardless of their immigration status, language, or culture.

This past July, Mayor Bloomberg signed Executive Order 120, which requires all city agencies to designate a Language Access Coordinator, provide interpretation services and translation to public documents, and conduct staff training on language access. For example, our center has over 450 language interpretation services which are provided each month. One

example of a successful language access program was funded by the U.S. Department of Justice
Office on Violence Against Women. My office
collaborated with the New York City Police
Department in this pilot program. It provided
telephonic interpretation to allow domestic
violence victims who do not speak English to tell
their stories to the police and get the help they
need. As of July 2005, all city police precincts
have direct, instant access to dual handset
telephonic interpretation 24-hours a day to assist
with the investigation of any crime.

In addition to language access barriers, immigration can also pose a potential barrier to domestic violence victims. We often hear from victims that a common threat made by the batterer is that they will no longer support their victim's immigration application, or they will make false threats of deportation if the victim leaves the relationship.

Throughout New York City, domestic violence organizations funded by the city provide critical immigration legal assistance. These federal remedies include: Violence Against Women

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Act Self-Petition in which the victim, if married to a batterer who is a U.S. citizen or Lawful Permanent Resident, can petition for their green card; a Battered Spouse Waiver, in which the batterer started the immigration process for the spouse but then refused to continue it; and U visas, in which neither the victim nor the batterer needs to have status and do not need to be married, but the victim needs to cooperate with prosecution.

Recently in 2008, the

Administration for Children's Services began
certifying U visa applications for victims
cooperating with their agency. To date, ACS
certified 16 U visa applications with another six
under review. These remedies are critical for
immigrant victims and their children. At the
Family Justice Centers alone, we have assisted
almost 2,000 clients with their federal legal
immigration needs including filing 118 SelfPetitions, 375 U visas, and 40 Battered Spouse
Waivers.

To illustrate the role that immigration legal assistance plays in helping a

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victim reach safety and security, I would like to take a moment to tell you about Nadia. Nadia came to New York from Eastern Europe and spoke no English. She experienced a long history of abuse from her husband, including being locked in their home, over the course of many years. She was finally able to seek help and call one of the centers. Through the use of the center's telephonic interpretation services, an immigration attorney at the center spoke to Nadia and safely coordinated a meeting with her. Over the course of the next month, Nadia was able to flee her abusive husband, entered a confidential domestic violence shelter. Since then, she has been able to access a variety of services at the center, including English as a Second Language classes, public benefits with the assistance of the Human Resources Administration, and family court representation. Nadia now lives in a safe location with her two children, she has a work permit, attends school, speaks English, and has been living free from abuse for almost two years. Nadia will soon become a Lawful Permanent Resident.

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We're currently undertaking several projects which will help us better understand the service needs of all domestic violence victims, and, most importantly, victims like Nadia.

Listening to members of the community is fundamental to responding to client needs.

In June 2005, Mayor Bloomberg worked with the City Council to create Local Law 61 which established the Domestic Violence Fatality Review Committee. The Committee is headed by my office in collaboration with agencies, including the Administration for Children's Services, the Bronx and Richmond County District Attorneys Office, the Department for the Aging, the Department of Health and Mental Hygiene, Department of Homeless Services, Human Resources Administration, the New York City Housing Authority, the New York City Police Department, community-based organizations, and domestic violence survivors. The Committee reviews and discusses aggregate family-related homicide data. As a result of this interagency and community collaboration, we have been able to identify several communities in New York that are

disproportionately affected by family-related homicides. In our fourth year of this work, we're conducting a Community Needs Assessment in five districts in the Bronx--in an area from Yankee Stadium to the Bronx Zoo along the Grand Concourse. Seventy percent of victims of family-related homicides that occurred in the Bronx from 2004 through 2007 resided in this area.

Additionally, we will launch another assessment early next year in an area of Brooklyn in which there's also a high concentration of family-related homicides. This area includes the communities of East Flatbush, East New York and Cypress Hills. Moreover, at the request, and in collaboration with the District Attorney Donovan, my office is conducting an assessment in Staten Island as well.

Through these community assessments we're learning what barriers exist at the community level. To date, we have met with over 70 community-based organizations and domestic violence service providers. Additionally, with the help of community-based organizations, such as the Violence Intervention Program, Sanctuary for

Families, SCAN New York, and Seaman's Society, we have conducted seven focus groups, including groups in English, Spanish, and a group of recent African immigrant victims. Initial results suggest that there still remains a fear that any contact with law enforcement could lead to deportation, and this may be further aggravated by any negative experiences with law enforcement a victim may have had in their own home country.

There is a lack of understanding in the community about the scope of domestic violence that goes beyond physical violence, including financial, verbal, and emotional abuse. And there's a need to continue to provide services that are culturally and linguistically sensitive and appropriate. There's a need to continue community education and increase those efforts, especially within immigrant communities. And there's an acknowledgement within some communities that the acceptance of relationship violence needs to be overcome.

These assessments are not just about collecting data, but responding to identified needs that can be immediately

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addressed. For example, since last year, we have trained over 300 Department of Homeless Service shelter employees in the Bronx and Brooklyn regarding the dynamics of domestic violence, barriers to services, and resources available to victims. This summer we will train an additional 120 shelter staff in Queens and Staten Island. The feedback from these trainings was overwhelmingly positive -- as one participant stated in their evaluation, I am now one step closer to being a better case manager. Providing training to frontline employees at all agencies is critical for our effort of ensuring appropriate services for domestic violence victims, especially immigrant victims.

While responding to the needs of domestic violence victims and ensuring their safety is crucial, we all know that prevention really is the key to ending the cycle of violence. As reported daily in the news, relationship abuse can happen to anyone. It is for that reason that the city is working to promote healthy relationships among teens and to make sure that all domestic violence victims know where to get

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help. According to the New York City Department of Health and Mental Hygiene, between 1999 and 2007, teen dating violence among teen high school students increased 58%. In response, we partnered with the Department of Youth and Community Development to form the New York City Healthy Relationship Training Academy which hires peer educators ages, 17-25, to teach other young people and service providers about the dynamics of abusive relationships and characteristics of healthy ones. To date, we have held over 500 workshops, which are conducted in both Spanish and English, reaching over 7,500 young people. Recently, we expanded our program to reach new audiences, including younger participants ages 11 to 13 and parents.

Another key program targeting prevention among youth is the Relationship Abuse Prevention Program, a program coordinated by the Human Resources Administration, who contracts with local domestic violence organizations to educate teens on healthy relationships in 62 middle schools and high schools, reaching over 9,000 young people this academic year.

Last week, the Bronx Borough

President and the Mayor announced the launch of
the Start Strong Bronx program which is part of
the largest national initiative ever funded,
targeting 11 to 14 year olds to promote safe and
healthy relationships and prevent teen dating
violence. My office is participating in this
initiative to create even greater awareness among
teens about dating violence. Since 2002, the city
has launched several citywide advertising
campaigns, including our last bilingual outdoor
campaign, resulting in a 69% increase in calls to
the city's Domestic Violence hotline.

In addition, a citywide advertising campaign, we have distributed over 167,000 brochures, 10,000 posters, 150,000 palm cards in 14 different languages. Our widely circulated resource directory has over 200 programs listed by what languages they can accommodate.

Additionally, we have produced and distributed over 5,000 copies of the city's Medical Providers' Guide to Managing Care of Domestic Violence Patients within a Cultural Context, which equips medical providers with tools

to screen for domestic violence among their patients.

In 2004, the Department of Health and Mental Hygiene established their Take Care New York agenda, which outlines 10 priority areas, including living in a home free of violence. In addition to monitoring female intimate partner homicide and hospitalizations, they have a number of domestic violence prevention initiatives. For example, the Newborn Home Visiting program visits first-time parents living in Northern Manhattan and Bushwick/Bedford Stuyvesant in Brooklyn. The goal is to assure that infants are living in a safe environment and parents receive the additional supportive services they need.

Most recently, in February 2009, the Department of Mental Hygiene launched an 11-week program on intimate partner violence which targeted medical providers. During the campaign, staff conducted over 2,000 one-on-one interactions with healthcare providers and their staff with nearly 200 practices. Through these interactions, healthcare providers and staff enhanced their understanding of the importance of their position

afternoon. I'm Assistant Chief Kathy Ryan,
Commanding Officer of the Domestic Violence Unit
of the New York City Police Department. I am
joined here today by Inspector Theresa Shortell,
Commanding Officer of the Department's Special
Victims Division, and together we will be pleased
to discuss with you the ways in which the New York
City Police Department addresses the needs of
immigrant women who have been the victims of
domestic violence or sexual assault.

We would first like to commend the Council for bringing to the forefront the need to support and assist women who may suffer, not only because of a violent crime, but also because of their fear of reporting the crime, or their lack of knowledge that there is help available. As you have heard from Commissioner Jimenez, we work with many partners, in government and with community and advocacy groups, to reach out to as many victims, or potential victims, as we can, so that these crimes may not only be investigated, but prosecuted, but also prevented. Further, we try to reach out, not only to the victims themselves, but also to their communities, which play a key

role in reporting crimes or dangerous conditions which they may observe, and on supporting the victims in spite of what might be cultural barriers against bringing perpetrators to justice.

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The breadth of the issue before you today is reflected by the distinct, but overlapping responsibilities of the Domestic Violence Unit and the Special Victims Division.

We would like to begin by noting that the reported incidence of domestic violence and sexual assault has greatly decreased during the past several years, which is a welcome trend, due in a large measure to the intense focus placed upon these crimes by the police department. Domestic violence crimes have decreased by 24% from 2002.to 2008, and domestic violence homicides have decreased by 8%, with the Department conducting over 70,000 home visits each year. the fall of 2008, the State Legislature broadened the family court definition of domestic violence, to include all intimate relationships, whether or not the parties live together or have a child in When we include these additional relationships in calculating the number of

homicides committed, our statistics show that there was a 32% decrease in adult female homicide victims in 2008, compared to 2002, and so far this year, we have an additional 15% decrease, compared to the same time last year.

vigorous efforts to address and prevent sexual assaults are demonstrated by the fact that in 2008, an arrest was effected in 71% of all rape cases—that is 908 arrests for 1,289 cases. Note also that the overlap between domestic violence and sexual assault is manifested in 313 domestic rape cases in 2008, in which 270 arrests were effected, or 86%. Overall, the incidence of reported rapes has decreased 37% over the last eight years, with a 63% decrease over the last 16 years. This year, there is an additional 15% decrease in reported rapes when comparing 2009 to the same time period in 2008.

We would now like to describe what happens, as a practical matter, when a domestic violence or a sexual assault comes to our attention. We may first become aware of the existence of the crime when a victim or someone

else places a 911 or a 311 call, or they walk into the station house or a Family Justice Center to report a crime or an incident, or is referred to the police department by a medical facility, a crisis center or a hotline, advocate, or a community group. Alternatively, a police officer may observe an incident or a condition while on patrol, which indicates that a crime is being committed.

In the case of a call to 911, our call takers and radio dispatchers are trained to ask the right questions to determine the reason for the call, and to recognize where there is a language or other barrier that the caller faces so that proper police response may be provided. Our 911 personnel utilize Language Line Services, which provides immediate translation for over 150 languages. A large number of our 911 staff is comprised of bilingual Spanish speakers, allowing nearly two-thirds of calls from Spanish speaking individuals to be handled internally, by our own personnel.

If a call for help is made to 311 rather than 911, unless the call is clearly a non-

emergency request for information, rather than a
report of a crime, the 311 operator will
immediately transfer the call to 911, staying on
the line until the call is successfully
transferred. The 311 system also utilizes
Language Line, and also has some in-house
translation capacity for Spanish-speaking callers.
Depending on the circumstances, the 911 call will
result in the dispatch of a police sector car to
the victim's location, with the highest priority
being given to a violent crime which is actually
in progress.

When a victim walks into a police facility to report a crime or is met by the sector car which has been dispatched by 911, or encounters a police officer who observes something that seems wrong, it is vitally important that the victim and the responding officers be able to communicate effectively, not only because of language issues but also because of social and cultural issues.

For language issues, the police department was an early and ambitious participant in language access policies, ultimately reflected

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in Mayor Bloomberg's Executive Order No. 120, mandating that city agencies implement effective Language Access Plans. All responding police officers have immediate access to Language Line Services through cell phones carried by supervisors in the field, as well as through dualhandset telephones maintained in every precinct, stationhouse, and housing police service area. Beyond the use of Language Line, however, the police department has created a Volunteer Language Program, administered by the Chief of Personnel in which nearly 14,000 members of the police department are registered, capable of providing translation services for 50 different languages, including American Sign Language. If there is no member of the service who speaks the relevant language working in the immediate command, a translator may be requested through a notification to the Department's Operations Unit on a 24-hour basis.

Note that the depth of the police department's ability to provide its own translation services is a testament to the everincreasing diversity of the membership of the

From the very start of their

careers, recruits in the Police Academy receive extensive training in the nature of domestic violence and sex crimes, with guidance on how to interact with victims and how to overcome obstacles to communication and cooperation, whatever they may be. But perhaps most relevant to today's topic is the emphasis in recruit training on what we call "Policing a Multicultural Society," which emphasizes the importance of understanding the diversity of the city and the ways in which communication with police is affected by the differences in language, cultural backgrounds, and social conditions.

Among other topics, immigration patterns, different perceptions of police authority, Executive Orders 34 and 41 regarding the confidentiality of information about immigration status, and the effect of honor or shame relating to family matters or sex offenses are discussed thoroughly, enabling the recruits to understand how to encourage the reporting of criminal complaints and cooperation with the police. Recruit training culminates in an advanced course of intensive multicultural

immersion training, designed to enhance understanding of the communities the new officers will serve.

For patrol officers, in-service training continues on a monthly basis, addressing a wide variety of topics which regularly include domestic violence and sex crimes. Topics will vary depending on the issues that arise since training is designed to respond to identified needs. As laws change and best practices evolve, training is designed to communicate that information to members of the service. Training on these issues, as well as on cultural competence and diversity, is also included in promotion courses and tactical courses, again, depending on the circumstances and for the need.

For crimes of domestic violence and sexual assault, specialized training and procedures are in place which transcend the experiences of routine patrol. Returning to the discussion of practical experience of victims, there are different resources available, tailored to the crime which has been committed.

First, in order to specifically

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address domestic violence, the department has assigned at least one police officer in each precinct and each housing police service area, and sometimes there are multiple officers and a domestic violence sergeant, depending on the need, dedicated strictly to addressing domestic violence. These officers and sergeants are specially trained to recognize and assist victims in any way possible--helping them to obtain orders of protection, to have them served, making appropriate referrals for shelter and services, and helping them develop safety plans. Domestic Violence Officers conduct outreach and maintain strong relationships with community groups and advocacy organizations in their areas so as to ensure that victims' needs are identified and supported by the available social services. Domestic Violence Officer also ensures that Domestic Incident Reports are completed for every incident, whether or not an arrest is made, confers with the Precinct Detective Squad investigating the crime, and conduct follow-up home visits to ensure that the victim, and the perpetrator, know that the police will remain

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involved to help prevent further abuse.

The seriousness with which domestic violence is treated by the police department is also demonstrated by the establishment of the Domestic Violence Unit within the Office of the Chief of Department--the highest ranking uniformed commander of the NYPD. My office coordinates policy and provides support and training to officers in the field, also serving as a point of contact for other government agencies and to the community. Once a year, in November, we hold our annual conference for Domestic Violence Officers, advocacy groups, district attorneys, and other partners in our work. We also conduct extensive outreach, including meeting with community groups, visiting locations where women congregate, such as hair and nail salons, making presentations for advocacy groups, participating in National Night Out Against Crime, and attending Precinct Community Council meetings to encourage the reporting of domestic violence and the cooperation of victims.

With respect to sexual assaults, the primary responsibility for investigating the

crime rests with the Special Victims Division, whose Special Victim Squads are located in each borough. When a victim of sexual assault is identified by patrol personnel, the case is immediately referred to a detective assigned to the local Special Victims Squad for investigation. Special Victims Division personnel are highly trained in the substance of the investigation of sex crimes, as well as in the interviewing of victims, the medical aspects of sexual assault, and the collection and preservation of evidence, including DNA evidence.

The Division conducts a biannual, five-day sex crimes training course, worth three college credits, with lecturers who are highly trained and experienced in their fields. These include hospital directors, district attorney bureau chiefs, forensic biologists, advocacy groups, and FBI sex crimes personnel.

Special Victims Squad detectives also receive extensive cultural diversity training, as do the other members of the department, but, importantly, they also engage in continuous communication and mentoring within

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their own Division, based on the cumulative experience in handling sexual assault cases whose victims reflect the City's diversity. Like Domestic Violence Officers, they themselves reflect the diversity of the department, including the availability of female officers and detectives for victims who are uncomfortable discussing the crime with a male officer. However, all Special Victims detectives are highly aware of the language, cultural, and social barriers that victims may suffer in even disclosing that they were assaulted, much less discussing the event in The detectives will spend as much time as detail. is necessary to gain the victim's trust and to facilitate communication. They use dolls, gestures, drawings, or other means of making the victim comfortable enough to reveal in whatever manner possible what has happened to her.

The Special Victims Division also staffs the Rape Hotline, (212) 267-RAPE, on a 24-hour basis, in order to help victims obtain information and medical aid, encourage them to report the crime, and to give them a list of available resources, including crisis centers and

hospitals. Many of the officers answering calls are bilingual, with instant availability of Language Line services if needed.

The Special Victims Division

conducts extensive outreach, meeting with

community groups, conducting joint training with

the district attorney's offices, hospital

personnel and advocacy group, providing speakers

at schools at all levels, attending Precinct

Community Council meetings and lecturing at the

Citizens' Police Academy. Both the Special

Victims Division and the Domestic Violence Unit

also work with the Department's Chief of Community

Affairs, Clergy Liaisons and the New Immigrant

Outreach Unit in order to coordinate outreach and

identify communities where the availability of

help can be reinforced.

The New Immigrant Outreach Unit, especially, provides a vital link to immigrant populations in New York City through its work with local community leaders and its coordination of training efforts, bringing community members into the department to share their experiences and quidance for dealing with a diverse population.

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For both domestic violence and sexual assaults, it is imperative that the victim be treated with sensitivity and awareness of barriers to communication. This is not a situation unique to immigrant women, but it's true for all victims who may be unable to communicate for many reasons--perhaps language, or emotional or mental disability, or for fear, or for shame. It is also embedded in the police department's culture and training, and consistent with the city policy that the immigration status of a victim is irrelevant. It is our responsibility to get to know the victim as well as we can, and to give the victim as much time and support as she needs in order to allow her to tell her story and to help us apprehend the perpetrator.

We will continue to strive to improve our training and to learn from our partners in and out of government to better serve the needs of immigrant women and of all victims of domestic violence and sexual assault.

Thank you.

DR. RAMANATHAN RAJU: Good afternoon. My name is Dr. Ramanahin Raju, I am

the Executive Vice President and the Corporate

Chief Medical Officer for the New York City Health

and Hospitals Corporation. I'm pleased to have

the opportunity to provide a testimony on behalf

of Health and Hospital Corporation's procedures to

treat victim of sexual abuse, sexual assault, and

domestic violence.

Our corporation facilities serve a broad and diverse patient population that come from many different ethnic and cultural backgrounds and speak many different languages other than English. In calendar year 2008, Health and Hospital Corporation facilities provided care to more than 1.3 million New Yorkers; of this, 725 were treated in the emergency departments as the victims of rape or sexual assault. We also treated another 175 sexual assault victims in our clinics.

Rape or sexual assault is a crime whereby the victim is forced into sexual activity against his or her will. It is a significant social and medical problem and considered by society as one of the worst crimes committed to an individual. The perpetrator may be an unknown

individual, an intimate partner, an acquaintance, or a family member. The victims are predominately women and represent diverse ethnic, cultural, and socioeconomic backgrounds and speaks a myriad of different languages.

In order to be able to treat these patients, Health and Hospital Corporation has enhanced medical and social service to meet the needs of rape and sexual assault victim in accordance with the Sexual Assault Reform Act of 2000. The Act requires the Commissioner of New York's State Department of Health to develop programs to address sexual assault and designate hospitals in the New York state as providing 24-hour SAFE, Sexual Assault Forensic Examiner, programs.

