



New York City Council Hearing

**Trauma Informed Care for Survivors of Rape and Sexual
Assault in NYC Health + Hospitals System**

Committee on Hospitals

Wendy Wilcox, MD

Chief Women's Health Officer

NYC Health + Hospitals

April 26, 2023

Good afternoon Chairwoman Narcisse and members of the Committee on Hospitals. I am Dr. Wendy Wilcox, Chief Women's Health Officer at NYC Health and Hospitals (H+H). I am joined by my colleague Dr. Brigitte Alexander, Emergency Medicine Physician and Director of Forensic Clinical Services at NYC Health and Hospitals/Kings County, and colleagues from NYC Health + Hospitals/Correctional Health Services. Thank you for the opportunity to testify on this very important topic. As the largest safety net provider in New York City, H+H is proud to provide high-quality care to all New Yorkers, regardless of background or ability to pay. Sadly, many of the communities that H+H serves are affected by violence, including rape and sexual assault. H+H stands ready to provide trauma informed care to survivors, in the short-term and well as the long-term.

H+H recognizes that the experience of sexual assault, in addition to its physical toll, can leave deep emotional and psychological scars, which makes trauma informed care of the utmost importance. Key components of trauma informed care include: creating a safe and welcoming environment, engaging in active listening and empathy, recognizing the impact of trauma, empowering survivors through collaborative care, integrating mental health support, and connecting survivors to community resources.

All 11 of the system's acute care facilities are designated by the NYS Department of Health as Sexual Assault Forensic Examiner (SAFE) centers of excellence. There are Sexual Assault Response Teams (SART) at every one of our emergency departments who have gone through intensive training, which includes training in trauma informed care, and been approved by the NYS Department of Health. Their tasks include: properly identifying, collecting and storing forensic evidence, accurately documenting injuries, and attending to the significant emotional needs of survivors. SAFEs come from multiple disciplines and include physicians, nurses, and physicians' assistants.

When a patient reports a sexual assault, they are connected with a social worker and/or advocate regardless of whether or not they meet evidence collection criteria. If the criteria are met, and the patient wants the evidence to be collected, a SAFE is called and completes the evaluation. The SAFE performs a thorough evaluation including a physical examination and medical history to ensure the patient's health and safety and collect evidence of the crime. Following the examination, the patient is provided with medication to prevent unwanted pregnancy and/or HIV and other STIs. If the patient desires, the social worker and/or advocate can connect the patient to law enforcement. When a patient is discharged, H+H offers follow-up care either at an H+H facility or at one

of five Family Justice Centers (FJs) throughout the boroughs. At the Family Justice Centers, survivors can receive mental health support, assistance with orders of protection, and other resources. Treatment, including evidence collection and follow-up care, is provided free of charge, regardless of insurance status or ability to pay.

H+H is proud to be on the cutting edge of providing services to survivors. In 2022, NYC Health + Hospitals/Kings County launched the Clinical Forensic Medicine Fellowship, a one-year training program designed to build leaders in the field of clinical forensics for emergency medicine. The fellowship teaches clinicians to identify and care for victims of violence and trauma, prevent the destruction of potential evidence, assist in legal proceedings, and recognize and document patterns of violence and abusive behavior. This fellowship will expand emergency clinicians' ability to be trauma-informed, patient-centric, and culturally sensitive when interacting with patients. The fellowship is truly a collaborative effort between agencies and organizations, including: NYC Office of the Chief Medical Examiner (OCME), The Mayor's Office to End Domestic and Gender-Based Violence, NYPD Special Victims Division, John Jay College of Criminal Justice, SUNY Downstate Medical University, Kings County DA's Office, CASA-NYC, Family Justice Center, and Kings Against Violence Initiative (KAVI). H+H

also offers a Child Abuse Pediatrics Fellowship at Bellevue (a partnership with Maimonides), which is the only Child Abuse Pediatrics fellowship in NYC. This accredited 3-year fellowship trains pediatricians on all aspects of sexual assault diagnosis and treatment for children 0-18, along with physical abuse and neglect.

