Mayor's Office to End Domestic and Gender-Based Violence

NYC Criminal Justice

CREATING PATHWAYS:

ENHANCING SYSTEMS' RESPONSES TO SEXUAL VIOLENCE

SUMMARY REPORT

CONFERENCE SUMMARY

On April 29th, 2019, The Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) convened leaders in healthcare, law enforcement, advocacy, and legal communities to discuss best practices and developments in trauma-informed and survivor-centered responses to sexual violence in New York City. The conference's planning committee identified key areas of advancements in these fields and brought in both local and national experts to lead panel discussions and workshops. The planning committee was comprised of representatives from the Bronx, Queens, and Richmond County District Attorney's Offices, Fire Department of New York (FDNY), New York Alliance Against Sexual Assault, New York City Domestic Violence Task Force, New York City Department of Health and Mental Hygiene (DOHMH), New York City Health + Hospitals, New York City Police Department (NYPD), and New York University School of Medicine.

The conference began with opening remarks from ENDGBV Commissioner Cecile Noel and NYPD First Deputy Commissioner Benjamin Tucker. Their remarks highlighted that sexual assault incidents are underreported, and that a coordinated, survivor-centered approach is needed to improve systems' city-wide responses. While sex crimes reporting has increased over the past year, along with efforts to enhance trauma-informed responses in law enforcement and healthcare, there is still much that can be done to better meet survivors' needs.

The conference proceeded with a conversation with sexual violence survivors, centering the day on the survivor's experience with social systems. The panelists drew on personal experiences, illustrating that medical professionals and law enforcement play a large role in whether a survivor feels understood and supported when they report sexual violence.

The following panel, "Enhancing Understanding of Best Practices and Amplifying Collaborative Responses to Sexual Assault," explored the current state of survivor-centered practices in NYC's health, legal, advocacy, and law enforcement systems. Panelists discussed the importance of trauma-informed interviewing, thorough, non-judgmental evidence collection and documentation, and how to avoid re-traumatizing survivors.

Three expert-led breakout groups included 1) The Neurobiology of Trauma and Trauma-Informed Interviewing; 2) Non-Fatal Strangulation: From First Response to Trial - What You Need to Know; and 3) How a Case is Built: What You Need to Know about Evidence Collection, Documentation and Testifying.

A final panel, "What's on the Horizon? Promising New Programs, Initiatives and Practices and Newly Enacted Legislation," highlighted recent legislative changes and advancements in forensics, DNA, and trauma-informed medical care.

FRAMING THE DISCUSSION: BUILDING SURVIVOR-CENTERED PRACTICES IN NEW YORK CITY

Moderator
Saloni Sethi, LCSW Director of Policy, ENDGBV

Panelists
Courtney Campbell
Tiffany Lo Full Stack Developer & Executive, CHAYN
Ashley Simpson

Studies have shown that a sexual violence survivor's experience with social systems has a significant impact on their recovery.[1] In a mixed-methods study of sexual assault victims' experiences reporting to the police, survey data and interviews demonstrated that a survivor's perception of being believed by the law enforcement personnel responsible for handling their case had a strong influence on their recovery: "[v]ictims who perceived their interactions with…detectives to be harmful (e.g., blaming, questioning, invalidating) discussed additional emotional distress and harsher recovery as a result of these interactions. By contrast, those who had positive interactions discussed the positive impact of being supported by the officer(s)."[2] While Sexual Assault Forensic Examination (SAFE) programs are an example of an institutional approach to mitigate some of these negative experiences, [3] there are myriad ways survivors are further traumatized after reporting sexual violence. City systems after the assault had an enormous impact on their trauma and path to recovery following the assault.

[1] Campbell, R., Dworkin, E., & Cabral, G. (2009). An Ecological Model of the Impact of Sexual Assault On Womens Mental Health. Trauma, Violence, & Abuse, 10(3), 225-246. doi:10.1177/1524838009334456; Lorenz, K. (2017). Reporting Sexual Assault to the Police: Victim Experiences and the Potential for Procedural Justice. Chicago, IL: University of Illinois at Chicago.
[2] Lorenz, 171-172.
[3] Campbell, 230.

Dispelling the myths of what sexual violence survivors should look like, and ensuring that those interacting with survivors at all stages of the process are versed in trauma-informed care, are essential to creating a more just and victim-centered approach to sexual violence cases. This opening conversation with sexual violence survivors ensured that their experiences with the medical, law enforcement, legal, and advocacy systems remained at the forefront of the dialogue throughout the rest of the day.

Sexual violence survivors Courtney Campbell, Tiffany Lo, and Ashley Simpson shared their experiences reporting to medical providers, law enforcement, prosecutors, as well as their family and friends. While the panelists' experiences varied widely, each emphasized that the way they were treated by people in these city systems after the assault had an enormous impact on their trauma and path to recovery.