All our hospital's emergency
departments are designated by the State Department
of Health as a SAFE Centers of Excellence and each
of our Sexual Assault Response Teams, SART,
program. The SART program is made up of an oncall multidisciplinary team of sexual assault
forensic examiners that includes doctors, nurses,
and other clinical staff, and trained rape crisis

advocates and is sponsored by the Mayor's Office of Criminal Justice Coordinator. As a designated SAFE sites, all our hospitals have established, demonstrated, and maintained all requirements set forth in the State Public Health Law, and other program standards and requirements developed by the New York State Division of Criminal Justice Services. In 2004, Health and Hospitals

Corporations in North Central Bronx Hospital was the first hospital in the state to receive the SAFE designation.

The SAFE and SART programs are designated, are designed to provide timely medical care and services to victim in a compassionate and culturally sensitive environment in order to further reduce the trauma. The SAFE consists of specially-trained forensic examiners and volunteer advocates that provide professional medical care, expert forensic evidence collection, and aftercare services that include psychosocial and legal counseling. In addition, an essential part of the SAFE or SART program is to ensure that the staff has a very high level of competency and provide state of the art medical and psychological care

health care provider of opposite gender. Proper

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communication and training are critical components of the success of the SART program and achieve optimal patient outcomes.

Health and Hospital Corporation provides training on cultural competency, which includes recognition and respect for different cultural norms, assessment of language, and issues of sensitivity and diversity, and the ethnicspecific effects of rape and sexual assault. For our patients whose primary language is not English, professional medical interpreter services are readily available through in-person interpreters or the use of telephonic services, which is CyraCom phone. The CyraCom phone is an interpreting device that provides immediate communication in any language. The communications services allow the caregivers to effectively provide care to patients with language needs.

Health and Hospital Corporation's

SART staff meet quarterly with the staff of the

Mayor's Office of Criminal Justice Coordinator and

work collaboratively to coordinate action amongst

our hospitals. We also coordinate with NYPD,

district attorney's offices, and FDNY, and EMS.

These partnerships and collaborations allows

Health and Hospital Corporation to continuously

make improvements to a service we provide to rape

and sexual assault victims every year.

In addition to providing services to victims on rape and sexual assault, Health and Hospital Corporation facilities also address the unique problem of facing victims of domestic violence that require concerted and coordinated efforts by our clinicians. As you know, domestic violence pose a serious problem nationwide and it occurs across all religious, socioeconomic, education, ethnic backgrounds. Both victims of rape or sexual assault and victims of other form of domestic violence are predominately women between the ages of 14 to 44.

On average, social workers at the Health and Hospital Corporation facilities assist more than 2,500 domestic violence victims each year. Our corporation has the extensive domestic violence identification program in place since the early 90s. This program has been enhanced through our partnership with the Mayor's Office to Combat Domestic Violence efforts with the Project

H.E.A.L., Hospital Emergency Assistant Link, at all of our acute care hospitals. Project H.E.A.L. is a comprehensive plan provided to victims of domestic violence through forensic photography that documents injuries and connects victims to social and legal services immediately.

Screening for domestic violence is provided in all of our emergency departments, inpatient units, OB services, and ambulatory care clinics. As a part of a history and physical assessment, all patients are screened for domestic violence by asking two questions: Do you ever feel unsafe at home and/or has anyone at home hit you or tried to injury you in any way? If the answer is yes: Would you like to speak to a social worker?

All of our employees receive

domestic violence education during their

orientation and annually as a part of continuing

education to ensure competency in managing the

victims of domestic violence. Training include

identifying the signs and symptoms of domestic

violence, proper treatment techniques, referral

procedures, and other components. Our

Council Member Sears, Council Member Dickens,

Council Member Crowley, Council Member Barron, and

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Τ	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 57 HEALTH AND PUBLIC SAFETY
2	Council Member Arroyo. Also Council Member Katz,
3	sorry.
4	I think you all have spoken and
5	you're the only one, you're not going to be
6	testifying. We have a few questions, but before I
7	call on my colleagues I have some simple questions
8	that I wanted to ask going back to Commissioner
9	Jimenez. It has to do with, you spoke about the
10	center that was currently opened, one in Brooklyn
11	and one in Queens, and you mentioned that there is
12	going to be one in the Bronx. Could you tell me
13	when will that be open?
14	COMMISSIONER JIMENEZ: The center
15	in the Bronx is currently under development,
16	construction is going on as we speak, and we
17	expect to open the center during this next fiscal
18	year, so within a couple of months.
19	CHAIRPERSON STEWART: Within a
20	couple of months. You say within six months?
21	COMMISSIONER JIMENEZ: Yes.
22	CHAIRPERSON STEWART: All right,
23	thank you. You also spoke of the help that you
24	to help victims of domestic violence and there are
25	two basic matters in which you used to help those

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 58 HEALTH AND PUBLIC SAFETY
2	who are victims in terms of their immigration
3	status. Could you tell me how many of the U visas
4	that you have attempted so far?
5	COMMISSIONER JIMENEZ: We filed
6	collectively over 370 U visas. There's been
7	interaction with our immigration attorneys and
8	over 2,000 clients, so they each have different
9	needs and, depending upon their circumstances,
10	they file for different federal remediesit may
11	be a U visa, it may be the self petition, but in
12	total with the U visas, it's 375.
13	CHAIRPERSON STEWART: Three
14	seventy-five. Within that 375, there is another
15	form of visa to deal with the juveniles, people
16	who are under 15 years old, the visa called SIJ,
17	from the federal government. Do you know anything
18	about that?
19	COMMISSIONER JIMENEZ: No, I don't
20	believe we filed
21	CHAIRPERSON STEWART: [Interposing]
22	SIJS?
23	COMMISSIONER JIMENEZ:I don't
24	believe we filed any of those.
25	CHAIRPERSON STEWART: You haven't

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 59 HEALTH AND PUBLIC SAFETY
2	COMMISSIONER JIMENEZ: No.
3	CHAIRPERSON STEWART:you haven't
4	filed any.
5	COMMISSIONER JIMENEZ: No.
6	CHAIRPERSON STEWART: Do you work
7	in conjunction with the ACS
8	COMMISSIONER JIMENEZ: We do, yes.
9	CHAIRPERSON STEWART: You work in
10	conjunction with ACS and you don't know much about
11	the
12	COMMISSIONER JIMENEZ:
13	[Interposing] Well I mentioned earlier that ACS
14	had already started filing U visas as well.
15	CHAIRPERSON STEWART: All right.
16	The reason why I ask that is that with juveniles,
17	they age out most of the time and never really had
18	the opportunity and this opportunity was created
19	by the federal government to help those youngsters
20	who might be eligible for that, and I think we
21	should really jump on it when we have such cases
22	and make sure that those youngsters are not caught
23	up and being aged out and then you find that it's
24	much more difficult for them to get a visa.
25	I will ask my colleague, Council

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 60 HEALTH AND PUBLIC SAFETY
2	Member Rivera, who wants to ask a few questions,
3	now to step in.
4	CHAIRPERSON RIVERA: Thank you very
5	much, Council Member Stewart. I guess my question
6	is also for Commissioner Jimenez. We spoke
7	briefly about the Bronx Family Justice Center and
8	the fact that it will open up in a couple of
9	months. What's the location of the Family Justice
10	Center?
11	COMMISSIONER JIMENEZ: The location
12	is 198 East 161st Street, so it's the building
13	where the DA's office is currently housed. We're
14	working with the Bronx Borough President's office
15	and the Bronx District Attorney's office, so we'll
16	have the entire second floor of that building.
17	About 16,000 square feet of space in that building
18	to really be able to co-locate the entire DV unit
19	of the Bronx DA's office, as well as be able to
20	locate many of the community partners, members
21	from the New York City Police Department,
22	Department of Probation, Department for the Aging,
23	civil legal attorneys, immigration attorneys.
24	CHAIRPERSON RIVERA: And you'll of
25	course be working with HHC as well in that effort.

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 61 HEALTH AND PUBLIC SAFETY
2	COMMISSIONER JIMENEZ: Absolutely.
3	CHAIRPERSON RIVERA: Now, what type
4	of outreach will you be doing to let Bronx sites
5	know that this new center is going to be
6	available? Will you be reaching out to News 12,
7	the local newspapers, community boards?
8	COMMISSIONER JIMENEZ: Absolutely,
9	we've already have begun that work, I mentioned
10	earlier that we're doing an assessment in an area
11	in the Bronx that we're all concerned about, and
12	that's that area sort of that we've defined as
13	between Yankee Stadium and the Bronx Zoo along the
14	Grand Concourse where, over the last four or five
15	years, we have seen that 70% of all homicides,
16	domestic violence related homicides are occurring
17	in that corridor. So we're out there talking to
18	community members, we're out there talking to
19	members of the community boards, we're talking to
20	clergy, and we're talking to survivors, quite
21	frankly, to see why that is, we want to make sure
22	that we understand what are the barriers to
23	services so that we can, by the time that we open
24	the center we should have a very clear
25	understanding as to how to best reach the entire

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 62 HEALTH AND PUBLIC SAFETY
2	Bronx community, quite frankly.
3	CHAIRPERSON RIVERA: Now, in terms
4	of that section that you're talking about where
5	48, you know, people out of 71 come from that
6	area, now what is the age demographic? Is it
7	younger population, older population?
8	[Crosstalk]
9	COMMISSIONER JIMENEZ: I can get
10	you the specifics, but I thinkand maybe the
11	chief might have this in terms of agebut most of
12	the homicide victims that we have seen are really
13	in the age range ofand it's a big age range20
14	to 45.
15	CHAIRPERSON RIVERA: Okay. All
16	right. And that just leads into my next question,
17	under New York City Healthy Relationships Training
18	Academy, these academies you mentioned go from 17
19	to 25, that age demographic, and you said you
20	teamed up with DYCD now, why not the Department of
21	Education?
22	[Crosstalk]
23	COMMISSIONER JIMENEZ: We're
24	working with theoh, we're working in the schools
25	as well.

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 63 HEALTH AND PUBLIC SAFETY
2	CHAIRPERSON RIVERA: And CUNY, do
3	you work with CUNY as well?
4	COMMISSIONER JIMENEZ: We work with
5	CUNY on a number of our programs, and I also
6	mentioned we're actually starting even younger
7	with the Start Strong program
8	CHAIRPERSON RIVERA: The 11 to
9	COMMISSIONER JIMENEZ:the 11 to
10	14, because what we find, unfortunately, when we
11	go in to high schools and you're talking to young
12	men and you're talking to young women, you do get
13	a very real senseand I've sat in on some of
14	these sessionsthat young women are identifying
15	with what's being said in terms of feeling that
16	they are involved in potentially an unhealthy or
17	an abusive relationship and that young men are
18	identifying the behaviors that clearly can lead to
19	a situation where there is domestic violence. So
20	we think we have to go even younger so that we can
21	really have an opportunity to reach young people
22	and highlight, not just what an unhealthy
23	relationship looks like, but, I think more
24	importantly, highlight what a healthy relationship
25	looks like to reallyyou know, I don't know how

1 COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 64 HEALTH AND PUBLIC SAFETY many of us sort of learned that when we were 2 3 younger, but really to talk about what healthy relationships are really all about--gender 4 equality, respect. I mean, that's 6 CHAIRPERSON RIVERA: 7 good, and obviously you're delving into the emotional or mental side of domestic violence as 8 9 well, besides the physical as well. 10 COMMISSIONER JIMENEZ: 11 CHAIRPERSON RIVERA: 'Cause that's 12 obviously something that most people think of 13 domestic violence and think of the physical 14 aspects, but don't realize the verbal abuse is a 15 form of domestic violence, and, you know, other 16 types of mental abuse as well can qualify. 17 the signs, I think that's the biggest key, how can 18 teachers in the schools identify the signs of a 19 victim of domestic violence; how can a parent 20 identify a sign if their child is becoming a 21 victim of domestic violence as well, and sometimes 22 the mental side predates the physical. 23 So that's some of the information 24 that I hope will be given out, not only with DYCD,

Department of Ed, and with the Family Justice

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 65 HEALTH AND PUBLIC SAFETY
2	Centers.
3	COMMISSIONER JIMENEZ: Absolutely.
4	CHAIRPERSON RIVERA: Perfect, thank
5	you.
6	COMMISSIONER JIMENEZ: Thank you.
7	CHAIRPERSON STEWART: Council
8	Member Dickens.
9	[Off mic]
10	CHAIRPERSON STEWART: I'm sorry, I
11	have to defer to the Chairs first, Ms. Dickens, so
12	I call on Chair Mealy.
13	CHAIRPERSON MEALY: Good afternoon.
14	I would like to ask the police departmentthank
15	youdoes the NYPD do sensitive training so
16	officers can communicate with all different kind
17	of cultures, and what type of training do you
18	specifically do for each precinct? If it's a
19	precinct that just be Creole, how do you do that
20	training just for that precinct?
21	ASSISTANT CHIEF RYAN: Well, to
22	begin with, as we mentioned the New York City
23	Police Academy has a big program for training for
24	the officers to be aware of the diversity in all
25	the populations within the city and we are a very

CHAIRPERSON MEALY: [Interposing]

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of all, when--

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 67 HEALTH AND PUBLIC SAFETY
2	What's the first step, what they say to the
3	ASSISTANT CHIEF RYAN: Well the
4	first step is to find out what is the language and
5	do we have an officer or someone in that station
6	house
7	CHAIRPERSON MEALY: [Interposing]
8	And if you do not.
9	ASSISTANT CHIEF RYAN: And if we do
10	not, we have a dual handset phoneand I didn't
11	bring the yellow sheet, but there's a yellow sheet
12	in the office which then opens up and it has all
13	of the languages that Language Line will have and
14	we'll ask the victim if they can identify a
15	language if it's not obvious to us. And
16	CHAIRPERSON MEALY: I have to
17	disagree, we have to think about when people call
18	the police departmentwhen I call personally 911
19	or the police department, the phone rings, rings,
20	ring.
21	ASSISTANT CHIEF RYAN: At 911?
22	CHAIRPERSON MEALY: Not 911, the
23	precinct itself. So when someone come in, if
24	someone at the front desk they call to that phone-
25	-

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 68 HEALTH AND PUBLIC SAFETY
2	ASSISTANT CHIEF RYAN: Right.
3	CHAIRPERSON MEALY:and if they
4	don't understand what language it is, where do you
5	send that individual? Normally you ask someone to
6	translate it.
7	ASSISTANT CHIEF RYAN: Right.
8	CHAIRPERSON MEALY: Right. And
9	sometimes it's the abuser who is translating to
LO	them. So I'm trying to find out what procedure
11	you have that that would never happen, that should
L2	never happen to anyone with domestic violence. Or
L3	you have, if they came in with children, the
L4	children would start translating for the abuser
L5	for the victim
L6	ASSISTANT CHIEF RYAN: Right.
L7	CHAIRPERSON MEALY: So I'm trying
L8	to find out what is the a procedure like plan B.
L9	If the phone does not work, how do you find out
20	what this language is and how can you help them
21	immediately?
22	ASSISTANT CHIEF RYAN: Well to the
23	best of our ability we try to find what the
24	language is, if we have a person in that command
25	to help to translate

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 69 HEALTH AND PUBLIC SAFETY
2	CHAIRPERSON MEALY: [Interposing]
3	And if you do not.
4	ASSISTANT CHIEF RYAN: You also
5	mentionedexcuse me?
6	CHAIRPERSON MEALY: If you do not
7	have anyone there.
8	ASSISTANT CHIEF RYAN: Well, then
9	we would try and you also mentioned if they're
10	coming in with family members. Our first priority
11	is not to use family members, we try not to do
12	that. Obviously we're having an emergency and
13	somebody's trying to get something communicated,
14	we're going to try to the best of our ability, so
15	if we need to use a family member, at least to
16	find out where are we going, like, what do we have
17	the immediate emergency. And then as I had
18	mentioned each patrol supervisor has a cell phone,
19	it's a Nextel cell phone, and that cell phone is
20	programmed to enable that supervisor to call
21	Language Line and it has a speakerphone
22	capability. So every officer does not have the
23	phone, but if they have this circumstance, they
24	are directed and they are trained to call that
25	supervisor to the scene, get on that Language Line

Τ	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, A HEALTH AND PUBLIC SAFETY
2	and have that communication, if need be, on a
3	speakerphone, so now we have the translation being
4	done.
5	In addition, in the station house,
6	if somebody was present in the station house
7	there's a dual handset phone and the
8	CHAIRPERSON MEALY: That's it.
9	ASSISTANT CHIEF RYAN:protocol
10	is that the desk officer, if the desk supervisor
11	needs to be involved and the supervisor should be
12	getting involved, and then direct the parties to
13	use that dual handset phone where the victim is on
14	one side of the phone
15	CHAIRPERSON MEALY: And
16	ASSISTANT CHIEF RYAN:and the
17	police officer is on the other side and then
18	they're both talking to Language Line so that the
19	translation service can happen.
20	CHAIRPERSON MEALY: Okay. Thank
21	you. I have one more question
22	INVESTIGATOR SHORTELL:
23	[Interposing] Excuse me, I'm sorry, in addition,
24	we also as a backup have a operations unit at One
25	Police Plaza and in that operations unit, we can

you or tried to injure you in any way. Do you

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 72 HEALTH AND PUBLIC SAFETY
2	really feel that's a question that someone would
3	just say yes if they have been abused? Have you
4	all thought about changing it? Or do you get a
5	counselor to ask them or someone from the hospital
6	ask them?
7	DR. RAJU: No, what we do is
8	everybody who comes in the intake as it is [off
9	mic] this question is asked
10	CHAIRPERSON MEALY: [Interposing]
11	Who asks that question?
12	DR. RAJU: The nurse who takes
13	[Crosstalk]
14	CHAIRPERSON MEALY: [Interposing]
15	The nurse asks that
16	DR. RAJU:nurse ask the
17	CHAIRPERSON MEALY:question?
18	DR. RAJU: Yes.
19	CHAIRPERSON MEALY: So has the
20	nurse had training
21	DR. RAJU: Yes.
22	CHAIRPERSON MEALY:sensitivity
23	training
24	DR. RAJU: Yes.
25	CHAIRPERSON MEALY:just

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 73 HEALTH AND PUBLIC SAFETY
2	specifically for that?
3	DR. RAJU: Absolutely, all the
4	nurses
5	[Crosstalk]
6	CHAIRPERSON MEALY: Okay. Thank
7	you.
8	CHAIRPERSON VALLONE: Thank you.
9	First I want to thank my fellow Council Members
10	all here and waited a long time. They're not just
11	here because we have four committees, but they're
12	waiting throughout all this testimony patiently
13	and it's a testament to their concern and their
14	involvement in this issue. And especially Council
15	Member Arroyo, who was very instrumental in
16	getting this hearing done in the first place.
17	So I'll only ask one question
18	because I want to hear from the DAs and the
19	advocates and my fellow Council Members.
20	Commissioner Jimenez, you said something that was
21	startling here in your testimonyteen dating
22	violence has increased 58% from 1999 and 2007, I
23	was not aware of that, I have two teenagers so
24	it's very alarming. Why is that happening?
25	COMMISSIONER JIMENEZ: Well I

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 74 HEALTH AND PUBLIC SAFETY

think, you know, young people are becoming
involved in relationships at an earlier age.
Perhaps this is something that they have seen at
home and they're modeling this behavior. We talk
about also not just abusive relationships, but at
the other spectrum, but also unhealthy
relationships, so we're talking about young people
who are constantly, you know, it used to be you
might beep somebody 50 times, maybe they're
texting somebody wanting to know where they are,
who they're with, what they're wearing, where they
can go, and this controlling behavior is starting
at a much younger age. And I think that having
these discussions and having these conversations,
because one of the things that I think we're
always surprised by is the fact that many young
people don't even identify or don't even recognize
that they are in fact in an unhealthy
relationship. They may equate having somebody
texting them 50 times as he really cares about me,
he wants to know where I am every other second as
opposed to, perhaps this isn't a healthy way to be
communicating with someone.