H+H is committed to providing compassionate and comprehensive trauma-informed care to survivors of sexual assault. In accordance with the principles of trauma informed care, we will continue our work to create safe and welcoming spaces for survivors, empower survivors in their care decisions, and ensure that survivors receive long-term support. Thank you to the committee for the opportunity to testify and for your continued support of Health + Hospitals. I look forward to our continued partnership and am happy to answer any questions you may have.



**New York City Alliance
Against Sexual Assault**

**Testimony of Emily Miles
Executive Director
New York City Alliance Against Sexual Assault
Before the Committee on Hospitals
April 26, 2023**

Good afternoon, Chair Narcisse and the members of the Committee on Hospitals. I want to thank you for convening this critical hearing to review trauma-informed care for survivors of rape and sexual assault in the New York City Health + Hospital system and for allowing me to testify before you today.

My name is Emily Miles (she/her). I am the executive director of the New York City Alliance Against Sexual Assault (the Alliance). Founded in 1999, the Alliance works closely with the city's rape crisis programs and hospitals, college campuses and universities, district attorney's offices, the New York Police Department, court officials, and city leaders to develop and implement practices and policies, raise public awareness, and create sustainable change for survivors.

New York City's network of rape crisis centers is unique. In other cities and states, most programs supporting sexual violence survivors are housed within community-based organizations, while in New York City our programs are nearly all hospital-based. Though there are a number of benefits to this design, this also brings challenges. Rape crisis centers embedded in hospital systems lack an independent voice. This where the Alliance comes in: to serve as the voice and lead advocate of our city's rape crisis programs and other survivor-serving organizations.

According to the [New York State Survivor Bill of Rights](#), every survivor who presents at a hospital emergency room has the right to be accompanied by an advocate from a local rape crisis center and to receive medical care related to the sexual assault – which can include an exam to collect evidence - at no cost. Medicine to prevent pregnancy and sexually transmitted infections is also provided as needed. Some hospitals choose to go beyond these minimum requirements and take steps to become a [SAFE designated hospital](#), which requires the facility to meet 15 minimum requirements as outlined by the New York State Department of Health that include:

- A well-functioning system to provides triage and assessment for presenting survivors.
- Sexual Assault Forensic Examiners on-site or on-call that are available to the survivor within 60 minutes of arriving at the hospital, except under exigent circumstances.
- A partnership with a local rape crisis program to ensure that a rape crisis advocate is available to offer services to presenting survivors.
- An appropriately equipped, private, designated room that can accommodate disabled patients and with access to a shower when needed for sexual assault exams.

Of the 50 hospital emergency rooms in New York City, only 19 have achieved the official SAFE designation. 11 of those are part of the Health + Hospitals system, making H+H a critical access point for survivors to receive the recommended standard of care.

Before diving into our concerns, I want to note that these 11 H+H hospitals are staffed with incredibly dedicated doctors, nurses, social workers, and case managers who are doing tremendously difficult work, often experiencing vicarious trauma themselves. Where the H+H system is falling short is not the fault of these individuals, but more a reflection of a system that is under resourced and underfunded. It is also a reflection of system-wide weaknesses in New York City's sexual violence response, with many barriers for care for survivors reflected across the private hospital system as well.

Lack of SAFE Examiners

Legally, any medical professional can perform the Sexual Assault Forensic Exam (e.g. a rape kit) and collect evidence from a survivor. But special training in the treatment of survivors of sexual violence is actually not part of standard medical training for doctors, nurses, or physician's assistants. Additionally, we have heard from hospitals that non-SAFE-trained medical professionals are often reluctant - to the point of refusing - to perform SAFE exams because they have not received the specialized training.

