

New York City
 Alliance Against
 Sexual Assault
theTorch
 www.nycagainstrape.org
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Inside This Issue:

Time for Plan C? The battle to provide emergency contraception to all women who need it	p.2
City Council Women's Issues Committee Hearing Notes from a survivor who testified at the hearing	p.3
Legislative Awareness Day	p.4
March for Women's Lives	p.5
Quarterly Meeting Review	p.5
Forensic Healthcare Program Report	p.7
Ask the Alliance	p.4
Just the Facts	p.7
Program Announcements	p.6
Alliance Announcements	p.2
Policy Updates	p.5

Upcoming Alliance Quarterly Meetings:

September 21, 2004

December 14, 2004

Alliance quarterly meetings address sexual violence prevention, treatment and justice by promoting inclusion and responsiveness to all communities and survivors, and by creating linkages to maximize the resources, experience and skills of our many partners in this effort. Join us in creating a movement to end sexual assault that is inclusive of the city's diverse population. To receive announcements for upcoming meetings, contact the Alliance at 212-523-4344 or contact-us@nycagainstrape.org.

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Every Victim

Public attention was drawn to the development of Sexual Assault Examiner Programs in 1994 when Anna Quindlen described the Tulsa, Oklahoma Sexual Assault Nurse Examiner program in a New York Times editorial (October 19, 1994). Quindlen lauded the program's ability to counteract the kind of negative experience reported by a rape survivor in a Brooklyn hospital. She was writing about a problem with which rape crisis advocates had long been struggling: the glaring weaknesses of the health-care response to rape.

Ten years later, Sexual Assault Forensic Examiner (SAFE) programs, as they are known in NY, have come to national prominence as one way to accomplish the collaboration between victim advocacy, healthcare and the criminal justice system promoted by the Violence Against Women Act. But top quality medical care and forensic evidence collection do not routinely occur in hospital Emergency Departments. As the standard of care for rape victims is raised exponentially, it becomes imperative to develop ways to ensure that every rape victim in New York City has access to this new standard. Here are some critical issues that must be included in the dialogue on this pressing concern.

Model 1: Every Hospital

The Alliance's Comprehensive Sexual Assault Treatment Program model combines the services of a forensic examiner with a rape crisis counselor program and a system of follow-up care. One way to ensure that every rape victim gets this highest level of care is to have every hospital develop this level of service. However, this is not a simple task for the following reasons:

■ *Culture* – A hospital needs to develop a culture that allows for the development of this specialty. Is hospital leadership from various key departments on board, including the Emergency Department, nursing, social work, ambulatory care, Infectious Disease, OB-GYN, Risk Management, Legal, Ambulatory Care, etc.?



- *System* – Is the hospital able to develop a system that will become everyday policy and practice rather than relying on outstanding, self-motivated individuals?
- *Resources* – Does the hospital have the resources to develop such a program? Is there adequate funding available from the city, state and federal level for hospitals that want to improve care? Who will provide the overall vision and coordination and ensure quality improvement?
- *Community support* – Is there support from the local community for this program?

Model 2: Specialized Centers

If every hospital is not able to develop the highest level of care, then the city needs to have a system of specialized centers

throughout the city where rape victims can be routed. In an informal poll conducted several years ago in one Brooklyn hospital, it was found that approximately half of the rape victims were transported by ambulance. The other half came in on their own. With this in mind, the following questions must be answered:

- Can a system be developed with EMS and the NYPD to route rape victims to specialized centers?
- How will this affect current EMS policies and procedures such as the 10-minute rule?
- How does a city make sure that people know about the specialized centers? What kind of public awareness projects are necessary?
- How do hospitals adhere to current laws that require them to treat any patient who enters their Emergency Department?
- How do you respond to a victim who wants to go to her local hospital despite being informed about specialized care elsewhere?

