CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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HELD AT: Committee Room, City Hall

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COUNCIL MEMBERS:
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Selvena N. Brooks-Powers
Jennifer Gutiérrez
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SERGEANT AT ARMS: Good afternoon. Welcome to the committee or hospitals. At this time, please place your phone on vibrate or on silent mode. If you want to submit testimony, send it to testimony@council.nyc.gov. Once again, there's testimony@council.nyc.gov. Any time during this hearing do not approach the dais. Thank you for your cooperation. Chair, we are ready to begin.

[GAVEL]

CHAIRPERSON NARCISSE: I want to start by saying we are discussing a very sensitive topic, so be mindful of triggers. If any, please take a break. And this one is personal to me. We have to learn and everyone in the world needs to know that: No is no. There is no "no" that means yes. No is no.

Good afternoon, everyone. I'm Councilmember Mercedes Narcisse, Chair of Committee on Hospitals. Thank you for joining us for this very important hearing about trauma-informed care for rape victims in New York City Health and Hospitals. As we all know, sexual violence is a devastating issue that affects millions of people worldwide. It is a crime that leaves lasting physical, emotional, and psychological scars, and victims of sexual assault

often require specialized care and support. Just in New York City, 429 rape cases and 1420 other sex crimes have been reported to NYPD since the beginning of 2023. Some estimates show that over 785,000 women in New York City have been victims of forcible rape at some point in their lives. Meanwhile, about 50,000 rapes occur each year in our city alone, and many of which are left on reported, in parts due to stigma against the victim and gaps within our healthcare and criminal justice system.

There are a few concerning data points that I want to mention. According to CDC, young people are at higher risk of experiencing rape and sexual violence. And I have to say, unfortunately, some of the folks can be family members. Of all the female victims, 79.6% reported it first occurred before the age of 25, 42.2% reported the first victimization before turning 18, and 30% reported being raped between the ages of 11 and 17.

Of all the male victims, 24% reported it first occurred prior to the age of 18; 20%, reported their first victimization between the ages of 11 and 17; and over a quarter, 27.8% reported being raped when they were 10 years of age, or younger.

Furthermore, reports show that young women of color experience sexual violence at a higher rates, as approximately 40% of black women reported experiencing coercive contact of a sexual nature by the age of 18, and Latinas as well.

Studies also indicate a connection between immigration status and increased vulnerability to reoccurring sexual assault. As per CDC, women who identify as bisexual had the highest lifetime prevalence of rape, 46%, As compared to their heterosexual 17.4%, and lesbian 13.1%.

In fact, in 2014, New York State Office of Victim Services reported that an estimated 50% of transgender individuals are sexually assaulted at least once during their lifetime. These numbers are unacceptable. Thankfully, in recent years, there has been a growing recognition of the importance of trauma-informed care for rape victims. Trauma-informed care is an approach that takes into account the unique needs of individuals who have experienced trauma, including sexual violence. It recognizes that trauma can have a profound and lasting impact on a person's life, and that individuals who have experienced trauma may require special care and

support to heal and recover. In New York City Health + Hospitals, we have an opportunity to lead the way in trauma-informed care for rape victims. By adopting a trauma-informed approach to rape care, we can ensure that every victim who comes to our hospitals receive the care and support they need to heal and recover. This means providing comprehensive medical care, including forensic exams, STI testing, and emergency contraception, as well as mental health support and counseling.

But trauma-informed care is more than just providing medical care. It means creating a safe and supportive environment that recognizes and respond to the unique needs of each victim. It means training our staff to recognize the signs of trauma, and providing them with the tools and resources they need to respond effectively. And it means partnering with community organization to ensure that victims have access to the support and resources they need to recover.

The importance of trauma-informed care for rape and sexual violence survivors in New York City Health + Hospitals cannot be overstated. By adopting a trauma-informed approach, we can ensure that every

victim who comes to our hospitals receives the care and support they need to heal and recover. I don't know-- I'm not so sure about recover. We can still help.

It is a matter of public health and safety. I urge you to support our efforts to make trauma-informed care a priority in our hospitals and healthcare system. I want to conclude by thanking the committee policy analysts Minora Budd for doing an excellent work, thank you and my Chief of Staff Said Joseph and all my staff for their work on this hearing, as well as the advocates and the survivors present. Thank you.

I will now turn it over to committee staff to administer the oath. Oh, before that we would like to hear from some panelists.

COUNSEL: Hello everyone. We will begin with public testimony first. So I will call on the panel-- the first panel. The first panel is Emily Miles Grace and Amber Zao. Whenever you're ready you can come up.

CHAIRPERSON NARCISSE: Thank you, you may begin.

MS. MILES: Good afternoon Chair Narcisse and members of the Committee on Hospitals. Also Happy

Birthday Councilmember. Thank you so much for your time today, especially having this hearing on today, Denim Day and in the month of April where we acknowledge Sexual Assault Awareness Month. My name is Emily Miles. I'm the Executive Director of the New York City Alliance Against Sexual Assault. 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, and many others to 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, it also brings challenges. Rape crisis centers embedded in hospital systems lack an independence of voice. And this is where the Alliance comes in to serve as the voice and lead advocate for these rape crisis programs and survivor-serving organizations. According to the New York State Survivor Bill of

Rights, every survivor that presents in a hospital emergency room has the right to receive medical care related to sexual assault at no cost to themselves. Medicine is also provided to prevent pregnancy and sexually transmitted infections. Some hospitals choose to go beyond these minimum requirements and take steps to become safe designated hospitals, which requires the facility to meet 15 minimum requirements as outlined by the State Department of Health. Of the 50 hospital emergency rooms in New York City only 19 have received official safe designation, 11 of those are part of the Health + Hospital system, making H+H a critical access point for survivors to receive recommended standard of care.

We have four main concerns related to standard of care for survivors, including a lack of safe examiners, a lack of access to certified rape crisis advocates, a lack of access to long term trauma-informed followup care, and a lack of consistency and standard of service delivery.

Before diving into our concerns, I want to note that the 11 H+H hospitals are staffed with incredibly dedicated personnel who are doing tremendously difficult work, often experiencing vicarious trauma

themselves, and where the H+H system is falling short is not the fault of these individuals, but more of a reflection of a system that is under resourced and underfunded.

Legally, any medical professional can perform a sexual assault forensic exam and collect evidence, though research demonstrates that these exams are best provided by a specially-trained, Department of Health's certified safe examiner. Unfortunately, we know that many hospitals are suffering an extreme shortage of safe examiners, resulting in survivors either having to wait for extended periods of time, or in the most drastic of cases being transferred to another hospital for services. While the lack of safe examiners was chronic even before COVID, the problem has only increased since with many hospitals having so few examiner's on staff that multiple shifts go completely uncovered.

We also have a concern about a lack of rape crisis advocates. I know I'm at time, a lack of access to continuing trauma-informed care, and a need to standardize across the system. But you can find our recommendations also in our full testimony.

CHAIRPERSON NARCISSE: Thank you. Next?

MS. AN: Good afternoon, and thank you for the opportunity to provide testimony before the Committee on Hospitals. My name is Grace An, and I am the Director of a Safe Horizon Staten Island Community Program. Safe Verizon is the nation's largest nonprofit victim services organization. We offer a client-centered, trauma-informed response to 150,000 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, and we must do everything we can to support survivors and ending sexual violence once and for all.

Our dedicated staff support survivors of sexual violence across all programs, including our counseling center child advocacy center, 24-hour rape and sexual assault hotline, and our community programs. And our Staten Island commute program operates Staten Island's only rape crisis program,

which offers immediate crisis intervention to survivors of rape and sexual assault. Although our program serves Staten Island University Hospital and Richmond University Hospital Center, which are not part of the H+H system, we felt that it is important to testify about the challenges facing survivors on Staten Island, and to amplify the testimony of our sibling RSA programs testifying today. Some of the highlights-- Some of the challenges I want to highlight today is that our program is on call overnight and on weekends, and we depend on volunteers. Since the-- Since the pandemic it has become increasingly difficult to recruit volunteers and meet with survivors at the 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 relationship with both hospitals and their dedicated staff, and our testimony today is by no means a critique of each-- of either hospital.

We are on call overnight providing telephonic support due to the lack of advocate volunteers, and we oftentimes find ourselves supporting nurses and hospital social workers as well.

We are challenged by the mandate that rape crisis programs must provide transportation to survivors, and we do not have a dedicated source of funding to provide transportation and clothing, and we're often left to manage on our own. There's-- There is a severe lack of support for survivors with severe mental health needs, and we're challenged by language access as well. 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 as well. And although the forensic rape examination is covered, sometimes other services are still billed to our survivors. And to a hospital a bill, is still 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, et cetera. Receiving a medical bill for sexual assault can be triggering, re-traumatizing, and deeply overwhelming. You can take

a look at the written testimony for some of our other challenges. And thank you so much for the opportunity to testify today.

CHAIRPERSON NARCISSE: Thank you. And you're going to provide-- you provide this already? Yes, you did. Next?

MS. ZHAO: Hello, my name is Amber Zhao, and I'm coming up on doing three years' of volunteer advocacy work with the Crime Victims Treatment Center, and I'm here today to provide my testimony. The volunteer advocate position is so unique because my job is to be there for one person and to prioritize their needs. I get to spend time with survivors, listening to their stories, learning who they are, and understanding their concerns. When I'm able to connect with a survivor, I can see their body language shift as the emergency department becomes a safer space for them and they're more receptive to our care.