Research demonstrates that these exams are best provided by a specially trained and DOH-certified SAFE examiner. This training – that we at the Alliance offer through our Training Institute - comes in the form of a 40-hour specialty course that builds practitioners' skills to meet the unique medical needs of this vulnerable population, identify injuries, and in how to conduct a SAFE exam and uphold chain of custody considerations. Following this course and a practicum, medical personnel can apply for SAFE certification through the NYS Department of Health.

Unfortunately, hospitals are suffering from an extreme shortage of SAFE examiners across New York City, resulting in survivors either having to wait for extended periods of time for a SAFE examiner to arrive or, in the most drastic of cases, being transferred to another hospital for sexual assault services. While the lack of SAFE examiners was chronic even before COVID, the

problem has only increased since. In many hospitals there are so few SAFE examiners on staff that multiple shifts go completely uncovered.

Lack of Access to Rape Crisis Advocates

One of the cornerstones of the provision of rape crisis services is advocacy support from a certified rape crisis advocate. These advocates are specially trained and certified in compliance with State Department of Health standards. They offer critical support to survivors suffering acute trauma, acting as a port in the storm of the hospital emergency department, advocating for survivors to receive the best care. Research has validated the importance of advocacy support, linking it to greatly improved survivor outcomes and ability to access better services from hospital staff and law enforcement.¹

In the H+H system there are a variety of models for the provision of advocates: some hospitals run their own inhouse advocate programs, while others contract with other rape crisis programs for advocacy. Unfortunately, most rape crisis programs report a lack of trained advocates available to meet the needs of survivors in hospitals. Reasons include attrition of volunteers post-COVID and a lack of capacity to support volunteer recruitment and training.

Connection to Trauma-Informed Continuing Care

For many survivors of sexual violence, the process of healing can take a lifetime. The first step on that path is connection to trauma-informed mental health services. Unfortunately, many hospitals lack the in-house resources to provide this type of care. Hospitals and rape crisis programs report lengthy wait lists for short-term counseling and a lack of options for survivors who may need longer-term support, with some survivors waiting upwards of a year for a connection to care. In addition to mental health resources, survivors need comprehensive case management support to meet their critical needs for emergency financial resources, housing and other services. The complexity of survivor needs has only increased in the COVID context and programs struggle to provide or connect survivors with referrals to those services.

Need for a Consistency Standard of Service Delivery Citywide

In the long shadow cast by the COVID-19 pandemic, many hospitals across New York City are struggling with staffing shortages and rely on traveling and/or temporary medical personnel to keep their institutions and emergency rooms running. While we understand the context that has created this situation, I can report a negative impact on survivor care caused by a lack of training for both these short-term staff - and the high volume of new permanent staff members caused by increased turnover - including in how to manage and support survivors of sexual

¹ Campbell, Rebecca. (2006). Rape Survivors' Experiences With the Legal and Medical Systems Do Rape Victim Advocates Make a Difference?. Violence against women. 12. 30-45. 10.1177/1077801205277539.

assault. This has resulted in survivors suffering extended wait times for services of six hours and beyond. Advocates, sitting with survivor during prolonged waits, help bolster the spirits of survivors who just want to leave without receiving care. In one recent case, a survivor waited hours after she was actually “lost” within the emergency department when temporary staff did not properly document moving her to a closed room for privacy. In those situations, if an advocate had not been on site advocating on behalf of the survivor, they might not have received the care they needed. More must be done to ensure that everyone who interacts with survivors has been trained in proper procedures for managing their care and that they are prepared to adhere to the standards outlined by their SAFE hospital status.

Additionally, as previously stated, all medical professionals are legally able to provide care for sexual assault survivors and collect evidence of their assault, but unfortunately many who are not SAFE trained are reluctant to do so. As a SAFE examiner recently told me, if a person came into an emergency room suffering from a heart attack, medical teams would immediately support their care, stabilize them, and ensure their needs are met. Unfortunately, for too many survivors of sexual assault, this is not the case. While we work to fill the tremendous gap in SAFE examiners, all H+H medical staff working in emergency rooms must receive a basic level of instruction on expectations of care for survivors of sexual assault.