Moderator, Saloni Sethi, Director of Policy at ENDGBV, focused the conversation around three questions: Who or what comes to mind that helped you to cope with your experience of reporting the assault? What barriers did you experience when deciding to report the assault? What areas of the systemic response to sexual violence could be enhanced?

Positive Experiences with Reporting

Each survivor's experience reporting their assault was unique, but all reported that interactions with law enforcement, medical or advocacy professionals who treated them with empathy and trauma-informed care positively impacted their reporting process. After reporting sexual violence in the emergency room, one of the survivors noted that being escorted to a private area and speaking with a social worker made her "feel like a real human again." The medical professionals who examined her treated her with sensitivity and kindness, and their openness allowed her to admit to herself that she had experienced sexual violence. Receiving the option to go forward with a rape kit was also an important trust-building moment between the survivor and the physician, affirming the survivor's control over the reporting process.

While reporting sexual violence to law enforcement and working with them throughout the case, survivors described that feeling understood and receiving adequate time and attention for their case made them feel safe and in control during the investigation. Therapists and advocates also played a large role for survivors during and after the reporting process. Demystifying the effects of Post-Traumatic Stress Disorder (PTSD) on the brain and body and affirming the survivors' experience aided them on the path to recovery and empowerment.

Barriers to Reporting

In one survivor's case, one of the barriers to reporting to medical professionals was not having the opportunity to speak with hospital staff in private. One survivor stated, “had a medical professional pulled me aside from my mom, because she was the one that was quieting me, I think I would have actually told them because I was trying to get help.” Lack of awareness among hospital staff about proper trauma-informed interviewing techniques, as well as the neurological, physical and behavioral effects of trauma, can deprive a survivor of the opportunity to come forward after an experience with sexual violence.

All three survivors reported barriers when telling their families and loved ones about their assault. One survivor pointed out that people closest to you “may not always respond to you appropriately” since stigmas about how victims should look or act permeate popular culture. When these stigmas and judgements exist in our culture and immediate social circles, reporting an assault to medical professionals or law enforcement can be much more intimidating. As Ms. Sethi synthesized from the survivors’ accounts, processing the question of “if this didn't happen to me or if it did, what does that mean for me and who am I?” is an enormous emotional burden. Whether someone is experiencing self-doubt or denial, or having someone close deny one's experience, risking medical professionals, law enforcement, or the court not believing the story could have a profound effect on one’s recovery.

Areas for Improvement in the Systemic Response to Sexual Violence

The survivors suggested the following improvements to prevent re-traumatizing survivors at all stages of the , including improved training for all hospital staff in recognizing trauma, survivor-centered changes to the legal system, and increased coordination with advocacy services as early as possible in the process, were among their suggestions.systemic response to sexual violence.

While Sexual Assault Forensic Examiner (SAFE) programs are expanding, a survivor suggested that other hospital staff, including those not working in emergency departments, increase their capacity to recognize signs of trauma so that survivors who do not report sexual violence immediately can feel safe to come forward in those spaces.
One survivor described how the legal system can be a major source of re-traumatization and victimization, even after the perpetrator is convicted. Having to testify at parole hearings and explain how the harm inflicted by the perpetrator is still serious enough to prevent their parole forces the survivor to assume the role of the victim, potentially disrupting their path to recovery and empowerment: “we need to acknowledge that these processes are by default dehumanizing, [and we] need someone to humanize it. Why is it on the victim to constantly prove your trauma?”

Overall, the survivors agreed that "giving the survivor back control and options as to how they decide to move forward" were an important to their recovery. Since friends and family may not be well-equipped to recognize trauma or know how to react, it is even more important that service providers are educated on how to provide support. As one survivor stated, "I wish there had been someone that would have been more educated on what a victim looks like." In closing, Ms. Sethi summarized the complexity and range of impacts that sexual violence can have on survivors, and that broadening society's expectations of survivors will come from "acknowledg[ing] everybody's experience is different, and there is no one experience. We kind of lose touch with the fact that we are…real people with real experience."

ENHANCING UNDERSTANDING OF BEST PRACTICES AND AMPLYFYING COLLABORATIVE RESPONSES TO SEXUAL ASSAULT

Moderator

Hannah Pennington, Esq.	Assistant Commissioner, Policy and Training, ENDGBV

Panelists

Jennifer Alves , SANE	Sexual Assault Response Team Coordinator, NYC Health + Hospitals
Miss Gregory, Esq.	Chief, Special Victims Bureau, King's County District Attorney's Office
Anita Ravi MD, MPH, MSHP, FAAFP	Founder, Medical Director- The PurpLE Clinic at The Institute for Family Health, Assistant Professor- Department of Family Medicine & Community Health, Icahn School of Medicine at Mount Sinai
Jill Starishevsky, Esq.	Senior Trial Assistant, Borough-Wide Supervisor, Child Abuse and Sex Crimes Bureau, Bronx District Attorney's Office
k. Richardson	Coordinator of Campus Engagement and Prevention, New York City Anti-Violence Project
Rama B. Rao, MD	New York Presbyterian Hospital, Weill Cornell Medical College
Inspector Paul Saraceno	Executive Officer, Special Victims Division, New York City Police Department