Advocates are so integral to survivors' experience, because we're trained to be constantly looking for ways to make a survivor comfortable and to improve their experience in the health care system. I once had a survivor Tell me about a

horrendous IBS flareup that they had, and then shared concern about a potential GI side effect of HIV prep that they had heard about from their friends. I was able to let their doctor know so that they could spend some time addressing this concern. And because the survivor had more information about their options, they were able to regain control and make the best decision for themselves.

Even though advocates are present to help survivors work through their emotions and advocate for survivors' needs, it's still imperative for healthcare providers to be informed on how to provide trauma-informed care.

I once worked a case where a doctor dismissed the survivors concerns and chalked it up to her being emotional, which made the survivor very distrustful of him. He was obviously impatient and annoyed with how the survivor was experienced experiencing their trauma, and it was clear that he was rushing the interaction. In his rush he failed to do a basic physical exam on the survivor, despite her being there for a domestic violence incident and obvious bruising. I had to step in and ask the doctor to do a physical exam, which I shouldn't have had to do.

This same survivor then asked me for my medical opinion on whether or not she should take a certain antibiotic. Even though I was there, the survivor's care and experience in the emergency department was still severely compromised due to the doctor's unwillingness to treat a patient with trauma.

Other survivors have asked me to conduct the safe exam instead, because they trusted me more than the providers that had the educational background and licenses to be doing this exam.

Another thing to consider is that survivors of assault are not the only patients that need trauma-informed care. There are patients in all specialties that will have associated trauma. I used to work at a fertility clinic and almost every patient there had some kind of trauma associated with pregnancy. The skills I learned as a volunteer advocate transferred over to my work at the fertility clinic, and I was able to provide trauma-informed care to these patients. Knowing what to say to someone that is experiencing pregnancy loss makes all the difference in whether or not that patient follows a doctor's instructions.

I always like to say that it doesn't matter if someone is the most knowledgeable doctor or the most up to date on new research and medications if their patients don't trust them, it's imperative then that all healthcare providers be able to provide trauma-informed care. With increased funding, CVTC can provide comprehensive training and resources to providers at New York City Health + Hospitals and make trauma-informed care accessible to all New Yorkers. The volunteer advocate program at the Crime Victims Treatment Center has changed the lives of countless survivors, and it has been the honor of a lifetime to be a part of it. Thank you.

CHAIRPERSON NARCISSE: Thank you. Um, one of the question that I have-- Is it Grace? Translation: Even for regular folks, I find that is difficult, like if regular, no stress, you know you're talking you have no problem in translation. Things can be lost in the translation. Can you imagine that you have so much going on? And then you having a phone to be talking on the phone instead of a person? How-- I mean, how do you think that we can-- I know, it's always a problem of getting, you know, hiring folks. But what are your thoughts? Have you been

seeing the-- the conversation on the phone with someone that's, you know, trying to cope with a sexual abuse that-- on the phone?

MS. AN: Thank you so much for bringing that point up. Because one of the things we also know is that it's not just the words, but it's how you say those words, and how that is really conveyed to the survivor.

Absolutely, one of the things that we want to do is that we want to be able to pay folks who speak another language more, right?, because we want to prioritize those skills, knowing that we have a diverse group of survivors who present at the hospital.

At this time, what we try to do is really try to watch our survivors faces as they're talking with our interpreter to get a sense of how is that landing for them? And we feel empowered to talk with our interpreter as best as we can. We also try to talk to our interpreter before connecting with the survivor, and letting them know that this is a sensitive situation, and that we may be talking about things around sexual violence.

And so we want to prep our interpreters as well over the phone to know that this is a very sensitive topic. And my hope is that that will be conveyed in the services that they provide to our clients.

CHAIRPERSON NARCISSE: To tell you my honest opinion, you should not have any interpreter over the phone at all, especially when it comes to someone with sexual abuse that's trying to talk to you. And most of the time-- most culture I will say, but even the Caribbean folks-- forget it. They don't even want to talk about it.

MS. AN: Yes. I agree with you. It's-- It's such a disservice to our clients when we don't have all the languages provided. And even something as common as Spanish-- the Spanish language, right?, that we try our best to hire and try our best to provide a diverse group of advocates as well. But one of our struggles is to recruit any advocates on Staten Island. And part of the reason why we are seeking more funding is because we know that if this volunteer opportunity is actually compensated, that we would reach a whole diverse group of people, right? Folks who may not have the privilege to be on overnight call, to get to the hospital, who might not

have access to a car on Staten Island. If we compensated our advocates that they would be able to really make the time in this space to volunteer with us.

CHAIRPERSON NARCISSE: Okay. What can we do now actually to make people aware, like knows-- Power, Ms. Brooks-Powers? Are you coming? I want to acknowledge, because I know you're leaving now. That's CM, our Majority Whip Brooks-Powers, and our CM Gutiérrez. Thank you for having joined us.

Um, yes. It is a very difficult. I cannot even imagine you going to this. But what can we do in terms of right now? Because I know we have the shortage in all aspects of our lives. What can we do to actually help in terms of, know your rights, like, folks that are out there? Because my whole thing is how we can bring people to understand that it is not your fault, as much as we can to reach out throughout New York City to let folks know you're not alone, you-- you did not ask for that.

So what do you think that we can do to actually make the process go, and a little help that they can receive from the city?

MS. AN: That's such a large question, isn't it? Because I think there's-- all of us have different roles to play, right? And I believe everyone can support the sexual violence work and prevention and education. And so I think one of the-- in addition to funding, one of the things we can do is make sure that our City Councilmembers and elected officials are talking to our rape crisis programs, right?, and asking them individually, what is it that we can do to amplify your voice and the work that you do?

I think in Staten Island, it is a bit of a unique situation for us because of the borough we're in, but we would love to be able to get our voice out there and to have, in terms of recruitment, really asking people in the communities to think about this opportunity, right?, and to be a part of this opportunity. Because the more volunteers we have, the less people actually have to be on call.

Right now, we just finished up a training in February and we only have four advocates, right? And so we're asking all of our advocates to cover three shifts a month, but even then it's not covering the full month. So if everybody could participate in that, I think that would be fantastic, in just making

sure that there's enough coverage, and that maybe there are more advocates on call to be able to provide multiple supports for survivors.

CHAIRPERSON NARCISSE: Thank you. I appreciate that.

MS. AN: Thank you. Um, I want to know your-- your advice, because when I was listening to you, there's many areas that you are very-- you talk about that I-- I want to know your advice for-- for me and for us, what can we do actually more?

MS. MILES: Absolutely. So, one is to expand the safe examiner training program. The Alliance provides some of that training. So does the Crime Victims Treatment Center, but it is an incredibly underfunded program, and we're not able to reach all of the hospitals that are there. That is one piece.

And the City Council: I also have to thank the City Council because of what funding does exist for the Sexual Assault Initiative, it is funded through the City Council. So thank you for your support on that.

That said, all medical staff -- doctors, nurses, physician's assistants -- legally can conduct a safe exam even without the official training. And there

are mechanisms for providing basic levels of training for those staff without them having to go through the full-- full 40 hours. So like an initial level of training, so that everyone at least feels comfortable with those provision of services, and at least has basic training about the standard of care that should be required for all sexual assault survivors that comes in the door.

I recently had an emergency room doctor say to me, "You know, if someone walks in the door with a heart attack, the doctors and nurses don't take a step back and say, 'Oh, I'm not a cardiologist, I can't treat this person.'" Everyone jumps in, they stabilize them, they make sure that they're receiving the care necessary. But that unfortunately, isn't the reality for a number of sexual assault survivors and hospitals across the city, whether they're H+H hospitals or not. We hear stories from survivors and advocates of survivors showing up in an emergency room and being turned away and sent to another hospital. And that is completely unacceptable.

And so making sure that all staff have a basic level of comfort to at least provide immediate care

while a safe examiner is on their way. That's the first thing.

As far as the rape crisis center advocates, there are a whole communities in New York City who actually don't have access to a rape crisis program. Just recently, I had a hospital in the Rockaways reach out, because they have zero advocates that are currently connected to their hospital. And they conduct between 30 and 50 safe exams in a year, and not one of those occurs with an advocate present.

Unfortunately, the gaps in services are far more likely to exist in the outer boroughs -- the farther you go out, I'm sure that's not a surprise to you that those lack of services exist out there. But there are organizations that are primed and ready to step in and provide some of those supports. And those tend to be our culturally-specific organizations that are working in those communities. So being able to provide some of the support necessary to those organizations, to be able to expand their services and provide that culturally responsive, linguistically appropriate care is critical.

And I should also note, rape crisis programs are all certified by the State Department of Health, but of the-- the programs currently in New York City, none of them, that are rape crisis programs, are any of these culturally-specific organizations, because of some of the standards that they cannot meet, because of some of the financial investment that's required to expand their services. And what that means is that those organizations can not access state funding to support their organizations to build out their sexual assault response. So honestly, building the capacity of the culturally specific organizations to step in where there are gaps in the community is going to be critical to ensure that all communities get equal access to care.

CHAIRPERSON NARCISSE: Thank you. I'm going to honestly tell you that, um, I was an ER nurse and I never did any exam at all. So you are right. So-- Because I'm always waiting for-- for examiners to come.

MS. MILES: And it's understandable.

CHAIRPERSON NARCISSE: And once, one of our survivor-- I mean, I said to myself, "You're survivor once you can walk, and come, and get the support."

So you already survived. You're not leaving-- you're not leaving with all this trauma by yourself. You were able to take yourself to the emergency room, and one of them actually, I recall, we could not find her because she was saying-- and then by the time the examiner, we had to look all over. And finally we found her. But, um, it just-- Thank you. Thank you.

