Sexual Assault Survivor Listening Sessions:

2024 Report and Findings

NEW YORK STATE

Office for the Prevention of Domestic Violence

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Executive Summary

The Office for the Prevention of Domestic Violence (OPDV), created in 1992, is the country's only Cabinet-level executive state agency dedicated to the issue of domestic and gender-based violence. As part of OPDV's commitment to improving New York State's gender-based violence (GBV) response system and centering the voices of survivors, OPDV facilitates listening sessions with victims and survivors of gender-based violence. These Survivor Listening Sessions (SLS) allow us to hear directly from survivors about their experiences when navigating the GBV response system, through a two-hour, virtual session with five victims/survivors of GBV. In accordance with survivor-centered, trauma informed, and culturally responsive methodology best practices, OPDV incorporates three key elements into the SLS: confidentiality, informed consent, and recognition of expertise.

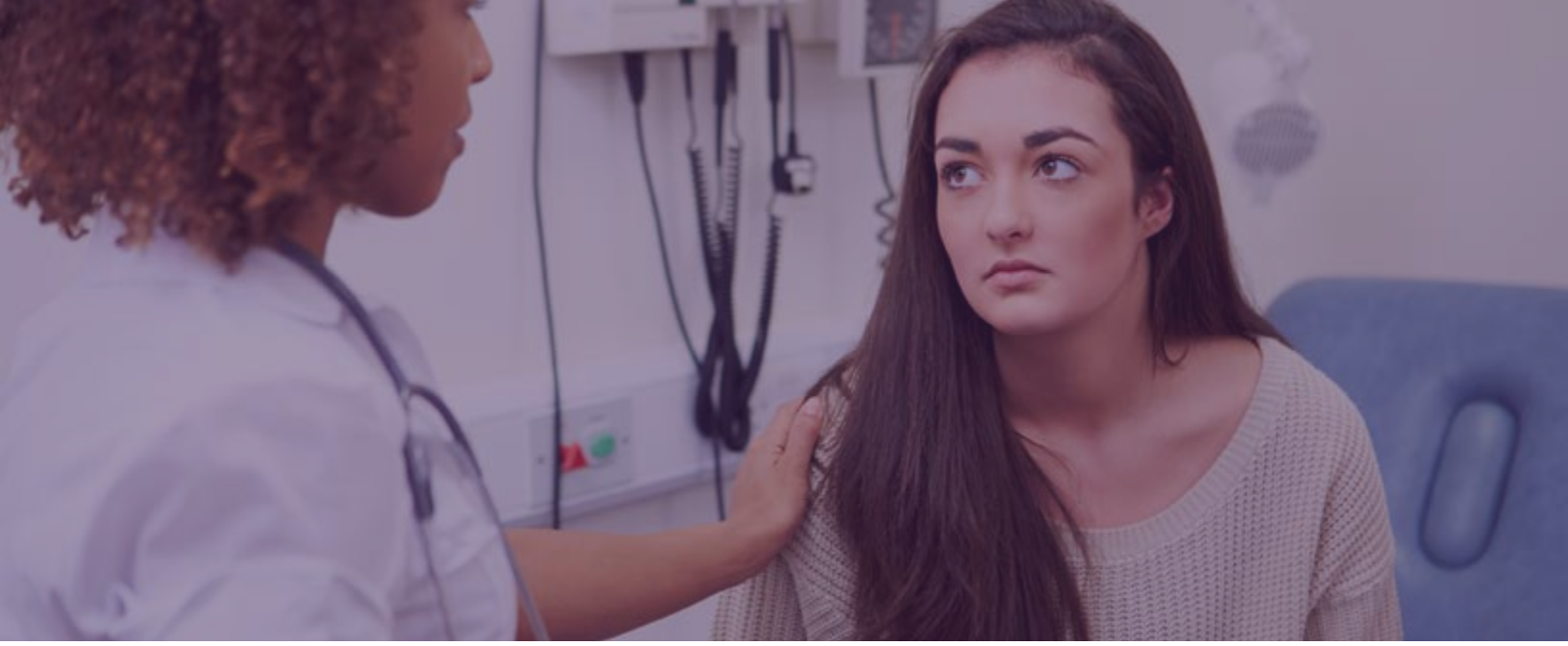
OPDV began hosting listening sessions in 2021 and previously published three SLS reports—two based on the experiences of victims of domestic violence and one based on the experiences of college and university students who experienced sexual assault, dating violence, domestic violence, or stalking during their time as a student.

In 2024, OPDV intentionally sought to hear from victims and survivors of sexual assault for this round of survivor listening sessions. Survivors shared with us the strengths and challenges of the GBV response system and the impact the system had on them. The three most prominently discussed system partners were hospitals/medical providers, the criminal legal system, and non-profit organizations serving victims and survivors.