And so we really have to start with

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 75 HEALTH AND PUBLIC SAFETY
2	some of the very basics and I think these
3	workshops are very helpful to get that discussion
4	going.
5	CHAIRPERSON VALLONE: I'm not going
6	to ask what you do about it because you spent a
7	page discussing it, but what else can be done? Is
8	there anything that City Council can do or anyone
9	else can do
10	[Crosstalk]
11	COMMISSIONER JIMENEZ: You know
12	CHAIRPERSON VALLONE:assist you.
13	COMMISSIONER JIMENEZ:awareness
14	is key. We have done awareness campaigns every
15	two, three years, this is key to conducting
16	awareness in the community aboutand the state
17	has a very good campaign right now about respect
18	and there was a page on it yesterday for Father's
19	Day in terms of what men can teach their young
20	boys and teaching young boys about respect and
21	about how to treat women. I mean, I think this is
22	something that we as a society have to play a role
23	and it does begin at home teaching that respect
24	for one another.
25	CHAIRPERSON VALLONE: Police

are not within a household where their parents either have a green card or do not have a green card, they're removed from the household, they're in the streets or living with friends, living with neighbors, and I didn't see how that's addressed. Because with that alarming rate of 58% for teen rape and abuse, this is a community that is targeted. And so I didn't see that addressed here how you handle that and how HHCs handle it when an emancipated youth comes in to HHC and has been a target of abuse and yet is underage and doesn't have health insurance.

COMMISSIONER JIMENEZ: Our Healthy Relationship program really started a couple of years ago from a grant from the U.S. Department of Health and Human Services, which really asked us to go out and find and target if you will, and host workshops with youth at risk. And clearly we worked with Covenant House in other areas and went out into the community to try to identify some of these young people because we knew that many of them were possibly involved in unhealthy relationships—abusive relationships, prostitution—a whole host of risky behaviors and

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 78 HEALTH AND PUBLIC SAFETY

COUNCIL MEMBER DICKENS:

so that has emanated from that original program and we're continuing to work with that community.

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nervous about that because such Covenant House and others that have focused on groups such as this, their funding has been severely decreased. referred a young girl to Covenant House that had been the victim of abuse, and, although they took this child in, there was a lot of paperwork, a lot of problems, and then they really wanted to go and talk to the parents who had just thrown her out in the street. So I have some concerns about how it's handled, particularly if you're reliant upon programs that have been--and Covenant House is moving to a smaller location. So it means that there are less and less young people that they will be able to take in as part of sleeping. So, you know, I'm very concerned about that and I think we need to start thinking ahead of how we're going to address that.

HHC, Mr. Raju?

DR. RAJU: Sure. All of our nurses and doctors [off mic] physicians are extremely sensitive to these issues and they also get the

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 79 HEALTH AND PUBLIC SAFETY
2	same culturally, cultural and language training on
3	how to deal with this as a part of it.
4	So in the corporation and the [off
5	mic] in the emergency department, out in the
6	clinic, immediately social workers gets assigned
7	to that particular patient and that patient is
8	under the care of social worker and then they do
9	the complete background and examination of the
LO	patient and making sure that patients are
11	appropriately, not sent back to a place where
L2	there's the violence takes place.
L3	COUNCIL MEMBER DICKENS: I'm
L4	pleased you said that because page 4 of your
L5	testimony you indicate that the questions that are
L6	asked, there are two questions, and one of them is
L7	that you ask if anyone tried to injure you and
L8	then you ask, would you like to speak to a social
L9	worker.
20	DR. RAJU: Yes.
21	COUNCIL MEMBER DICKENS: You think
22	that that is the best way to handle it, to ask?
23	Because if I'm from the immigrant community and
24	you ask me
25	DR. RAJU: Mm-hmm.

Bronx, there is a greater number of domestic

violence incidents reported in those boroughs -- the

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Bronx even higher than Brooklyn, quite frankly, when you adjust it to population.

But, you know, the commitment has been to work with all of the district attorney's offices and to find ways in which we can find a location and co-locate services with other agencies. And so I look forward to, you know, working with the district attorney's office from Manhattan to see if there's a way in which we can enhance some of the services that they already have—they do have a satellite office, as you know. But we're working with the Staten Island District Attorney's office as well and looking at ways in which we can conduct an assessment in Staten Island, and if the need is there, also open a Family Justice Center there as well.

COUNCIL MEMBER DICKENS: All right, because I am very concerned about Manhattan and, considering that in 2009 Manhattan is going to get a new district attorney, then I'm going to ask, would you please work with the new district attorney to ensure because I don't see anything that is really addressing Manhattan and I really just don't believe that Manhattan is the lowest

borough. It would be great if it was, but the borough that has the lowest percentage of domestic abuse maybe that is reported would be more like the case.

Also, I was very concerned because I didn't see anything in your testimony when you discussed about all the various languages about for persons with disabilities. I did see in the testimony from Assistant Chief Ryan that you did mention about American Sign Language. Can you tell me a little something about that? Because I saw one short little sentence about that, and I'm concerned about persons with disabilities who are definitely subjected to domestic violence.

COMMISSIONER JIMENEZ: We have

Barrier Free living, which is one of our partners,
which works with victims of domestic violence that
may also be disabled at our centers both in Queens
and in Brooklyn, and through our language access
program we do provide those services.

COUNCIL MEMBER DICKENS: So sign language is readily available just as it is in other languages that are spoken.

COMMISSIONER JIMENEZ: It's part of

provide the Chairs with that data once you get it,

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 85 HEALTH AND PUBLIC SAFETY
2	District Attorney's Office and the advocate groups
3	and we had monies that were funded for this
4	program. So we also partner with the advocate
5	groups by giving them, sometimes the names, the
6	contact information only to reach out in addition
7	to our outreach to victims, to find out if, in
8	fact, they need further assistance. And they also
9	have monies to go forward and do further outreach
10	into the different communities in Manhattan.
11	COUNCIL MEMBER DICKENS: Thank you
12	so much, thank you.
13	CHAIRPERSON STEWART: All right, we
14	have been joined by Council Member Gentile from
15	Brooklyn. But before I call on Council Member
16	Eugene, I just want to follow up on a question
17	that Council Member Dickens asked.
18	We spoke about Brooklyn, we spoke
19	about Manhattan, we spoke about the Bronx, and we
20	spoke about Queens. Isn't Staten Island a part of
21	New York City? What's the program you have for
22	there?
23	COMMISSIONER JIMENEZ: Absolutely.
24	CHAIRPERSON STEWART: Don't they
25	have domestic violence too?

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 86 HEALTH AND PUBLIC SAFETY
2	COMMISSIONER JIMENEZ: They do,
3	they do, unfortunately.
4	CHAIRPERSON STEWART: All right.
5	COMMISSIONER JIMENEZ: I spoke
6	earlier that we're currently doing an assessment
7	and this was at, both at the request of District
8	Attorney Donovanwe're doing an assessment in
9	Staten Island as we speak to try to, again,
10	understand barriers to services. We have
11	collaborated with his office, they're providing us
12	with information, so we're actually mapping where
13	all the incidents are occurring, where all the
14	arrests are occurring, and we're looking to be
15	able to go back into the community to make sure
16	that anyone who is a victim of domestic violence,
17	they know where to get help, where to get
18	assistance, and the district attorney is as eager
19	as we are, quite frankly, to look into the
20	possibility of opening up a Family Justice Center
21	in Staten Island.
22	CHAIRPERSON STEWART: All right. I
23	have another concern of what I've learned by
24	trying to investigate the types of domestic
25	violence and issues that happen in central

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Brooklyn, but I found out that in many cases,
based on the community that you belong to, it may
or may not be reported or, in some cases, the
police work in conjunction with that community and
sometimes it never reaches to the system. Let's
put it this way, in some of our Jewish community,
the rabbis handle some of the domestic violence
issues and so it never really gets to be a
statisticit's settled, whatever, it's come to
they go before the rabbi in conjunction with
working out that situation. But in other
neighborhoods, like my, let's say my Haitian
community or my Caribbean American community, that
never happens. So don't you see there's a line in
terms of the statistics that you may have that you
may collect that you'll get a lot of statistics
about Caribbean and Haitian and other folks and
you don't have the statistics as far as the Jewish
community is concerned?

COMMISSIONER JIMENEZ: Statistics

regarding reporting or--

> CHAIRPERSON STEWART: Reporting, because what happens is that if someone call about a domestic violence with the police, 90% of the

time if it's in a Caribbean community, it's going before the system, it will be part of a statistic, but if it's in a Jewish community, it's being settled by the rabbi. I'm trying to figure out, don't you see that if you look at the statistics, you wouldn't see that?

COMMISSIONER JIMENEZ: Well I know that there'll be testimony here from the Brooklyn District Attorney's office because they have a program, a very aggressive program, that reaches out to the Orthodox Jewish community and they have been working with many of the leaders there, I know DA Hynes has been working with many of the clergy out there. We don't keep statistics per se by different groups, if that's what you mean.

CHAIRPERSON STEWART: Well I know that, but my point I'm trying to allude to is the fact that we may not, in some of our communities, we may not have a system whereby we can settle a simple domestic thing may be able to be settled in the Jewish community and it's never reached that far; whereas, in the Caribbean community, someone calls without even anything asked, that person has been arrested, even if it's just an accusation,

whatever it is, and it blows up to more than what it is, that person will have to lose maybe, first, a day to go through the system, then he has to go back and forth, and it might be just a complaint.

My point is basically is that it's based on the community how some of these issues are being handled, I'm not saying it should be-it should not be taken seriously, but, based on the community, you'll find that you have problems--a lot more statistics in the Caribbean community rather than in the Jewish community. And I'm not saying that one has more problems than the other, it's just the way it's being settled.

out into the community, we want to really bring a very clear message to anyone who's a victim of domestic violence to let them know that they can get help and if, for any reason, they choose not to report it to the police that they can come to any of the Family Justice Centers, that they can go into any of the medical facilities and report. And then for batterers, you know, we also have a message that domestic violence, that there will be accountability, domestic violence is a crime and

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that cuts across all communities.

3 CHAIRPERSON STEWART: All right, but my last statement on that is the fact that 4 how--we talk about training, I am not too sure that our officers are being trained adequately in 6 the sense that I have had several complaints where 7 an officer being called, called by the husband 8 9 that there's something wrong here, come out and 10 check it out, the husband becomes the one that is 11 being arrested without even any questions asked 12 because he's the husband. And to me, I'm not too 13 sure that our officers are being trained properly to at least listen to both sides or get the full 14 story. They take one side of the story and he 15 16 goes through the system, he goes through the 17 system and then, even if it's been thrown out 18 afterward, but he goes through the system. 19 to me, I'm not too sure that our offices are being 20 trained properly as to when they go out on a call, even if it's the husband that did call. 21 22 ASSISTANT CHIEF RYAN: Well first

ASSISTANT CHIEF RYAN: Well first of all, I just want to say, and I think everybody appreciates the fact that domestic violence and the crimes of domestic violence are very complex

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and we are talking about relationships that are really very intense and close relationships. First, I'd just like to also mention that on any given year, 74%, sometimes it could be as high as 78%, of our homicide victims never had a police report on file--that includes no 911 call, not even a DIR for a verbal dispute. So, again, you mentioned certain communities where the police aren't called, and we also mentioned at this Council hearing--and I think this is incredibly important -- is that everyone needs to know what these crimes are and that the entire New York City population, we all need to be educated and know what the resources are so that we can help each other. And how many times -- and when we do do the training, and you talk about training police officers, when we do the training and we go out to community groups and the outreach, we show sometimes the newspaper front-page where it will say, I knew something was going to happen.

So, again, I think that is incredibly important and we do try and we encourage, and by all means, we open our arms to anybody who would like to--for us, the Domestic

Violence Unit and we'll go and partner with the respective precinct domestic violence officers to do presentations, whether it be at community centers, churches, wherever, we are more than happy and we're always asking the community to help us to bring us into those respective areas so that we can show what services and also to understand how do the police respond.

You know, I can't answer--you're mentioning a specific incident, I wasn't there, we do look--and, again, I encourage anyone who may be dissatisfied with the way the police--either to reach out to my office, if they want to make a complaint, we have a venue to do that with CCRB, as well as if need be the Internal Affairs Bureau.

But a lot of times, a lot of people don't really understand what is going on and the police officers are trained. They're coming into a scene, sometimes there's a lot of yelling and screaming, sometimes there's injuries involved. They are trained to separate the parties as best possible using whatever communication tools we need to have, get each story separate. Before something was mentioned about children, we try not

to include the children to get a story, we really want to get it from that person themselves. The police are also held to a law--it's the Mandatory Arrest Law, and that's a must arrest in a misdemeanor or felony situations. They're also trained on primary physical abuser. Now, what happens is, we take a lot of things into consideration, so this one incident that we're going to, if there's a history there, there's a lot of things that have to be put together, so it is very complex. So a lot of times something may not look exactly what it is, but every incident is different.

And we also are trying to get
better and we learn from certain situations. We
hold domestic violence COMSAT meetings, we discuss
issues, we discuss them with the detectives, the
domestic violence officers. I encourage the
community to get to know each of their domestic
violence officers, because, again, we're aware
sometimes the frustration, somebody may be coming
in and want to find out something and they feel,
well what's going on, maybe the sector car is
running out. But I encourage everybody to get to

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 94 HEALTH AND PUBLIC SAFETY
2	know the domestic violence officers in the
3	respective precincts.
4	CHAIRPERSON STEWART: All right,
5	thank you. We call on Council Member Eugene.
6	COUNCIL MEMBER EUGENE: Thank you
7	very much, Council Member Stewart.
8	Let me first and foremost thank you
9	and I commend you for the wonderful job that you
LO	are doing in addressing domestic violence. It
11	seems that you partner with many organization
L2	institution, and this is exactly what we have to
L3	do as a society. We have the moral obligation,
L4	all of us, to work together to address that
L5	crisis. And domestic violence should be seen, not
L6	only as a crisis, for me, it should be seen as a
L7	serious disease that traumatize the children, the
18	members of the family, and put a burden on the
19	society. You have been doing a lot of effort
20	towards the issue, but it seems that much more
21	needs to be done.
22	And we all know that, you mentioned
23	that there's a decrease, 24% decrease in the
24	family related crime and also homicide, but we
25	know also the domestic violence is not only

physical, there are other forms of domestic violence--intimidation and... But do you have a way to quantify the other form or technique of domestic violence, in other [off mic] to appreciate the decrease or increase of domestic violence? Do you have any other technique to measure or to quantify the other form of domestic violence, like intimidation, like...?

ASSISTANT CHIEF RYAN: Well, again, even if we have a verbal dispute, all right? But if you are describing something and the officers are trained on this, so if somebody is under emotional distress, if they're under--may be threatening, if somebody is always threatening them, there may be something beyond. And then we also have, if you have more than one instance and it starts building up, then it starts to become stalking, then there are remedies.

But as far as measurements--and I am encouraged by the trend and we're all challenged to encourage everyone to report more, to get help. As Commissioner Jimenez said, and I always throw this out there also, if you're not comfortable with coming to the police, at least

have and I think we should, you know, thanking all

the committees that have joined here today to

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really put a spotlight on this issue--public safety, health. And you can see the complexity by the fact that we have four committees here looking at this issue, you know, I've also testified before the Welfare Committee on this issue. So it's a complex issue that cuts across a number of areas and the more we can talk about it, discuss it, the more I think people will be encouraged to come out and to seek the help that they need.

very much. When you receive a call regarding domestic violence, it seems that you are trying to enforce the law to prevent that. But do you have any other ways, technique in term of mediation, you know, prevention, education for the members of the family, to let them understand that domestic violence is not the way to go and that to protect the unity of the family?

COMMISSIONER JIMENEZ: Well the city funds a number of batterers programs that are mandated by the courts.

But I mentioned earlier that we have a hotline 24 hours, seven days a week, where somebody can call, they'll be talking to someone

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES, 99 HEALTH AND PUBLIC SAFETY
2	who is specially trained to be a counselor and to
3	advise them in terms of what other services may be
4	pertinent in that particular situation. So it may
5	be safety planning, it may be referring them to a
6	counseling group, it may be again visiting one of
7	these centers. So it's not all just reporting, it
8	may not always rise to that level, but when it
9	does, we do encourage people to report if a crime
10	in fact has occurred.
11	COUNCIL MEMBER EUGENE: I'm sorry.
12	CHAIRPERSON STEWART: I'd just like
13	to butt in here a little. I was reminded that we
14	have at least seven more panels, so we should be
15	aware of the time, especially since so many
16	COUNCIL MEMBER EUGENE:
17	[Interposing] Let me just
18	[Crosstalk]
19	CHAIRPERSON STEWART:advocates
20	have been waiting patiently, just to provide us
21	[Crosstalk]
22	COUNCIL MEMBER EUGENE:
23	[Interposing] Just a very quick question. In term
24	of health, we know that most of the victim of
25	domestic violence are immigrant and most of them

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 100 HEALTH AND PUBLIC SAFETY
2	don'tthey are not documented. In case of
3	domestic violence, you know, they're a victim,
4	when they go to hospital to receive services, if
5	they are not documented, will they be receiving
6	the appropriate medical services, regardless of
7	the immigrationI'm not talking only going to
8	emergency, in term of follow-up and measure of
9	medical services.
10	DR. RAJU: Yeah, absolutely. In
11	our corporation we take care of everybody
12	irrespective of their insurance status and
13	immigration status, so that is our mission and we
14	continue to do that.
15	COUNCIL MEMBER EUGENE: Thank you
16	very much. Thank you, sir.
17	CHAIRPERSON STEWART: Our next
18	Member is Council Member John Liu.
19	COUNCIL MEMBER LIU: Thank you, Mr.
20	Chairman. Thank you, Commissioners, for joining
21	us today.
22	I've got two questions, one has to
23	do with the community-based organizations that we
24	often rely upon to help victims of domestic
25	violence. Obviously, over the last year or so

there's been a great deal of scrutiny on many of the community-based organizations and yet by their very nature some of these organizations that provide assistance to victims of domestic violence cannot be as open with their documentation, even their location. So is there a list of recognized domestic violence organizations that you help-that you have recognized and do you transmit that information to all the contracting agencies that are out there just so that the city is not looking for information that either should not be made available, or perhaps should not be asked of these organizations?

developed a resource guide, it has 240 organizations throughout the city that provide some level of assistance for domestic violence victims. So we have made this available to community organizations, we have made this available to other city agencies and to Council members' offices as well.

COUNCIL MEMBER LIU: So if funding is provided to any of these 240 organizations on your list, then generally speaking, the funding

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 102 HEALTH AND PUBLIC SAFETY
2	should not be questionable?
3	COMMISSIONER JIMENEZ: Funding
4	provided by the city, funding provided by the
5	Council
6	COUNCIL MEMBER LIU: [Interposing]
7	Right, provided for example through City Council
8	allocations.
9	COMMISSIONER JIMENEZ: Well, you
10	know, I'm sure you have your own vetting process,
11	but what I'm saying is
12	[Crosstalk]
13	COMMISSIONER JIMENEZ:or not, I
14	don't know.
15	COUNCIL MEMBER LIU: Well all
16	right, then I mean, this is far beyond your area
17	of expertise, I don't think we can expect you to
18	know that firsthand. But if you would, I would
19	ask that you provide that list of organizations to
20	the Mayor's Office of Contracts, as well as the
21	Comptroller's office so that they have that list
22	and that would really serve toward to helping with
23	some of the documentation that is now necessary
24	for organizations that receive funding.
25	COMMISSIONER JIMENEZ: The Mayor's

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 103 HEALTH AND PUBLIC SAFETY
2	Office of Contracts has this list and when they
3	put out any RFPs, they have taken into account
4	this list of providers, but we will make that
5	available to
6	[Crosstalk]
7	COUNCIL MEMBER LIU: [Interposing]
8	Okay, so they do take that list into account.
9	COMMISSIONER JIMENEZ: Yes, they
10	do.
11	COUNCIL MEMBER LIU: Is that
12	COMMISSIONER JIMENEZ: For RFPs,
13	yes.
14	COUNCIL MEMBER LIU: For RFPs.
15	COMMISSIONER JIMENEZ: For public
16	notices.
17	COUNCIL MEMBER LIU: Okay. To
18	invite them to respond to RFPs.
19	COMMISSIONER JIMENEZ: Correct.
20	COUNCIL MEMBER LIU: All right, it
21	would be helpful if they knowif the Mayor's
22	Office of Contract knows that those are
23	organizations that are recognized as being capable
24	of providing these kinds of services, because it
25	would be helpful for them to expedite the funding

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 104 HEALTH AND PUBLIC SAFETY
2	that, for example, City Council members direct
3	towards many of these organizations.
4	The other question, Mr. Chairman, I
5	have for the commissioners is that, there was some
6	discussions about the U visas?
7	COMMISSIONER JIMENEZ: Yes.
8	COUNCIL MEMBER LIU: And you said
9	something like 375, were they applications or were
10	they U visas granted?
11	COMMISSIONER JIMENEZ: They were
12	applications, filed, filed applications.
13	COUNCIL MEMBER LIU: Have any of
14	these actually been approved?
15	COMMISSIONER JIMENEZ: Yes, that
16	number I don't have, but I can get that to you.
17	COUNCIL MEMBER LIU: Would that be
18	a majority of these 375 cases or a very small
19	COMMISSIONER JIMENEZ:
20	[Interposing] Well the 375 is justlet me just be
21	clear what that is for, those are filings within
22	the Brooklyn Family Justice Center and the Queens
23	Family Justice Center. So those were three years
24	ago when we opened upwell four years ago when we
25	opened up the Brooklyn Center and, as you know,

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 105 HEALTH AND PUBLIC SAFETY
2	procedures were just promulgated for the U visa
3	last year or year and a half.
4	COUNCIL MEMBER LIU: Right. So is
5	this something that your office proactively does
6	on the part of victims of domestic violence?
7	COMMISSIONER JIMENEZ: Yes, yes, we
8	have immigration attorneys, the city has contracts
9	with organizations that have attorneys that
10	specialize in immigration law, and when a victim
11	of domestic violence comes to either the Queens
12	Center or the Brooklyn Center, they can meet with
13	these attorneys and they can file for any one of
14	the remedies, including the U visa or the self
15	petition.
16	COUNCIL MEMBER LIU: Okay. But you
17	don't know roughly what percentage of these U visa
18	applications actually get approved?
19	COMMISSIONER JIMENEZ: I don't, but
20	I can make that available to you.
21	COUNCIL MEMBER LIU: Okay. I think
22	that would be very helpful. Thank you very much.
23	Thank you, Mr. Chairman.
24	CHAIRPERSON STEWART: I just want
25	to follow up on that question before I call on

CHAIRPERSON STEWART: So the reason why I'm asking it's conceivably that a lot of folks may have problems with domestic violence and

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they might be getting help as far as domestic violence is concerned, but as far as immigration is concerned, they might be that fearful not to talk about the immigration status and so they may not ask that—may not even reach out there because they're fearful that they might be, what we call quote unquote deported or be reported to the immigration. So isn't that something to be concerned about?

very clear that when somebody comes into any of these centers that if they have an issue with regard to their immigration status, that we're saying to them we have somebody there that can actually help you and we make that clear when somebody comes in. And we don't know their status when they come in, but we let them know that if you have an issue, if you have a concern with regards to your immigration status, we have attorneys here on site that you can meet with that can help you and then they have that one-on-one meeting and there's an assessment done at that point.