MS. MILES: Thank you.

CHAIRPERSON NARCISSE: It's very sensitive to me because I had a bad experience. And I always explained that it was-- actually, I had to testify on that. It was just some Halloween day. And I went-- My father told me not to go, because I usually take sport on evenings after-- after the regular schedule. I would say, "Let me go take a sport at another high school." And he told me, "No, it's Halloween. Don't go." And I said, "No, I like my perfect attendance. So I have to go." So somebody tried to grab my chain. He was just putting his hand on my breasts. It was something-- I had to spend a good two years washing myself. So I just cannot imagine. That's why whenever I'm talking about this, it's very sensitive. And can you imagine the person came just

for the chain. But because his hand touched my breast. And I felt-- two years I'm in the shower, washing myself. So I just cannot imagine. I just-- So I want to do everything I can.

MS. MILES: Thank you.

CHAIRPERSON NARCISSE: And today's my birthday. And I say, this is-- when they asked me if I should have canceled or whatever. I said, "No. No way. No way." So that's the least I can do to touch because-- and I'm happy I had courage to say, just the touch, and I had to watch myself all the time in the shower for that. So yeah. Thank you.

I have to acknowledge we've been joined by Councilmember Charles Barron. And, oh, I have some on remote. Councilmember-- Thank you, Councilmember Moya. We are joined by councilmember Rivera as well. Thank you.

Thank you for your time. Thank you.

Oh, you have a question. Oh, sorry. Councilmember Barron.

COUNCILMEMBER BARRON: No, I just-- This is shocking. You know, these reports on rape is very shocking. And are you being adequately funded by the Mayor to handle this? Or has cuts in the budget hurt

your ability to address this? This is a serious, shocking question and issue. And I think the Mayor should really prioritize it and see to it that it is adequately addressed.

MS. MILES: I absolutely agree. And to tell you about the-- the funding levels. Currently at the city level, there is almost no funding for sexual assault services, with the exception of funding coming from the New York City Council in the form of discretionary funding for the Sexual Assault Initiative. That funding goes to cover some of the training of safe examiners. It goes to cover some culturally specific outreach and care in communities. But I'm going to be honest with you, it is not enough. And-- And that is shown then in organizations not being able to actually build out a more complete response, and do the community engagement necessary to support survivors.

We have a model right now where we expect survivors to come to us. In the worst moments of their lives, we expect them to come to us, to a police precinct, or to a hospital emergency room. But that-- that is unfair.

What we don't have right now is a robust community outreach program to actually go to survivors, or to engage the types of organizations that those survivors are presenting at. Because honestly, it's a minority of survivors that are showing up in a police precinct or even in a hospital emergency room. But they are engaging with community-based organizations. They are engaging with culturally specific organizations. They're engaging with faith leaders. But right now, we don't have the community engagement mechanisms to actually go out and make sure that survivors know what services are available to them, or to be able to connect to trusted organizations. And so, no, at the administrative side of the budget, that funding does not exist.

COUNCILMEMBER BARRON: Thank you.

MS. MILES: Thank you.

CHAIRPERSON NARCISSE: Okay, thank you so much for coming out. Thank you.

COUNSEL: Thank you. Before we-- Thank you. Before we will hear testimony from the admin, we will take a three minute break.

CHAIRPERSON NARCISSE: I'm going to be excused for one second because I have to go to [inaudible] and I'm coming right back.

[11 minutes silence]

COUNSEL: We are ready to begin. Thank you admin for your patience. Whenever you're ready. Will all of you-- will you please raise your right hand? Thank you. Do you affirm to tell the truth, the whole truth and nothing but the truth before the committee and to respond honestly to the councilmembers' questions?

ALL: I do.

COUNSEL: Thank you, you may begin when you're ready.

DR. WILCOX: Thank you. Good afternoon.

CHAIRPERSON NARCISSE: Thank you.

DR. WILCOX: --and I am an OB GYN. I'm joined by my colleagues, Dr. Bridget Alexander, emergency medicine physician, and Director of Forensic Clinical Services at New York City Health + Hospitals, Kings County, and colleagues from New York City Health + Hospitals Correctional Health Services. Thank you for the opportunity to testify on this most 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, as well as in 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 New York State Department of Health as Sexual Assault Forensic Examiners (or SAFE) centers of excellence. There are Sexual Assault Response Teams, also known as SART, at every one of our emergency departments, who have gone through

intensive training, which includes training in trauma-informed care, and have been approved by the New York State 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 of 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 sexually transmitted infections. 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 the Family Justice Centers, which are located throughout the boroughs. At the Family Justice Centers, survivors can receive mental health support, assistance with orders of protection, as well as other resources. Treatment, including evidence collection and followup 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, New York City 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. The 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 the New York City Office of the Chief Medical Examiner or OCME. The Mayor's Office to End Domestic and Gender-Based Violence, NYPD's 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 (also known as 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 New York City. This accredited three-year fellowship trains pediatricians on all aspects of sexual assault, diagnosis, and treatment for children zero to 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 a safe and welcoming space 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 I'm happy to answer any questions you may have. Thank you.

CHAIRPERSON NARCISSE: Thank you. Thank you for being here. And thank you for helping us addressing the sensitive topic that we need to.

In stats, since the beginning of 2023, 429 rape cases and 1420 other sex crimes have been reported to NYPD. According to some estimate, 50,000 rapes occur each year in New York City and many of which are left unreported. Can you please provide an estimate of how many individuals visited H+H facilities for rape and sexual violence care this and last year-- this year last year? Can you give a demographical breakdown by race, ethnicity, age, gender, and sexual orientation?

DR. WILCOX: Last-- So over 1000 survivors seek care each year. Patients are disproportionately female, black, and Latinx, and most survivors are between the ages of 18 to 25. The most commonly reported zip codes were in Mott Haven and Corona.

CHAIRPERSON NARCISSE: And where?

DR. WILCOX: Corona.

CHAIRPERSON NARCISSE: And sexual orientation?

UNKNOWN 2: I don't have that.

DR. WILCOX: We don't have that information right now.

CHAIRPERSON NARCISSE: Can you provide that after? Can you e-mail that?

DR. WILCOX: Yes.

CHAIRPERSON NARCISSE: According to data from CDC, young people under 25, and members of LGBTQAI+ are at the highest risk of getting raped and sexually assaulted. How do you personalize care for the vulnerable populations? Are there any differences in protocols for caring for children and adults? Are there services that take into account transgender people and other members of LGBTQAI+ members?

DR. WILCOX: Thank you for that question. Across our system-- and I'll take children first, if that's okay. Across our system when children less than 13 present to our emergency departments for acute sexual assault, the ED attendings perform the forensic evidence collection. Social work and behavioral health also conduct assessments in the EDs for all of these children. All 11 of our hospitals have a Child

Protection Coordinator Social Worker who is on call for social work, for handling questions about management and in coordinating followup for the survivor. Four of our hospitals -- Bellevue, Elmhurst, Jacoby, and Lincoln -- have a Child Protection Program (or CPP) with board certified child abuse pediatricians who are on call 24/7 for phone consults from their hospital's ED to advise on cases and to provide medical and behavioral health follow up in their clinic.

Kings County also has plans to create a Child Protection Program. Our four CPPs consult on nearly 1000 cases per year, half for sexual abuse and about a half for physical abuse. And I already covered the Child Abuse Pediatrics Fellowship Program at Bellevue, which as I said, is a partnership with Maimonides, which is the only child abuse pediatrics fellowship in New York City.

And in terms of--

CHAIRPERSON NARCISSE: And LGBTQ?

DR. WILCOX: LGBTQ, yes, thank you. Our staff undergoes mandatory LGBTQ+ sensitivity training, and follows guidelines that promote inclusivity and respect for unique needs, including the use of

preferred pronouns and addressing specific health concerns.

CHAIRPERSON NARCISSE: Thank you. Services at H+H: Please tell us about the sexual assault services that NYC Health + Hospitals are committed to providing across your network. Could you walk us through what a survivor experiences when they come to an H+H hospital for support after sexual-- after sexual assault? What personnel do they regularly interact with first? Where physically do they go to seek services? And once they disclose sexual assault, where do they wait for services? How long are the average wait times? Where do they receive sexual assault services? What is the protocol for supporting patients in NYC H+H who disclose sexual assaults as inpatient or otherwise outside-- outside of emergency departments?

DR. WILCOX: Thank you, Chairwoman Narcisse. There-- There were multiple questions. So, if it's okay, I would--

CHAIRPERSON NARCISSE: I can repeat them.

DR. WILCOX: -- just like to walk through-- I would just like to walk through what a survivor does when they-- when they enter our facilities.

CHAIRPERSON NARCISSE: Okay.

DR. WILCOX: So we understand that when it's applied to survivors of sexual assault, trauma-informed care is of utmost importance. And we know that the experience of sexual assault, as I said before, can lead deep emotional and psychological scars. And this can manifest in various ways such as anxiety, depression, and posttraumatic stress disorder, or difficulty in forming relationships.

So this is what we do: We create a safe and welcoming environment. From the moment a survivor walks through the door, it's essential that they feel secure and supported. We offer a private space to change. We provide clear explanations of procedures. We obtain explicit consent before initiating any examination, and this is to help create a sense of safety. We practice active listening and empathy. We know that being present and empathetic when listening to a survivor's story is crucial. We validate feelings, avoid judgment, and use open-ended questions to encourage them to share their experience, allowing for more accurate assessment and a tailored treatment plan.