Hospitals/Medical Providers	
Strengths	**Challenges**
Welcoming reception upon arrival	Access to sexual assault medical forensic exam
Positive experiences with Sexual Assault Forensic Examiners (SAFE)	Lack of compassion and further traumatization

The Criminal Legal System	
Strengths	**Challenges**
Caring, professional, and communicative	Victim blaming, dehumanization, and dismissive treatment

Non-Profit Organizations Serving Victims and Survivors	
Strengths	**Challenges**
Support and connection	Advocates not always available



Survivor Recommendations:

- Always having a trained Sexual Assault Forensic Examiner (SAFE) available to perform forensic exams in all hospitals in New York State
- Increased communication among members of the gender-based violence system
- More direct communication with victims and survivors
- Comprehensive training on survivor-centered, trauma informed, and culturally responsive services for hospital/medical providers and law enforcement
- More access to education about rights and resources for survivors

OPDV agrees with these recommendations and has been actively working towards change in these areas. Starting in 2021, OPDV assumed the responsibility for the administration and the monitoring of the funding associated with the Enough is Enough law from the NYS Department of Health. Monitoring this funding allowed OPDV to further advance our mission to improve NYS's response and ensure programs become more closely aligned with programs assisting victims of sexual assault.

Governor Hochul continues to demonstrate her commitment to sexual assault survivors. In the 2025 State of the State, Governor Hochul included proposals that would require access to trained forensic medical examiners at all hospitals in New York State and increase funding for rape crisis programs.

Additionally, we know that all parts of the gender-based violence response system need updated training, including model policy revision and adherence to best practices when responding to acts of sexual violence. OPDV works closely with the NYS Division of Criminal Justice Services (DCJS) as well as the NYS Municipal Police Training Council (MPTC) to develop and review training for police officers and the NYS Office of Court Administration to share areas where improvement may be warranted.

OPDV continues its commitment to implementing initiatives that strengthen New York State's response to sexual assault and will continue to uplift the needs identified by survivors of sexual assault.

Introduction

About the NYS Office for the Prevention for Domestic Violence (OPDV)

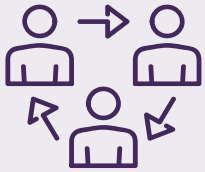
The Office for the Prevention of Domestic Violence, created in 1992, is the country's only Cabinet-level executive state agency dedicated to the issue of domestic and gender-based violence. It replaced the former Governor's Commission on Domestic Violence established in 1983.

MISSION

To improve New York State's response to and prevention of domestic violence with the goal of enhancing the safety of all New Yorkers in their intimate and family relationships.

VISION

To create a State in which communities and systems are committed to supporting and promoting equality, dignity and respect so that individuals can feel safer in their intimate and family relationships.



ROLE

To advise the governor and legislature on policies and best practices; train professionals across the state; facilitate coordination between state agencies and stakeholders on issues related to domestic violence; and serve as a resource on the issues of domestic and gender-based violence.

OPDV's Three Pillars—The Lens Through Which We View Our Work

After reflecting on its mission, OPDV expanded its work beyond domestic violence to include other forms of gender-based violence. We know that we cannot address domestic violence without confronting other forms of gender-based violence such as sexual violence, trafficking, and more. The White House (2023) defines gender-based violence as:

"Any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity, sex characteristics, or sexual orientation. [Gender-based violence] encompasses, but is not limited to, physical, sexual, psychological, emotional, economic, and technological abuse or harm; threats of such acts; harassment; coercion; and arbitrary deprivation of liberty[1]."

1 The White House. (2023). U.S. National Plan to End Gender-Based Violence: Strategies for Action. Retrieved on March 26, 2025 from National-Plan-to-End-GBV.pdf

While gender-based violence can be perpetrated against anyone, this pervasive threat disproportionately impacts women and girls.

- Worldwide, approximately 1 in 4 women report experiencing sexual or physical violence by an intimate partner during their lifetime (Sardinha et al, 2022).
- Approximately 1 in 3 women in the United States have experienced sexual violence (Smith et al, 2018).
- 44% of men in the U.S. report experiences of sexual violence, physical violence, or stalking at some point in their lives (Leemis et al, 2022).
- Gender-based violence occurs across the life cycle; youth can experience dating violence, and older adults are also vulnerable to abuse, particularly from caregivers.
- People can also experience gender-based violence multiple times across their life span. One literature review of 80 studies found that 47.9% of people who experienced childhood sexual abuse were revictimized later in life (Walker et al, 2019).

When we deepen our understanding of gender-based violence in alignment with an understanding of oppression, we know that gender-based violence has disproportionate impacts across different communities:

- Some people have unique risk factors that can lead to higher rates of victimization, such as people with disabilities and Indigenous women.
- Some are less likely to be believed when they report and/or more likely to be blamed for the violence they experienced, particularly Black and Latina women.
- LGBTQI+ people are also disproportionately impacted by gender-based violence, including domestic violence, sexual violence, and violence rooted in bigotry toward their gender identity and expression.
- Almost half (45.3%) of homicides of women who were pregnant or within one year of pregnancy have been found to involve intimate partner violence.

People with marginalized identities are more likely to experience barriers to receiving help (Kulkarni, 2018). For example:

- Transgender survivors of intimate partner violence often experience transphobia-related barriers when accessing services.
- According to the U.S. National Transgender Survey (James et al, 2016), 16% of respondents indicated that they experienced discrimination at a domestic violence shelter.
- Being denied equal treatment, verbally harassed, or physically assaulted were reported as common forms of discrimination at shelters (Messinger et al., 2021).