CHAIRPERSON STEWART: All right.

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 109 HEALTH AND PUBLIC SAFETY
2	the victim and they want a copy of their report,
3	again, the best person would be the domestic
4	violence officer, but if the domestic violence
5	officer is not there, another office would be able
6	to help them and if they're having a problem, they
7	should ask for a supervisor. But they should not
8	be charged anything for a copy of that, of a
9	report that belongs to them, because, again,
10	confidentiality, we will not give it to anyone
11	else other than that victim.
12	COUNCIL MEMBER FERRERAS: Okay.
13	And any type of identification can be used for
14	them to prove that it's them.
15	ASSISTANT CHIEF RYAN: Yeah, as
16	long as
17	COUNCIL MEMBER FERRERAS: Because
18	ASSISTANT CHIEF RYAN:as we feel
19	confident that in fact, this is the victim
20	COUNCIL MEMBER FERRERAS: Oh
21	ASSISTANT CHIEF RYAN:you know,
22	we gave them their report.
23	COUNCIL MEMBER FERRERAS: Now one
24	of the things in another hearing that we had which
25	we'll kind of partner up with this hearing is,

after the initial report that is made, many
agencies require this report, for example, NYCHA
or HRA, and one of the biggest issues that came up
is that oftentimes a report is not filled out
accurately or all the way to the bottom. How
often is there a process of training on how to
fill out this intake form or report that you have
and what the process is, so that we can ensure
that we don't have our victims of domestic
violence having to go back and forth from agency
to agency because the first report wasn't
initially filled out properly.

ASSISTANT CHIEF RYAN: Well, as you can imagine, good report taking is critically important. We again emphasize this in the police academy, in-service training, roll call training, and we follow up even ourselves with COMSAT, DOMSAT, internally. We're kind of like, I would say, even following up with quality assurance as best to our ability to ensure that the officers are taking good reports and filling out all the captions as necessary. But, again, we're not going to be 100% correct, but we strive to be that.

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So we were just talking about this the other day, because, again, the more and more online databases we have, this information and being entered, we're only as good sometimes as the information that is taken and is entered and it's critically important for the victims.

I, again, encourage victims if in fact, you know, they do need to come back, to please do that and get to know the domestic violence officer, because that's the best person who really is going to help the domestic violence victims particularly in following up and helping.

COUNCIL MEMBER FERRERAS: Now when you take down the report initially, if there is a translator on the phone helping assist, which is the language access--

ASSISTANT CHIEF RYAN: Right.

COUNCIL MEMBER FERRERAS: --how does that translate into actually documenting from another language to English or if an officer is taking down a statement, is there a point where the victim themselves can write a statement in their own language?

ASSISTANT CHIEF RYAN: Yes, the

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 113 HEALTH AND PUBLIC SAFETY
2	these documents for housing and for other
3	requirements and we work with NYCHA on some of
4	those.
5	At the centers, we also, because we
6	have officers at the center from the police
7	department, they've provided over 7,100 copies of
8	domestic incident reports over the last three
9	years. So they can go there and obtain a copy as
10	well.
11	COUNCIL MEMBER FERRERAS: Okay.
12	Thank you.
13	CHAIRPERSON STEWART: All right, we
14	have our next person who's going to ask questions
15	is Council Member Arroyo.
16	COUNCIL MEMBER ARROYO: Thank you,
17	Mr. Chair. Not a question, just an expression of
18	gratitude for the four committees.
19	An issue came up in my district in
20	a community that Council Member Foster and I
21	share, a sexual assault incident where the
22	individual, because they were not English dominant
23	and had a speech impediment in their own language,
24	there was potentially or has been potentially an
25	opportunity for there to be no prosecution in the

case because the police department, the hospital, and the district attorney's office all failed to provide appropriate translation for the victim.

So I'm happy that you're all here and I want to thank the Committee Chairs for agreeing to this hearing because, currently, victims are falling through the cracks because the system sometimes does not provide access to those individuals involved in sexual assault, domestic violence situations.

It is a conversation that is very complex and has a great many tentacles if you will, but one that we must have because as early as three months ago, a young girl in Council Member Foster's district was the victim of a sexual assault and I believe that there will probably be no prosecution, although they know who the perpetrator is, because of the lost opportunities to collect evidence at the hospital, translation of services to the individual and her family were not adequate, and misinterpreted, her statements were misinterpreted. A young woman's life is forever changed and our system failed to provide for her any opportunity that she could

have civilian members of the department who we

also train on domestic violence and they work in

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the police precincts and the housing service areas, that if somebody comes in and they want to just make a report, the civilian sometimes also will take that report and hopefully within that station house, if the domestic violence officer is there, you know, they will advise the officer to come down so that we can provide even further services and maybe work out a safety plan. But the civilian members of the department also take reports in the station houses and they're trained on this as well.

CHAIRPERSON STEWART: Is there any time that you can have the civil servant going out with an officer to take the report at the home or at the venue other than the precinct?

ASSISTANT CHIEF RYAN: Usually we don't, no, they don't go out on patrol with the officers.

CHAIRPERSON STEWART: I think that might be an idea you need to explore because sometimes going to the precinct itself is intimidating to some people and it might be a good idea to have the civil servant going out as social work and to get--

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 117 HEALTH AND PUBLIC SAFETY
2	ASSISTANT CHIEF RYAN:
3	[Interposing] Oh, you're talking about the social-
4	_
5	CHAIRPERSON STEWART: Well to take
6	the report.
7	ASSISTANT CHIEF RYAN: I thought
8	you were talking about the police civilian who
9	works for the police department.
LO	CHAIRPERSON STEWART: Yeah, well
11	someone who can take a report. Take a report and
12	take a report, a proper report. We just hear
13	about proper reports not being taken.
L4	ASSISTANT CHIEF RYAN: Right. But
15	again, I have to
L6	CHAIRPERSON STEWART: And
L7	ASSISTANT CHIEF RYAN:I have to
L8	just emphasize the importance of the fact that
L9	when this report is being given and then, again,
20	if you're talking about at the residence or
21	whatever and if the perpetrator is there and if
22	it's a mandatory arrest situation, you know, that
23	would be
24	[Crosstalk]
25	CHAIRPERSON STEWART: [Interposing]

INVESTIGATOR SHORTELL:

might be speaking about, it's called an IRT, an

I think you

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1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 119 HEALTH AND PUBLIC SAFETY
2	Instant Response Team. We do as police officers
3	and detectives respond with Administrative
4	Children's Services for jobs, you had said a child
5	injury or child abuse case, yes, that would, we
6	would have a civilian from Administrative
7	Children's Services go with us.
8	CHAIRPERSON STEWART: All right,
9	thank you. I want to thank you folks are coming
10	in. We'll be following up with something that
11	deals more with immigrants and be recalling on use
12	later.
13	Our next panel is Sarah Ellis from
14	Kings County District Attorney's Office and we
15	want to have Leroy Frazer, Jr., [off mic] from
16	Manhattan District Attorney's Office.
17	[Off mic]
18	[Long pause]
19	CHAIRPERSON STEWART: Do we have
20	Sarah Ellis from the Kings County District
21	Attorney's Office? Yeah? And how about Leroy
22	Frazer? All right.
23	Yeah, take care of these.
24	[Long pause]
25	[Off mic]

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 120 HEALTH AND PUBLIC SAFETY
2	CHAIRPERSON STEWART: All right, is
3	there anyone else from the other district
4	attorney's office that is here to testify? If
5	not, let's begin.
6	What I would like you to do is
7	first identify yourself and which office you're
8	from and so we can may begin.
9	MS. SARAH ELLIS: Good afternoon,
10	can you hear me?
11	My name is Sarah Ellis, I am
12	Director of Victims Services for the Kings County
13	Brooklyn District Attorney's Office and I am
14	delighted to be here. And on behalf of District
15	Attorney Charles Hynes, I want to thank the
16	Chairpersons and Committee members for inviting us
17	here today to talk about this important, this
18	vital issue that we all have to deal with.
19	I'm going to try not to repeat any
20	information that's been talked about previously,
21	so in my document, some of the information in
22	there has already been discussed so I'm not going
23	to cover that, but I obviously would be happy to
24	answer any questions on that.
25	And I suppose I want to start with

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by saying that we've come a long way, we really have. And I want to say that to the whole group here that I've been working in this area for many years, we have a great deal further to go, but we have made significant progress. And I'll start by just talking very briefly about a case that I worked on some 10 years ago and now which is well before we opened our Family Justice Center, an immigrant case, a young woman from Syria, who came to our attention. I was called early in the morning to a situation, she was in hospital. had been assaulted and tortured by her husband, she was a young woman with two small children. She had been beaten from head to toe. She was in the hospital, he had imprisoned her in the home and tortured her for over six hours on the basis that he had believed that she was having an affair with another man.

During the time she was imprisoned and being tortured by him, which included him burning her over most of her body, her sister-in-law came into the house and witnessed what was going on and asked him what he was doing and he explained that he was angry with her and punishing

her for what he believed she had been doing and the sister-in-law noted what was happening and left saying, well this is a family matter, it's not my business, and I need to move out.

In fact, the sister-in-law was so deeply disturbed by what she saw that she did some hours later finally call 911 and that's how it came to our attention. The police responded and made an arrest of the perpetrator at the time and the young woman went to hospital.

And I say all of this because I responded to the hospital and at the time had been given the heads up that this was an immigrant woman, so I was able at the time to call the Arab-American Family Support Center and get a counselor to come with me from that center so that she could talk to this woman in an appropriate fashion and in her language. The woman, of course, was not really in the right mind to be talking at length, but was certainly able to answer some initial questions.

Some of the issues she was facing was that she was here in this country without any of her family present and that is very common for

our immigrant families. She was living with her
husband's family, her husband's mother is a
wealthy woman and owned quite a bit of property in
the city. So shortly after this incident
happened, some of the issues this woman was facing
was the family started contacting her, the
defendants, the batterers family was contacting
her, the mother was saying, look, if you drop the
charges, if you don't go forward with this, if you
don't cooperate with the police and the
prosecutors, I will give you your free housing for
the rest of your life. However, if you don't do
that, if you continue to go forward and cooperate,
then not only will you not have housing, but I
will go to family court and I will get the
children removed from you. This was an enormously
disturbing situation for this young woman who's
just gone through this horrific ordeal.

And I'm saying all this because the advantage of having somebody working with her alongside her, this woman who was totally isolated from her own family was enormous. Her family in fact, back in Syria said that she wasn't able to come home to them because her brothers had decided

that maybe there was some grounds for the husband's abuse and if she came back to that country, they would kill her so she was no longer welcome in her home country either.

She was very isolated, we spent a great deal of time, both my office, the district attorney's office, and the Arab-American Family Support Center working to support her through years of dealing with this issue while we continued with the prosecution. We were able fortunately to go forward with the prosecution, because obviously we had significant medical evidence and, as Chairperson Vallone said earlier on, prosecution of domestic violence cases and sexual assault cases are incredibly difficult and complex in most situations.

So it was a big struggle for her to be participating in the prosecution, but she had a great deal of support from our community agency and subsequently from Sanctuary for Families who supported her application for asylum in this country and was successful doing. But this took years, and in the meantime, this young woman had to, not only deal with the effects of the abuse,

years ago.

2 but also going through these various systems.

Without the support of advocates, I'm not sure if she would have been able to continue with that.

So we've come away since then, and I believe even that was a reasonable response to her back some 10

District Attorney Hynes has always recognized the complexity of domestic violence situations. He speaks, as many people know, publicly about his own experience of domestic violence as a child at the hands of his father and his mother being a domestic violence victim, so this is an issue very close to his heart.

Back then, as I say, 10 years ago, he established the Victims Services Unit with counselors to deal with this very issue knowing that to go forward on a prosecution in domestic violence was incredibly difficult for victims.

And he says often when people say to him, you know, colleagues around the country, why do you work with social workers in a prosecutor's office, he says he can't believe anybody can say that, how could you not work with social workers and advocates on domestic violence cases.

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So he established a unit to work with victims and in those days back 10 years ago, we were working with community agencies and he invited a number of them into the office. New York Asian Women used us early on as a satellite place, CAMBA came in, sent two advocates to our office to be there for victims of domestic violence, Safe Horizon have worked with us for many, many, many years.

So we have a long history of partnering with community agencies and that model of partnering with community agencies was so successful, we were delighted when the Mayor's Office to Combat Domestic Violence invited us to be part of their application for a Family Justice Center. We knew only too well that co-locating advocates, social workers, prosecutors, police in a one-stop shop project was going to be an excellent idea. Up until then, we'd been meeting with people in our offices, we'd been giving them a laundry list of appointments to go to, so they'd be leaving our office with help for getting them through the criminal justice system, but this list of referral appointments that they then had to

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deal with. Now, with the Justice Center, they
finish with the Assistant District Attorney and
our social worker in the DA's office and they walk
a few feet across the floor to meet with all of
the community advocates in our center in Brooklyn.

I believe the Commissioner gave you quite a lot of information on our Brooklyn Center, but I'm happy to answer any specifics that you might have that she might not have dealt with.

The other project that we've currently got going which we're finding great results from is what we call EVE, our Early Victim Engagement program, and that also is something that we're doing in liaison with the Mayor's Office to Combat Domestic Violence. And on our EVE program we have what we're calling victim liaisons located in the arraignments court part and they are getting cases as they're immediately coming through the system and they're making calls to the victim on those cases at the earliest possible point, immediately after arrest, as they're about to meet with an arraignment judge. And our victim liaisons there are giving victims vital information about orders of protection, what

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it means for them, what services are available at the Justice Center because that point in time after the defendant has been arrested is often a tense period of time for our victims, they're often not getting information, they don't understand that an order for protection has been issued in many cases, the defendant is being given a copy of the order but she may not be there at the arraignment court, so she's unaware of that. The EVE program aims to address that gap and provide her with all the information she needs and information about the Justice Center where she can come and receive services.

We work hard in the DA's office to try to get word out, I know there were questions about how do we get this out to the community.

We're constantly going to the community, to precinct council meetings, to community board meetings, we're working with the faith community; we're working with hospitals, schools, community agencies of any kinds to try to get the word out about the services that are available.

We utilize all of the cultural and language services that the Family Justice Center

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is offering, which are enormous and incredibly invaluable.

These coordinated efforts are so crucial, no single discipline can address this complicated issue. We have to come together, we have to come together with a variety of disciplines that every family is going to need in order to address this particular problem and we believe at the Brooklyn District Attorney's Office that the Family Justice Centers are an excellent model. We're always striving to improve them, but we have an enormous increase in our traffic, so to speak, that's coming through, and we see this as a model that we're really interested in developing in the future in whatever ways seem appropriate.

We urge you to look at funding for community agencies that are desperately needing funding to be present in these centers and provide the staff that we so, so dearly need for this particular issue.

There were a couple of questions asked about other specific populations. One was the Orthodox community, and I want to just address what we've done in Brooklyn with the Orthodox

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community. DA Hynes, back in 2003, I believe it was, set up Project Eden, which is a program specifically to reach out to the Orthodox community who, I think as you indicated, are reluctant to come forward to the police, they want to use rabbis to resolve their cases. But we've been working within the community by means of speaking at groups, becoming known to the agencies that are working within that community, offering culturally appropriate services, and we've been able to identify many cases that have been appropriate to refer on to criminal services, but also many of the cases we've been able to help maneuver through family court as well. found that to be a really beneficial program in that particular community.

We also have a very active strong disability program within the office. We partner with Barrier Free Living, which was mentioned by the Commissioner, I believe, but we provide a full range of services for victims of domestic violence with disabilities. And our aim in that particular program is to make sure that they are provided with the appropriate access to systems and

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 131 HEALTH AND PUBLIC SAFETY
2	services that they so badly need.
3	I want to thank you very much for
4	inviting us today.
5	CHAIRPERSON STEWART: Thank you.
6	You have the next witness?
7	MR. LEROY FRAZER: Good afternoon,
8	my name is Leroy Frazer, Jr., I'm First Assistant
9	District Attorney of Manhattan. I want to join
10	with others in thanking you for inviting us and
11	thank you for having this hearing today.
12	New York County District Attorney's
13	Office has long recognized the special
14	vulnerability of documented and undocumented
15	immigrants to predators, abusers, and fraudsters.
16	Indeed, serving immigrant crime victims is one of
17	the office's priorities.
18	Because sex crimes and domestic
19	violence call for specialized training and
20	appropriate sensitivity, this office established a
21	Sex Crimes Bureau and founded a Family Violence
22	and Child Abuse Bureau to prosecute these crimes
23	and connect victims to resources. As with all
24	cases in the office, the cases are vertically
25	prosecuted, that meaning the Assistant District

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Attorney who originally picks up the case at intake retains that case and establishes relationship with the victim and has the case all the way through until the case is brought to a close. This allows a level of continuity that enhances relationships and trust between victims and prosecutors.

Both the Family Violence Bureau and Child Abuse Bureau and the Sex Crimes Bureau make it a priority to join with multidisciplinary task forces throughout Manhattan that include service providers that are best able to meet the needs of immigrant women and from different cultural backgrounds. For example, we work with the Upper Manhattan Domestic Violence Cooperative, which includes Manhattan Legal Services, Connect, Harlem Hospital, Columbia Presbyterian Hospital, New Day, and St. Luke's Roosevelt Hospital, among others. One of the initiatives of this group is to provide resources, support, and education for African immigrant women who have experienced domestic violence. There are similar groups throughout Manhattan serving specific immigrant populations.

The face-to-face contact our office

establishes when working with community groups
makes it possible for service providers to refer
victims to our office, and for our office to reach
out to those same providers when a woman comes
forward to report a crime and is in need of vital,
and often immediate, services.

Yet, despite the high volume of cases this office sees, immigrants, perhaps even more so, undocumented immigrants, are more hesitant to come forward to report crimes. The reasons are myriad: fear of deportation, financial reliance on the abuser, cultural norms that discourage reporting family members or divorce, distrust of law enforcement and government services, and lingual and geographic isolation are some of the main concerns.