Recommendations

In order to better meet the needs of survivors across the H+H system, we recommend the system:

1. Expand SAFE examiner programming to ensure 24/7 SAFE examiner coverage for all H+H hospitals and revise SAFE examiner compensation to be appropriate and competitive.
2. Ensure each hospital has access to certified rape crisis advocates. This will likely require additional resources to establish new and expand existing advocate programs to ensure an appropriate number of advocates are recruited and trained.
3. Establish a new standard for consistent and continual training and reinforcement of policies and procedures for all emergency department staff.
4. Ensure all survivors are connected to trauma informed continuing care that is geographically convenient and responsive to their cultural and linguistic needs.

Thank you so much for your time today and for casting a spotlight on these critical services. The Alliance looks forward to working with the Council and the H+H system to ensure all survivors receive the highest quality of care and support.

**Planned Parenthood of Greater New York's Testimony to the
Committee on Hospitals
Regarding Trauma Informed Care for Survivors of Rape and Sexual Assault in NYC
Health + Hospitals System**

April 26th, 2023

Good morning. My name is Casey Wortmann, and I am the Government Relations Intern at Planned Parenthood of Greater New York (PPGNY). Thank you to the Chair of the Committee on Hospitals, Council Member Mercedes Narcisse, and the committee's Council Members for holding this important oversight hearing regarding trauma-informed care for survivors of rape and sexual assault in the New York City Health and Hospitals system.

PPGNY has been a leading provider of sexual and reproductive health services in New York City for more than 100 years, conducting over 132,000 patient visits per year. PPGNY provides a wide range of health services including access to birth control; emergency contraception; gynecological care; cervical and breast cancer screenings; colposcopies; male sexual health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; and pregnancy testing, options counseling and abortion, as well as support services for survivors of rape and sexual assault. We also provide PrEP and PEP, transgender hormone therapy, vasectomies, and menopausal hormonal therapy. We are a trusted name in health care because of our commitment to comprehensive, inclusive care.

According to NOW, the National Organization for Women, over 1 in 3 women will experience rape or sexual assault in their lifetime.¹ Additionally, the New York City Alliance Against Sexual Assault estimates that nearly 50,000 individuals are raped in New York City every year – and this estimate does not include other forms of sexual assault and sexual violence.² The impact of these kinds of assaults goes far beyond physical trauma. According to RAINN, the Rape, Abuse and Incest National Network, 90% of survivors experience PTSD symptoms within two weeks of their assault. Survivors are 10 times more likely to misuse drugs, and 13% of survivors will attempt suicide.³

It is also critical to note that sexual assault disproportionately affects women of color and immigrant communities. Approximately 40% of Black women report experiencing coercive sexual contact by age 18. Research also demonstrates that immigration status correlates to an increased likelihood of experiencing sexual assault.⁴

¹ [Get the Facts: Rape & Sexual Assault in the U.S. - NOW-NYC \(nownyc.org\)](https://nownyc.org/get-the-facts-rape-sexual-assault-in-the-u.s.-now-nyc/)

² [NYCAASA | Research \(svfreenyc.org\)](https://svfreenyc.org/research/)

³ [Victims of Sexual Violence: Statistics | RAINN](https://rainn.org/victim-of-sexual-violence-statistics/)

⁴ [NYCAASA | Research \(svfreenyc.org\)](https://svfreenyc.org/research/)

Despite the severity of these numbers, 60% of sexual assault crimes go unreported. Last year, about 1500 rape cases were reported to police, and about 14,000 individuals were seen at rape crisis centers in the city.⁵ That is compared to an estimated 50,000 total rape cases per year. Studies demonstrate inconsistent services are provided to rape survivors in hospital settings. In our current system of care, characteristics of individual hospitals and medical providers may affect the types of services survivors are offered and how survivors are treated.⁶ Because of these inconsistencies, survivors may elect not to seek medical assistance after a sexual assault in order to avoid re-traumatization.