Because of these complexities, we know the gender-based violence response system must not apply a “one-size fits all” approach, which leads us to the three pillars that we use to guide our work. Responses to gender-based violence must be survivor-centered, trauma-informed, and culturally responsive. OPDV defines these three pillars as:

- **Survivor-Centered**—an approach that works with survivors to meet their needs as they prioritize and define them.
- **Trauma-Informed**—an approach that realizes that trauma is common, recognizes the signs, activators, and symptoms of trauma, and uses this knowledge to inform practices, policies, and procedures.
- **Culturally Responsive**—an approach that actively incorporates a holistic approach to a person's complex identities and cultural values, going beyond simply acknowledging their cultural identity exists. Culturally responsive services respond to differences in identities to actively meet the needs of all survivors and communities.

Methodology

Survivor Listening Sessions (SLS) are conducted on a virtual platform at a date and time determined by the mutual availability of the participants, the program, and OPDV. Survivor participation is voluntary and anonymous. Camera use by the survivor participants is optional. Each listening session is limited to a maximum of five participants per session and each session is two hours in length. Survivors only participate once and we ask 11 questions, which are the same in each session for uniformity. Participants are provided with the questions in advance.

OPDV utilizes the following survivor-centered, trauma-informed, and culturally responsive best practices to guide the process for the survivor listening sessions.

Confidentiality

Protecting participants' identities is paramount in the listening sessions. Efforts to maintain confidentiality can be noted throughout the process. We also prioritize confidentiality in reporting on the information gathered in the listening sessions.

Informed Consent

Survivor-centered, trauma-informed, and culturally responsive processes must include opportunities to give power back to survivors. Their experiences are theirs to share with intention. OPDV provided all of the information about the SLS to programs and participants before receiving consent to participate, so that consent to participate was truly informed.

See the appendix at the end of this report for more information about confidentiality and informed consent.

Recognition of Expertise

Survivors of gender-based violence are subject matter experts and were financially compensated for their expertise and time. Similarly, the non-profit organizations who partnered with OPDV are subject matter experts and were also financially compensated for their time.

- OPDV provides funding to the partner programs. The money can be used to cover nominal administrative costs and provide a stipend to the survivors for their participation.

- OPDV utilizes semi-structured focus groups as the qualitative methodology for the listening sessions.
- OPDV staff analyze the transcripts.
- Each session was two hours and included up to five survivors. Participants only took part in one session.
- OPDV inquired about any formal and informal supports that the survivors received. Formal and informal support are defined in the appendix at the end of this report.

The data in this report is based on 3 listening sessions that OPDV conducted with three different nonprofit organizations with a total of 15 survivors during August 2024. These non-profit victim service providers were rape crisis programs certified by New York State Department of Health (DOH), including programs that serve survivors who are LGBTQ+, people with disabilities, immigrants, rural survivors, and/or experiencing homelessness who represent New York City, Long Island, and Western New York.

OPDV staff recruited providers through announcements during a monthly virtual meeting hosted by OPDV specifically for organizations that provide services to victims and survivors of gender-based violence, as well as during other routine meetings OPDV hosts or attends. Additionally, OPDV staff emailed and called non-profit organizations known to OPDV for their work with victims and survivors of sexual assault.

Participant Demographics

Total number of participants = 15

Please note there were additional response options available for each demographic, but those were recorded as "0" and removed from the graphic for ease of readability.

Survivor Experiences

Qualitative analysis of the sessions revealed that survivors mainly spoke about three systems:

1. Hospitals/Medical providers
2. The Criminal Legal System
3. Non-Profit Organizations Serving Victims and Survivor

In addition, survivors gave extensive feedback related to the gender-based violence system as a whole. A section of this report shares that feedback and highlights the need for increased coordination and expertise amongst system partners.

Hospitals/Medical Providers

STRENGTHS

1) Welcoming Reception

Hospitals and medical providers play a significant role in aftermath of a sexual assault. Not only do hospitals provide medical care, these facilities play a critical role in the collection and storage of sexual offense evidence. Many victims of sexual assault enter a hospital emergency department on their own volition seeking care and evidence collection while others go at the direction of law enforcement after filing a report for sexual assault.

Participants in the listening session described a warm and welcoming reception when they first entered the hospital, which helped alleviate nervousness about seeking medical care after the sexual assault.

"The moment that I walked into the hospital, everyone was helpful. I walked in with no expectations. I didn't know what to expect but I had a good experience since I walked into the hospital."

"When I first walked into the hospital, the receptionist in the emergency room, he really took the information with care. When I told them like what I was being treated, what I wanted to be seen for, he moved me to a different waiting room almost immediately and then when another patient had to come in and happened to be a male, he was like, do you want me to move you somewhere else?"

2) Sexual Assault Forensic Examiners (SAFE)

To address the specialized nature of medical care and physical examinations for victims of sexual assault, there is certification available for health care practitioners on how to conduct these critical exams. In New York State, the Department of Health (DOH) requires that these health care practitioners complete at least forty hours of educational courses approved by DOH to become a certified NYS Sexual Assault Forensic Examiner (NYSAFE). This training prepares medical providers to "provide comprehensive and high-quality medical care, collection of forensic evidence, and respectful and sensitive treatment"[2] and provide testimony in criminal or civil trials. Feedback gathered during the SLS demonstrated that it is a strength of the medical system when a practitioner with this specialized training is available.