In order to provide focused assistance with matters that specifically affect immigrant community, in December 2007 the office launched an Immigrant Affairs Program. The main purpose of the program is to investigate and prosecute frauds, such as impersonating an immigration attorney, real estate fraud, or prevailing wage cases. The program has a hotline,

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accepts referrals, and takes walk-ins. Since its inception less than two years ago, we have had approximately 900--a little over 900 intakes just via the telephone.

There is more that the city as a whole can do to help immigrants who are crime victims. First, a lot has been said today, so I'll try not to repeat it, but education and outreach initiative is needed to help on two fronts. One, of course, addressing deportation concerns. Many undocumented immigrants fear that if they report a crime they will be deported. Even though we're not a mayoral agency, our office has a policy similar to Mayor Bloomberg's Executive Order 41 which prohibits confidential information, such as immigration status, from being disclosed by city employees. Mr. Morgenthau has indicated repeatedly that our policy is that we will refer no individuals to ICE, formerly federal immigration authorities. In some cases, our office even works with crime victims to apply for the U visa, which would allow someone living here illegally who was promised sponsorship by their abuser to make an independent application

Third, the law enforcement community needs to continue ongoing training to understand the cultural norms and possible barriers that hinder victims from pressing

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charges. Police, prosecutors, and the courts need to be able to see the issues, not through their own cultural lenses, but through that of the victim.

Finally, the city needs to further address housing issues for immigrant women crime victims. Women who are already facing dissolution of the family unit through the loss of their partner, the defendant, will be even more reluctant to come forward if they know that they will be separated from their children, too. Take the case of a mother with older children—teenage boys are typically not welcome at women's shelters, and would have to be sent elsewhere. Given these options, the women may feel reluctant to press charges, knowing that she and her children may have to go to different locations.

Audrey Moore, co-chief of our

Family Violence and Child Abuse Bureau, put it

best when she said, "If we were only not

prosecuting cases and not supporting the victims,

we wouldn't have any of those cases, or these

cases." In order for the district attorneys and

the city to provide justice to immigrant women, we

Τ	HEALTH AND PUBLIC SAFETY
2	need to give them a full range of services from
3	education to housing, and we need to continue
4	these efforts with empathy.
5	I will just add that when some of
6	the other questions were be asked in the group
7	before us, talked about the fact that there was no
8	Family Justice Center in Manhattan. One of the
9	reasonsI don't know of the reasons for it, but I
10	will like to tell you that we feel through our
11	witness aid services unit and our northern
12	Manhattan office, we have collaboration with a lot
13	of the other groups, and we seek to reach out to
14	the Domestic Violence Units through these two
15	agencies or these two units.
16	I'd be happy to answer any
17	questions.
18	CHAIRPERSON STEWART: We were
19	joined by Council Member Garodnick and I think
20	Council Member Gentile has a question.
21	[Off mic]
22	CHAIRPERSON STEWART: Oh, one of my
23	co-chairs have a question first before I get to
24	Councilman
25	CHAIRPERSON VALLONE: [Interposing]

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 138 HEALTH AND PUBLIC SAFETY

It's like a potted plant over here today. I ask one quick question, and everyone who's going to ask questions has been advised to be as quick as possible, because we want to get to the advocates.

Thank you both for being here,

Leroy, someone who I worked with back in the day.

The question I'm asking is something you both referred to about uncooperative witnesses and what you can do. As you said with your story, Ms. Ellis, sometimes they're bought off, whether it be with free housing, whether it just be with payments, sometimes they're afraid of violence and sometimes they're just under the mistaken impression that this is a one time thing that won't happen again, which 99% of the time is wrong. And so first of all, what can you do with an uncooperative witness? And, second of all, assuming that's unsuccessful, what are your options?

MS. ELLIS: We provide a full range of services whether our victims are cooperating with the prosecution or not, we don't make a distinction there, but we work very closely in partnership with the Family Justice Center, we're

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part of that group. So somebody who might be needing a host of services, whether it's immigration, housing, benefits, child care, whatever it might be, sometimes we find if we can have them address those issues with an advocate first, look at their situation, look at what could be different for them, look at how they can get themselves to safety and their children to safety, get the services they need, we do find in some of those situations that, given a period of time, she'll come back at a later date and might be more open to prosecution at that time. If she's had a supportive experience dealing with some of those concerns--she's got her family safe and fed and housed--she's more inclined to look then at what the longer-term issues might be between her partner and herself.

So we find as a, if you like, a collaboration that goes on to see what are the most pressing needs for her. If the most pressing need in her mind is food and shelter and not prosecution of the defendant then we're willing to go with that and get her to safety and shelter and food.

CHAIRPERSON VALLONE: Mr. Frazer.

MR. FRAZER: I would just, yes,

those are really tough cases. We always ask in training our young assistants, initially bringing them in, we'll ask them whether or not, what would they do in a certain case, if you have a domestic violence case where the witness doesn't want to come forward and you have the option to either subpoena the witness into court against her will, would you do it. And the answer is, you have to weigh all of the circumstances, and we want to make sure that we protect the safety of the victims at the same time, we also have to look at the family as a whole too.

There are certain instances when there's enough evidence there where you can go forward on a case without the victim and try and prove it circumstantially, and we'll look at the possibility of doing that. But for the most part, they're varied, as you know, complex and tough cases, but we try to make the appropriate decision on a case-by-case basis.

CHAIRPERSON VALLONE: So if you do have enough circumstantial evidence, though, you

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 141 HEALTH AND PUBLIC SAFETY
2	will go forward with the case without the victim?
3	MR. FRAZER: Yes, there are times
4	when we can do that.
5	CHAIRPERSON VALLONE: Okay. All
6	right, I have a lot more questions, but we'll go
7	to Council Member Gentile. Thank you.
8	CHAIRPERSON STEWART: Before we go-
9	-well let's check with the other co-chair, Chair
10	of the Health Committee, we have Rivera.
11	CHAIRPERSON RIVERA: You know, I
12	guess it's getting contagious over here, Kendall,
13	you're rubbing off on Peter and now Peter, you
14	know, forget about me.
15	No, thank you very much. I mean,
16	this is a very serious issue that we're talking
17	about, so I do apologize for a little bit of humor
18	here. But in terms of the language issues, like
19	my College Council Member Arroyo just stated, we
20	had the situation in the Bronx. Now what happens
21	when a person speaks a little bit of English, what
22	do you do in that case? Do you still bring in a
23	language specialist or what is the procedure then?
24	MS. ELLIS: We will usually ask the
25	person what they feel most comfortable in. If

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 142 HEALTH AND PUBLIC SAFETY
2	they feel more comfortable speaking in their first
3	language, their native tongue, then we'll
4	absolutely conduct the interview in that language.
5	In Brooklyn in the Victims Services Unit, we have
6	sufficient language, direct language capability to
7	work with the six major languages in Brooklyn, but
8	we also have access to Language Line. We always
9	prefer to do it in person if we can, over the
LO	phone creates that distance and it's somewhat less
11	personal, so if we can get a person there in the
12	interview at the time to speak in their language,
L3	then we'll absolutely do that, and we will give,
L4	yes, first preference to what language they feel
15	most comfortable speaking in.
L6	CHAIRPERSON RIVERA: So that's how
L7	you assess it, you ask them what language they
L8	feel most comfortable speaking.
L9	MS. ELLIS: Yeah.
20	CHAIRPERSON RIVERA: Do you also
21	handle the dialects, different dialects of
22	different languages?
23	MS. ELLIS: Yes, we can handle a
24	very broad range of languages and dialects just
25	within the office itself, but then we have the

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 143 HEALTH AND PUBLIC SAFETY
2	Family Justice Center which has another large
3	range of languages through the community programs
4	there, through the community agencies. And then
5	on top of that, failing that, we'll go to Language
6	Line as the last resort, if you like, for
7	languages that we can't do in person.
8	CHAIRPERSON RIVERA: And if a
9	person comes in that doesn't speak a common
10	language, because we obviously speak 164
11	languages
12	MS. ELLIS: Mm-hmm.
13	CHAIRPERSON RIVERA:in the city
14	and you cover how many languages again? Like
15	primarily
16	MS. ELLIS: [Interposing] We
17	certainly coverin Victims Services Unit, we
18	cover the six major languages
19	[Crosstalk]
20	MS. ELLIS:in Brooklyn. Within
21	the office, I'm not entirely sure how many we
22	cover, but I would say quite a good deal. The
23	Family Justice Center covers more again, I forget
24	the number that the Commissioner said that they
25	have capability there.

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 144 HEALTH AND PUBLIC SAFETY

I think in all the time I've been in the office meeting with victims we may have had one or two situations probably where we couldn't cover something.

CHAIRPERSON RIVERA: How do you handle that situation since obviously timeframe, a matter of timing is the most crucial in terms of testing--

MS. ELLIS: Mm-hmm, mm-hmm.

CHAIRPERSON RIVERA: --things of that nature, how do you handle, that's a rare occasion, but it's still a serious occasion, how do you handle that situation?

MS. ELLIS: If we have an urgent situation so we're looking at grand jury testimony and we've got to get into the court, then we're reaching out to the court, obviously, who have a full range of interpretation services. We make calls out into the community, we do whatever we can to find a person. If we've got a little bit longer to work with, then we're able to really look at who might be available. We've reached out to some universities, to some schools and we found some help there when we've got a little more time

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 145 HEALTH AND PUBLIC SAFETY
2	to work on the issue.
3	CHAIRPERSON RIVERA: Okay. And
4	obviously we want to send a message that, if a
5	person's a victim of domestic violence or sexual
6	abuse or anything of that manner, your information
7	will not be shared with INS. Now last question,
8	how you get that message home to people that you
9	do not have to fear coming to the District
10	Attorney's Office
11	MS. ELLIS: Mm-hmm.
12	CHAIRPERSON RIVERA:because of
13	your immigration status? Because obviously we
14	know the numbers are skewed because people
15	MS. ELLIS: Yes.
16	CHAIRPERSON RIVERA:are fearful
17	of government, how you handle that situation? Do
18	you reach outbesides the community boards, do
19	you go to the local churches and deal with the
20	pastors, 'cause obviously there's a lot of faith
21	given into reverends and pastors and priests.
22	MS. ELLIS: Absolutely, we're
23	constantly out in the community, as is the
24	district attorney himself is constantly out.
25	Wherever we can go, we will speak to any group

thing and I think that gets the word out.

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1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 147 HEALTH AND PUBLIC SAFETY
2	CHAIRPERSON RIVERA: Perfect, thank
3	you.
4	CHAIRPERSON STEWART: All right,
5	Council Member Gentile, your turn.
6	COUNCIL MEMBER GENTILE: Is it safe
7	to go?
8	[Off mic]
9	CHAIRPERSON STEWART: Very safe.
10	COUNCIL MEMBER GENTILE: Okay.
11	Thank you for being here.
12	I assume a percentage of these
13	domestic violence cases end up going to trial, am
14	I correct?
15	MS. ELLIS: Yes.
16	MR. FRAZER: Yes.
17	MS. ELLIS: Yes.
18	COUNCIL MEMBER GENTILE: And there
19	are jury trials involved here
20	MS. ELLIS: Sometimes, yes.
21	COUNCIL MEMBER GENTILE:right?
22	MS. ELLIS: Yeah.
23	COUNCIL MEMBER GENTILE: Okay. And
24	I'm curious if this is still the case 'cause I've
25	experienced this as a prosecutor, and this was

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some 20 years ago, but I wonder is this still the case where you have a problem of a jury trying to understand the complexities or the uniqueness of an immigrant in a certain situation and how that immigrant might react or not come forward or not do something that might otherwise seem sensible or reasonable, but, because of the background or the immigrant culture, they do not. And in the case that I recall prosecuting, we had an immigrant woman who was a victim of a sexual assault, the first date rape in the state of New York that we tried, 1991, and it turned out that she did certain things that from someone who doesn't come from that culture, wouldn't necessarily understand how that person reacted and it actually ended up in acquittals in that case.

And I'm curious, is that still a problem with juries trying to understand immigrant victims that come forward and testify?

MR. FRAZER: Well I don't know of a specific case that I can tell you about as I sit here, but in the instance like that, because we've learned from cases like that in the past and we've learned that juries have to have an understanding,

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 149 1 HEALTH AND PUBLIC SAFETY we'll try now to call an additional witness and 2 3 get evidence in to address that. If it's necessary to get testimony as to the culture that 4 the person came from, we'll try to get that admitted into court. 6 7 But the whole idea is to try to 8 improve over the years. As you say, 20 years ago, 9 the issues that you had, I remember 29 years ago 10 when I first came in the office and the way we dealt with domestic violence cases then was if 11 12 somebody didn't want to go forward, we said come 13 on in and just go on record and tell the judge 14 that you don't want to go forward, then the case 15 can go away, and we don't do that anymore. we do now is education, training, and trying to 16 understand all the cultural norms and make sure 17 18 that person knows about all the resources that are 19 available to them. And so, where that is an

COUNCIL MEMBER GENTILE: Do you particularly--

issue, we try to address it.

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MS. ELLIS: [Interposing] I'm just going to say, I agree times have changed, we still come up against those kinds of situations, but

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 150 1 HEALTH AND PUBLIC SAFETY less so than we used to and I think the close 2 3 connection with the community agencies gives us a great deal of knowledge and awareness about what 4 the issues might be and how to address them, and 5 we will, if we're able to, bring people into the 6 7 trial, into the court to testify if necessary to 8 that. 9 COUNCIL MEMBER GENTILE: You have 10 had experience where you've actually had experts 11 on a culture come in and testify? 12 MR. FRAZER: I'm saying that that 13 would be the strategy we would try and us. 14 can't think of one case right now where that has 15 taken place, because I don't know where that issue 16 came up, where it actually went to trial. But 17 that certainly is something that we would be willing to do. 18 19 COUNCIL MEMBER GENTILE: Because my 20 experience has been that the ADA, working with the 21 immigrant victim, may come to understand 22 everything about that victim, but when you try to 23 communicate that to a jury, a jury doesn't

necessarily appreciate the culture--

MR. FRAZER:

Right.

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COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 151 HEALTH AND PUBLIC SAFETY

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COUNCIL MEMBER GENTILE: --from where the victim comes. And at the end of the case, you realize that more work needed to be done on the jury on letting them understand.

MR. FRAZER: Right.

MS. ELLIS: I think that's, in some ways, that's true for domestic violence as a whole, it's not just cultural issues, cultural issues certainly are pertinent, but I think we still have to continue educating all of society about domestic violence. So you'll have people coming into domestic violence trials where maybe it's not an issue of culture, but it is about understanding domestic violence. And certainly the prosecutor's job there is to help the jury understand why she might not be willing to testify against her batterer. Even when, in some cases, the situations are very dire and the injuries are severe.

But we've improved in that area, I believe, and still have some way to go, but I think it's education is--societal education is a major ongoing--

[Crosstalk]

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 152 HEALTH AND PUBLIC SAFETY
2	COUNCIL MEMBER GENTILE:
3	[Interposing] And I believe New Yorkers have
4	become more sensitive also. Thank you
5	MS. ELLIS: Yes.
6	COUNCIL MEMBER GENTILE:very
7	much, thank you.
8	CHAIRPERSON STEWART: All right.
9	Well I want to thank you for coming in. I want
10	you to take a message to DA Hynes, let him know
11	that I thank him for doing those forums with me on
12	domestic violence in the districts and tell him to
13	continue the good job he's doing.
14	MS. ELLIS: We will, thank you very
15	much.
16	CHAIRPERSON STEWART: All right.
17	Thank you all.
18	Next panel. Our next panel is
19	Harriet Lessel, Meghan O'Connor, Asmaa Donahue,
20	I'm not too sure I can pronounce this last one.
21	[Off mic]
22	[Pause]
23	CHAIRPERSON STEWART: Oh Asmaa
24	Donahue, all right, that's fine, all right.
25	

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 153 HEALTH AND PUBLIC SAFETY
2	CHAIRPERSON STEWART: Donna
3	[Off mic]
4	CHAIRPERSON STEWART: From Planned
5	Parenthood, there was a Czuczka? And we have
6	Moumita Zaman from Turning Point. All right.
7	Yeah, I'm going to tell them they
8	have a minute each
9	[Off mic]
10	[Pause]
11	CHAIRPERSON STEWART: In light of
12	the time, we would like to ask you to limit your
13	testimony to two minutes so you know a lot of
14	folks have spoken and I can not see that many new
15	things could be said. So if you can summarize in
16	two minutes, that will do me and do all of us a
17	good deal favor if you canI'm not going to set
18	the clock, I'm just going to have them try to
19	summarize, because that will do all of us good.
20	And we would like you to start from
21	your right, if you can identify yourself and tell
22	us who you are, and everyone should identify
23	themselves first.
24	MS. HARRIET LESSEL: Hello, my name
25	is Harriet Lessel, and I am the Executive Director

of the New York City Alliance Against Sexual
Assault. Thank you very much for the opportunity
to speak today, I thank all the Chairs and members
of the four Committees that are involved and the
staff that has assisted, and we do hope that there
will be continued efforts to ensure that survivors
from immigrant communities get the help they need
and deserve.

The Alliance is committed to ensuring that the best practices of sexual violence intervention and prevention are available to all individuals and communities in New York City, and we recognize that, while immigrant survivors were seen in the local rape crisis programs and SAFE centers, that we know that it was only the tip of the iceberg.

So in order to really investigate this further and bring in the data that's needed to answer some of the questions, 'cause we've talked today about how the data that hasn't existed, we adopted Participatory Action Research as the way to reach out to communities that are underserved in the systems that address sexual violence and PAR, as it's called, is a

collaborative approach to inquiry and action that enables the community itself to analyze their own needs, identify possible solutions, and then implement and evaluate a plan of action.

So we embarked on a pilot study that was funded by the Council at that time to look at the scope and impact of sexual violence against immigrant women; on their help-seeking behaviors, including knowledge and attitudes about sexual violence services; and the community-specific strategies that they would have to end sexual violence in their communities. And we were very fortunate to have 57 stakeholders, as well as a New School University to assist us.

The key findings of the pilot study that many of you should have received called,
"Bringing the Global to the Local: Using
Participatory Research to Address Sexual Violence
with Immigrant Communities in New York City" were
as follows: that, contrary to service providers'
expectations, immigrant women want an opportunity
to talk about sexual violence in a safeenvironment, that immigrant women found the
participatory tools useful and enjoyable, that

sexual violence was common among undocumented and 2 3 4 6 7 8

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recent immigrants to New York City who participated in the study, that immigrant women do not know where to go for sexual violence services in New York City, that undocumented immigrant women face multiple barriers in seeking help for sexual violence, that they frame their attitudes about help-seeking in the context of their home countries, and that immigrant women want to be part of community-specific sexual violence prevention strategies.

So in response to these findings, the Alliance facilitated the development of the Action Research for Immigrant Social Empowerment, or ARISE, Coalition. And many of our partners are sitting with us here today

And that we do believe that systematic changes are only going to be possible with the active involvement of communities, of the immigrant-serving CBOs, and the informal community leaders. And that we want to look at both preventing violence before it happens and intervening appropriately when it occurs. that we hope that this hearing will lead to

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 157 HEALTH AND PUBLIC SAFETY
2	increased attention.
3	Thank you. Those are the cliff
4	notes version of my remarks.
5	MS. MEGHAN O'CONNOR: Thank you.
6	Good afternoon. My name is Meghan O'Connor and
7	I'm the Director of Prevention and Community
8	Development at the New York City Alliance Against
9	Sexual Assault. I want to thank you for hosting
10	this hearing.
11	The very nature of this hearing, a
12	collective effort across four committees,
13	highlights the interdisciplinary nature of
14	preventing and responding to sexual and domestic
15	violence. It highlights the various systems
16	charged with preserving the right of immigrant
17	women to live free from violence and the multiple
18	agencies who must respond to reduce the harm for
19	that woman, her family, and her community when
20	that right is breached.
21	The ARISE coalition seeks to engage
22	immigrant communities in developing strategies to
23	reduce sexual and domestic violence through
24	research, education, and advocacy. My colleagues
25	on this panel today and in the panel that will

follow represent their own organizations as well as ARTSE.

One of the first activities of our coalition was to present the findings of our report at a forum for immigrant service providers across New York City. Close to 100 organizations, varying from large to small agencies, attended that forum, eager to hear the voices of immigrant women and the community-based organizations that serve them.