We know that trauma can impact in a myriad of ways. So they may struggle to recall details of this assault. And this can result in a brain's response to trauma. So recognizing this and offering reassurance can help alleviate feelings of shame and blame. We empower survivors to make decisions about their care, which encompasses collaborative care, and this can include discussing the benefits and risks of different treatment options, we allow them to set the pace of their recovery, and respect boundaries.

In terms of integrating mental health support, we know that many survivors of sexual assault experience psychological distress, and by providing access to mental health services, and collaborating with therapists, we can create a comprehensive care plan that addresses both physical and emotional needs. We provide resources and referrals, and we connect survivors to community resources, such as support groups, legal aid, and financial assistance. And this can help ease the burden of recovery and provide a diff additional avenues of support.

I believe another question asked about wait times. Actually, I'll just walk you through.

So when a survivor walks into one of our facilities, they are prioritized for triage. And we also perform an examination to make sure that there's no clinical impairment. And so Dr. Alexander, did you want...?

DR. ALEXANDER: Yeah. The way we become a center of excellence is-- The way we become a center of excellence is when a patient of sexual assault is identified, they're triaged-- our nurses know they are triage at the highest priority. They don't wait in the waiting room. They go to a safe, designated, standardized room that is pretty much duplicated with-- within all 11 hospitals. It's a safe place. It's not in that crazy, busy ER. The advocate or the social worker is with the patient within the state guidelines within 20 minutes. And the SAFE examiner arrives within one hour. And pretty much hits that mark, unless, for example, there is some medical needs that prioritize, if the patient has been strangled, or the patient lost consciousness, something like that. We still do our ABCs, so to speak. And the forensic will come once the patient is stable. So there is a medical component that also happens.

From there. We make sure the patient has the Bill of Rights, the sexual assault Bill of Rights. And you know, it really explains everything that we want to do, how To keep the kit for 20 years. They have phone numbers that they can call if they release to police-- a phone number they can call and find out the progress of their case. And of course, you know, they're given very good followup with the family justice service.

Just to mention: When you say empower. When we do these exams, we don't want to re-traumatize. It's invasive. We don't-- We try to have that our survivor (and I'm going to say survivor, victim, and patient, I'll interchange those) has as much empowerment as possible over her or his body that we are touching. Every envelope: "May I do this? These are the next steps." If there's a way that the patient can swab their own cheek, that allows that patient to take control over her body. So there is steps by steps by steps that incorporate our time, two to four hours doing this examination.

Anyway, I-- Only 4% report this crime, and only 16% come to the ER, and they're just extremely brave individuals.

CHAIRPERSON NARCISSE: Thank you. On more-- one further question. What is the [inaudible] for patients, and then once the hospital will disclose sexual assault [inaudible] in patients?

DR. WILCOX: Thank you for asking that. The medical providers, who are OB/GYNs, who are also trained in trauma-informed care will go see the patient. A social worker and advocate is involved. And if necessary, certainly, the patient is given the option for evidence collection. And it goes through the same protocols as if a patient presents to the emergency department. They're also given follow up care.

CHAIRPERSON NARCISSE: So the sexual assault response team [inaudible] sexual assault response team, right? [inaudible] of the acute care hospitals.

DR. WILCOX: Yes.

CHAIRPERSON NARCISSE: Trying to [inaudible] identify [inaudible] and sorting [inaudible]. [inaudible] team in a rape crisis counselors [inaudible] of the physical and emotional trauma of sexual assault, and forensic examiners to perform a thorough evaluation including a physical examination

and medical history with the survivor's help, and [inaudible]. Can you please walk us through the process [inaudible] all sexual violence survivors walk in to a [inaudible] facility, where [inaudible]. Who is the first point of [inaudible]. Are the rape crisis counselors [inaudible] at all times? Does the counselors work [inaudible]?

Oh God, I messed up. I did not put the-- the mic on. And the people that are out there listening would not hear, so I have to repeat it.

Response team SARTs approved by the New York State Department of Health in eleven of its acute care hospitals. SARTs responsibilities include identifying, collecting, and sorting forensic evidence, accurately documenting, and attending to the significant emotional needs of the rape vic-- victims. Each SART team includes rape crisis counselors to help recover victims from the physical and emotional trauma of sexual assault, and forensic examiners who perform a thorough evaluation, including a physical examination and medical history to ensure the survivor's health and safety and collection of evidence of the crime, and who provide care.

Can you please walk us through the process when rape or sexual violence survivors work in the H+H facility where SART is present? Who is the first point of communication? Are the rape crisis counselors present with the survivors at all time? Does the counselor work in conjunction with the survivors advocate?

DR. WILCOX: Thank you for that question.

CHAIRPERSON NARCISSE: I think some of them you answer but you can...

DR. WILCOX: Once a patient reports a sexual assault, they are placed in the highest triage priority. They are placed in a safe and private area. And they are given their sexual assault essential Bill of Rights. Once the patient is medically cleared -- and this is really important, as Dr. Alexander stated -- we need to make sure that the ABCs are met-- met: Airway, breathing and circulation.

So once the patient is medically cleared, if they have evidence of other trauma related to sexual assault, they will receive services within the hour. The SART team is notified as soon as the patient discloses the assaults, and they remain in touch with

the provider while the patient gets medical clearance. Some cases will require more medical exams, which will result in a longer wait time for a SART. The care is standardized across our 11 facilities. And... Did that adequately answer your question?

CHAIRPERSON NARCISSE: I think, because some of them you already answered, the survivors and how they stay with the patient. Okay. Compos-- Composition-- What is the composition of a Sexual Assault Response Team, SART, at H+H and what are the roles and responsibilities of the team members? How many members of SART are actively working at any given time? Do you believe you have enough employees in SART to meet the day-to-day of sexual violence survivors? If no, how many more people need to be employed to meet the demand on a daily basis? How many people are cared by SART? On a daily basis, how many people are cared for by STAR?

DR. WILCOX: So we maintain 24/7 coverage at each location, at all of our 11 facilities. Whenever possible SAFE exams are performed by certified SAFE examiners. It is not often that these exams are not-- are done by noncertified SAFE examiners. We

appreciate-- You know, we offer-- I'll just say, we offer advocates to all of our patients. Some are volunteer advocates and some are advocates who we have trained within our health system to respond. So patients are always offered an advocate.

And in terms of what is needed, we appreciate the support of the Council. And we would just say that support is needed in pursuing more expertise in this area.

CHAIRPERSON NARCISSE: Okay. But do you think-- My question: How many more people-- Do you need people right now? Because we have shortage all over. We just want to make sure that we address the needs around sexual abuse, because we have too many happening in New York City, and we want to make sure if you experience that, when you-- I call you survivor, when you walk to the door, you get all the support to get you through. Because as I gave the testimony sample, as for me, my experience, it was a nightmare. So that's the reason I'm asking those questions.

DR. WILCOX: So I'm going to let Dr. Alexander fill in. We do provide trainings around the city with the expertise of our staff to train more states.

DR. ALEXANDER: Yeah, I feel that we are all suffering like the whole hospital apparatus, I guess. I mean, we're all losing staff members from COVID. It was very difficult. So, yes, can we use more training? We have more sexual assaults, and training throughout the city is-- is lower. That-- That's a known-- That's been published. I think that there's different types of trauma and violence. And that's why the fellowship is so important to identify not only sexual assault, but non-fatal strangulation with the crossover of sexual assault and domestic violence. Child neglect that is, you know, overlooked as well.

We absolutely could benefit from more resources. I think the different advocacy groups testified about that. We are all working so hard. And I applaud the-- the team that is doing that work in our hospital.

DR. WILCOX: I'd also like to say that-- just to tell more about the training. So SAFEs are required to complete a 40-hour DOH-approved didactic course. They perform approximately 10 pelvic exams in the skills lab or more until they become comfortable, and then they are precepted for three real cases. And in

order to maintain DOH SAFE certification, the SAFEs must complete 15 credits every three years, and the SAFE curriculum includes trauma-informed care.

CHAIRPERSON NARCISSE: But how many members of SART are actively working at any given time? Do you have a number?

DR. WILCOX: We provide an on-call schedule, so that 24/7 SAFEs are called to the emergency room of the hospital.

CHAIRPERSON NARCISSE: My question is how many [inaudible].

DR. WILCOX: Oh, I'm sorry. How many people? Okay, so SAFEs come from different disciplines. This includes physicians, nurses, and physicians' assistants. In terms of SAFEs: In Brooklyn we have nine, in the Bronx we have six, in Manhattan we have eight, in Queens we have 15. We have rape crisis counselors. We have dedicated social workers. We have SANEs, which includes the nurse examiners, that is included in the SAFE count.

CHAIRPERSON NARCISSE: Did you say SAFE or SART? What's the difference?

DR. WILCOX: One is a nurse examiner, and we have other medical professionals who can also perform it. So the overall term is SAFE.

DR. ALEXANDER: Sexual Assault--

DR. WILCOX: Forensic examiner, and that includes physicians--

CHAIRPERSON NARCISSE: But I asked the question-- Okay. SART, that's what I was asking.

DR. WILCOX: SART is Sexual Assault Response Team.

CHAIRPERSON NARCISSE: That's it. How many?

DR. WILCOX: That's the program, and then the examiners themselves are called--

CHAIRPERSON NARCISSE: Is SAFE.

DR. WILCOX: Yes.

DR. ALEXANDER: We call--

CHAIRPERSON NARCISSE: It was my-- my confusion on that.