"The SAFE nurse made me feel comfortable."

"They asked me at the hospital if [I wanted an exam], they explained what it was. I did everything voluntarily like I wanted to."

"The [Sexual Assault Forensic Examiner] nurse was very kind. Made me feel calm."

"The people I met who did the [Sexual Assault Forensic Exam] kit on me were very kind, supportive, and calming. They did their jobs slowly and kept me calm and made me feel safe through the entire experience...the nurses that assisted me were helpful and kind."

CHALLENGES

1) Access to Sexual Assault Medical Forensic Exam

New York State Public Health Law 2805-I requires every hospital in New York State to provide care to patients of sexual assault in the emergency department.[3] However, that does not mean the care will be administered by a medical provider who has been specifically trained in performing sexual assault medical forensic exams.[4] While NYS DOH established standards for New York State Forensic Examiner (SAFE) Designated Hospital Programs which "provide specialized care to sexual assault patients,"[5] the designation is voluntary, not required.

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2 www.health.ny.gov/professionals/safe/

3 From the NYS DOH website, "Emergency departments are required to establish and implement policies and procedures for the treatment of rape victims; have procedures in place for contacting rape victim advocates; and, collect and maintain forensic evidence utilizing the New York State standardized evidence collection kits and procedures, including second kits for suspected drug-facilitated rape incidents, when appropriate. See below for a list of service components regarding the treatment of sexual assault patients required for all hospitals."

4 According to the NYS Department of Health (DOH), a "sexual assault medical forensic exam can be performed by any registered nurse, nurse practitioner, physician's assistant, or physician in any New York State hospital emergency department." www.health.ny.gov/professionals/safe/docs/program_overview_and_standards.pdf

5 www.health.ny.gov/professionals/safe/

Therefore, not all hospitals in New York State are SAFE Designated Hospitals. During the SLS, survivors described experiences that may demonstrate the impact of inconsistent statewide standards of care.

"I expected to be given a rape kit…I was blocked from that. The whole process of being taken to a hospital that doesn't do rape exams and being transferred to a hospital that does and being told that if I wasn't 100% ready to file a police report or immediately pursue my abuser that means I'm denied any protections and exams because of that, being revictimized by the hospital…if you're not going to name names and press charges then you're not worth the time and effort to make sure you're physically safe and well. I was physically injured and the hospital refused to look at my injuries."

"The time it took for them [SAFE] to get to me was way too long. I was in the hospital from 1:30-7:00 at night. For something of this nature, I understand why it might take long but the waiting of over and over again was honestly embarrassingly long… having to sit with the constant magnifying glass over me, over the situation for so long made the experience worse than it should've been."

"I met with a nurse, and they told me that the SANE nurse was coming within the 1st hour… it was horrendous the amount of time it took to finally meet with them."

2) Lack of Compassion and Further Traumatization

Some survivors shared their experiences within the health care system felt dehumanizing, intimidating, and overwhelming. There was a general expectation that trauma-informed care, information, resources, and advocates would be available, but that was not always the case. Instead, survivors report feeling they were being "interrogated" rather than getting the health care to which they are entitled. This increased fears and exacerbated the trauma they were experiencing.

"I felt less like a human being and more like a lab rat and test subject that was being interrogated about a horrible situation that happened to me; my situation was already depressing but being treated as I was by the hospital made me feel less than human and deserving of being cared for or listened to."

"I went to a hospital that had student doctors being trained. And the doctors were older males. There was no empathy and it just I felt like they were judging me. It just didn't feel comfortable for me to have to explain this situation to unempathetic males like that. I just feel like with the training aspect I felt like was going on, it just wasn't cool."

"I was in extreme pain and distress when I walked in [to the hospital] and having to lay down on a hospital bed made everything all the more surreal. I felt like I was less being taken care of and more interrogated about the entire thing. The doctor who treated me was extremely unprofessional and nonchalant."

"During a rape kit, the nurse told me I should be grateful to be alive, that something worse could have happened. Maybe I should be grateful I was just raped for 12 hours."

"The emergency staff responded slowly, and the situation didn't seem to be taken as seriously as I felt it was…there was zero compassion and urgency on my behalf."

The Criminal Legal System

STRENGTHS

1) Caring, Professional, and Communicative

Participants shared experiences with law enforcement that had a positive impact on their situation, instilling a feeling of protection and trust within the survivor.

"The police updated me a lot. They called me, came to my house, made sure I was safe. I really appreciated them coming and checking on me. I felt very protected. They were doing their jobs, but it felt like they cared about my well-being."

"I mean they're doing their job, but it felt like they cared about like my wellbeing with them doing that, and then they called me as soon as they found him, which I appreciated, and like throughout everything like they also like followed me home."

"I actually expected the police to not believe me because of how long I waited. I expected a hard time because I waited awhile to report it…he still took time to listen to what I had to say and write everything down."

"When I went to the police, I had a good experience…they asked me questions. They made sure to say that it was protocol and that they had to ask me questions and reassured me that they were listening to what I was saying."