Model 3: Dispatch Model

The dispatch SAFE model is currently practiced by two healthcare systems, St. Luke's-Roosevelt Hospital and NYC Health and Hospital Corporation in the Bronx. It involves dispatching a SAFE examiner and rape crisis counselor to an Emergency Department in response to the arrival of a victim. This model may be utilized to increase the number of Emergency Departments with specialized care. However, the credentialing of practitioners to enable the team medical provider to practice in different Emergency Departments will have to be addressed.

Until all of these questions are answered, we will continue to see a disparity in the care provided to rape victims in New York City. Those that are raped in areas with a Sexual Assault Comprehensive Treatment Program or somehow find out about a program, will receive the best medical and forensic care. Those victims will less likely be revictimized by the healthcare system and will receive the kind of care that sets the tone for a positive recovery and follow-through with the criminal justice system. The other victims, simply, will not.

The answer is dependent upon leadership and commitment from the top echelons of our city, state and federal government. It may include city and state policy and legis-

lation. The city will have to integrate and coordinate its activities with existing resources, and develop others. Because ultimately, if we know how to give excellent care, how can we not provide it to everyone? The Alliance challenges all parties that can help provide an answer to come together and do so soon. Nothing less is acceptable.

Time for Plan C?

The spring was a tumultuous time for New York City activists working to make Plan B (a brand of emergency contraception) readily available to all women who need it.

“For rape survivors, the Council’s findings and the FDA’s decision amount to injury on top of insult.”

First, in late April, the New York City Council released a report that found that nearly one quarter of New York City Hospitals fail to offer emergency contraception to survivors of sexual assault.

Almost simultaneously, the Food and Drug Administration (FDA) rejected over-the-counter sales of the emergency contraceptive Plan B, saying the distributor had not proved that young teenagers can take the drug safely without a doctor’s guidance. This was an unusual but unsurprising move. In denying over-the-counter approval to Plan B, the FDA went against the decision of two of its own expert advisory panels both of which voted overwhelmingly that Plan B could be safely sold as an over-the-counter medication.

Plan B is produced by Barr Laboratories. In rigorous clinical trials, Plan B has been proven to be a safe, effective, and easy to tolerate medication. It is currently available over-the-counter in 33 countries. If taken within 72 hours after having sex, Plan B dramatically reduces the chance that a woman will become pregnant. A study by the World Health Organization study demonstrated that after a single act of unprotected sex, Plan B prevented 89% of expected pregnancies if taken within 72 hours. When used within 24 hours Plan B prevented 95% of expected pregnancies. In short, the sooner the pills are taken, the greater their efficacy.

For rape survivors, the Council’s findings and the FDA’s decision amount to injury on

Alliance Announcements

- **Welcome to Tamara Pollak, our new Forensic Healthcare Program Director.** Tamara received her Masters of Public Health from Johns Hopkins Bloomberg School of Public Health. Previously, she founded the Adolescent Sexual Assault Program at Mt. Sinai Adolescent Health Center and served there as an RN providing care to adolescent survivors.
- **The Alliance thanks New York State Senator Tom Duane who generously contributed \$5,000 to the Alliance.** The funds will support a prevention education initiative for young men. This is the third year that Senator Duane has supported the Alliance’s efforts, and we thank him and his staff for their continued dedication to sexual assault issues.
- **The Alliance held its first benefit to celebrate our fifth anniversary.** “5 Years Strong” honored City Council Member Chris Quinn, Dr. Richard Daines, CEO of St. Luke’s-Roosevelt Hospital Center, and the Alliance’s outside counsel Tod Reichert of Wilmer Cutler Pickering Hale and Dorr, LLP. The Alliance was presented with a Proclamation from the City Council and a citation from NY State Attorney General Elliot Spitzer. Thank you to all who attended and contributed.
- **The New York Women’s Foundation awarded the Alliance a Violence Against Women grant to create public awareness materials for Sexual Assault Awareness Month 2005.** The Foundation is a cross-cultural alliance of women helping low-income women and girls in the five boroughs to achieve sustained economic security through expanded opportunities.
- **Listen: 24 Hours of Survivors Stories a success!** Despite the rain, volunteers came to City Hall throughout the day and night to read survivors’ stories. Council Member Chris Quinn and detectives from the NYPD Special Victims Liaison Unit joined the reading. Thank you to the SAAM Planning Committee and all the volunteers for your dedication! To help plan next year’s event, call 212.523.4344 or e-mail kwoodrow@nycagainstrape.org.