Planned Parenthood of Greater New York emphatically supports the implementation of trauma-informed care for survivors of rape and sexual assault within the New York City Health and Hospitals system. Our Survivor Support counselors are aware of the horrific outcomes that can take place when care is not trauma-informed. We've seen survivors leave ER waiting rooms after waiting 12 hours to be seen. At the very least, sexual assault survivors should be offered privacy in the wake of such a traumatic event. We've seen survivors leave hospitals after being re-traumatized by insensitive questioning. When survivors leave hospitals before they are able to provide physical evidence of their assault, it is so much more difficult for our justice system to hold assailants responsible. While every emergency room is required to respond to sexual assault cases, only 49 hospitals in New York state are designated as part of the SAFE (Sexual Assault Forensic Examiner) program.⁷ The SAFE program requires that specialized care be provided to sexual assault survivors. This specialized care includes a private waiting room and specially trained SAFE staff available within 60 minutes.

Our organization currently offers trauma-informed Survivor support services both virtually and in-person. We offer free and confidential counseling and support services including: crisis intervention, legal counseling, emotional support, safety planning, interventions with creditors, landlords and employers, shelter and transportation assistance, compensation assistance, support groups and referrals to outside services when necessary.

We will continue to welcome survivors of rape and sexual assault with trauma-informed care to survivors. But we cannot do it alone. Survivors deserve compassionate medical care and linkage to resources in the wake of what can be a life-altering traumatic event. It is the responsibility of our Health and Hospitals system to implement best practices that will ensure survivors feel safe in their care.

We thank the New York City Council for its continued partnership and we look forward to working together to advance compassionate, trauma-informed sexual and reproductive health care and access for all. Should the Committee have any questions, please contact PPGNY's Government Relations Director at Mariam.MohammedMiller@ppgreaterny.org. Thank you.

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Planned Parenthood of Greater New York (PPGNY) is a leading provider, educator, and advocate of sexual and reproductive health care in New York State. PPGNY offers a wide range of services at its 30 locations across 65% of NYS - including gynecological care; birth control;

⁵ [NYCAASA | Research \(svfreenyc.org\)](https://www.nyc.gov/about-us/nycaasa-research)

⁶ Campbell R, Bybee D. Emergency medical services for rape victims: detecting the cracks in service delivery. *Womens Health*. 1997 Summer;3(2):75-101. PMID: 9332152.

⁷ <https://www.health.ny.gov/professionals/safe/>

cancer screenings; pregnancy testing; STI testing and treatment; HIV prevention, testing, and counseling; transgender hormone therapy; and vasectomy. PPGNY is also proud to provide abortion services to anyone who needs compassionate, non-judgmental care. PPGNY is a trusted source of medically-accurate, evidence-based information that allows people to make informed decisions about their health and future. As a voice for reproductive freedom, PPGNY supports legislation and policies that ensure all New Yorkers have access to the full range of reproductive health services and education.

April 26, 2023

New York City Council
Committee on Hospitals
Hon. Mercedes Narcisse, Chair

**Testimony of Grace An, Director, Safe Horizon Staten Island Community Program
Trauma-Informed Care for Survivors of Rape and Sexual Assault in NYC Hospitals**

Good morning and thank you for the opportunity to provide testimony before the Committee on Hospitals. My name is Grace An and I am Director of Safe Horizon's Staten Island Community Program. Safe Horizon is the nation's largest non-profit victim services organization. We offer a client-centered, trauma-informed response to 250,000 New Yorkers each year who have experienced violence or abuse. We are increasingly using a lens of racial equity to guide our work with clients, with each other, and in developing the positions we hold.