CHALLENGES

1) Victim Blaming, Dehumanization, and Dismissive Treatment

Even with the above strengths described by survivors during the listening sessions, many of the responses during the listening sessions indicate they were questioned by law enforcement in a manner that conveyed blame for the assault. Survivors also felt that they were not treated as a person, but rather as a number and a statistic. Survivors discussed that, because these experiences are everyday occurrences for the criminal legal system, there was a sense that professionals are desensitized to the gravity of the situation and impact on the individual seeking assistance. For a survivor of sexual assault, this was likely the most horrific experience of their lives and very far from an everyday occurrence.

"I went to the police and they made me feel like as if it was my fault because they asked me what I was wearing, what was I saying to my assaulter, was I flirting? They didn't ask me if I

was even ok. They didn't even advise me to go to the hospital. It took three and a half months to get the help that I needed. After, when I left the police station, no one ever followed up with me. No one stayed in contact with me to see how I was doing, mentally and physically."

"What I didn't like was that he told me when I first came in [to the police station], he didn't believe me at first, but he now believed me because I had proof."

"It was almost as if I was the criminal."

"I feel like when I spoke to the police I was not treated like a human being. I had a really poor experience. I didn't feel like [they were] sympathizing with me or giving me the help I needed."

"When I went to the police, I felt the precinct blamed me for being assaulted. I didn't feel comfortable or confident speaking to the police."

"I gave all my trust to the police/DA/authorities and believed in justice. It did not turn out like that...I felt like a number more than a person in dealing with the DA's office. I felt on the outside of everything and felt locked out of my own information...I was not notified when he [abuser] was released which made me feel more in danger...I feel like the DA's office did not listen to me when I shared details of intimidation that was happening to me in my community."

"I was assigned the victims' assistance lady when I went to the sheriff's office. I would have rather had anybody in the world than whoever that was...she was more on his side than mine...just downright mean. Why do you have people like that working for victims? Years later I still haven't heard anything back."

"I felt like a burden to the police. Pushed aside."

"I was looked at like a number. Going through the DA's office, criminal court and the whole process with the public advocate and being an intimidated witness. I had to sit there and tell my story over and over. That was retraumatizing."

"The way they were talking to me and asking me questions, it almost felt like, just like a different situation, like an everyday thing, like I got a parking ticket or something like that."

Non-Profit Organizations Serving Victims and Survivors

STRENGTHS

1) Support and Connection

Feedback from participants about their experience with non-profit organizations serving victims and survivors (victim service providers) was overwhelmingly positive. Many survivors credited victim service providers for their advocacy, support, and connection to resources. Survivors shared examples of being assisted with filing for financial compensation through the NYS Office for Victim Services; advocates "moved things along" for survivors by communicating with the systems that survivors needed to connect with; and they offered vigorous advocacy to have the survivors needs met.

One survivor who participated in a listening session described the crucial assistance she received from her local rape crisis program to help her navigate Title IX proceedings at her college, which survivors have described as a burdensome and slow process (see OPDV's student listening sessions).

"They [victim service provider] helped me find a pro bono attorney for my Title IX case because the school sent me into the hearing without a proper advisor."

"The [victim service provider] has been the most impactful. I've been meeting with one of the counselors and she's helped me so much. Every time we address a different part of what happened and that's been very helpful. Actually working through everything that happened and healing from everything."

"They [sexual assault service provider] advocated for me on a lot of different levels."

"She really held my hand through the whole thing. I seriously don't know what I would have done. I probably would have had to just live with it [the sexual assault]."

"I needed accommodations to do certain things because of the trauma. Trying to maintain everyday functioning while going to school. It's just not something you can do very easily. They really advocated for me."

"Definitely because of the sexual assault services provider I have a lot more knowledge on what my resources are."

"They've [victim/survivor service provider] been going above and beyond with everything because my incident happened outside the country. It's been a really big help and my therapist is awesome."

One survivor described going to the hospital after her sexual assault. Though she did not receive an exam, the hospital connected her to the victim service provider, which the survivor described as helpful:

"I just happened to look through my discharge papers and there was a phone number for [rape crisis program], and I reached out to them and they were able to help me through the process of obtaining a physical exam and making sure that they could do as much as they could with the time that had passed."

CHALLENGES

1) Advocates Not Always Available

Survivors strongly believe the solution to making the GBV response system function better was for the victim service providers be more available at all points of the system.

"… getting [sexual assault advocacy] services to the police and hospitals."

"More …. because these [victim service providers] are the ones that are actually making a lasting positive impact on us."

Victim service providers have been facing a staffing shortage for years which is felt in a variety of ways, including programs not having the capacity to engage in the SLS. Two programs interested in partnering with OPDV to host a SLS conveyed that as much as they wanted to make sure the survivors they worked with were heard through this process, they did not have enough staff available to support them through the process. Taking on the additional work associated with the SLS was just too much for these two programs to manage at this time. This is consistent with the current conditions that many providers are reporting: they are struggling to maintain enough staff to meet the demand for services.

The Gender-Based Violence Response System

While we were able to compartmentalize the feedback from the survivors to identify the three most prominently discussed system partners, it was clear that the gender-based violence system as a whole is most impactful on survivors. The gender-based violence response system includes non-profit victim services providers, NYS and local hotlines, department of social services (DSS), non-profit community-based organizations, law enforcement, civil legal services, medical/healthcare, mental health providers, and education services.

