

### **Statement from Harriet Lessel, Executive Director**

Good morning and thank you for joining us today. I am Harriet Lessel, the Executive Director of the New York City Alliance Against Sexual Assault. I am pleased to release our groundbreaking research on emergency room services for rape victims and their experiences of them.

The Alliance is the only organization of its kind in the country that produces primary, original research. We needed to find out what services were available to rape victims in New York City because the data *simply didn't exist*.

And no one knew how well rape victims were treated. No one ever asked them.

First, let me tell you what we *do* know about rape in New York City:

It is estimated that last year alone more than **22 thousand women and seven thousand men were sexually assaulted in New York City**.

If we apply national data on sexual violence to New York City, we could say: that **more than 1.3 million women and 200 thousand men in New York City have been sexually assaulted at some point in their lives**.

We know that most of them never sought any help, for a variety of reasons. So we needed to start our investigation with those that did.

First, we had to document what services are available and where. Secondly, we needed to find out how survivors felt about going to the emergency room, to the police, to the District Attorney for help. In other words, we wanted to know if they thought it was worth it.

**Our research found that for rape victims, getting help in New York City depends on two factors: misfortune and luck.**

**Misfortune** because what services you get depends on where the rape happened.

And **luck** because if you are lucky, you might go to a hospital with specialized treatment.

**Otherwise**, you might go to a hospital where doctors do not know how to perform a rape exam. Or you might be re-victimized by people who don't believe you. Or your case might get lost in the District Attorney's office due to insufficient forensic evidence.

**Lack of forensic evidence does not mean that a sexual assault did not occur. However, if you are going to use forensic evidence, our research findings show that you need special training and equipment to get it right.**

**Our research also clearly documents that traumatized people require specialized care – whether or not they go to trial.**

Today you will hear details why access to hospital services is unequal for rape victims in New York City

You will also hear about the Alliance's strategy to remedy this inequity. I look forward to working with the many people and institutions that join with us to make New York City a place where all rape victims' needs are addressed. I would now like to introduce Debi Fry, Director of Research, to tell you more about the findings from the reports.

### **Statement from Deborah Fry, Research Director**

Thank you, Harriet. I'm pleased to be here today to share some of the key findings from these two studies. I would first like to recognize my colleagues, Tami Pollak and Jennifer Tierney for their collaborative work on these reports.

Let me begin by saying a little about the research methodologies for the two studies. The main purpose of the study entitled "*A Room of Our Own: Survivors Evaluate Services*" was to evaluate the adequacy of services provided to sexual assault survivors from their own perspective. The New York City Alliance Against Sexual Assault holds a value that it is crucial to ask survivors what they thought of the care they received and how they think we can improve the system to better meet their needs. The survey was conducted for a one-year period and was available in both English and Spanish. Participants were recruited through thirteen local rape crisis programs, community-based organizations, online, and through newspaper advertisements. Sixty-five survivors participated in the study and provided feedback on the services they sought after their assault.

Simultaneously, we conducted a study to map what services exist in NYC emergency departments for patients reporting a sexual assault. Emergency Department Directors were interviewed in person or over the phone from 39 of the 63 emergency departments in NYC. The survey consisted of questions detailing the care of sexual assault patients in the acute care setting.

This research offers the most comprehensive NYC data on sexual assault services provided in hospital emergency departments and the *first* ever citywide report that includes the survivor perspective in both the experiences of services and in the recommendations for service improvement. The findings are quite remarkable.

We found that *which emergency department you go to in NYC is likely to determine the quality of care you receive after a sexual assault.*

The most comprehensive care is provided to sexual assault patients in emergency departments with Sexual Assault Forensic Examiner (SAFE) programs. These programs are certified through the New York State Department of Health and provide care 24 hour a day/7 days a week for sexual assault patients by specially trained SAFE clinicians. SAFE programs are more likely to utilize victim advocates. Victim advocates provide emotional support to sexual assault patients and advocate for the victims' needs to be

recognized and their choices respected in the hospital setting by all professionals involved including hospital staff and law enforcement.

*In our study, survivors reported that the presence of a volunteer (not part of the hospital staff) victim advocate significantly impacted their satisfaction with the care they received at the hospital. With survivors who had the help of a victim advocate reported being 'very satisfied' or 'satisfied' more than survivors who did not have the help of a victim advocate.*

This finding indicates what other research studies are also beginning to show that *volunteer victim advocates represent best care for sexual assault survivors*. However, half of the survivors surveyed reported that they did not have a volunteer victim advocate with them at the hospital.

It is critical that a clinician caring for a sexual assault patient provides that patient with easily-understood information about their options, both in terms of the medical exam, the forensic evidence collection *and* with regard to the medications available to help prevent sexually transmitted infections, HIV, and pregnancy.

This chart shows key findings on information provided to sexual assault patients by health clinicians. I would like to draw your attention to the finding that only 52% of survivors reported that the health clinician gave them information about HIV post-exposure prophylaxis. HIV Post exposure prophylaxis consists of a combination of three medications that is taken in the form of pills over a period of 28-days. If a patient chooses to take HIV PEP, the ED clinician would prescribe an HIV PEP starter kit and arrange follow-up to ensure that the patient returns for necessary tests and counseling as well as the remaining doses of medication. HIV PEP is thought to work best if taken as soon after an assault as possible – within the first 12-24 hours is ideal. Therefore it is critical that emergency room clinicians treating sexual assault patients *inform* patients about this treatment and *provide* it to patients who choose to take it.