Since that meeting in May 2008, the ARISE coalition has focused on disseminating the results of Bringing the Global to the Local, primarily to policymakers and particularly to the representatives of the committees hosting this hearing today and the representatives in our districts. It is a great pleasure to see that the efforts of such meetings may have led to today's hearing.

In our meetings and discussions with policymakers, we have often been asked about the prevalence and impact of the problem for immigrant women. We all know that numbers and the ability to demonstrate the impact of a problem is

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often what moves policy and lawmakers towards action, which brings me to the importance of data collection. Our report, Bringing the Global to the Local, was groundbreaking in that it was the first report of its kind for New York City, yet we all know that we only scratched the surface with that report. There have been and continue to be substantial research gaps on the prevalence and experience of domestic and sexual violence for the general population of New York City. And we also have little data on the social and health indicators for specific immigrant populations in New York City.

The same barriers that immigrant women face in getting the services they need only further challenge our ability to collect good data, specific data on how and how much this problem affects immigrant women.

As the research arm of our ARISE coalition, the Alliance wishes to continue our research efforts, expanding our reach to more immigrant communities. Participatory Action Research is a unique method of research that can help us break down the traditional research

barriers that limit access to immigrant
populations. As a coalition, we have started to
develop our own data collection system to better
document reported incidents and services
delivered. At the very least, ARISE agencies can
begin to use this system to collect basic
community-specific data. Yet such work requires
significant human resources and, again, is limited
in scope. It's a start, but to truly answer the
how and how much, resources must be invested in
citywide data collection systems and independent
research so that we can document prevalence,
demonstrate impact, and carefully monitor and
evaluate the services provided.

Lastly, just as the needs of immigrant populations are often overlooked, so is the work of the grassroots community-based organizations that serve them. These organizations are small, rooted in the community, and often staffed by community members, they are specific and targeted in their approach. The organizations that make up our coalition, as well as others here today and many that could not be here today, have tremendous knowledge, skills, and

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 161 1 HEALTH AND PUBLIC SAFETY expertise. These organizations know their 2 3 communities intimately, they are change agents in the lives of those that they serve and, most 4 importantly, they are trusted. 5 If you can 6 CHAIRPERSON STEWART: 7 summarize. 8 MS. O'CONNOR: I will, yeah. New 9 York City is underutilizing them. We must think 10 of and go to these organizations first when trying 11 to think about how we as a city can better address 12 the needs of immigrant women. They can share nuanced information about their communities with 13 14 us, provide targeted training, and disseminate 15 knowledge in their communities in an appropriate 16 and effective manner, but New York City must first 17 recognize these organizations for the change 18 agents they are and quarantee that they are consistently part of the conversations and 19 20 decisions that impact immigrant women. I hope that today we will highlight these untapped 21 22 resources. 23 Thank you for the opportunity to

Thank you for the opportunity to testify and we look forward to continuing our work together to advance the right for immigrant women

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I just want to highlight some of the issues that we're finding in our work with clients. Sauti Yetu serves African immigrant

community-based organizations.

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women and children around New York City, but particularly in the Bronx. We find that sadly there is still a lot of stereotyping of immigrant women by police, court personnel, and city agencies that assume that violence is somehow culturally acceptable for African or Muslim women, and, therefore, somehow excusing First Responders or others from their obligation to respond to victim's call for help or requests for services. We'd like to help change those attitudes, call on us to help train First Responders, especially within the New York Police Department.

Language access continues to be an issue, despite that, the wonderful Language Line that is available, that does have so many languages. Quite frankly, our clients are often not offered that service or those who are on the Language Line are not necessarily trained to interpret for somebody who is dealing with issues of domestic or sexual violence. We would ask instead that you, again, that should not be the first resource, we ask that the police department, emergency room personnel, court personnel make a greater effort to ask victims and not wait for the

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victims first to request an interpreter. Just because they can hold a small conversation with you in English, doesn't mean that they're fluent, and many people feel ashamed to say that they don't speak English or that they can't read. We need to be there to say to them let me help you read this, let me go through this with you.

Immigrant women and girls are not empowered to understand the process of the judicial system or filing a police report. many are too new to the system to know how it works or what to expect and their point of reference is typically a very different system in their country of origin, which does not necessarily have a lot of the systems in place that we do. What is really sad is that sometimes our women and girls come to us and say that they were actually made to feel that they themselves had done something wrong when they went to file a police report or called 911. We don't ever want that to happen, no one should ever, ever have to feel bad about asking for help.

There's a lack of understanding of the previous trauma experienced by victims. In

Staten Island, for example, we have a huge number of women from Liberia and Sierra Leone who have experienced rape as a war crime and they come here and they're still experiencing domestic violence or sexual assault and it makes it very difficult for them to be able to come forward, or when they come forward, to be able to really, again, access services. If you're dealing with Post Traumatic Stress Disorder, it's really hard to get up in the morning and make it to a court date.

Another issue that we're finding is that police officers and detectives are, oddly enough, deferring to perpetrators, rather than objectively responding to victims' complaints.

I'm referring specifically to police officers who, last I heard, are not supposed to inquire as to the immigration status of anybody involved, are assuming that the men, the alleged perpetrators, are undocumented and deciding that they don't want to make life tougher for them. This is really disturbing. Are we saying that the victims' rights, that the victims—a woman who has been raped, that her life is not being destroyed by that experience? That somehow it's more important

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 166 HEALTH AND PUBLIC SAFETY
2	that this guy is undocumented? We have a process
3	here and all we're asking is that it be followed.
4	I'd like to make some really quick
5	recommendations, I know that we're out of time
6	CHAIRPERSON STEWART: [Interposing]
7	You may have to, you may have to sum it up because
8	you've gone over three minutes already and
9	MS. DONAHUE: Okay. Thank you so
10	much for your patience.
11	Basically what we're saying is,
12	work with us. We are community-based
13	organizations, we're based in immigrant
14	communities, we speak the languages, we understand
15	the cultural differences, we share their faiths.
16	We understand the struggles that they face, the
17	dilemmas in deciding whether or not to report a
18	breadwinner for an extended family to the police,
19	we understand that, we want to help you do what
20	you do better. Please come to us. Thank you.
21	MS. DANA CZUCZKA: My name is Dana
22	Czuczka, I'm the Associate Vice President of
23	Government Affairs at Planned Parenthood of New
24	York City, and also want to take this opportunity
25	to thank the Chairs of the four Committees

convening this hearing today and all the Council

Members present. We too are a proud member of the

ARISE coalition.

I want to use my few minutes just to highlight the link between reproductive health and intimate partner violence. What we know from research studies and through our everyday experiences in our health centers is, there is indeed a strong association between partner violence and greater incidence of sexually transmitted infections, HIV, unintended and teen pregnancies, negative pregnancy outcomes, and the list goes on. We've been conducting research at Planned Parenthood about the relationship between partner violence and reproductive health outcomes and higher abortion rates and we look forward to sharing that when it is available.

You know, we have also conducted research on different screening tools and we've heard today discussion about the way you ask the question to a woman, to a survivor, really is going to change disclosure rates. So if you say, are you abused on a check-off chart, it's going to be very different than if you ask very specific

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questions in a more sensitive manner and that really affects disclosure rates.

We recently released a report about Dominican women's perceptions of reproductive health care both in Santa Domingo and in New York City. And what we have found is that, when it comes to reproductive health both here and in Santa Domingo, you know, the women are turning to friends and family first. Dominican women in the US view the health care system as unwelcoming. Other highlights, women in both Santa Domingo and in New York were hesitant to use condoms for fear their partners would interpret the condom use as a sign of infidelity. They spoke not only of the presence of violence in their intimate relationships, but also of having little recourse against such violence. We've heard very similar stories from other panelists and really this reinforces to us, one, the need for us to better understand each community, their perceptions of reproductive health care, intimate partner violence, deconstruct what is going on and make sure that we have information to serve everyone in the best way possible.

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We are conducting similar focus groups with Jamaican women and Mexican women, both in New York City and in their home country and we'd love to share that also.

We believe that this is, again, a good start, but, like Meghan, would call for more research so that we can better understand the issues.

A few quick recommendations, one specific to the issue we were talking about before about the teen dating violence. We, too, have seen a major rise in that, both in our health education classes in schools and in our health centers. You know, we would continue to call for better sex education, including these Healthy Relationship workshops that we've been talking about today, in the schools; public education about intimate partner violence among immigrant communities, as well as the general population. We need to do some better healthcare provider trainings about the associations between intimate partner violence and reproductive health and specialized healthcare needs. We need to make sure that our screening instruments and then the

To give the demographics, there are

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in New York City.

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approximately 6 to 800,000 Muslims living in New York City, making it one of the largest and most diverse Muslim communities in the U.S. Immigrants from Africa, South Asia, Southeast Asia, the Middle East, and the Balkans comprise a large faction of this population. Our clients and youth members come from all five boroughs, representing various backgrounds, which include a variety of ethnic, cultural, and spiritual practices. Most of the immigrant women seeking assistance come from low income families and do not have a support network and have limited English proficiency. Also it's important to note that about 95% of Muslim children in New York City go to public schools, and more than 10% of the public school population is Muslim. And, according to the New York City Department of Health and Mental Hygiene survey conducted in 2007, approximately 10% of the teenage public school attending population report teen dating violence. And so using the accepted national statistics, that one out of four women are sexually or physically assaulted at some point in her life, we can infer that a significant portion of the female Muslim population in New

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York City experience sexual assault and/or domestic violence.

Many of the women who come to

Turning Point are referred by ACS, hospital social

workers, high school counselors, and other service

providers. They are seeking counseling and

support assistance with filing police reports,

getting orders of protection, legal assistance, or

are in need of shelter.

And so just to run through some of the obstacles and issues that we continuously find our clients facing, they are, A, they don't have enough access to resources, even when resources are available to them, we find that in most cases, city agents who are in place to assist them, do not have the required connections in the communities in which these women reside. already language access and translators have been mentioned, but it's important to note that, since some of the interpretators are usually male and share cultural backgrounds with the victims, often they intervene during the process and try to influence the women, thereby affecting their ability to get the benefit of interpretation

2 services.

And often, as the Council Members themselves have said, that children are used to interpret and we know that that re-traumatizes the children and jeopardizes the accuracy of women's statements, resulting in omission of important details of abuse and sexual assault--she will not reveal that usually to her child if he's translating.

Women and girls from immigrant communities are often unaware of their rights in the Muslim community. They come from countries where their rights or their perception of their rights are very different from here, and so they are unaware of the city, state, and federal laws that exist to protect them and so we must educate and raise awareness in these particular communities.

Also, there is a lack of cultural and religious sensitivity amongst police officers, hospital personnel, court officials, social workers, and government agencies. Because majority of our clients requires come from lowincome backgrounds, it is extremely difficult to

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connect them with legal services, as there is a severe shortage of agencies that provide free or low-cost legal services. The process is cumbersome and most service providers do not have adequate or trained staff on hand to speak with women in their languages or who know about their culture.

So the three recommendations that we have are increase the output and maintenance of resources for immigrant populations, especially in the key languages that they speak, these resources must be accessible and distributed in a timely manner.

And partnerships between institutions, organizations, and leaders from within the community and city agents are crucial to assisting immigrant women and gaining trust in these communities.

Community based organizations
should be consulted prior to creating policies
that affect immigrant women, and input from
various perspectives, we know will only help
garner more information and help in designing
effective policies that are relevant to immigrant

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 175 HEALTH AND PUBLIC SAFETY
2	and Muslim women.
3	And, finally, law enforcement
4	agencies, district attorneys, and the like should
5	provide extensive sensitivity training regarding
6	sexual assault and domestic violence against
7	immigrant women. These trainings should be geared
8	towards helping service providers and agents
9	understand the enormous diversity and religious
10	and cultural differences that exist so that
11	barriers in seeking help can be minimized.
12	In order for the trainings again to
13	be culturally relevant, they should be provided
14	with a partnership of city agencies and community-
15	based organizations that are already providing the
16	services to these populations.
17	Thank you.
18	CHAIRPERSON STEWART: My
19	colleagues, do you have any questions? Seeing no
20	questions, we will callwe want to thank you for
21	your testimony, and we'll move on to the next
22	panel.
23	We have Bushra Husain, we have
24	Carolien Hardenbol, we have Michael Polenberg, and
25	we have Auriela, and also we have [off mic] can

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 176 HEALTH AND PUBLIC SAFETY
2	you pronounce this for me, please? I'm having
3	some problems here with the pronunciation.
4	Nguyen?
5	CHAIRPERSON RIVERA: Nguyen.
6	CHAIRPERSON STEWART: Nguyen?
7	CHAIRPERSON RIVERA: Nguyen.
8	CHAIRPERSON STEWART: I also want
9	to make sure I
10	FEMALE VOICE: New York Asian Women
11	Center.
12	CHAIRPERSON STEWART: New York
13	Asian Women Center. Nguyen, all right.
14	Everyone is there, that mean I
15	didn't too badly on the names because they realize
16	their names and they are there.
17	So if you can please identify
18	yourself and let's getI have not been putting
19	you on the clock, but I ask you to just estimate
20	or guesstimate your time to be between one and
21	three minutes. If you're going beyond that, it
22	means that you're too long and we have had a long
23	day, so please work with me so that I don't have
24	to put you on the clock, I don't want to, but if
25	you can summarize it, it would be very helpful.

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 177 HEALTH AND PUBLIC SAFETY
2	Thank you.
3	MS. CAROLIEN HARDENBOL: Good
4	afternoon, my name is Carolien Hardenbol, I'm here
5	with my colleague, Bushra Husain, we're from
6	Sanctuary for Families, I co-direct the
7	Immigration Project there.
8	We're very honored to be here to
9	present before the four distinguished committees.
10	Sanctuary for Families is a large
11	domestic violence service provider serving 8,000
12	clients a year. Approximately 70% of our clients
13	are immigrant, hailing from 109 different
14	countries. Sanctuary staff talks 30 different
15	languages.
16	I just want to highlight several
17	issues that we have spotted, challenges that we
18	have experienced that I want to bring to the
19	attention of the committees. One is about the U
20	visa non-immigrant status that's been discussed
21	before. While I was listening to previous
22	speakers and Council Member Lu asked the question,
23	how many were approved, Sanctuary for Families
24	being the designated immigration services legal
25	provider at the Family Justice Center, of 375 U

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Even though we have made great progress working with the district attorneys offices around the city with getting crime victims certified, unfortunately, that is not the case with the NYPD--and it's very sad for me to see that they have left the audience. The New York City Police Department has been slow to create a policy and is reluctant to share information publicly about whatever policies the NYPD has created. In fact, since federal regulations were issued in September of '07, NYPD has not, to our knowledge, issued any certifications, leaving immigrant New Yorkers whose attackers are not arrested out on warrants, they're fugitives, they're returned to their countries, and out at large, they leave them unprotected because we cannot file immigration status on behalf of those victims.

Another issue, I want to highlight is that of trafficking. In November of 2007, advocates for immigrant victims cheer when New York State's anti-trafficking law, the strongest

and most comprehensive in the nation, went into effect. The law also provided for services for immigrant trafficking victims. Sadly, the new statutory provisions have been grossly under enforced statewide and there has been a dearth of arrest, prosecutions, and convictions. Instead, law enforcement officers, including those at NYPD, continue to arrest potential trafficking victims for prostitution, while ignoring those who prey upon them, patronizers, who make up the demand side of the brutal industry.

Just as NYPD has developed a comprehensive and effective strategy to fight domestic violence, it must develop a comprehensive strategy for fighting sex and labor trafficking. The strategy must include both intensive department-wide training of all police officers, development of effective tactics to investigate perpetrators of human trafficking and related prostitution crimes.

And I want to make a brief notice also on dual and retaliatory arrests, it also has been brought up before. Our immigrant clients are fearful of the police and often unable to

communicate in English. They're very vulnerable to two distinct phenomena--retaliatory arrest and dual arrest. Under New York state's Primary Aggressor Law, the police on the scene are supposed to evaluate and determine the primary aggressor and only arrest a primary aggressor. In reality, in many precincts, however, the police do nothing to analyze the domestic violence and instead resorting to arresting both parties.

Another phenomena is retaliatory arrest in which the abuser, in retaliation against a victim, makes up false charges and reports it to the police--we see this actually a lot. Once wrongfully arrested, obviously, an immigrant victim will no longer call the police because they're fearful of the consequences, as they have this bad experience with NYPD.

One also note on public education, it cannot be stressed enough, the importance of Executive 41 to be disseminated at all kinds of institutions citywide--emergency rooms, district attorneys offices, everywhere--every immigrant needs to know that crimes can be reported without retaliation and without consequences that they

COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 181 1 HEALTH AND PUBLIC SAFETY will not be reported to immigration, because we 2 3 feel, as we're in the field, that that is one of the prime reasons that immigrants do not come 4 forward and report crimes committed against them. 5 We thank the City Council for this 6 7 opportunity to present to you our recommendations 8 and some challenges we face as we do our work 9 serving large communities of immigrants, victims 10 of domestic and violence and sexual assault. 11 Thank you very much. 12 MR. MICHAEL POLENBERG: Thank you, 13 Mr. Chairman and your colleagues. My name is Michael Polenberg, I'm the Vice President of 14 Government Affairs for Safe Horizon, the nation's 15 16 leading victim assistance organization and New 17 York City's largest provider of services to 18 victims of crime and abuse, their families, and 19 communities.

I'm joined here today by a client of ours, Aurelia, who will share her harrowing story of being an immigrant victim of domestic violence and the obstacles she faced in trying to escape her abuser and access services.

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We work with immigrant victims of

crime in a variety of programs throughout the five	5
boroughs, and have a number of recommendations for	_
how to improve service delivery to this	
population, which we will share with you today.	
And my colleague from Sanctuary has already	
expressed the concern which we share about	
certification and trying to get local law	
enforcement and the judiciary branch to certify	
these U visas. Right now, there doesn't appear to)
be a uniform procedure in place, obviously that	
would be helpful if one was.	

One of the largest barriers to safety for our immigrant clients is the lack of income and regular access to public benefits and the ability to obtain safe affordable housing.

And one of the issues the city is considering is this Immigrant Advantage. They have a number of these Advantage programs to move people out of the shelter system and into permanent housing. The HRA, the city's Human Resources Administration, is considering an Immigrant Advantage program that would potentially provide housing subsidies, although just for a year, for households with the documented family members. We urge the city to

implement this Immigrant Advantage program to allow families with an immigrant head of household to qualify.

In a city as diverse as ours, it's the rule, not the exception, that language barriers will prevent immigrant crime victims from fully understanding the options available to them. And this is one of the reasons that Council's Domestic Violence Empowerment initiative, the DOVE initiative, is so important, and we thank you for restoring it in the year ahead, fiscal 2010, which starts in July.

A final issue I want to raise is just has to do with capacity. In September 2007, the federal government issued new regulations regarding the processing of U visa applications, so all the applications that we had submitted, over 244, had to be resubmitted, and 90 of those that we resubmitted, they sent back because they needed some other piece of information. So this puts a real strain on our immigration law project, which is in part funded by the Council. And really what it means is so we've had to limit intake from new clients, instead of doing 10 each

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week, doing eight new clients per month, so that
means we're turning away five people each day-people who either call us or people who walk in to
our office, which is based out on Queens. We know
many of our colleagues around the city who run
similar kinds of programs are facing this kind of
strain as well, which really also speaks to the
Council's immigrant opportunity initiative and how
helpful it is. It does help fund our immigration
law project. It did last year, we're hoping it
will do again this year, so we thank you for that.

And now without further ado, our client, Aurelia.

MS. AURELIA: Thank you. My name is Aurelia, I am a survivor [off mic] domestic violence and this is my testimony.

I was happy in the Dominican

Republic, I had a great job, a nice car. I lived

with my family, but I did want to meet someone

special and start a family of my own. A friend

knew a nice man who had moved to New York City a

few years before, we started to speak on the phone

every day, and we slowly fell in love.

Eventually, we decided that I would

move to New York and marry, so I left my great job, I sold my car, I left all the people I knew, I end part of my life, but I was happy, I was beginning a new life with a man I loved. Within a few months I was pregnant, but my husband began to change—he became demanding and controlling, so I ended up depending on him for everything.

I didn't know how to ride the train alone, he didn't want me to leave the house, all of our friends have to be his friends, he didn't want me to talk to my family on the phone, he didn't want me to e-mail my friends. My visa expired and he refused to sponsor me for a green card. This made me feel very bad and deceived.