Based on the feedback from these sessions in combination with feedback OPDV receives through various channels, many survivors are having negative, retraumatizing experiences when seeking help from the gender-based violence response system as a whole.

While there are many strengths of the gender-based violence system noted in the care, advocacy, and support provided to survivors, there are significant areas that need improvement. It is difficult to capture in a report the raw emotion of pain in the telling of these experiences, which came through strongest when survivors spoke about how they felt dehumanized by the very systems that are built to help them. It was the anticipation and expectation that systems would help, only to find out that many actually cause further harm, that was devastating for those impacted by sexual violence.

CHALLENGES

1) Lack of a Cohesive Survivor-Centered and Trauma-Informed Response

When survivors were asked about their experiences with the gender-based violence system as a whole, taking into account the different systems they encountered after the sexual assault, most participants rated their experiences as "poor." They pointed to inconsistent communication, misinformation, lengthy processes, repeating their story many times to different people, insensitivity, and the often routine manner in which police investigations and forensic medical exams were conducted. The feedback overall demonstrated that the GBV system is lacking a survivor-centered, trauma-informed, and culturally responsive approach.

"They [the GBV response system] finds ways to tell you you're fortunate because you didn't get so wounded. They got murders going on and child cases and other stuff, so you're so fortunate."

"I felt the most alone. The most exploited [by the GBV response system]."

"You spend the whole day having to recount the situation over and over again."

"[The GBV response system] is so compartmentalized. Nobody knows anything. They just give us a number and tell us to call that number. You call that number, and they don't know what you're talking about and all of a sudden, it's left to you to defend yourself. There's no support. It's not accessible."

"So many of the supports I used seemed like dead ends. The whole process of being denied at every opportunity to report and get help, I was blocked by everyone."

"You're going through the trauma and experience and still put a smile on your face and show up every day. [crying] I'm still suffering and going through it. The excessive bureaucracy and paperwork...we're not numbers, we're people. The process was just very poor."

"The whole time I had to be revictimized and actually deal with what happened to me? Like I just don't think that that is a very successful system whatsoever."

"Probably one of the hardest years in my life going in and out of court, junior year, you know, which was last year and I didn't end up getting justice until April of this year, and it was a four year long thing."

"Supposed to know things [they] were misinformed, misguided, and that really impacted the help that I did and did not receive."

"This is so [expletive] crazy. I'm trapped here because the system keeps on failing me! You go there and they brush you off because you're not dead."

"Because that's the bureaucracy you're fighting as a victim. You wind up being the perpetrator or almost like IF you come out of it, because it beats you down – the system."

2) Differential Treatment Based on Survivors' Identities

Participants in the listening sessions believed they were treated poorly by the gender-based violence response system and experienced hurdles because of their looks, ethnicity, race, and disability. Survivors strongly felt their identities played a major role in how systems interacted with and perceived them. Two survivors, who identify as Black, reported negative experiences with one stating she had been labeled as an "angry Black woman" for advocating for herself. A survivor who identifies as Latina, noted that because of her light skin and blonde hair she was originally perceived as Caucasian, which led to better treatment. Once providers learned she was Latina, those experiences noticeably changed in a negative way. Another survivor expressed they did not feel safe reporting their assault due to the stigmatization associated with being a professional sex worker. A survivor diagnosed with a traumatic brain injury shared how their disability was ignored by professionals in various systems.

"I look Caucasian. I'm so far from being Caucasian. I'm Dominican. When I use my last name, when I identify myself, my name is very Dominican. I feel I get treated differently than when I go first in person and what they see until they read my name."

"I faced a lot of hurdles as a woman – a brownie. I have dreads. I'm older but I look very young. At the time I was living in the projects, so they [the DA's office] saw me as a little black girl from the projects."

"I wasn't a person. I wasn't a mom. It didn't matter that I was dealing with disabilities."

Recommendations Directly from Survivors

During the SLS, we asked everyone what they recommend for improving the GBV response system. The following are statements directly from survivors in response to that question:

"Better and effective communication between all systems"

"I believe these systems can work to do better. Clear communication. Make note of the survivor and how not all survivors wear their trauma on their face. See the need and create spaces to fulfil the need with the least amount of trauma."

"The biggest thing I think they should change…you have to tell your story over and over to every different person, but I didn't want to sit there and have to explain to people and then they're just looking at me. I felt like they were judging. I just feel like a little more sensitively would have helped. Even like 10%. It was just very uncomfortable."

"To give victims access to services directly. My services were through the DA's office DV advocate and it was difficult to access the information and services for which I was eligible.

All communication went through the DA's office rather than me communicating directly with agencies. It was also difficult to contact the DA's staff causing delays and this was made harder with frequent staff changes/high staff turnover. I was made to feel like contacting OVS or Section 8 directly would jeopardize my access to services."