DR. ALEXANDER: We call it a team, because we work with other disciplines. We work with NYPD. We work with different advocacy groups in the city. We work with the ADA. We provide expert testimony. We do case review with the DA about medical terminology, about understanding the lack of injury, or there are

injuries, and being able to explain that, and then we do the same thing, educate the jury about our cases as experts.

CHAIRPERSON NARCISSE: Gotcha. Okay, for forensic exams, how does H+H and SAFE ensure that survivors of sexual assault receive timely and comprehensive medical care, including evidence collection and forensic exam? Do you collaborate-- I think you answered that. Do you collaborate with the medical examiner's office for forensic exams? If so, what does the process look like? How long does it take to get back to the report? How long you-- to get the report?

DR. ALEXANDER: The ME's office is, for the-- the postmortem, the same kit is used for male, female, the living, and postmortem. We all use the same kit. How the ME's office works with us is with our forensic fellow who spends time with the ME's office and does autopsies and sexual assault kits, and does dissections, and non-fatal strangulations, reviews ballistics and other forensic type of deaths. They identify deaths.

What we do is try to do forensic-- be the forensic advocate for the living, and that's through

our expertise, and that is through our documentation and working with other agencies. I did-- I hope that answers your question.

CHAIRPERSON NARCISSE: How long does it take to get the report?

DR. ALEXANDER: Oh, excuse me. If someone does decide to work, you know, sign off chain of custody with the kit, we have a turnaround of 100 days, and that's in our Bill of Rights, the state's Bill of Rights, and to followup numbers that the patient and survivor can call and update themselves about their case.

CHAIRPERSON NARCISSE: So they-- they get access. They get the numbers, they get the information so that they can follow up themselves.

Delays in forensic exam due to the pandemic: The Medical Examiner's office has affected-- I mean H+H efforts to assist rape survivors. Are there any differences in services in the center of excellence compared to your acute care hospital where SAFEs are placed?

DR. WILCOX: I'm sorry, what is the question? I apologize.

CHAIRPERSON NARCISSE: Let me start it. Due to the pandemic--

DR. WILCOX: Yes.

CHAIRPERSON NARCISSE: --we know the Medical Examiner's Office has affected H+H's efforts to assist with rape survivors.

DR. WILCOX: Okay.

CHAIRPERSON NARCISSE: Because of the delay, right? Are there any differences in the service in the Center Of Excellence compared to acute care hospitals where SAFE are placed.

DR. WILCOX: Yeah. So our eleven facilities are all-- are all standardized and are all safe, safe Centers Of Excellence. There is no difference after the pandemic--

CHAIRPERSON NARCISSE: No?

DR. WILCOX: --than before the pandemic. Services have not changed due to COVID-19?

CHAIRPERSON NARCISSE: Hmm. That's great. Good to know.

Cost of visit: Is a survivor ever charged? I know you don't charge.

DR. WILCOX: We do not.

CHAIRPERSON NARCISSE: But-- And the care that you receive is totally free. The care?

DR. WILCOX: Yeah. The patient is not billed for any part of the exam.

CHAIRPERSON NARCISSE: Okay. So it's only for outside private hospital, because some folks are telling me, some survivors goes to places and they get-- so now all survivors, if they want to come, but how do you do the-- how do you do the reach out? Do you go to the communities? So how do people know that over at H+H, all the services are free? Because I'm hearing some survivors are having a problem with paying when they go to certain hospitals.

DR. WILCOX: I'm not able to answer what other hospitals do, but we know that we don't charge for any part of the exam. I'm not sure if we advertise that or not. That's just the way that we have always operated.

CHAIRPERSON NARCISSE: My question is: How do you put it out there so that survivors will know? Are you partnering with communities, organizations, CBOs, to let folks know? Because if we-- If a person who is a survivor is fighting this needs support, they should not be paying. So are you,

since we, the City, H+H, is providing the service for free, are you reaching out? How do you promote that to let survivors knows that you can come here? We got you.

DR. WILCOX: Thank you, Chairwoman Narcisse. And now that we know that that is a priority, I think we will take that back.

CHAIRPERSON NARCISSE: Okay. Can all New York City survivors expect to receive the same services for support at all H+H hospitals? If services are not consistent across the hospital system, what are the difference in services offered in each site? But I think you said they receive all the same services?

DR. WILCOX: They do.

CHAIRPERSON NARCISSE: Just across the board?

DR. WILCOX: Yes.

CHAIRPERSON NARCISSE: Okay. [crosstalk] Go ahead.

DR. WILCOX: Dr. Alexander did bring up a good point about-- You know, we do partner with some of our community-based organizations. And some of the ones that we work with are Safe Horizon, the Arab-American Family Support Center, and the Sauti-Yetu Center for African Women. And so certainly those

CBOs would be aware of what H+H does. But of course, as I said before, your earlier idea is great, and we perhaps should advertise that even wider.

CHAIRPERSON NARCISSE: Okay, thank you. And I do have a recommendation too. I think, since we know the age group that is being affected, especially teenager, who are not going to know, I think we have to promote that more in high school, and some may say junior high, because we're talking about 10 and 11 years, so the school can be aware of it. And actually, we can have a-- For me, I think we should have information, literature, any little brochure or something, so they know that if they are alone, there is a place that's safe, that they can go or call to-- to get support. I think we need we need to be more active. That's the reason today I really find that it's the right day to be here. We need to do more. We should not let people go into shadow, and go through it alone.

And especially-- Even you have not been through this process, you know how difficult it is with this pandemic. And now more than ever, I think we have to take an active-- a front driver's seat to say how we're going to help and make sure young folks, older

folks every age, any sex, whatever the status, so know that if you've been raped, there is a place you can go. I think we need to be more active on that.

The New York State Department of Health has established a standard for sexual assault forensic examiners, SAFE, a designated hospital that provides specialized care for sexual assault patients. Are all NYC Health + Hospitals in compliance with the standards outlined for SAFE-designated hospitals? If not why not?

Though the law allows any licensed medical personnel to perform a SAFE exam, survivors benefit from the support offered by specially trained and certified SAFE examiner. Can you tell us who performs SAFE examination in New York City Health + Hospital locations? How often are exams provided by non-certified SAFE examiners? How do you recruit SAFE examiners? How are SAFE examiners scheduled? Do you maintain 24/7 coverage? (Which you said yes already.) How are your SAFE examiners compensated?

DR. WILCOX: So whenever possible, and this is really most of the time, SAFE exams are performed by certified SAFE examiners. It's really not often that they're done by non-certified safe examiners. When

that happens however, they are medically trained personnel who also have training in-- in doing-- collecting the evidence, but also in trauma-informed care.

We often recruit within our own staff to sign up and serve. Many of our nurses or other clinical providers inside H+H-- This is the certified SAFE examiners. We also have retired nurses who are trained. And, you know, forensic examination is an academic course. Academic lectures are also given to nurses in training and other medical personnel. And from there, if a person expresses interest, and they want to become a SAFE they undergo extensive selection process to become a SAFE examiner. We maintain a 24/7 coverage system at each of our 11 hospitals. And there is a fee structure set up to reimburse-- reimburse SAFE examiners for their time and performance of duties.

CHAIRPERSON NARCISSE: Can you share that? What's the fee?

DR. WILCOX: I do not have that information at the present time.

CHAIRPERSON NARCISSE: Resources for survivors. What support and resources does H+H have offer to

survivors in the aftermath of sexual assault, including mental health care, legal advocacy and follow up care? What mental health care services are available to survivors through H+H and how are they delivered? What mental health services are provided through CBOs? How does H+H collaborate with other healthcare providers in community organization to provide comprehensive care and support to survivors of sexual assault?

DR. WILCOX: So in terms of integrating mental health support, we provide access to mental health services. We collaborate with therapists, and we create a comprehensive care plan that addresses both their physical and emotional needs. We provide resources and referrals. We connect survivors to community resources such as support groups. We connect them to legal aid, or financial assistance, if that's needed. And we also provide additional, you know, referrals for support. We provide followup appointments, referrals to specialists, and coordination with community resources and support services to help survivors in their recovery journey.

In every borough, there are Family Justice Centers that we connect our patients do, and there

they can get mental health support, orders of protection, and other resources instead of coming back to the hospital, which they may of course prefer to avoid.

CHAIRPERSON NARCISSE: Thank you. How does H+H approach caring for survivors from diverse cultural and linguistic backgrounds, and what resources are available to support language access and cultural competency? What training and education do healthcare providers on SAFE receive to provide compassionate and effective care to survivors of sexual assault?

DR. WILCOX: So the language services-- do you want to say--? You can go.

DR. ALEXANDER: Also, the trauma-informed care is part of our 40 hour training. And that's the way we become SAFE certified.

DR. WILCOX: And I'll say at the system level, H+H works closely with the mayor's office to end domestic and gender-based violence on the steering committee and the working group. These include the strangulation roundtable, health care and GBV working group, female genital mutilation and cutting advisory committee, and the Kings County Hospital fellowship

program. The community-based organizations we work with include Safe Horizons, Arab American Family Support Center, and the Sauti-Yetu Center for African Women. H+H borough SAFE programs engage in community outreach events periodically. And in fact, today the Queens Sexual Assault Taskforce is having an event today, and Health + Hospitals is-- is participating in that event today.

CHAIRPERSON NARCISSE: I'm going to take a pause because our Majority Whip has a question, Brooks-Powers. Thank you.

MAJORITY WHIP BROOKS-POWERS: Thank you. Thank you. Thank you. So-- And thank you for the testimony today. I apologize from being back and forth. We have a couple of hearings going on. So after receiving and caring for a victim of sexual assault, how does Health + Hospitals provide or connect victims with long term care?