I did not know if I should stay or leave America. I decided to stay because I was pregnant, I had no money, and I love my husband. However, I was afraid to leave my house or get help because I was scared that immigration would catch me and deport me.

When he drank, he became a different person, he would scream at me and call me horrible names, he would come home drunk late at night and was complete out of control. One

night he came home very late and very drunk, he burst into my bedroom and accused me of neglecting our baby, then he grabbed her from her crib and lock himself in another room with her in his arms. I fear for my child's life and my own, I bang on the door until he open it. When he finally did, he attacked me and push me in my [off mic] he dragged me into the living room, [off mic] me to the sofa, and push me several times all over my head and body. When he finally stop, he say it's okay, now call the police if you want to. I did call the police and then I called Safe Horizon.

I face many problems. I had some time to start over and make a new life for my daughter and myself free of violence. I could get public assistance both for my daughter and for myself, but when I went to apply, the workers at the public assistance center would not even let me put in application, they told me that I need to be a citizen to receive any benefits. Now, when I go to the public assistance center, sometimes they don't provide me with a translator and tell me that they will speak to me in Spanish. I understand English, but sometimes they speak too

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physical assault by her husband where she sustained scars and bruises from the incident.

The police was called to the scene by the client's brother. For safety reason, Client A was referred to the Prevention Assistance and Temporary Housing, also known as PATH, on the date of the domestic violence incident. PATH then referred her to an emergency domestic violence shelter.

When she moved into the shelter, she was not provided with any interpretation services that she needed. In 2008, she came to the U.S. with her husband. Her ability to speak English was elementary and not proficient enough to explain in full details about her domestic violence experience and her various needs to the case worker at the shelter. She was not provided access to an interpretator and was later told that she did not need to attend support group sessions because she can not understand English.

The case worker from the DV shelter accompanied the client to the public assistance so that she can obtain cash assistance and food stamp for herself and her newborn son. Both the DV

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shelter and PA Office in East End failed to provide interpretation that was needed for her to explain about the DV incidents that she suffered. As a result, the client was not granted a DVL waiver, which would not excuse her from complying with child support enforcement and work requirements, thus, putting her and her child in further danger from her husband. In addition, her PA case was closed because she did not comply with her work activities requirement. The client explained that no one told her that she was required to report to PA work activities every day, and even her case worker did not convey the information to her in English, nor tried to utilize Language Line. The client stated that she was confused and felt very isolated.

Client A was later transferred to the New York Asian Women's shelter because of her language and cultural needs. However, when the New York Asian Woman's Center was assigned to her case, the case manager reviewed with the client her PA case and was shocked to see the client was not provided with proper advocacy and support services by the previous DV agency. This was due

in large part because of the client's limited
English proficiency. With the help of the New
York Asian Woman's Center and through proper
interpretation, the client received full DVL
waiver for the public assistance work activities.
The DVL understood the client's severe DV
experience and determined that it was not safe for
her to participate in work activities. Once the
case manager at the New York Asian Woman's Center
explained to the client about the public benefit
process and the requirements in her native
language, Client A said, "Thank you. Now it is
clear to me how things work. I finally feel at
peace."

Access to competent interpreters is a necessity for domestic violence victims who are immigrant women and who does not speak English well. In order to express and convey details of the DV incidents that they suffered and to figure out their needs, many client wish to speak in their own native language. Interpreters should be trained and certified by the New York state or New York City to maintain professionalism and neutrality of interpreters. Currently, quality

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES,191 HEALTH AND PUBLIC SAFETY
2	and competency of interpreters are not consistent,
3	even within the New York court system, which
4	probably offers the most accessible and
5	comprehensive interpretation services within city
6	agencies. In the past, on behalf of many clients,
7	a complaint on improper and inadequate
8	interpretation by a few court interpreters was
9	filed.
10	Thank you very much for your time.
11	CHAIRPERSON STEWART: Any questions
12	from my colleagues?
13	FEMALE VOICE: I had one question.
14	CHAIRPERSON STEWART: You have
15	You look at it, all right. No questions? All
16	right, we will like to thank you for your
17	testimony and we will keep in touch with you.
18	Thank you.
19	Our next panel Kinaja Janardhanan,
20	all right we have Mohammed Alam, we have Gina
21	Cheron, we have Marisol Ramirez, and then we have
22	Nathaly Rubio-Torio.
23	[Off mic]
24	CHAIRPERSON STEWART: Yes, I would
25	like to thank everyone for your patience. Just

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 192 HEALTH AND PUBLIC SAFETY
2	remind yourself that you have two minutes. If you
3	can limit your testimony to two minutes and we
4	shall start right now.
5	[Off mic]
6	CHAIRPERSON STEWART: Yeah, we're
7	doing the clock.
8	FEMALE VOICE: For two minutes?
9	CHAIRPERSON STEWART: Two minutes,
10	yeah.
11	[Off mic]
12	MS. KINAJA JANARDHANAN: Hi, good
13	afternoon. Thank you very much for inviting me.
14	My name is Kinaja Janardhanan and I'm the Director
15	of Programs at the Arab American Family Support
16	Center that Sarah Ellis was referring to, which is
17	located in Kings County DA's officeno, sorry,
18	which Sarah Ellis of Kings County DA's office was
19	referring to. The agency is located in downtown
20	Brooklyn and we serve majority of Arab American
21	immigrants along with Bangladeshi, Pakistani, and
22	North African, West African client population.
23	The agency was established in 1994
24	to serve frequently underserved Arab immigrant
25	communities of New York City. As the first and

largest Arabic-speaking social service agency in New York, our goal is to help new immigrants become more acclimated to life in the United States so that they can fully participate in the world around them.

Every day we have immigrant women coming in to the agency seeking different kinds of services, but when we explore further, we do discover that there is rampant domestic and sexual violence that is taking place in the homes. These women are very intimidated by their partners who speak, usually, the English language and women, not being able to speak the language, feel intimidated and are led to believe that if they disclose anything to outsiders, they will be forced to leave the country and, most likely, their children will be removed from them. That usually intimidates these women from coming forward with what is happening in the homes.

Thankfully, we have staff members who speak the language and understand the culture and the complexity that is involved in the legal system back home, which usually gives authority to the men and so women are likely to lose their

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 194 HEALTH AND PUBLIC SAFETY
2	custody and every rights over their children. So
3	we understand it and provide appropriate services
4	for these women to seek safety for themselves and
5	their children in this place.
6	This is possible only because our
7	system works very differently from what happens
8	back home in their home countries. And having
9	agencies like ours, which are community-based and
LO	are able to understand the intricate processes
11	that are involved in navigating the legal system
12	in this country helps them to seek safety in this
L3	environment.
L4	Also, usually
L5	CHAIRPERSON STEWART: [Interposing]
L6	Please just sum up, please.
L7	MS. JANARDHANAN: Yes. So my
L8	suggestion would berecommendations for the
19	committee would be to ensure that legal, as well
20	as law enforcement, authorities get much better
21	understanding of the complexities in cultural
22	competent work around these immigrant communities
23	so that seeking out help from us would help,
24	helping these families seek better services.
25	Thank you.

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MR. MOHAMMED ALAM: Hello, my name is Mohammed Alam, I'm a Communications Coordinator with Sakhi for South Asian Women, which is an anti-domestic violence agency that serves the South Asian community in the New York City metropolitan area.

Last year we responded to 731 new requests for assistance--that's more than triple the number from 2001. We've been serving the South Asian community in the metropolitan area in New York for 20 years now. Each year, we not only give information referrals to hundreds of new callers, but we also provide referrals to attorneys, shelter, health care, public benefits, and other critical services for an ongoing caseload of 50 to 60 survivors a month. addition to these crisis response services, we conduct our own computer and English literacy classes and financial literacy workshop so that survivors can pursue their own journeys of selfempowerment.

We also strive to get to the heart of ending violence itself by raising awareness and mobilizing our communities to speak up and respond

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to abuse. We conduct presentations, produce films and print materials, and host a website that caters to about 17,000 people a month. We also train community members as volunteers who support our programming.

I think it's necessary just to highlight one number in particular, given the time limitations here. The June 2007 Independent Budget Office Fiscal Brief notes that \$227 million in city monies was spent on fighting DV in 2005. The vast majority of the expenditures the report makes clear are for short-term crisis response services -- in other words, 80% of this 227 million. Nearly the rest of the remaining 20% is for enforcement activities with prevention and longterm services representing less than 1% each in this tiny pot of funds. Therefore, I encourage you in the next budget year to reflect and consider making our communities stronger by investing and ending violence itself by funding the full spectrum of response and prevention services needed.

We definitely commend the city's DOVE initiative, but significantly more funds are

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 197 HEALTH AND PUBLIC SAFETY
2	needed.
3	I understand that prevention
4	outcome is difficult to track, it's so much easier
5	just to count the number of survivors served, but
6	we at Sakhi can see the impact of our community-
7	based approach. In the last five years, we've
8	actually seen an increase in the number of male
9	callers at Sakhimen who are looking for
10	resources and to support women in their lives. In
11	2006, first instance, we got about 8% of our new
12	requests for support from men, mostly on behalf of
13	women in their lives, and last year that figure
14	rose to 13%.
15	CHAIRPERSON STEWART: Please sum
16	up.
17	MR. ALAM: Sure. So in conclusion-
18	_
19	CHAIRPERSON VALLONE: [Interposing]
20	Excuse me, there's a clock up here, when that bell
21	goes off, that means you guys need to sum up,
22	okay? Thanks.
23	MR. ALAM: In conclusion, I hope
24	that you will help make possible, not only our
25	work, but the work of all of us here today in
	i de la companya de

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 198 HEALTH AND PUBLIC SAFETY
2	seeking to serve survivors while ending violence
3	at its root.
4	Thank you.
5	CHAIRPERSON STEWART: Let me make
6	this clear, we said two minutes, but when you hear
7	that tone, it means we want you to sum up, your
8	two minutes has elapsed and if you can do that,
9	because we have been here all day and it's only
10	fair for those folks who are waiting that we try
11	to sum up as quickly as possible.
12	MS. GINA CHERON: My name is Gina
13	Cheron, Executive Director of Dwa Fanm.
14	Dwa Fanm, which means women rights
15	in Creole, is committed to empower all women and
16	girls with the freedom to define and control their
17	lives. For the past 10 years, Dwa Fanm has been
18	dedicated its time and services to address all
19	forms of abuse against women and girls. And
20	within a year, we served a total number of 1,056
21	people, among which 876 are female and 176 are
22	male children.
23	Dwa Fanm is presently staffed by 12
24	full-time employees, and operates with a budget of
25	close to a million.

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I will not talk about all the statistics I have here, but what I will be doing is to really concentrate on the 26% which represent one-quarter of the population that we are servicing and that is undocumented because they had to leave the abuser who brought them in the U.S.

These women come from the [off mic] mostly from Haiti and relocated here on a fiancé visa. Once married, they are put in situation where they leave in a relationship because the abuser becomes violent and refuse to continue with the immigration paperwork.

Dwa Fanm is helping these women adjust their immigration status to VAWA and U visa, and I'm glad that the Chair of the Immigration [off mic] is here.

For many undocumented women, there are barriers for obtaining the U visa, resulting in many of our clients falling into the crack.

Even though domestic violence is considered a crime, many of the abusers are not arrestable offenses. Also, many times detectives cannot find the abuser, which leaves many women at risk.

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Right now, only district attorneys officials are authorized to sign U visas certification. If the police department does not make an arrest, district attorneys cannot sign U visa certifications, which leaves our undocumented clients without any venues that would give them access to legal documents.

If I go to the recommendation, I will say that we need a policy that facilitate a public/private partnership to ensure that in New York City at risk immigrant women needs our met.

We would like to see at the city level the same public/private partnership that now exists at the county level with the district attorneys.

We need a representative within the police department responsible and with the authority to sign U visa certifications.

We want to ensure an increase in funding to fulfill the needs of domestic violence victim in general and a dialogue at the city, county, and state levels could lead to the federal government allowing undocumented at risk immigrant women access to public assistance to public

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 201 HEALTH AND PUBLIC SAFETY
2	benefits. It is also recommended that both levels
3	of government, city and state, be actively engaged
4	in similar dialogues seeking to provide
5	unemployment or employment opportunities to women
6	who are victim of abuse. These measures should
7	also be taken into consideration for at risk young
8	women.
9	Thank you for the opportunity to
10	testify. We look forward to continuing to work
11	together. Dwa Fanm is available to share its
12	experience and to brief public official on the
13	scope of its program and its unmet needs.
14	Thank you.
15	MS. NATHALY RUBIO-TORIO: Good
16	afternoon, my name is Nathaly Rubio-Torio
17	[Pause]
18	MS. RUBIO-TORIO: Good afternoon,
19	my name is Nathaly Rubio-Torio, I'm co-founder and
20	Executive Director of Voces Latinas. We are in
21	western Queens.
22	And in the interest of time, I'm
23	just going to jump right over to my
24	recommendations. I'm going to talk about what
25	we're finding that's actually working in our

community and how we're reaching our immigrant women. There continues to be a segment of the population that can only be reached through a grassroots approach. Some communities need to be engaged in a culturally sensitive manner in order for trust to be gained. This is vital with immigrant communities, as many have fears around immigration status.

Their status oftentimes determines if and when they will seek out services and ask for help. As a community-based organization, we must not move away from this approach if we want to be effective in reaching our community. Often bigger and more established non for profit organizations somehow move away from this community grassroots approach. At Voces Latinas we provide education and awareness to the community, we train immigrant Latinas to be leaders and advocates to serve as mentors to other women at risk. We reach these women through street outreach and engagement.

Voces Latinas' Promotoras program, which translates to Peer program, they go out to the community to do outreach to this segment of

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the population. The Promotoras are the very same women who came to Voces Latinas seeking support and also experienced some form of violence. The uniqueness of this program is that it serves an already marginalized population facing multiple traumas, and, in particular, focuses on the comorbidity of violence against women and HIV and AIDS.

The program equips Promotoras with engagement skills and basic counseling skills, and ensures a match in language, culture and age for each client seeking services, and those who we're trying to reach. This type of connection has proven to be effective in identifying the immediate needs of an immigrant who is living in an abusive relationship and experiencing other forms of violence. The core of the program is the unique approach and exhaustive nature of our Promotoras outreach. The Promotoras seek out those who are experiencing or at risk for sexual violence, domestic violence, dating violence, stalking, HIV, and other issues. We build the skills of our staff and Promotoras to provide the support individual and group counseling and

outreach in my community. The first time when I went out to the community, I had very positive thoughts about accomplishing my goal and transmitting my message with love, honesty. The first thing I learned was that in order to stop violence against immigrant woman, we must understand the need of our men. We need more service for immigrant men.

In my community, working with the day laborers I found sad face, hungry, alone, and with no desire to speak. I observed many faces destroyed by their suffering in life. When I approach the men with the condom packet, they come to me and thinking was giving out food or coffee. Other are very grateful and take my information and thank me.

My biggest dream is to service my community and to be able to help my children, my family, and friends be more conscious the community needs and to give back. I found people interested and I was able to exchange valuable information with them about what we do at Voces Latinas. I am passionately about my job, but I am 100% sure that there need to be consistent love,

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 206 HEALTH AND PUBLIC SAFETY
2	perseverance, and honesty to reach my community.
3	Thank you for listening to me, I'm
4	sorry.
5	CHAIRPERSON STEWART: Thank you.
6	Is there any questions for any of these?
7	I want to thank the last speakers
8	particularly for coming in and sharing their
9	experience with us. The fact is we are here to
10	serve you and if you're not getting the service in
11	your area where you are, you can come to Brooklyn.
12	All right, because there's where
13	the Immigration Chair resides and where he is, but
14	any one of the Council office, you can go there if
15	you can't get service from the [off mic]
16	organization, you can go to any one of the Council
17	offices in the area where you live. All right?
18	Once again, I want to thank you for
19	coming in.
20	We have our next panel? Our next
21	panel, we have Terry Lawson, Legal Services; we
22	have Marisol Arriaga; we have Suzanne Tomatore;
23	and we have Kim Susser; and we have Lisa Rivera
24	that's your sister? All right.
25	[Off mic]

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 207 HEALTH AND PUBLIC SAFETY
2	[Long pause]
3	CHAIRPERSON STEWART: If you can
4	just identify yourself and start. Again, your
5	time is two minutes, when you hear that sound,
6	what you do is basically just wrap up. Thank you.
7	MS. TERRY LAWSON: Good afternoon.
8	My name is Terry Lawson, I'm a staff attorney at
9	Legal Services NYC - Bronx. I represent low
10	income domestic violence survivors in their
11	family, matrimonial, and immigration matters. I
12	would like to thank you all for this opportunity
13	and for Council Member Arroyo's invitation in
14	particular.
15	One of the biggest problems that I
16	see in my practice is the lack of supervised
17	visitation resources citywide. When a survivor of
18	domestic violence leaves an abusive situation, one
19	of the first petitions filed is a petition for
20	visitation by the batterer. New York law strongly
21	supports visitation rights, even when domestic
22	violence is present, and courts often order weekly
23	or biweekly visitation. Supervised visitation
24	takes place in the presence of a third person.
25	Ideally, programs are equipped with staff and

office space necessary to keep survivors away from batterers and to protect children from abusive behavior.

In 2006, the Office on Violence
Against Women reported to Congress that over a
fourth of batterers threaten to kill their former
partners during the visits. Because visitation
orders provide specific times and locations to
meet survivors, batterers perpetrate the cycle of
violence by harassing survivors, threatening to
abduct children, questioning children on their
parents' location and activities, and disparaging
parents during visits.

In the Bronx, there exists only one agency--Safe Horizon--that provides this desperately needed service free-of-charge. Other free supervised visitation programs, such as that run by VIP, have been forced to shut down due to a lack of funding.

As a result of the lack of cityfunded supervised visitation programs, judges are
ordering less supervised visitation and asking
litigants to ask family or friends to supervise
visits. This lack of city-funded services is a

serious problem for immigrant women for two reasons, which I will state quickly. First, even when the court feels compelled to order supervised visitation, the unavailability of interpreters seriously limits the courts' ability to order it. And, second, immigrant clients have fewer family and friends here and, as a result, do not have anyone who could supervise the visits or take the children to unsupervised pick-up and drop-off locations.

In sum, supervised visitation is a vital resource for survivors of domestic violence. I urge you to advocate for more funding for supervised visitation and civil legal services citywide to ensure that families that seek assistance from the courts do not end up in potentially dangerous situations several times each month.

Thank you for your time and consideration.

MS. MARISOL ARRIAGA: Good

afternoon, my name is Marisol Arriaga, and I am a

staff attorney from the Legal Aid Society's

Citywide Domestic Violence Immigration Project, a

subproject of the Society's family law practice.

The Legal Aid Society is the oldest and largest provider of legal assistance to the poor in the United States. The Society's civil practice operates 14 neighborhood offices and citywide units serving residents of all five boroughs of New York City, providing comprehensive legal assistance in housing, public assistance, immigration, family law, and other civil areas of primary concern to the poor. Many of our clients are immigrants and domestic violence survivors.

In the interest of brevity, I'd like to focus on some of the issues that were previously raised by some of my colleagues and, in particular, the U visa certification gap.

After the issuance of the September 2007 U visa regulations, the district attorney's office is designated signatories of U visa certifications for domestic violence and other victims for each borough. The Administration for Children's Services has also delineated its process for obtaining U visa certifications. However, the NYPD has yet to publicize its U visa certification policy.

The NYPD should provide

certifications in situations where they have been actively involved in the investigation of a qualifying crime. There are numerous circumstances where the NYPD is the only agency to certify, including, but not limited to, situations where a perpetrator may never have been arrested because he absconded the state or country, where there is no prosecution because the perpetrator

committed suicide after committing a crime.

It is important to note that in most boroughs the district attorney's offices will not sign a certification until a criminal case is completed. This procedure is often an enduring hardship for clients who cannot apply for a U visa without a certification, particularly as criminal matters are often pending for many months, if not longer. In these circumstances, clients should be able to obtain certifications from the NYPD.