top of insult. In situations of rape, the process of finding a doctor and reporting the assault poses a huge barrier. Not having ready access without a doctors' prescription means many women cannot access the medication within 72 hours of their assault. Moreover, the Council's report makes it clear that even if survivors do report in NYC emergency rooms, they might not receive Plan B: seven New York City hospitals told City Council investigators that emergency contraception could not be provided in the emergency department, and six said that "they did not know" if their hospital provided emergency contraception to rape survivors.

The City Council report was released by City Council Speaker Gifford Miller, Council Member Christine Quinn, Chair of the Health Committee, Council Member Gioia, Chair of the Oversight and Investigations Committee and Council Member Eva Moskowitz. In the wake of these findings, the report recommended that the FDA should approve Plan B for over-the-counter sale and that the NYS Senate pass its bill to allow nurses and pharmacists to dispense Emergency Contraception.

The FDA cited limited data on Plan B's use by women ages 16 and under as its premise for denying approval for over-the-counter sales. The data is in fact limited because up until now, very few women from this age group have used Plan B. However, more than 70 public health, medical, and women's organizations have pointed out that the FDA's mandate is to make risk-benefit decisions about the public's health. Even in light of limited data on women 16 and under, these allied organizations agree that it is clear that the public's health is best served by over-the-counter access to emergency contraception.

Many opponents of the FDA's decision not to allow over-the-counter sale of Plan B blame the decision on Dr. David Hager, chair of the FDA's Reproductive Health Drugs Advisory Committee. Following testimony about Plan B's efficacy and safety before the FDA committees, Dr. Hager remarked, "What we heard today was frequently about individuals who did not

City Council Women's Issues Committee Hearing

On April 13, 2004, Gifford Miller, the Speaker of the NYC Council held a press conference where he announced the Council's plans to hold a series of committee meetings on sexual violence in 2004. The series kicked off with a hearing held by the Women's Issues Committee, chaired by Council Member Tracy Boyland, entitled "Sexual Violence Across the Lifespan." Other planned hearings will take place in the Health, Mental Health, Youth, General Welfare and Public Safety Committees. The following piece was written by a survivor who testified at the hearing.

I would like to thank the City Council's Committee on Women's Issues and Chairperson Tracy Boyland for the opportunity to speak about the impact of sexual assault on society. Also, thank you to Harriet Lessel of the NYC Alliance Against Sexual Assault for her work in organizing the program.

In recent years the public has become more and more aware of a subject that until recently was a taboo subject to discuss. That subject is the sexual, physical and emotional damage that children have suffered as a result of the horror that they have endured in silence until now. That the City of New York has realized the impact to society is great and that it must be addressed is to be commended. These press conferences and hearings should be front page news so that people know that the City of New York is indeed serious about addressing these issues.

I am a survivor of childhood incest and domestic violence and it is always difficult for me to speak of those times, times that I would prefer to put behind me. I speak out and will continue to speak out as long as the need is there. Speaking before the City Council Committee was made easier because of Councilwoman Margarita Lopez's genuine interest in addressing these issues. She not only paid keen attention to the speakers but also shared with us the fact that she was a survivor of childhood incest. Councilwoman Lopez's suggestion that survivors who have triumphed come together to discuss what it was that helped them not only survive but triumph was I thought an excellent suggestion.