We are grateful to Chair Narcisse and the City Council for holding this hearing today on trauma-informed care for survivors of rape and sexual assault in the H+H system. April is Sexual Violence Awareness Month, and today is Denim Day. We must do everything we can to support survivors and end sexual violence once and for all.

Safe Horizon's dedicated staff support survivors of sexual violence across all our programs, including our Counseling Center, Child Advocacy Centers, 24-hour Rape and Sexual Assault Hotline, and Community Programs. Our Staten Island Community Program operates Staten Island's only rape crisis program, which offers immediate crisis intervention to survivors of rape and sexual assault. Although our programs serve Staten Island University Hospital (SIUH) and Richmond University Hospital Center (RUMC), which are not part of the H+H system, we felt it important to testify about the challenges facing survivors on Staten Island and to amplify the testimony of our sibling RSA programs testifying today.

- Our Staten Island Community Program is on call overnight and on weekends, and we depend on volunteers. Since the pandemic, it has become increasingly difficult to recruit volunteers to meet with survivors at hospitals. This year, we are seeking Speaker's Initiative funding to support the salary of a full-time social worker, as well as compensation for advocates' training and services. This support would allow our program to continue supporting survivors across Staten Island in the immediate aftermath of their assault.
- We deeply appreciate our relationships with both RUMC and SIUH and their dedicated staff, and our testimony today is by no means a critique of either hospital.
- We are on call overnight, providing telephonic support due to the lack of advocate volunteers. We are often supporting nurses and hospital social workers.
- Because our RSA crisis program is not co-located with either hospital, we cannot easily talk to the social workers or nurses easily. There is no process to easily share information

between staff and SAFE nurses. A better system is needed to ensure that changes to services, access, etc. are easily communicated.

- RUMC is a SAFE center, but SIUH is not, as it lacks a forensic nurse coordinator. SIUH is actively seeking to become a SAFE center though, and we look forward to that happening.
- We are challenged by the mandate that Rape Crisis Programs must provide transportation to survivors. We do not have a dedicated source of funding to provide transportation, and we are often left to manage on our own. This is especially challenging given the transportation options on Staten Island.
- We do not have enough dedicated funding for clothing. We have a small budget that goes quickly when we need to buy things like sweatpants and sweatshirts. In fact, for a while, we were dependent upon a bingo group that donated clothing. We appreciated this support, but donations are not sustainable.
- Because our program is not co-located in the hospitals, issues pop up. We have access to a closet to hold our clothing, but that closet is not just ours. Everyone who works in the emergency department has access to the closet. Because of lack of funding for hospitals, we fear that the clothing is not always just used for the RSA program.
- We are not certain that information about resources and options are made readily available across all hospitals across NYC.
- Hospital SW teams have a different focus than our program. They are expected to focus on discharge plans and are not provided in-depth training and support around sexual assault survivors. We are concerned that partnerships are not being cultivated between hospitals and other survivor service organizations across Staten Island and outside the borough. There are real opportunities to develop relationships between hospitals and programs, but we are all struggling with capacity issues. There simply aren't enough resources or enough time. Staten Island programs have the Sexual Assault Task Force, which our hospital partners attend, but nurses and social work staff are unable to attend.
- There's a severe lack of supports for survivors with mental health needs.
- We are challenged by language access. Our staff are able to use a translation service, but it is unethical to use translation services to provide counseling.
- Billing has been a major problem. The Forensic Rape Examination (FRE) is covered, but other services are still billed. Hospitals should be processing FREs through the Office of Victim Services (OVS), but they do not always do that. Additionally, minors are provided the full 28 days of HIV post-exposure prophylaxis (PEP), but survivors over 18 are now only provided the initial 7 days for free.
- To a hospital, a bill is a bill. But that bill means so much more to a survivor. A survivor may not have insurance, or the survivor may not want to use their family's insurance because of safety concerns, privacy, shame, etc. Receiving a medical bill for a sexual assault can be triggering, retraumatizing, and deeply overwhelming.
- There's a lack of referrals in Staten Island, so we are often pulled into cases.
- We constantly struggle with connecting our survivors with ongoing resources. The availability of trauma therapy on the island is limited and not accessible to many. Additionally, many of the programs in the city do not cover Staten Island or the travel is too cumbersome for survivors. As a non-hospital-based program, we have the added challenge of coordinating with our partners off site. Without the funding to specifically do

this work, we are spread thin but have a very limited list of organizations that we can refer to when we are at capacity.