I also wanted to know what is the average length of stay for a victim of a recent sexual assault or rape, seeking care at a Health + Hospital facility?

What resource or guidance are victims provided at the point of discharge?

And lastly, I want to ask how many members of the Sexual Assault Response Teams are trained by Health + Hospitals?

What is, like, the process of Sexual Assault Response Teams being approved by the New York State Department of Health?

And I can repeat as you answer, if you need me to.

DR. WILCOX: [TO DR. ALEXANDER] Do you want to take that first?

DR. ALEXANDER: Sure. Okay. So there are different educational routes that we can get our Sexual Assault Forensic Examiners trained. They're in different-- they're offered at different times of the year. So sometimes they're upstate. Sometimes they're with the Alliance. I used to-- I actually wish they were still here, because I used to be on faculty and developed that curriculum. Because I-- Just to say that H+H was the first Center Of Excellence in the state of New York. So we're very proud of that. So we've been, I think, on the ground running.

But just to let you know, there's online courses now because of COVID. And there's different ways of

getting certification. That was one part. What was the other part? Sorry.

DR. WILCOX: I can say. Okay. Thank you. So it's our mission in the public health system of New York City to provide care to anyone regardless of a whole host of identifying factors, including gender identity. We take this very importantly, and we provide staff with various cultural-- cultural competency trainings on an ongoing basis, as well as we offer training to new employees' orientation, and annual in services. And we have a system-wide blended training through webinars, e-learning, and in-person session, including topics of diversity and inclusion, cultural competency, LGBTQ health, unconscious bias, language access, disability, and effective communication, and inter-religious awareness.

As you know, we have a diverse workforce that reflects all of the communities that we serve, and over 80% of our workforce identifies as either African American/black, Hispanic/Latinx, and/or Asian. Nearly 70% of our workforce are women.

MAJORITY WHIP BROOKS-POWERS: Thank you, and-- Okay. Can you just talk, I guess, as granular as you

can, because I'm just really interested also, just for personal information as well, in terms of the process of being approved by the New York State Department of Health.

DR. ALEXANDER: Well, we were approved in 2004, and that was in the Bronx. I just remember, it was a long application and lots of visits to the model that we provided. And I would have-- I would have to go back online to find that big list of recommendations.

But part is having a standardized room, being SAFE certified; making sure that we know how to properly document; making sure we have a standardized physical and history form, that everybody's being asked the same questions, whether it's three in the afternoon or three in the morning, so there's a consistency on a forensic interview; making sure our staff gets trained yearly, which we do. And we go beyond that. We are actually making sure people know about SAFE examinations in PA school and nursing school. We provide training for special victim detectives when they're first coming to the police academy, so they know why it takes two to four hours of very meticulous, competent examination because they wonder what we're doing in there. We're going

at the victim's-- the patient's pace. If they need to pause, we pause. So we explain that to our officers, so they have a better understanding why they're waiting so long for that kit. We developed also the suspect kit, because-- and we're-- H+H is the only hospital system that does suspect kits in the state and in the city. And that helps exonerate or helps make sure that-- There's certain DNA that should not be on a seven year old.

MAJORITY WHIP BROOKS-POWERS: Thank you so much.

CHAIRPERSON NARCISSE: Thank you. We've been joined by CM Joseph. One other thing that you said that, um, got me. You said you did not have-- the pandemic did not affect you in terms of staffing at all, that you-- your coverage remained the same?

Go ahead. Go ahead.

DR. ALEXANDER: I wanted to say it didn't affect the fact that some people did come in. It did affect the fact that we had to wear goggles and isolate ourselves and keep our staff safe. Yes, we were in compliance with COVID. But people came and got-- and had their examinations done. So...

CHAIRPERSON NARCISSE: But in terms of staffing, you don't have no interruptions? You have enough staffing to maintain all the exam.

DR. ALEXANDER: We had some people take more calls, and some of our older, still young, SAFE examiners maybe not do as many shifts because we, you know, we want to keep our staff protected. But all the equipment was outside our door, and it is an isolated area. So there is not going to be re-exposure going through the busy ER, if that helps.

CHAIRPERSON NARCISSE: I have to recognize something. We have the CM on Zoom. They cannot ask questions because we don't have a quorum. We don't have enough folks here at the same time in order-- but I'm sure if they have question, they can always send it to us. So we'll ask the questions for them.

Now we'll get CM Joseph for a question.

COUNCILMEMBER JOSEPH: Thank you, Chair. Thank you so much. This is such an important conversation. I had a couple of questions. How does trauma-informed care for survivors of rape and sexual assault in H+H align with broader efforts to address sexual violence, and support and healing? You look puzzled. The question is--

DR. ALEXANDER: You want to know how trauma-informed care-- how we-- Well, first there's a traumatic event that happened in someone's life. We try to make sure they're triaged as a priority. They are taken to a safe, standardized room that is just for sexual assault. No interruptions. They're with someone. Either a social worker or an advocate until the examiner comes with us in New York State within one hour.

COUNCILMEMBER JOSEPH: Okay.

DR. ALEXANDER: We developed this program, and because of the training, we really want to re-empower our victims of trauma. And I think I said this to the chair. You know, we go through every envelope, every swab, and we get consent. If the person has to take a rest and come back to it, that's okay.

COUNCILMEMBER JOSEPH: Mm-hmm.

DR. ALEXANDER: That's all right. If there's a way that the patient can take control of over her body, maybe do the swabs underneath her fingernails herself, that's great. The more choices that that victim has to be in control of her body is what we want to give. And-- And everybody has a very good followup. We have the Family Justice Centers, and I

think we listed a few others. But they're in every borough. And they can get legal counsel and also mental health, or just follow up at our facility.

COUNCILMEMBER JOSEPH: And what-- what type of support are available for survivors? And in terms of partnership with CBOs, what does that look like?

DR. WILCOX: Thank you for asking. So the CBOs that we work with include Safe Horizon, Arab American Family Support Center, and the Sauti-Yetu Center for African Women. And we also have the Family Justice Centers that we tie patients to, and they're located in each borough, and we certainly ensure that patients can receive followup care there, and those provide wraparound services including legal services, mental health services, support-- support groups, tie-in to other financial support services, and really provide a lot of the care that the patients need.

COUNCILMEMBER JOSEPH: And in terms of culturally-relevant care, is that culturally-- how is that linguistic background-- background, language, culture?

DR. WILCOX: Well, we try to connect patients to community-based organizations that do this type of

work, that meet their cultural values and identity. We have cultural competency training embedded in what we train our entire staff on. It happens through their orientation training. It also happens on annual recertification. It includes cultural competency. It includes trauma-informed care. It includes-- There are lots of different trainings that are interrelated that are provided.

COUNCILMEMBER JOSEPH: There was one other question I had. Give me a second Chair. I had another question about the LGBTQ+IA community. How are they supported in this space as well?

DR. WILCOX: Yes. So our staff undergo mandatory LGBTQ sensitivity training, and follow guidelines that promote inclusivity and respect for unique needs, including the use of preferred pronouns and addressing specific health concerns.

COUNCILMEMBER JOSEPH: And our transgender community as well, are they supported as well?

DR. WILCOX: Yes.

COUNCILMEMBER JOSEPH: Thank you. Thank you, Chair.

You're welcome. Now I have some questions from CM Rivera. I'm going to have a question on her behalf since we didn't have a quorum for her to ask.

Transgender people are over four times more likely than cisgender people to experience sexual violence. According to a 2021 report published by the UCLA School of Law, it's critical that our city's healthcare system appropriately meets TGNCNB New Yorkers' unique social and health needs, especially when considering rape and sexual assault.

I am proud (which is her)-- She's proud to have secured funding for H+H transgender patients' health navigators last session. And she's equally proud that H+H was the first US municipal health care system to mandate LGBTQAI+ training for all staff members and 2021. Today, there are seven Pride Health Centers at H+H sites citywide dedicated to the needs of LGBTQAI+ patients. Could you please speak to how staff training at Pride Centers include trauma-informed care for trans survivors and/or makes appropriate referrals? First, how would someone in custody inform a CHS staff member that they require care following a sexual assault? Is there a private way to do so? How does CHS handle instances of non-

production for care after someone-- nonproduction for care after someone requests care for a sexual assault? How does CHS connect returning citizens who are survivors of rape and sexual assault to care in the community?

DR. WILCOX: So, the-- I would say that the trainings that are provided to the staff who work at the Pride Centers is the same training that is provided to all New York City Health + Hospital staff. It's not whether or not you work there or not. We're all-- take the same courses on LGBTQ-inclusive, and sensitive behavior. Absolutely.

CHAIRPERSON NARCISSE: [inaudible]. Sorry. I did not put my mic on again. How would someone in custody inform a CHS staff member that they require care following a sexual assault? Is there a private way to do so?

MS. MERRILL: Thank you. I'm Jeanette Merrill. I'm the AVP of Communications and External Affairs for Correctional Health Services, which is a division of New York City Health + Hospitals. So thank you for the question. I think the first one is around reporting.

So if there is a patient who has experienced sexual abuse or assault, that patient would be seen in the clinic. So every jail facility has a clinic that operates 24/7. So most patients are brought to us from the Department of Correction. There are PREA guidelines a Prison Rape Elimination Act that mandates reporting. So that is how most patients would come to us. However, patients can also disclose to a CHS provider during any clinical encounter. So that's also a common way that a patient would disclose. Patients are also able to call our Sexual Abuse Advocacy Hotline, which I'll turn to my colleague to discuss a little bit more about that program. I'll also mention the health triage line which patients can call to speak during certain hours live to a nurse or to leave a message. And they can call that through the housing-- the phone in their housing area or through their tablet. [TO DR. GIUSTI] And if you want to talk about SAAP.