It is imperative that we all fight for the right of all children to grow to adulthood in a safe, secure environment. Each of us must demand that perpetrators of crimes against children be made to pay the maximum price with loss of freedom guaranteed. If the legal system enforces strong punishment some would be perpetrators will perhaps think before acting on their sick needs. It is a beginning. Thank you Harriet and the Alliance.

Sincerely,
Margaret Peston

want to take responsibility for their actions and wanted a medication to relieve those consequences." In fact, studies show that women use emergency contraception responsibly, and that they do not rely on it as a regular method of contraception.

Planned Parenthood Federation of America, Inc. (PPFA) has denounced the decision as bad science, and criticized President Bush's re-appointment of Dr. Hager to the FDA committee. PPFA National Medical Committee Chairman and University of Wisconsin-Madison Associate Professor of

Pediatrics Dr. Scott Spear said: "Dr. Hager's ideological agenda compromises the scientific integrity of the FDA." He advised that "Americans rely on the FDA as a trusted and objective safeguard. President Bush has betrayed the public trust by installing a biased ideologue in a key scientific role. When science comes second, public health suffers."

Barr Laboratories is currently pursuing two alternative approaches to over-the-counter approval as laid out by the FDA. Those approaches include 1) providing additional

data demonstrating that women 16 and under can use Plan B safely and 2) supplying information on how Plan B could be made available over-the-counter to women 16 years and older, by prescription only to women under 16. In speaking to the

Washington Post, Barr CEO Bruce L. Downey, said he thought it would take "months rather than years" to come up with a new plan to gain FDA approval, making Plan B available over-the-counter.

Ask the Alliance

Dear Alliance,

If a woman is sexually assaulted and suspects that she may have been drugged, how can she find out? Does she have to report to the police?

-Maria, Manhattan

Dear Maria,

You asked a good question, and one that a lot of people need to know the answer to.

If a person suspects that she/he has been the victim of a drug-facilitated sexual assault (an assault facilitated by the use of drugs) there is in fact a test that can detect a wide variety of the drugs most commonly associated with this crime. So yes, a survivor may very well be able to find out if they were drugged. However, in order to have the Sexual Assault Drug Screen processed in New York City, the survivor will have to report the incident to the police. This is why:

The Sexual Assault Drug Screen tests a survivor's urine for evidence that they ingested drugs commonly used to facilitate sexual assault. That urine needs to be processed by a special forensic laboratory with advanced toxicology technology. Hospitals in New York City do not have the capacity to run these tests. Moreover, the forensic laboratory cannot run the test unless it is in the context of a police investigation. In New York City, hospitals are unable to store urine - it's a biomedical waste issue. This means that a survivor needs to decide before she/he leaves the emergency room if she wants to report to the police in order to have the Sexual Assault Drug Screen run. If a survivor leaves the emergency room without filing a report, the urine will be discarded, and the Sexual Assault Drug Screen won't be run.

That sounds complicated, right? Here's our advice to survivors who suspect they are the victim of a drug-facilitated sexual assault: 1) Like all sexual assault survivors, go to an emergency room for medical attention or go to the police. The police will transport you to a health care facility. 2) If you need to urinate before getting to the hospital, collect a urine specimen in a clean container and take it with you to the hospital. (The urine collection must be done within 96 hours of the assault. The earlier you can collect the urine the better). 3) After talking with a rape crisis advocate and medical professionals, if you decide you want to have the Sexual Assault Drug Screen run, you will need to report the assault to the police before leaving the emergency room. You will be asked to sign a consent form, granting permission to for the hospital to release your urine sample to the forensic laboratory.

It is important to realize the process of having a Sexual Assault Drug Screen run is different than having a "rape kit" collected. In New York City, a survivor can have an evidence collection kit, called "rape kit" collected within 96 hours of an assault. Hospitals must store these kits for 30 days (many store the kits for longer). Survivors may decide to report their assault to the police at any point within those 30 days. Upon reporting the police, the kit will be released for analysis.