- Undocumented survivors are fearful of seeking help because of their status.
- We've heard of limited funding and insufficient staffing for other rape crisis programs.
- Lastly, there is limited access and availability to so many of the resources survivors need and deserve: follow-up care for survivors, counseling, long term counseling, case management, substance abuse services, psychiatric care, and housing.

Thank you for the opportunity to testify. I am happy to answer any questions you may have.



Testimony to the NYC Council Committee on Hospitals Regarding Traumatic Brain Injuries in Survivors of Domestic Violence

April 26, 2023

Introduction and Thanks:

Good afternoon, my name is Jacqueline Collazo, LMHC, and I am the Sector Director of Domestic Violence Services at Volunteers of America-Greater New York (VOA-Greater New York). I would like to thank Chair Narcisse and the members of the Hospitals Committee for the opportunity to submit the following testimony.

About Us:

Volunteers of America-Greater New York (VOA-Greater New York) is an anti-poverty organization with a rich 125-year history of serving our neighbors in need.

Our vision is fueled by our experience as a leading provider of services to families and individuals experiencing homelessness in the greater New York area. Through more than 60 programs located in **New York City, Northern New Jersey, and Westchester County**—including emergency shelters, transitional housing, and permanent supportive housing—we deliver services to more than 11,000 adults and children annually. We are also the largest provider of residential services for veterans within a coalition that has virtually ended chronic homelessness for veterans in New York City.

Our Solution

We know that the most prevalent causes of homelessness are:

- lack of affordable housing
- unmet health needs
- lack of jobs that create wealth-generating careers

More broadly, structural racism and generational poverty are to blame for many of the longstanding barriers to independent living that our neighbors in need face every day. This is why VOA-Greater New York is at the forefront of developing innovative housing,

health, and wealth-building services for families and individuals experiencing, or at imminent risk of, homelessness.

VOA-Greater New York operates domestic violence programs in confidential locations throughout NYC. New Hope Shelter (an 80-bed facility in Brooklyn), Liberty House (a 63-bed facility in Manhattan), and Dove House (a 40-bed facility in Queens) provide comprehensive services and safe, anonymous housing for individuals and their children experiencing domestic violence. VOA-Greater New York's Network of Hope and New Hope II-Dwellings are comprised of 22 secured housing units throughout Brooklyn serving 57 individuals and their children. Two additional shelters are now open in the Bronx: Victory I (a 62-unit emergency shelter serving 120 individuals and children) and Victory II (a Tier II shelter comprised of 30 secured housing units serving 56 individuals and their children).

Through a trauma-informed, case management approach, survivors gain long-term skills that enable them to meet everyday challenges after leaving the shelter. Individuals and families can be received at any of our domestic violence shelters 24/7 by calling our helpline at (718) 688-6800.

Testimony

Perpetrators who are physically violent toward their intimate partners are often sexually abusive, as well.

Domestic Violence is the leading driver of homelessness among families in NYC, surpassing eviction for the past several years. Annually, an estimated 10 million adults in the United States experience domestic violence or intimate partner violence and 74% of domestic violence events involve injuries to the head or neck. Despite the clear risks, domestic violence survivors are rarely assessed for brain injury in their interactions with law enforcement, medical practitioners, mental health systems or victims' services. We thought it was critical to look at the connections of memory loss, confusion, impaired judgement, depression, and anxiety, and document the incidents of brain injury in clients at our domestic violence shelters to see if they matched prior studies that have been published.