DR. GIUSTI: Yes, so hi. I'm Dr.-- I'm Dr. Rebecca Giusti. I'm the Director of the Complex Care Program at CHS. And the Sexual Abuse Advocacy Program is CHS-led intervention for survivors of sexual assault while in custody. And essentially

they operate a 24/7 hotline where patients can call from their housing area discreetly and privately, confidentially to the hotline, which is answered by CHS staff.

And the program also provides a lot of support, navigating the process for reporting, ensuring the patient has adequate follow up with medical and mental health care services, ensuring that they are taken to the hospital and are receiving care upon returning. And then they also meet with the patients to provide them with a list of community resources. There's a hotline that's available -- it's not run by CHS; it's an independent entity -- that they can call for support, as well as a number of community-based organizations for survivors of sexual abuse and sexual assault that they can connect with once they are released.

CHAIRPERSON NARCISSE: Thank you. I was just checking with the CM to she has any followup questions on that. She's good?

All right. I'll continue with this. Rape sexual assault care in CHS: Can you explain the process for receiving mental-- did you mention mental-- mental health? Mental and medical care when someone reports

that they are experiencing-- We have that already. You just answered, I think most of them. I heard your answers writing. Okay. Oh, if a person in custody requires a forensic exam, would they be transferred to H+H Hospital Bellevue or Elmhurst?

DR. MERRILL: Sure. So as I mentioned, if a patient has experienced sexual abuse or assault, they would be evaluated in the clinic. And if it is required-- a forensic exam is required. The patient would be transported via EMS either to Bellevue, generally for men, or Elmhurst for women, where they would receive--

CHAIRPERSON NARCISSE: Women for Elmhurst?

MS. MERRILL: Yes. Where they would receive the same community standard of care as my colleagues have described in H+H facilities.

CHAIRPERSON NARCISSE: So just out of the blue, I just want to know, why the woman in Elmhurst and the males-- is it just their arrangement? Or just happen to be...?

MS. MERRILL: So that's true of our off-island specialty care, inpatient services generally. We have this partnership with Bellevue for men, and then Elmhurst for women.

CHAIRPERSON NARCISSE: In what cases would someone who has reported sexual assault not to be offered a forensic exam?

DR. GIUSTI: Yes. So patients, as Jeanette said, are brought to the clinic to meet with a physician or a physician's assistant who collects thorough history. And then they will call our urgent care providers and consult with our urgent care providers, present the case. Some examples of times when patients wouldn't be transported would be if they don't want to be, if it was an instance of verbal abuse versus physical, or if the abuse was deemed to be really remotely in the past, you know, months years ago, and an exam would no longer be necessary.

I'd like to just say that the threshold for sending patients is very, very low. So, you know, we recognize that many patients may not feel comfortable disclosing the nature of what happened in the medical clinic, particularly in the jail. And so if they-- even if they're not disclosing details that make us think that they need a physical exam or a SAFE exam, if they're requesting to go to the hospital, they will be transported there.

CHAIRPERSON NARCISSE: Thank you. At intake and CHS completes a screening assessment, which includes questions about history of abuse. Advocates report that in many cases, these histories are inaccurate. Can you describe the screening and where it takes place?

MS. MERRILL: Sure. So every patient who enters custody, enters Rikers Island goes through a medical intake process. When you visited the island, you saw the men's clinic at EMTC, and then women go through Rosie's. So they undergo a 24-hour intake process, starting with the Department of Correction, and then ending with the medical process.

So it's a multistep process involving nursing, medical, and mental health. So as part of that, it's akin to a medical assessment or intake at a hospital. So we are screening for intimate partner violence. We do ask if the individual has ever been abused by an intimate partner, whether they've ever been in a domestic violence shelter, or whether they have ever had an order of protection against someone.

So the intake, as you probably remember, can be very chaotic. It's not a place where we would necessarily deliver or provide mental health

services, but we would make referrals to medical or mental health care based on that initial screening.

And I should also mention, at Rosie's, we do have an IPV, Intimate Partner Violence Program available to patients, who can be a referral to that service.

CHAIRPERSON NARCISSE: How does CHS connect survivors of rape and sexual assault to care in the community if a survivor has a forensic exam complete-- completed during their detention? And how can they track the status of the kit, where are kits stored if a survivor chooses to pursue legal charges at a later time?

MS. MERRILL: Sure. So all of our patients are offered reentry services, which may include some involvement from SAA as Dr. Giusti described earlier. We can refer patients to the Family Justice Centers. We also can help make appointments. Patients who are part of our-- under the care of our mental health service will also receive comprehensive discharge planning.

In terms of following up on a rape kit, because we don't conduct the forensic exams, they would go through Health + Hospitals and NYPD in a process as somebody in the community would.

CHAIRPERSON NARCISSE: Where they can get the-- the kit, if they choose to? Where the kits are, I mean, stored? Because for some reason, I didn't get that.

MS. MERRILL: I'm actually going to turn to my colleagues on KIT storage.

DR. ALEXANDER: H+H stores the kits with hospital police. So we maintain the chain of custody, unless it's released to NYPD because they want the kit processed. Either way, we have a commitment with our Bill of Rights, Sexual Assault Bill of Rights to hold the kit for 20 years. And I believe the governor just announced where that warehouse will be. Upstate someplace. That has not begun yet.

CHAIRPERSON NARCISSE: Okay. So on the Bill of Rights that you are giving--

DR. ALEXANDER: Yes

CHAIRPERSON NARCISSE: --to when the person is leaving, going out, on the Bill of Rights, you're giving them that-- that information is in it to know what's the process, like, if they choose to have a legal process going on? Do they have all this information?

DR. ALEXANDER: Well, that that is all part of the SAFE examiner to explain, and the social worker. It's reinforced with the social worker or the advocate. And the Bill of Rights, you know basically says if you choose to report to the police or not, and you are given contact information on-- on the back part.

CHAIRPERSON NARCISSE: Okay.

DR. ALEXANDERS: And phone numbers if they-- if they do. Plus they'll have any of their followup, if they change their mind, and want to report it later on.

CHAIRPERSON NARCISSE: But at least they're aware?

DR. ALEXANDER: Oh, absolutely. The Sexual Assault Response Team is really the first step in building that trust.

CHAIRPERSON NARCISSE: Okay. Research suggests that 70% to 90% of women who have spent time in jail have experienced sexual-- sexual assault prior to their detention. With this statistic in mind, how does CHS respond to physical and mental health needs of women at SMC?

MS. MERRILL: Yeah, so I think working in a correctional space trauma-informed care is really foundational to our services. We know that most of our patients have experienced trauma in the community. And part of why we have built out this IPV program at Rosie's is recognizing that unique need and all of our mental health clinicians are certainly well trained on trauma-informed care.

CHAIRPERSON NARCISSE: So I'm guessing you take that seriously right?

MS. MERRILL: Absolutely.

CHAIRPERSON NARCISSE: Transgender, non-conforming, non-binary, and intersex people (TGNCNBI) people in custody are at high-- heightened risk-- I mean high risk of sexual violence particularly when placing gender misaligned housing. The task force on issues faced by TGNCNBI people in custody states in its report that violence is an enormous part of the experience of TGNCNBI people in custody. What training does CHS provide for staff working with the population?

MS. MERRILL: Yeah. Thank you for that question. So I testified in January, about our TGNCNBI care and our commitment at CHS to gender-affirming services,

and that includes gender-affirming mental health care. And most of our TGNCNBI patients are housed at Rosie's where they can access some of the IPV services referenced earlier. And of course, always receive individualized care. But I think we also recognize this is an area where we can always improve service-- services, expand and enhance, particularly as we all learn more as healthcare services.

CHAIRPERSON NARCISSE: How many people have received Clinical Forensic Medicine Fellowship since its launch and 2009? And how many-- Okay, child abuse-- or pediatrics that we have?

DR. WILCOX: I'm sorry. Are you asking about the number of pediatric cases?

CHAIRPERSON NARCISSE: Uh-huh, and the forensic. How many people receive clinical forensic medicine fellowship in their-- in-- for the H+H?

DR. WILCOX: There's one Fellow per year.

CHAIRPERSON NARCISSE: One Fellow per year?

DR. WILCOX: The [inaudible] County Fellowship Program.

DR. ALEXANDER: We're the only physician-run fellowship in the country. And we haven't even completed our first year. We feel we would like to

be the leaders in New York City. And that's through the support of H+H. I mean, it's taken 30 years for us to get here. You know, when-- You know, in the 90s, they just made a Sexual Assault Taskforce. And they just passed the Sarah bill, which you stated "no means no". That was only in the 2000s.

And we just had the free payment act-- bill that was passed. Can you imagine any other crime: You get hit on the head and you're robbed, you don't pay for your examination, but if you're sexually assaulted, you do. So that bill was passed, you know, with all of us working, I mean, advocates of sexual assault patients.

And then we had the Debbie Smith Bill that was passed, which means that they wanted to get rid of backlog. All these cases, you know, just, like, sitting on shelves for years and years, why the rapist keeps going on and repeating the offense. That has all changed. It has taken 30 years. And now we have, you know, a forensic fellow that works with all the other departments. We are developing policy for non-fatal strangulation and training our EMS, our police, our DAs-- all the DAs (we only have Manhattan and Bronx left), but we are, you know, over

500 professionals, because there's a crossover with non-fatal strangulation, and sexual assault, and domestic violence. It is not just one little singular thing.