Currently, advocates have submitted
U visa certification requests directly to
Commissioner Kelly and he is the only person
designated with authority to sign such requests.
While there has been some initial response to

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 213 HEALTH AND PUBLIC SAFETY
2	you start wrapping up? Because it wouldn't be
3	fair to the others.
4	MS. ARRIAGA: Thank you.
5	[Pause]
6	[Off mic]
7	MS. ANDREA RITCHIE: My name is
8	Andrea Ritchie, I'm the Director of the Sex
9	Workers Project at the Urban Justice Center.
10	Suzanne Tomatore had to leave, she offered me her
11	spot.
12	Over the past seven years, the Sex
13	Workers Project has provided essential social and
14	legal services to hundreds of immigrant women who
15	are victims of trafficking into sex work, as well
16	as to immigrant women who are victims of other
17	forms of violencedomestic violence and sexual
18	assault.
19	Initially, I'd like to join in the
20	recommendations of my colleagues with respect to U
21	visa certification, as well as to increased
22	funding for advocates.
23	Today, I would like to also offer
24	testimony that falls in the category of what we,
25	and particularly the NYPD, can do better to

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address the needs of immigrant women and immigrant victims of violence, and to share with you the results of the Sex Workers Project's third research report, Kicking Down the Door: The Use of Raids to Fight Trafficking in Persons. I provided you with copies of the executive summary and one full report for each Committee Chair.

Our data suggests, based on the experiences of immigrant women who are victims of trafficking, the service providers who have worked with hundreds of victims, and the law enforcement agents we spoke with, that local law enforcement vice raids are not the most effective means of locating, identifying, and supporting immigrant women who are victims of trafficking. participants who had been trafficked into prostitution reported that they had been repeatedly arrested, in some cases up to ten times, in police raids on brothels and other sex worker venues, and often convicted of prostitution offenses, in some cases even sentenced to jail, without ever being identified as trafficked. As Sanctuary for Families noted earlier, service providers' experiences are consistent with the

finding that raids more often lead to arrests for prostitution or deportation than to identification and assistance of immigrant women who are victims of trafficking.

Additionally, immigrant women and service providers alike reported that antiprostitution raids were often accompanied by violations of the human rights of the very individuals they were intended to protect and were extremely traumatizing to trafficking victims—making them less likely to cooperate in holding their abusers accountable.

We therefore recommend that City
Council direct its funding and resources towards
community-based responses to trafficking that are
along the lines that people have talked about with
other agencies with respect to domestic violence,
that it's really about helping people come forward
on their own. More than half the people we spoke
with left trafficking situations on their own with
the assistance of community members, friends, and
family, and we'd really like to support that
option as opposed to ending up with trafficking
survivors in jail.

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 216 HEALTH AND PUBLIC SAFETY
2	Thank you.
3	MS. KIM SUSSER: Good afternoon, my
4	name is Kim Susser and I'm going to try to do my
5	testimony in 1 minute and 56 seconds. This is my
6	colleague, Lisa Rivera. I am the Director of the
7	Matrimonial and Family Law Unit at the New York
8	Legal Assistance Group where we provide civil
9	legal services to poor people.
10	My unit represents primarily
11	domestic violence victims in family law, we also
12	represent domestic violence victims in housing,
13	public benefits, as well as immigration.
14	We're here today to urge the City
15	Council to do three things, but as I was sitting
16	here listening to Terry's testimony, I'm going to
17	jump on the bandwagon for supervised visitation as
18	well because that's a critical service.
19	Our goal is first to ask you to
20	increase the funding for civil legal service
21	providers for immigrant domestic violence victims.
22	The second is to improve access to interpreter
23	services in our courts and city agencies, and,
24	finally, again to ask that the NYPD designated

somebody to certify U visas.

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I'm not going to go through the particular barriers to immigrant DV victims. I think you've heard that, I'm going to assume you're aware of those issues since you called the hearing and recognize the importance of them.

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Regarding increasing civil legal services for immigrant domestic violence victims, there are studies that show that legal services, above all other services, are what enables a domestic violence victim to get out of her situation. Representation in civil court increases the likelihood of prosecution in criminal court, we understand the criminal process, can explain it, we know how to liaison with the district attorneys, we can explain the consequences of prosecuting cases, and I believe it was Council Member Gentile who was concerned about the uncooperative victim. We can help there, though I don't like using the term of an uncooperative victim, often she has very many good reasons not to choose to prosecute and the civil legal services forum provides her with an alternative that can find her safe.

I totally blew that I'm sorry, I'm

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 218 HEALTH AND PUBLIC SAFETY	
2	going to keep going, one second.	
3	Finally, I think even that the CBOs	
4	recognize that they need legal services. I would	
5	ask you to tie the DOVE funding into legal	
6	services, that anybody who you're giving money to	
7	as a CBO needs to say we are partnering with the	
8	following legal service agency, and in addition,	
9	to expand the pot of civil legal services money	
10	that you have already.	
11	The translation key thing is	
12	critical in our courts, we see it all the time and	
13	you've heard about it before. I just want to	
14	reiterate the importance of interpreters.	
15	Thank you.	
16	FEMALE VOICE: Thank you.	
17	MS. SUSSER: Oh, this is my	
18	colleague, she's	
19	[Crosstalk]	
20	CHAIRPERSON STEWART: [Interposing]	
21	All right, so you allis there any questions from	
22	my colleagues? All right, seeing no questions, I	
23	want to thank you folks for coming in today. We	
24	appreciate what you're doing and	
25	MS. SUSSER: Thank you.	

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 219 HEALTH AND PUBLIC SAFETY	
2	CHAIRPERSON STEWART:the Chairs	
3	[off mic] on some of these issues. Thank you.	
4	Our next panel we have Isolina De	
5	La Cruz, we have Andrea Ritchie, we have Lucia	
6	Rivieccio and we have Cecilia Gaston.	
7	All right.	
8	[Off mic]	
9	CHAIRPERSON STEWART: And maybe we	
10	can add one more to that panel. Do we have any	
11	more after this?	
12	FEMALE VOICE: No, that's it.	
13	CHAIRPERSON STEWART: Rachel	
14	Halperin.	
15	[Pause]	
16	CHAIRPERSON MEALY: You could	
17	start, anyone can start.	
18	MS. ISOLINA DE LA CRUZ: Okay.	
19	Good afternoon, my name is Isolina De La Cruz and	
20	I am offering this testimony on behalf of the Good	
21	Shepherd Services' Safe Homes Project, a program	
22	of non-residential and residential services for	
23	survivors of domestic violence. We thank you for	
24	giving us this opportunity to bring you the	
25	testimonies of the invisible victims who face an	

enormous amount of difficulties to get basic services and often times get lost in the system because of their immigration status.

Undocumented survivors of domestic violence and their children are the most expendable population within our community. Not only do they face victimization in abusive relationships, but they also face the victimization of the system in terms of housing, public assistance, health care, law enforcement, etc.

Up to this point, the possibilities for undocumented survivors to get permanent affordable housing are almost non-existent. Take as an example the case of one of our residents who we're going to call "Ana" to protect her confidentiality. Ana is an undocumented woman who came to the Safe Homes Project in March of 2009. Prior to that, she was living with her husband of 15 years. Her husband is undocumented as well, in which case Ana is not eligible to get her documents as a survivor of domestic violence. Although she applied for public assistance for her daughter because, as an undocumented person, she

herself is not eligible, her case was closed.
This was due to her not receiving explanations of
what to do in the language that she can
understand. After much struggle, her case was
recently opened. Even if she's able to get a job
off the books, she still needs childcare for her
daughter. Her time in shelter is almost up and
the only housing options for Ana are to find a
furnished room or end up in a DHS shelter.
Another option that she has considered is to go
back to her native country, but she would need to
get a passport for her child, in which case, her
husband would need to sign off. Undocumented
women don't have access to health care either.
Ana was diagnosed with ovarian cancer after she
gave birth. She had surgery and is now a cancer
survivor. However, due to not having ongoing
medical coverage, she hasn't been able to continue
follow up treatment, which puts her health at
further risk.

So in order to better address sexual and domestic violence of immigrant women, the Safe Homes Project join its voice with that of undocumented survivors of domestic violence and

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with other providers.	
CHAIRPERSON STEWART: [Interposing]	
Could you please sum it up, please?	
MS. DE LA CRUZ: Yes. We urge the	
creation of a housing rental subsidy program for	
undocumented survivors and their children. It is	
urgent that the existing programs expand their	
eligibility criteria to make them available to	
this population. Thank you for the opportunity.	
MS. RACHEL CHAZIN HALPERIN: Good	
afternoon, my name is Rachel Chazin Halperin and I	
offer this testimony on behalf of New York City	
Coalition of Domestic Violence Residential	
Providers, an organization representing all of New	
York City's licensed nonprofit domestic violence	
shelters, which serve thousands of battered women	
and children every year.	
You've heard from many panelists	
the insurmountable obstacles that undocumented and	
immigrant victims of domestic violence face, so	
I'm not going to go through those.	
Immigrant victims who are in fact	
able to overcome these obstacles by seeking	
assistance, escaping from their abuser and	

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entering emergency shelter, have little or no chance of obtaining safe, permanent housing for themselves and their children in New York City.

Too often, out of desperation, they are forced to return to the abuser and put themselves and their children at further risk of harm.

Currently, approximately 10% of the victims residing in the city's emergency domestic violence shelters are undocumented. This subset of victims are not eligible to receive any housing subsidies in New York City. Undocumented immigrant victims of domestic violence do not qualify for the Advantage rental subsidy programs regardless of the fact that they may have citizen children. Families with at least one documented family member are eligible to apply for NYCHA public housing and Section 8 public housing. However, undocumented family members are responsible for paying their portion of the subsidy and if NYCHA determines that the rent burden is in fact too high, they will be found ineligible. This presents a serious challenge for undocumented victims of domestic violence who have limited employment opportunities because of their

2 immigration status.

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So, to answer the City Council's question: How can New York City better address sexual and domestic violence of immigrant women, the Coalition of Domestic Violence Providers urges the creation of an "Immigrant Advantage" rental subsidy program so that undocumented victims of domestic violence who are able to escape abusive situations have a viable opportunity to provide safe, secure, and a life free of violence for themselves and their children. The City cannot turn its back on this most vulnerable population. Without a rental subsidy program for undocumented victims, the chances that they will achieve safety, stability and independence for their families are slim.

Thank you for this opportunity.

MS. LUCIA RIVIECCIO: Good

afternoon. My name is Lucia Rivieccio, Director

at STEPS to End Family Violence, and I am here

today to speak on behalf of STEPS and four other

New York City programs that collectively serve

well over 600 victims of domestic violence every

month, including many who are immigrant women.

Our services include group and individual counseling, case management, advocacy, civil legal services, teen and children's services, hotline services, and alternatives to incarceration for victims.

Many of our concerns have already been raised by previous speakers, I would like to highlight the following issues along with a couple of our recommendations. Issue one is the language difficulties that have already been spoken about at length, but I'd like to reinforce that. Many police officers are continuing to use the abuser as translator. This skews reports and can create dangerous situations where the immigrant victim is falsely identified as the abuser and sometimes charged herself.

Inadequate translation provided by agencies, such as housing and public assistance, court interpreters, and Language Line. Problems range from blatantly incorrect translations to providing advice to victims based on the translator's personal experiences and judgment reflecting their own biases. We've also seen situations where case managers are not allowing

the victim's own domestic violence advocate to accompany her or translate.

immigration status is legal, once a victim is criminally charged, the fear of deportation becomes very real. ICE agents are ubiquitous at Riker's Island. If an individual is identified as an immigrant, whether documented or not, a hold is placed on their record and they are then at risk of deportation. To make matters worse, ICE agents do not properly identify themselves and many times victims mistakenly believe these agents are attorneys acting on their behalf.

Housing, financial support, and children. Many immigrant victims face a vicious cycle whereby in reporting the abuse, they may face a loss of income when the abuser is arrested or excluded from the home. This leads to the loss of housing, which makes it nearly impossible to get their children out of foster care, even when ACS has concluded that the mother is not a threat and is in fact a fit parent.

With respect to access to public housing benefits, NYCHA pro-rates rent depending

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 227 HEALTH AND PUBLIC SAFETY	
2	on the immigration status of people within the	
3	household. As an example, a family composed	
4	entirely of citizens gets more assistance than a	
5	family with only one citizen member.	
6	Some of our solutions include	
7	recruiting and placing bilingual and culturally	
8	competent officers in areas that correspond to	
9	their language and cultural competence,	
10	implementing quality control and guidelines about	
11	interpretation services, requiring ICE agents to	
12	identify themselves, developing networks within	
13	immigrant communities to coordinate and link	
14	needed services, extending public benefits	
15	temporarily to victims pending decisions on	
16	immigration applications, and training NYCHA staff	
17	on victim's legal rights and remedies.	
18	Thank you.	
19	MS. CECILIA GASTON: Good	
20	afternoon, and I'm very grateful that you have	
21	stayed the course and waited for us to be able to	
22	testify.	
23	I would repeat everything that my	
24	colleagues have said before. I am the Executive	
25	Director of the Violence Intervention Program. We	

have a full continuum of care from nonresidential to transitional to emergency housing.

Language issues are tremendous, the assumption that somebody that comes from Latin

America speaks Spanish fluently is not correct.

Many of our women are now--Spanish is their second language, literacy is a huge issue. The police are still using family members, the abusers, and the children as interpreters on a continuous basis. We've had, you know, everything that we have said before, I reiterate.

What is consistent is a lack of systemic connections, each system acts in complete isolation of the others and, therefore, the women have impossible hurdles, impossible hurdles to survive. They are surviving because they're an extraordinary group of people that are determined to make it and determined to give their children a good life.

But I urge you to explore the possibilities of making these connections. The criminal justice system ignores the immigration system, NYCHA ignores this and ignores [off mic] it's just impossible to make it.

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 229 HEALTH AND PUBLIC SAFETY
2	And I urge you all to fund it, to
3	fund appropriately so people can have appropriate
4	services in really in languages that understand
5	them.
6	And I really appreciate your
7	spending the whole afternoon here listening to us.
8	I urge you to please think about this.
9	Thank you.
10	CHAIRPERSON STEWART: Thank you.
11	Any questions from my colleagues? No, since
12	there's noI want to thank you again for coming
13	in. We're going to find a way to make that
14	connection. We have started in terms of [off mic]
15	we call the one-stop shop centers in terms of
16	dealing with different issues with the city, and
17	we have other programs that we are doing within
18	the city to really connect these areas.
19	MS. GASTON: The one-stop shops are
20	good, they really work, but the other thing is
21	funding community-based organizations, because
22	that has been established as best practice, it
23	really works. Women in crisis cannot deal with
24	all the complex issues on their own, so I really

25 urge you to think also funding, and funding

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 230 HEALTH AND PUBLIC SAFETY
2	prevention. We need to talk to our communities,
3	we need to get help for the women, even if they
4	choose to stay in a situation, there are things
5	that they can do and ways that they can think.
6	CHAIRPERSON STEWART: Thank you
7	very much.
8	And our next panel isnext and
9	final panel we have Deidre South [phonetic], and
10	we have Sophia Worrell, and we have Rabbi Danielle
11	Shunba [phonetic].
12	[Pause]
13	Is there anyone else here to
14	testify? No.
15	All right, you may begin by
16	identifying yourself and then get right into it,
17	thank you.
18	MS. DEIDRE SOUTH: Okay. My name
19	is Deidre South. Thank you for giving me the
20	opportunity to tell you my story.
21	What I'm going to talk about today,
22	nobody has spoken about this issue, which is part
23	of domestic violence.
24	Power and control. I've been in an
25	abusive situation and my abuser, even though I've

now left him, is using the system to still power and control me. He has no interest in actually having custody of my daughter, but is using the custody to still maintain the power and control over me and keeping me trapped here in the state of New York, so I would just like to you my story, I won't be long.

I am an immigrant woman from

Ireland, an Irish citizen having no green card,

Work Authorization, Social Security Number, or

current status in the United States.

After a vacation in July of '98 I became involved with an Algerian man who was United States here under political asylum. Very early on in the relationship he was abusive, both verbally & physically, but I failed to really recognize the signs and lived in denial and fear for what was really going on.

In April 2004, I discovered I was pregnant with his child and six weeks before the child was born we got married in City Hall. After the child was born and I could see that my daughter was also going to be the subject of his abuse, that was what gave me the strength to

finally leave. There is an indicated case of child abuse on record with New York City's

Administration for Children's Services.

After making the decision to leave,

I became excited at the prospect of a new life, a
new beginning with my daughter in a safe, stable,
and secure environment. My daughter is both a
citizen of the United States and of Ireland. I
was totally unaware that my abuser had the right
under some sort of parental law to keep me here in
New York state within a radius of where he is
living until my daughter, who is now 4, is 16
years old.

I was now feeling totally devastated. After going through all those bad years, to end up being trapped here under the power of control still by my abuser, but now out of the abusive situation. Dragged in and out of court by my abuser for the last two years and my health, along with everything else, has started to deteriorate. I have no medical insurance and no employment, and how can the New York Courts proclaim best interest of the child in this instance?

political asylum in this country, he's gone back

to his native Algeria on many occasions.

24

25

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victim gets further victimized until changes in
the law are made.
My case will be going to trial in a
few days. If you have any comments regarding my
story or feel you have any advice to give me, I've
given you an e-mail address at the end of my
testimony.
Thank you very much.
MS. SOPHIA WORRELL: Good evening,
Council Members. I'm speaking as a advocate and a
activist.
This is a condensed version of what
I give to you. My name is Sophia Worrell and I'm
a immigrant and survivor of domestic violence.
I'm also a very pro member of Voices of Women
Organizing Project, which is a grassroots
organization of survivors of domestic violence who
organize to improve the systems that abused women
turn to for safety and justice.
I'm grateful for this opportunity
to advocate as an activist for documented and
undocumented women and their children.
Fortunately, this month my U visa
was approved, allowing me to move into the ranks

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of an immigrant with some status in this country.

Being undocumented was one of the scariest and

most frustrating experiences I have been through.

There are many different scenarios that drive women to leave their countries. Some women are coaxed or misled into emigrating by their partners. I was completely unaware of the legal status of my batterer and assume he was documented in the U.S., as he had been here for 15 years. It was devastating to discover that I had been lied to by my batterer—I will not be a legally recognized member of the American society.

Meeting bureaucratic standards is made more difficult while trying to recover from physical and emotional wounds. There are the questions of where to go for help or what would happen next. Embarrassment and, worse, what might happen if I do not leave. My batterer spent every dime that I had brought with me and I had no way to financially support myself and my son.

Undocumented domestic violence victims are subjected to further exploitations by employers when we lack the legal right to work.

Without any legal work options, many survivors

turn to working off the books, which can pay unfair wages, violate our human rights, and even be dangerous. I cannot express the frustration I have endured trying to adequately support myself and my son over the past three years.

Being in shelter did not make me a candidate me for housing or any other benefits.

As an undocumented immigrant with no American-born children, I did not qualify for any permanent housing programs or any other form of aid. I'm extremely fortunate to have received approval to work because, until that happened, I feared the worst. I was facing expiring time limits in my current housing with nowhere to go and no way to support myself. I was afraid my only option was more homelessness.

And I'm just going to read one or two recommendations that I had give to you. One is to expand shelter programs that allow women to work for a stipend and employment records should make undocumented women eligible for benefits or other opportunities in the U.S. And, number three, qualifying for shelter should be considered proof for NYCHA's domestic violence priority as

1	COMMITTEE ON IMMIGRATION, WOMEN'S ISSUES 237 HEALTH AND PUBLIC SAFETY	
2	the screening process for shelter is rigorous.	
3	Safe and permanent housing is the best way to	
4	provide stability and recover for domestic	
5	violence survivors and a much better solution than	
6	being shuttled between temporary shelters.	
7	Again, I want to thank you for this	
8	opportunity. And I just want to add that the	
9	voice of survivors is a voice that need to be	
10	heard. We hear from the agencies, but we have a	
11	voice too and we have a lot that we can say and	
12	recommend.	
13	Thank you so much for this	
14	opportunity.	
15	CHAIRPERSON STEWART: Thank you.	
16	Is there any questions from my colleagues?	
17	I want to thank you again for your	
18	testimony, thank you for coming in. We appreciate	
19	it and we are going to try to see what best we can	
20	do to help victims of domestic violence.	
21	Once again, I want to thank the	
22	representative from the Bronx, who stayed the	
23	entire testament and I want us also thankyou're	
24	not from the Bronx, you're from Manhattan, she's	
25	from the Bronx.	

1	COMMITTER	ON THATCHATION MOMENTS TOSTES 220
_	COMMITTEE	ON IMMIGRATION, WOMEN'S ISSUES 238 HEALTH AND PUBLIC SAFETY
2		Thank you and this hearing is
3	adjourned.	

I, Tammy Wittman, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Tanny Withman

Signature

Date ___August 7, 2009_____