"*[It] would definitely be hospitals. Just with the nurses and doctors. More empathy. Asking [victims] more ways to be comfortable that make all the difference when you're in a hospital setting and you're already out of sorts. And I guess maybe more resources."*

"*No one really sympathized with what we went through because they do this for a living. They deal with this every single day."*

"*More support is definitely needed because we are human beings, you know? I also think that letting someone know that the question that you are asking is protocol or making sure that they [victims/survivors] are comfortable to even answer."*

"*A protocol for GBV response workers to follow and be regularly assessed on."*

"*Educating victims on what to expect from GBV response systems at the scene in addition to resources if those expectations are not met."*

"*I don't think it should have to come to me getting assaulted to know about my rights... it should be broadcasted to everybody, should be in schools because of such a high prevalence rate of which sexual assault occurs, which I'm pretty sure it's like one in four women in their lifetime... I don't think I should have to wait to be a victim to understand that like there's other resources available."*

Conclusion

Building on its 30+ year history of working to improve New York State's response to and prevention of domestic violence, over the last five years, OPDV has expanded its lens to include addressing all gender-based violence. To reflect this transition in focus, OPDV intentionally sought to hear from victims and survivors of sexual assault for this round of survivor listening sessions (SLS).

While this report reflects a small sample size, what we heard during the sessions is consistent with what we hear about the challenges many victims and survivors face daily. Survivors' testimonials identified and reinforced the need for increased communication among members of the gender-based violence system and more direct communication with the survivors; comprehensive training on survivor-centered, trauma-informed, and culturally responsive services for hospital/medical providers and law enforcement; and more access to education about rights and resources for survivors.

Hospitals and medical providers play a significant role in aftermath of a sexual assault. A welcoming and respectful reception at hospitals and trained Sexual Assault Forensic Examiners make a significant difference when a survivor seeks emergency medical care after being sexually

assaulted. Well trained, caring, professional, and communicative police and prosecutors help victims of sexual assault feel supported and in turn less traumatized by the experience of reporting their sexual assaults to law enforcement. The support and connection offered by non-profit victim service providers helped victims navigate complicated systems and gain access to the essential services needed.

In contrast, when things did not go well, they had significant impact on a victim's trust and engagement with the system. Survivors described a need for:

- Always having a trained NYS Sexual Assault Forensic Examiner (NYSAFE) available to perform forensic exams.
- Hospital staff, police, prosecutors, and victim service providers need to practice in a manner that is survivor-centered, trauma-informed, and culturally responsive.
- Better collaboration between system responders.
- Public information available describing resources and rights for survivors.

OPDV agrees with those needs and has been actively working towards change in these areas. Starting in 2021, OPDV assumed the responsibility for the administration and the monitoring of the funding associated with the Enough is Enough law from the NYS Department of Health. Monitoring this funding allowed OPDV to further advance our mission to improve NYS's response and ensure programs become more closely aligned with programs assisting victims of sexual assault. This connection provides OPDV an opportunity to see how services are being delivered and to identify what is needed to improve the response to victims of sexual assault. Much of what is described in this report supports our current research and analysis of trends, both successes and challenges.

The SLS process supports our understanding and research that the most successful approach is the SAFE Designated Hospitals model in which hospitals commit and attest to meeting multiple standards that create a patient care environment that is survivor-centered, trauma-informed, and culturally responsive. Only 14 out of 52 counties north of Westchester have a SAFE designated Hospital and not all hospitals in NYC are SAFE Designated. This creates an inequitable experience for victims of sexual assault seeking emergency medical care and forensic examination in New York State.

Additionally, increasing access to trained Rape Crisis Counselors from a certified Rape Crisis Program (RCP) provides victims opportunity to hear information about their rights and options which helps them make informed decisions about their medical care, their choices about engaging the legal system and, most importantly, their path to healing. Yet, there are not enough RCPs to meet the need. Not only are there not enough, there are also many that are struggling to provide core services such as 24-hour hotline or responding in person to every hospital in their catchment area to be present with victims seeking emergency medical care and forensic examination. The survivor feedback in this report demonstrates the lack of SAFE Designated hospitals and RCPs has a significant impact on the experiences of survivors seeking assistance for the abuse perpetrated against them.

In response to these needs, Governor Hochul has included proposals in the 2025 State of the State that would require access to trained forensic medical examiners at all hospitals in New York State and increase funding for rape crisis programs. Governor Hochul continues to demonstrate her commitment to sexual assault survivors by recognizing the importance of providing adequate care and support and by addressing the disparities in sexual assault services.

Lastly, we know that all parts of the gender-based violence response system need updated training, including model policy revision and adherence to best practices when responding to acts of sexual violence. OPDV works closely with the NYS Division of Criminal Justice Services (DCJS) as well as the NYS Municipal Police Training Council (MPTC) to develop and review training for police officers and the NYS Office of Court Administration to share areas where improvement may be warranted. Training is not a one-time experience, therefore OPDV promotes everyone receives not only initial training but also routine continuing education to increase the knowledge of everyone who a victim may encounter while seeking safety and support.

OPDV is committed to continuing to implement initiatives that strengthen New York State's response to sexual assault so that a victim of sexual assault can be seen by a trained examiner and receive a forensic rape exam, regardless of immediate plans to involve law enforcement. Ensuring survivors can receive health care with sensitivity and be interviewed by law enforcement without feeling they are being interrogated or held responsible for their own assault is fundamental to eliminate the dehumanization of sexual assault survivors. Our goal is to develop a system that supports survivors so that we never again hear that the system makes someone feel more like a number than a person.