And we want to de-escalate this violence, because when you have a strangler, it's 750% chance that that intimate partner is going to be murdered by that individual. True. And when we ask the right questions forensically -- we realize that a police officer that is shot, you know, just pulling somebody over the side of a road to give a ticket -- when we ask the right questions, they have a history of domestic violence with strangulation.

So this is safety policy. And we want to be on the cutting edge. And we have a forensic fellow, and, you know, medicine fellowship-- I'm sorry, I'm just excited.

CHAIRPERSON NARCISSE: No, no. I'm with you. Because I want to get solutions.

DR. ALEXANDER: Yeah. And this is just one part of it. And you know, she's, I can go on and on. I'm just very happy.

CHAIRPERSON NARCISSE: So we're going to just push-- keep on pushing, and making sure we get all

the resources. Because that's part of the resources that we need.

DR. ALEXANDER: Yes, yes.

CHAIRPERSON NARCISSE: Sorry, I don't want to get after today. Which question did we not cover? Child-- Child abuse pediatric-- pediatricians: How many pediatrician fellowships do we have for child abuse, that is specified? Do we offer that, a fellowship on that too?

DR. WILCOX: We do.

CHAIRPERSON NARCISSE: Specifically--

DR. ALEXANDER: Yeah, I just--

DR. WILCOX: Yeah, but I don't know how many, um--

DR. ALEXANDER: I think there's three facilities, and I don't know how many--

DR. WILCOX: There is three facilities, but I don't know how many fellows.

DR. ALEXANDER: I don't know how many fellows. I think it's-- I just remember three facilities. And--

DR. WILCOX: We can get back to you.

DR. ALEXANDER: Yeah.

CHAIRPERSON NARCISSE: Okay. I don't want to keep you. Even though this is a very important

topic, I don't want to keep you all day. So I'm going to say thank you. Thank you for the work you do. Let's continue pushing. And let's be the leader of the world. Like we said, this is New York City, after all. Let's address things that matters to us. So thank you so much. Thank you for your time.

DR. ALEXANDER: Thank you so much as well.

DR. WILCOX: Thank you.

COUNSEL: Thank you, Chair. Thank you very much to the members of the administration. You may go if you like, or you can stay here.

We will now hear from test-- from the public. I would like to remind everyone that I would call up individuals in panels, and all the testimony will be limited to two minutes. Well, this time we're doing three minutes.

So for the remote testimony, if you are testifying remotely once your name is called a member of our staff will unmute you and you may begin once the Sergeant at Arms sets the clock and cues you.

So I will be calling our panel-- remote panel now. Zaynab Tawil, Jacqueline Colazzo, and Mbacke Thiam. Zaynab Tawil, whenever you're ready.

SERGEANT AT ARMS: Starting time.

MS. TAWIL: Hello. Good morning and good afternoon, Chair and members of the Committee. My name is Zaynab Tawil, and I'm testifying on behalf of the New York City Anti-Violence Project, AVP, which is the only LGBTQ-specific Victim Services Agency in New York City, and the largest national organization solely dedicated to working with LGBTQ and HIV-affected survivors of violence. Although sexual violence is just as pervasive and deadly in LGBTQ and HIV affected communities, mainstream medical response services do not serve survivors of violence equally across sexual orientation and gender identity.

Calls coming into our 24/7 crisis hotline demonstrate a clear lack of cultural competency on behalf of H+H staff, and suggest a deep-rooted bias that leaves hospital staff on equipped to meet the needs of LGBTQ rape and sexual assault survivors.

And AVP client who is a black transgender and undocumented woman went into Kings County Hospital following a sexual assault seeking a rape kit and medical care for injury sustained. After are being turned away without receiving the care she needed. She states she no longer feels comfortable returning to an H+H. A bisexual disabled ADP client that

sought care at Bellevue Hospital following the sexual assault felt the staff questioned her sexual history in a manner that reflected bias towards her sexual orientation.

Following a stress-induced seizure the client was involuntarily hospitalized and misdiagnosed with bipolar disorder by the resident psychiatrist, a diagnosis that a secondary opinion did not concur.

She has not had access to, or been able to amend her medical records, and this incident has also negatively impacted her ability to advocate to police regarding her assault.

These are only a few of the testimonies AVP has received from clients following their treatment at H+H.

The city is underestimating the community's needs as it pertains to ensuring a strong crisis response model that supports LGBTQ survivors following rape and sexual assault. As such, our recommendations are twofold: One to ensure that H+H staff receive proper LGBTQ cultural competency training that is reviewed by trusted LGBTQ community organizations such as AVP, as well as expanding access to resources for LGBTQ survivors. We ask that the City instate a Quality

Control Committee made up of LGBTQ CBOs to review and recommend improvements to the mandatory training. As such expanding resource offerings may allow LGBTQ survivors to also more adequately receive care.

We recommend that the City work in partnership with the Pride Center and other LGBTQ CBOs in NYC to identify the needs of survivors and utilize the existing clinics to offer expanded care that specifically responds to said needs. The City still has the opportunity to create positive change for LGBTQ survivors of rape and sexual abuse. And it begins with the committee on hospital hearing and responding to the voices and recommendations of community here today.

Thank you so much for allowing me the opportunity to testify here today and on behalf of the anti violence project.

CHAIRPERSON NARCISSE: Thank you.

COUNSEL: Jacqueline Collazo, whenever you're ready?

SERGEANT AT ARMS: Starting time.

MS. COLLAZO: Good afternoon. My name is Jacqueline Collazo, and I am the Sector Director of Domestic Violence Services at Volunteers of America,

Greater New York. I would like to thank Chairm Narcisse and the members of this Committee for the opportunity to submit the following testimony. Volunteers of America Greater New York operates domestic violence programs in confidential locations throughout New York City. Our domestic violence programs provide comprehensive services and safe, anonymous housing for survivors and their children experiencing domestic violence.

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 New York City, surpassing eviction for the past several years. Annually, and as estimated 10 million adults in the United States experienced domestic violence or intimate partner violence, and 80% 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 victim services. We thought at VOA it was critical to look at the connections of memory loss, confusion,

impaired judgment, depression, and anxiety, and document the incidence of brain injury in clients at our domestic violence shelters to see if they match prior studies that have been published.

So in the summer of 2022, we partnered with a top researcher of concussion in women, Dr. Edie Sussman, a neurosurgeon, adjunct professor and CEO of Safe Living Space, a group of medical practitioners working on raising awareness on TBI.

Together, we began during Domestic Violence Awareness Month in October to screen survivors of domestic violence for TBI, many of them survivors of sexual abuse as well.

With 146 screenings of head 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 as well. We need to see domestic violence and intimate partner violence as 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 domestic violence situations. New

York has a unique opportunity to lead the way in rectifying this inequality in our health systems.

We look forward to working with members of the City Council on common sense policy based solutions to this long standing challenge. I thank you for your time.

CHAIRPERSON NARCISSE: Thank you

COUNSEL: Thank you. Next is Mbacke Thiam. Whenever you're ready. Apologies if I am pronouncing your name wrong.

SERGEANT AT ARMS: Starting time.

COUNSEL: Are you there?

MR. THIAM: Hello, excuse me, I didn't hear my name. I'm sorry about that. My name is Mbacke Thiam, and I'm the Housing, House, and Consumer Action Network of CIDNY. CIDNY means Center for the Independence of the Disabled at New York. I'm here to testify and say that I support this bill, because it has a great impact to minorities with mental and developmental disability. Also immigrants with language barriers, like my folks who speak French and may not be able to manage the English, they wish they wouldn't be able to.

And also, I appreciate the work that you guys are doing to help people who are struggling and are victim of mental health. I strongly hope that this bill will bring justice to the victims and survivors of sexual violence, when it comes to now to outreach and helping get the word spread out to minority groups and people with language barriers. I mean, like our hard-to-reach community. So I'll be down to help and support. And by the way, my email is M as in my first name and T-h-i-a-m, my last name@CIDNY.org, c-i-d-n-y dot org. Thank you.

CHAIRPERSON NARCISSE: Thank you.

COUNSEL: Thank you. If there's anyone present in the Zoom or in the room that hasn't had the opportunity to testify, please raise your hand.

All right, seeing no one-- no one else. I would like to note that written testimony, which will be reviewed in full by committee staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. Remote-- People who testified remotely, can you please send it to us online? Thank you.

I will now recognize the individual who signed up but did not have the ability to testify today: So Jamie Meager[ph], Julie Ma, Jehay[ph] Fisher.

All right, um, Councilmember Narcisse-- Chair Narcisse, we have concluded the public testimony for this hearing.

CHAIRPERSON NARCISSE: Once again, I want to say thank you for all your work, Manu, and my Chief Of Staff, and all my staff that worked for us to be here this afternoon.

I want to say thank you for all the testimonies, everyone that came. And this is a very important topic that we have to follow up, because those are the folks that goes in the shadow. They hurt. They need support. They need all kinds of support that we can give and let them know that "no is no", and we have to continue teaching our children from early on that they are support, and you see them. And that's the reason that I think more importantly we here, all my colleagues to come in and out, this is very important.

And we're going to conclude this and saying that if you need help, we always have the survivors' numbers. And most importantly, you can reach to your

Councilmember in your district, whoever your Councilmember is, and start the conversation if you're afraid. So I thank you all. We are finished. We are concluded.

[GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date 05/03/2023