Sincerely,

Tamara Pollak, Forensic Healthcare Program Director

Legislative Awareness Day

The annual Legislative Awareness Day in Albany provides an opportunity each year for advocates, survivors, allies, and legislators to unite for the purpose of generating awareness, creating change, and dialoguing about issues surrounding sexual assault. The legislative agenda for this year's "A Day to End Sexual Violence," hosted by the New York State Coalition Against Sexual Assault, focused on four main areas: resources to sustain programs, greater access to services for survivors and their loved ones, improving safety and strengthening the legal response to sexual violence, and enhanced community education.

The Alliance, in partnership with the Downstate Coalition for Crime Victims, direct service programs and two new groups - Voices of the Faithful (VOTF) and The Survivors Network of those Abused by Priests (SNAP) - brought attention to the priorities for New York City and its surrounding areas. These included resources to sustain programs, the statute of limitations, safety in schools and the proposed cap on reimbursement from the NYS Crime Victims Board for medical expenses following catastrophic injury.

Programs showcased their counseling, advocacy and prevention activities and described underserved areas and what they could do with additional resources. Funding for rape crisis programs comes from the Assembly and governor, and while it has remained mostly level, it is not adequate to deal with the city's service needs. Federal funds for Sexual Assault Forensic Examiner Programs, administered by the NYS Division of Criminal Justice Services and the NYS Crime Victims Board, have decreased over the past few years. In New York City, there are not enough SAFE programs to ensure that every rape victim can access the highest level of care available.

Groups informed the legislators about the long-term effect of sexual assault/abuse on survivors. The members of SNAP and VOTF described their frustration at their inability to hold perpetrators accountable

Policy Update

NY State

Senate Rejects Timothy's Law for Mental Health Parity

Rejecting the broader, inclusive Timothy's Law, the State Senate instead passed S.7296-A, which some advocates say will be the weakest parity law in the nation. Advocates say the bill the Senate passed fails to serve about 70% of the people who would be reached by Timothy's Law, and doesn't even cover Post Traumatic Stress Disorder (PTSD), leaving survivors of September 11th and victims of sexual abuse uncovered. To learn more, visit the New Yorkers for Timothy's Law website at <http://www.mhanys.org/timothyslaw/index.htm>.

Increased Access to Emergency Contraception Blocked

By allowing trained pharmacists and registered nurses to dispense safe and effective emergency contraception, the Unintended Pregnancy Act would immediately reduce the number of unintended pregnancies and abortions - and cut costs to Medicaid and private insurers. Senate Republicans refused to vote on the bill introduced by the Senate Democrats. Thanks to the city and state, all hospital emergency departments in the state are mandated to make EC available on-site. However, not all survivors can access emergency department care, and this bill would have cast a wider net to reach those survivors. See "Time for Plan C" in this issue to learn more.

DNA Submission for Convicted Criminals Expected to Expand

The Assembly passed Bill A11721/S7659 on June 30, 2004 that would significantly expand New York State's criminal DNA database by around 15,000 new samples, requiring DNA submission by all persons convicted of sex-related crimes covered under Megan's Law and approximately 100 other violent or threatening crimes, such as identity theft, aggravated assault, and attempted murder in the first degree. Designated offenders (felony and misdemeanor) for DNA submission are all specifically listed in the bill. The bill is a Governor's Program Bill, so it is expected that Governor Pataki will sign the bill into law.

Other Policy News Joyce Leslie Recalls Shirts with Harmful Message to Girls

This spring Joyce Leslie, a clothing store which markets to junior girls, began selling shirts that say: "You Can Beat Me, You Can Abuse Me, But Don't Touch My Hair Or I'll Kill You." In response to an immediate and overwhelming number of calls from the anti-violence community, they have issued a recall. The Alliance applauds the hundreds of people who called to complain, and helped make a difference. We encourage advocates, especially those who originally spoke out to protest the sales, to please take a moment to thank Joyce Leslie for responding to our concerns. They can be reached at 1-800-526-6216 or 1-201-804-7800 (ask for Rita or the customer service department) or by mail to Joyce Leslie, Attention: President: 135 E. Commercial: Moonachie, NJ 07074

both civilly and criminally. Service providers expressed their concerns that the proposed cap on Crime Victims Board reimbursement for catastrophic injury flies in the face of the purpose of the reimbursement program for the most severely affected crime victims.