Acknowledgments

OPDV is grateful to the survivors of sexual assault who chose to be part of these survivor listening sessions. Sexual assault is inherently traumatic. The survivors showed great courage in their willingness to speak about their experiences. We asked participants to share not only what went well when they accessed the gender-based violence response system, but to also be honest about what did not go well. Sharing these experiences with an executive-level government agency is an act of bravery. We respectfully acknowledge their trust in to deliver their messages. We extend our sincere gratitude for their participation in this project and their genuine desire to promote excellence in the service delivery system.

To the non-profit organizations who dedicated their time to plan and participate in the listening sessions, we extend our appreciation for their partnership and respect for their tireless work. Despite the challenge of limited resources, they are committed to this work, including to make sure the voices of survivors are heard. Their partnership has been instrumental to the success of this project.

Appendix

Confidentiality

Protecting participants' identities is paramount in the listening sessions. Efforts to maintain confidentiality can be noted throughout the process. We also prioritize confidentiality in reporting on the information gathered in the listening sessions.

- The names of the partner non-profit organizations are not shared publicly to ensure that neither the organizations nor participants' identities can be determined.
- In preparation for participation, survivors worked with their advocates to discuss implications to their safety to mitigate potential risks. This includes strategizing for safer use of their technology during the listening sessions.
- Participation in the listening sessions is voluntary.
- Because the sessions are conducted virtually, participants were able to have their cameras on or off and could use aliases during the sessions. This allows them to keep their identity private from other participants if desired.
- The sessions are recorded to assist OPDV staff in the transcription of the sessions, ensuring fidelity of the quotes. OPDV has restricted access to these recordings, and they will be deleted upon creation of an accurate transcript.
- OPDV requests that participants voluntarily provide demographic information. We understand the many reasons why someone may not want to provide this information, but it helps inform the State in making decisions about things such as services and funding.
    - The demographic data is collected in a manner that does not disclose any personally identifying information (PII). PII is information that, when used alone or with other relevant data, can identify an individual.
    - OPDV will only use any data collected as aggregate data. Aggregate data is data that is collected from multiple sources and is compiled into data summaries or reports.

Informed Consent

Survivor-centered, trauma-informed, and culturally responsive processes must include opportunities to give power back to survivors. Their experiences are theirs to share with intention.

- OPDV hosted information sessions for the partner organizations, so they fully understood the process.
- OPDV provided information to potential participants, so they were fully informed of the purpose of participation.
- The non-profit organizations and the survivors considering participation in the listening sessions received the questions in advance. The advocates from the partner program reviewed the questions with participants before they confirmed participation.
- Survivors who chose to participate were provided a consent form informing them of the process and purpose of the listening sessions. OPDV retains these consent forms in a secure location following best research practices.

GBV Response System Formal Support

- *Non-profit victim services providers such as those that focus specifically on domestic violence, sexual assault, stalking, and trafficking.*
- *Hotlines such as National, State, and local domestic violence, sexual assault, mental health, or other crisis lines.*
- *Department of Social Services (DSS) where people access public benefits such as TANF, SNAP and HEAP benefits, child support, employment assistance, housing assistance, child or adult preventive or protective services.*
- *Non-profit community-based organizations such as disability services providers, homeless service providers, community action agencies, senior services, etc.*
- *Law enforcement such as police officers and prosecutors (district attorney), criminal defense attorneys, and criminal court judges/other criminal court personnel.*

- *Civil legal services such as court-appointed attorneys or non-profit civil legal service providers for representation in family court on matters related to orders of protection, child custody and child support, and family court judges/other family court personnel.*
- *Medical/healthcare such as emergency department staff, including sexual assault forensic nurse examiners (SANE), primary care physicians.*
- *Mental health providers such as psychotherapists and substance abuse treatment providers.*
- *Education services such as k-12 education, college education, and the gender-based violence related protections within the educational systems such as Title IX protections and the Dignity for All Students Act.*

***Informal support** refers to emotional support or other concrete assistance from family, friends, colleagues, spiritual/faith communities and web-based support.*

Survivor Listening Session Questions

1. Did you access formal support from the GBV response system?
2. Was your contact with the GBV response system voluntary?
3. Thinking about all the times you sought help from the GBV response system, how would you rate your experience?
   a. Very Poor: No meaningful support options were available to me despite my attempts to seek help.
   b. Poor: Support was difficult to access, unhelpful, or even negative.
   c. Neutral: Support was available, but it didn't make a significant difference in my experience.
   d. Good: Support was available, but there were some challenges or limitations.
   e. Very Good: Support was readily available, helpful, and made a positive impact on my experience.
4. What was the most impactful experience when interacting with the GBV response system?
5. What were your expectations when you contacted the GBV response system?
6. How did your expectations affect your situation?
7. Do you feel the responding system treated you as a whole person?
8. Did you seek out informal support?
9. If you used informal and formal support, which type did you reach out to first?
10. Because of the services I received from the GBV response system
    a. I know more about community resources.
    b. I know more about my options and rights.
11. What are your recommendations for improving the GBV response system?

NEW YORK STATE
Office for the Prevention of Domestic Violence

New York State Domestic and Sexual Violence Hotline
Text: 844.997.2121
Call: 800.942.6906
Chat: opdv.ny.gov
Free. Confidential. 24/7.
Available in most languages

For more information, contact us:
518-457-5800
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