In the summer of 2022, we partnered with a top researcher of concussions in women, Dr. Edie Zusman, a neurosurgeon, adjunct professor, and CEO of Safe Living Space, a group of medical practitioners working on raising awareness about TBI. Together, we began...during Domestic Violence Awareness Month, in October 2022 to screen survivors of domestic violence for TBI. With 180 screenings of heads of households, we found 67% reported at least one injury to the head or neck within the last year and 55% reported more than one injury to the head or neck in the last year. We need to see

domestic violence and intimate partner violence as having both traumatic and medical components, which require therapeutic and medical treatment. Screening, diagnosis, treatment, and training are the four pillars of the solution to addressing TBIs in DV situations.

Unfortunately, we have found that an infrastructure to screen, diagnose, and treat survivors, as well as train first responders, simply doesn't exist because the discourse around traumatic brain injury has been centered around professional sports players for decades. This is one of many inequities that exist within the health care system today - an entire medical field designed around athletes – primarily men – when evidence is mounting that TBI may be most prevalent among survivors of domestic violence.

New York has a unique opportunity to lead the way in rectifying this inequity in our health care system, and we look forward to working with members of the City Council on commonsense, policy-based solutions to this long-standing challenge.

The data we've collected as part of this pilot strongly suggests that clients are arriving to our DV shelters having already sustained traumatic brain injuries, which may significantly impact their ability to obtain and maintain employment, navigate the legal and child welfare systems, and ultimately, transition from shelter to permanent housing.

We need to see domestic violence and intimate partner violence as having both traumatic and medical components, which require therapeutic and medical treatment.

Screening, diagnosis, treatment, and training are the four pillars of the solution to addressing TBIs in DV situations. Screening a survivor of DV and referring them for diagnosis and treatment is crucial to ensuring survivors are able to recover from their brain injuries.

Unfortunately, we have found that an infrastructure to screen, diagnose, and treat survivors, as well as train first responders, simply doesn't exist because the discourse around traumatic brain injury has been centered around professional sports players for decades. This is one of many inequities that exist within the health care system today - an entire medical field designed around athletes – primarily men – when evidence is mounting that TBI may be most prevalent among women and LGBTQ survivors of domestic violence.

When survivors of DV that are experiencing a TBI and are left without the necessary support, the cycle of poverty is perpetuated. New York has a unique opportunity to lead the way in rectifying this inequity in our health care system, and we look forward to working with members of the City Council on commonsense, policy-based solutions to this long-standing challenge.

We thank the Council for its commitment to addressing issues of domestic violence and sexual assault and for holding this hearing.

Thank you.

Respectfully submitted by:

Volunteers of America - Greater New York
135 West 50th Street, 9th Floor
New York, NY 10020

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 4/26/23

(PLEASE PRINT)

Name: Emily Miles

Address: Frederick Douglass Blvd

I represent: NYC Alliance Against Sexual Assault

Address: 11 Park Place, Suite 701

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 4/26/23

(PLEASE PRINT)

Name: Grace An

Address: E 65th St. NY NY 10065

I represent: Safe Horizon

Address: 2 Lafayette St. 3rd fl. NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jeanette Merrill, MPH

Address: Assistant Vice President

I represent: Communications & External Affairs

Address: CHS/H+H

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rebecca [redacted] Giusti, MD

Address: DC Medical Director of complex care

I represent: CHS/H+H

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Wendy Wilcox (H+H)

Address: Denise Women's Health Hospital

I represent: Office of Medical and Professional

Address: Affairs

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Brigitte Alexander (H+H)

Address: Emergency Medicine Physician

I represent: Director of Forensic Clinic Services

Address: Kings County Hospital

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 4/26/23

(PLEASE PRINT)

Name: Amber Zhao

Address: 40 Exchange Pl #510 New York, NY 10005

I represent: Crime Victims Treatment Center

Address: _____

Please complete this card and return to the Sergeant-at-Arms