A day trip to Albany is long, exhausting but somehow exhilarating. Meeting face-to-face with legislators and their staff is key to ensuring that the voices of survivors and service providers are heard as legislation is crafted to address the significant issues affecting us all.

March for Women's Lives

Anti-sexual assault advocates were among those who boarded buses early one morning last April for the long drive to Washington,

DC to join the March for Women's Lives. Several of the city's rape crisis programs carried banners in the march, joining thousands of New Yorkers on buses sponsored by NOW NYC, Planned Parenthood, and other pro-choice organizations to be part of the capitol's largest women's rights rally. The presence of rape crisis programs signified the importance of reproductive freedom for survivors and advocates at a time when women's reproductive rights are facing increasing threats, both at home and abroad.

Irene Weiser, Executive Director of Stop Family Violence (www.StopFamilyViolence.org) penned an open letter to the sexual assault and domestic violence communities entitled "The Relationship Between Reproductive Rights And Violence Against Women," posted on RAINNET, an online discussion sponsored by RAINN, the national sexual assault hotline. She wrote:

"It is time that our organizations stand up and make that connection [between violence against women and reproductive rights] explicit... Right now, there are moves underway to make all abortion illegal in Michigan, Georgia, Iowa, Oklahoma, West Virginia and Kentucky - even in cases of rape or incest; even if the woman's health is at risk.

"Our organizations must take a stand now for women's absolute right to bodily autonomy under all circumstances. Neither the government, nor the church, nor husbands, physicians or fathers should be entitled to force a woman to do something with her body that is against her will - not any more entitled than a rapist is. We can no longer stay out of the fray. The loss of reproductive

rights is nothing less than the legalization of violence against women. Our silence will cost women - not just women seeking abortion, but all women - their lives."

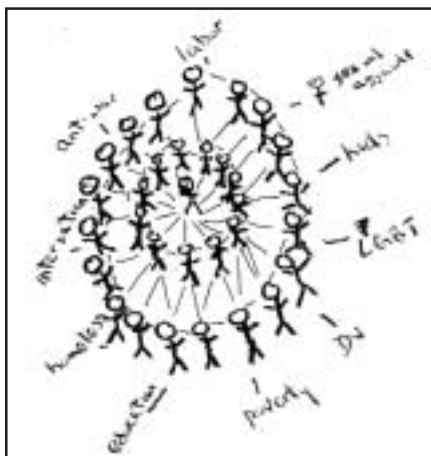
The Alliance is proud to be a supporter of the March for Women's Lives, and congratulates the women and men fighting for women's rights.

Quarterly Meeting Review

The Alliance's April and June quarterly meetings were particularly productive and stimulating. At the meetings, we focused on understanding and building coalition, and making the most of our partnerships.

What's in it for Me?

The April meeting was facilitated by Bernard Moore, a former union member and long-time staff member of the Service Employee Union International who has 18 years of experience as an organizer and educator specializing in leadership development, and understanding power and privilege. Bernard led the group as we outlined the importance of coalition-building for the rape crisis community by imagining a "snapshot" of what our movement could look like in twenty years and drawing pictures of what we envisioned, which included more resources for quality medical and



mental health care, a broader range of counseling services, inclusivity and support for all survivors, stronger activism, and connections to other local and global movements. This creative exercise was followed by a productive discussion of what it means to work in coalition: the good and the bad that comes from sharing the triumphs and pitfalls of working for social change. In the end, we had a wish list of resources, collaborations and policies that we would need to achieve our vision.