In addition to medical care and treatment, health care providers are responsible for offering sexual assault patients forensic evidence collection. SAFE programs are more likely to have specialized equipment that optimizes forensic evidence collection and injury detection as indicated in this table. This includes having a dedicated colposcope that can magnify injuries, swab dryers to help preserve forensic evidence, and a Wood's Lamp which is used to visualize semen and other body fluids on a victim's clothing or skin. Furthermore, SAFE programs are also able to store evidence collection kits longer. This allows victims more time to consider whether they want to involve law enforcement. SAFE clinicians are also trained in identifying patterned injury, documenting injuries, maintaining chain-of-evidence, and providing expert witness testimony, and therefore better able to provide forensic care than untrained clinicians.

Currently, there are only 17 emergency departments in NYC that have SAFE programs, most of these are located in Manhattan (see your folders for a list of these programs). Currently there are no certified SAFE programs in Staten Island.

It is alarming to note that a sexual assault victim who is brought to an emergency department without specialized care will likely: Have an evidence kit collected by a clinician who has never collected evidence before.

It is alarming to note that a sexual assault victim who is brought to an emergency department without specialized care will not have the services of a volunteer victim advocate and will likely never learn of all their treatment and legal options.

It is alarming to note that a sexual assault victim who is brought to an emergency department without specialized care could very well go without HIV prophylaxis, follow-up care, or complete evidence collection.

It is alarming to note that a sexual assault victim who is brought to 75% of the hospitals in New York City will go without specialized care.

These two studies highlight that which hospital emergency department you go to after an assault matters. We believe that *all* sexual assault survivors should be provided with the best care.

### **Statement from Tamara Pollak, Training and Education Director**

Thanks Debi.

One of the great benefits of having research findings like those that Ms. Fry just presented is that they provide us with an evidence base for developing services. As with *any* health problem that requires medical attention, we have long sought to establish a best practice for caring for survivors of sexual violence. Thanks to the research contained in these two reports, we can confidently say we that best emergency care for sexual assault patients includes:

- 1) Sensitive, victim-centered medical and forensic treatment performed by a specially trained Sexual Assault Forensic Examiner in a setting that provides a private room and specialized equipment
- 2) Best care also include Psychosocial crisis counseling and advocacy by a specially trained volunteer Rape Crisis Advocate;
- 3) Best care includes Reliable referrals to mental and physical health care and follow-up services.
- 4) And best care for sexual assault survivors is provided in hospital with SAFE programs.

So now the question is how to we guarantee that EVERY sexual assault victim KNOWS that SAFE programs EXIST? How do we guarantee that EVERY sexual assault victim has ACCESS to a SAFE or SART program?

As you just heard from my colleague, the current reality means that SAFE services are provided only to those victims who are lucky enough to arrive at an emergency room with specialized care.

We have to take luck out of this equation.

The primary purpose of the New York City Alliance's SAFE in the CITY Project is to create a system of health care services that ensures all sexual assault victims in New York City equal access to best acute care services.

We have a five part strategy to achieve this goal.

***Part I focuses on sexual assault patients who arrive at the hospital by ambulance.***

Under current guidelines, unless a patient requests transport to a specific facility, EMS must transport sexual assault patients to the nearest 911 receiving emergency department. We need to ensure that SAFE Centers gain status as emergency transport destinations just like burn centers and stroke centers and trauma centers. Such designation will ensure that medically stable sexual assault patients get care at SAFE centers.

***Part II and III of the SAFE in the CITY strategy focuses on sexual assault patients who don't call an ambulance or the police but instead walk-in to emergency rooms.***

For these patients we seek to develop a public information campaign that let's all New Yorkers know what SAFE programs are and where they exist. We also seek to establish a transfer system between hospital emergency rooms that do not offer specialized sexual assault services and those that do. Imagine for moment that your mother, your son, or your best friend was sexually assaulted and walked into an emergency room without a SAFE program. Wouldn't you want them to have the choice of transferring to a hospital where they could get best care? Especially if that other facility was only a short distance away?

That brings us to the fourth part of our five prong strategy.

We need to develop a critical number of SAFE programs throughout the five boroughs that leaves no area underserved and maximizes available resources. We know that it doesn't make sense logistically to try to develop a SAFE program in every hospital in New York City. It does make sense to planfully design a SAFE program infrastructure that guarantees access to all victims.

***Finally***, we are working to ensure that all SAFE programs offer the services of volunteer rape crisis advocates *in addition to* the services of a specially trained sexual assault forensic examiner. As you heard from Ms. Fry, survivors consider the services of volunteer rape crisis advocates a critical facet of best care. Trained clinicians are not enough. We must ensure sexual assault patients have psychosocial support and advocacy such that they can make informed decisions about their care in the midst of a traumatic and devastating event.

Accomplishing these objectives will involve tremendous cooperation between hospitals as well as the nurturing of new partnerships and systems. The Alliance looks forward to this challenge and to ensuring that all sexual assault survivors in New York City have access to the best care – the only care they deserve.