Are We There Yet?

The June meeting followed up on this wish list for the future by looking at today's ongoing projects to see which groups or projects were already working towards our goals, what goals had yet to be addressed, and what venues might be utilized to affect change. The Alliance invited representatives from committees and taskforces throughout the city to report on their purpose and priorities.

Downstate Coalition for Crime Victims – over 90 organizations including grassroots and government agencies that advocates with legislators on behalf of victims of sexual assault, domestic violence, gun violence, fraud and other crimes, and the programs that serve them. Current priorities include housing discrimination against sexual assault and domestic violence survivors. Organizes annual Legislative Awareness Days for Domestic Violence (February), and Sexual Assault (April).

Hospital Committee – hospital-based rape crisis programs whose primary focus is the common issues faced by New York State Department of Health (DOH) grantees. Discusses DOH policies and shares program information.

Bronx Sexual Assault Task Force – enhances delivery of services and criminal justice outcomes by promoting excellent care for survivors and first-rate evidence collection. Their recent work focused on the successful creation of the borough's first Sexual Assault Response Team (SART).

Coalition of Child Advocacy Centers – a statewide group of specialized centers providing coordinated response to child sexual abuse victims and their families. Presently, they are grappling with issues surrounding the designation of these specialized clinics.

Manhattan Sexual Assault Task Force – a multi-disciplinary taskforce to promote programs' involvement in criminal justice and health-care issues. Recently evaluated the uses of digital versus Polaroid photography for evidence collection, and will release recommended protocol this fall.

Program Announcements

- St. Luke's-Roosevelt Crime Victims Treatment Program and North Central Bronx Sexual Assault Treatment Program designated as centers for excellence. The NYS Department of Health approved two New York City programs as 24-hour Sexual Assault Forensic Examiner centers of excellence, recognizing their leadership and commitment in providing competent, compassionate and prompt care for sexual assault survivors.
- Mt. Sinai SAVI art therapy group for survivors of childhood sexual abuse. Free, 12-week group for adult female survivors. Mondays, 6-7:30pm, beginning late September. Space is limited. Contact Rochelle Frounfelder, MSSW, MPH, (212) 423-2145.
- Alliance Quarterly Leadership Meetings. September 21 and December 14, 2004, Tuesday mornings, 9am-12pm. The Alliance asks all those committed to social change and public health to join us in the fight to end sexual violence.
- Domestic Violence and the Hip Hop Generation. The Institute on Domestic Violence in the African American Community (IDVAAC) will host this conference highlighting the good and critiquing the bad of this influential cultural phenomenon. On-site registration fee will be \$300. Please call 1-877-643-8222.
- Fall Sexual Assault Examiner Training. Training will take place on September 8th and 29th, with a clinical day on September 22nd, and two days to be completed online. For more information, contact Tamara Pollack, Forensic Healthcare Program Director at 212-523-5164 or e-mail fhp@nycagainstraape.org.

Criminal Justice Collaboration Project and Operations, Standards and Training Committee – the Alliance’s Forensic Healthcare Program facilitates these committees to address citywide forensic healthcare and criminal justice issues.

Alliance Policy Committee – focuses on city legislation and policy that affects survivors and service providers. The committee identifies topics on which to focus the Alliance’s advocacy efforts, and assists the development of strategies to address them.

Sexual Assault Awareness Month Planning Committee – organizes and promotes increased activity during SAAM in April. Organized “Listen: 24 Hours of Stories,” a public reading of survivors’ stories this April. Continues to plan annual 24 hour event, in addition to other public awareness efforts.

The next meeting will be on September 14th. Please join us! If you do not receive quarterly meeting announcements and would like to, call (212)523-4344 or e-mail kwoodrow@nycagainstrape.org to sign up.

Forensic Healthcare Program Report

This April’s second annual Criminal Justice Collaboration Conference marked two years of commitment, availability, and partnership amongst New York City and State professionals actively involved in helping sexual assault survivors recover and rebuild their lives. Drawing an audience of nearly 100 multi-disciplinary professionals, the agenda reflected both the history and the vision of a comprehensive response to sexual assault in New York City, a response that involves collaboration between rape crisis programs, sexual assault forensic examiner programs, health care, law enforcement, prosecution and the Mayor’s office. Presenters included leaders from each facet of the collaboration.

Deputy Inspector Susan Morley reported on her first year as the Commanding Officer of the Sexual Assault Division of the New York City Police Department and the successes and challenges she has faced.

Assistant District Attorney (Manhattan County) **Larry Busching**, who serves as the Chair of the Sexual Assault and Family Violence Legislative Sub-Committee of the New York State District Attorney’s Association, reported on five emergent pieces of legislation including motions to expand the DNA Database, to make interfering with a call for assistance a criminal act, and to make clergy mandated reporters of sexual abuse.

The Alliance’s own Research Coordinator, **Karyn Hadfield**, presented on data collection within the various systems responding to sexual assault survivors in New York City, and opened up a discussion on how to improve data collection in order to measure and respond to the needs of survivors.

Prosecuting attorneys from Manhattan (**Lisa Friel**, Chief of Sex Crimes Prosecution Unit), Queens (**Eric Rosenbaum**, Assistant District Attorney), Brooklyn (**Craig Esswein**, Deputy Bureau Chief) and the Bronx (**Elisa Koenderman**, Chief of the Child Abuse/ Sex Crime Bureau) expounded on new initiatives in their districts, and presented cases in which collaboration between their offices, health professionals and rape crisis advocates had led to prosecutorial success.

The afternoon opened with a panel representing the initiatives of Sexual Assault Examiner teams throughout the city. **Dr. Brigitte Alexander** reported on the development of a new sexual assault response team in the Bronx. **Lisa Policar** of Elmhurst Hospital’s SAFE program, reported on the continuously improving collaboration between rape advocates, medical professionals and law enforcement at her facility. **Dr. Bernadith Russell**, of Long Island College Hospital’s Rape Crisis Intervention Program spoke on the continuing challenges of providing compassionate, comprehensive care in an under-funded program. **Carole Weinman**, Director of Safe Horizon Staten Island Community Programs, provided insight into her advocates’ work with examiners from between St. Vincent’s Catholic Medical Center as well as follow-up counseling. Finally, **Susan Xenarios**, Director of St. Luke’s-Roosevelt wrapped up by providing both

Just the Facts

In a study of 225 cases of educator sexual abuse in New York City, all of the accused admitted to sexually abusing a student, yet none of the abusers were reported to the authorities, and only 1 percent lost their license to teach. Only 35 percent suffered negative consequences of any kind, and 39 percent chose to leave their school district, most with positive recommendations. Some were even given an early retirement package.

Charol Shakeshaft and Audrey Cohan, In loco parentis: Sexual abuse of students in schools, (What administrators should know). Report to the U.S. Department of Education, Field Initiated Grant, 1994.

retrospection and new ideas to address issues that arise for longer-established SAFE programs.

The afternoon wrapped up with an in-depth exploration of DNA issues as they relate to sexual assault prosecution and prevention, as well as offender management. **John Hicks**, Director of the NYS DNA Databank, updated the audience on the status of and the need for expanding the databank to improve its efficacy as a prosecutorial tool. Detectives **Edward Tacchi** and **Alan Sandomir** of the Manhattan Special Victims Unit provided a compelling case study where a DNA hit helped clinch a prosecution. Finally, **Sgt. Tom Brick**, Commanding Officer of the Sex Offender Monitoring Unit detailed the recent work of his unit and its plans for the future.

The New York City Alliance Against Sexual Assault thanks the CJCP Planning committee for all their hard work to make this conference a success, and looks forward to embarking on the planning of next year’s endeavor. ■