Panelists in this conversation included representatives from the medical, legal, law enforcement and advocate communities, who each explained the trauma-informed and survivor-centered ways they would handle a sexual assault case. Moderator and Assistant Commissioner for Policy and Training at ENDGBV, Hannah Pennington, proposed a case scenario for panelists, describing a survivor coming forward after a sexual assault.

Sexual Assault Forensic Examiner (SAFE), Jennifer Alves, explained in detail when she would be called to meet with the victim and how she would conduct the exam and evidence collection/documentation. She emphasized being mindful to give control back to the patient at all stages of the exam through clear communication about what is being done and why certain questions are being asked.

Dr. Rama Rao, a physician at NY Presbyterian and Weill Cornell, stressed that growing the SAFE programs in hospitals is critical because physicians often do not have the time to give a sexual violence survivor the care they deserve. In the SAFE program at NY Presbyterian, they have instituted a "Say it Once" program: "we've created documents to document the pertinent negatives that may be hard for the patient to recall at a later date, (i.e. whether they urinated, defecated, etc. that may not be in the rape kit), in the form of a checklist." This allows for thorough evidence collection that can be referenced by relevant parties, instead of making the survivor relive the trauma by recounting their story multiple times.

Dr. Anita Ravi, founder and Director of The PurpLE Clinic, brought up how important it is for the provider to be mindful of their own nonverbal communication when interviewing survivors. Even if a provider's "eyebrows go up, that is a problem," because it may imply that a survivor's story is so horrible that it is shocking to even a professional, or that perhaps the provider is inexperienced and it is not a safe space to seek care.

In terms of restoring power to the survivor after the hospital, law enforcement, prosecutors and advocates can all incorporate survivor-centered approaches into their services. Inspector Paul Saraceno, NYPD Special Victims Division, said that one of the most important ways that law enforcement can minimize the re-traumatization survivors and give back control is to provide transparency throughout the process. By understanding that, from a survivor's perspective, law enforcement's role can be intrusive, assuring a survivor that their participation is voluntary and explaining why they have to ask certain questions can give back some control.

Miss Gregory, an Assistant District Attorney in Kings County explained the ways the Kings County DA's office tries to minimize the amount of times a survivor must tell their story. One of the best ways is to get the DA involved in the case as soon as possible, so that the survivor can work with a sexual assault advocate throughout the process. She also stressed the importance of clarity and transparency throughout the prosecution in order to manage the survivor's expectations regarding the laws and possibility of conviction.

k. Richardson from the Anti-Violence Project (AVP), explained that their organization's goal is to undo the damage that occurred from the assault itself, as well from the negative interactions with other systems after reporting the assault: "we are doing a lot of work supporting survivors after they are traumatized from hospital or law enforcement experiences. Black women are particularly less likely to be believed in those spaces." AVP manages a hotline, a process by which they also institute the "Say it Once" policy. Another way AVP restores control to the survivor is mirroring the words the survivor uses and allowing them to self-identify in order to create a space where they feel comfortable accessing the agency's services: "I also think it's important to acknowledge our biases. Many of us lack basic empathy especially for trans women of color, who are too often turned away from services."

When asked what changes could be made to better respond to sexual violence, panelists agreed that more coordination between all systems is needed, as well as addressing barriers to reporting for populations who are less likely to report. As Inspector Saraceno stated, "what we consider a win in law enforcement doesn't matter, what is the survivor's opinion of a win? Restoring power back to victims is the most important, and we could get much better at doing that."

Ideas for improvements included a legal definition of rape that is more inclusive of trans and gender non-conforming individuals, (it is currently defined as penile-vaginal penetration), and more training on trauma-informed care for all hospital staff, not just SAFEs. Cultural assumptions about what a victim looks like need to change, but social systems must take the lead to ensure reporting sexual violence results in survivor-centered assistance instead of compounding trauma.

Key Takeaways for Enhancing Systems' Response to Sexual Violence:

· Give autonomy back to survivor at all stages through clear communication and requesting consent
· Mirror language that the survivor uses
· Institute "Say it Once" policy to minimize the number of times survivor tells their story
· Be mindful of one's own nonverbal communication when listening to survivors

TRAUMA-INFORMED INTERVIEWING/NEUROBIOLOGY OF TRAUMA

Eric Rosenbaum, Esq.,	Deputy Chief, Special Victims Bureau, Major Crimes Division and Chief QDA DNA Prosecutions, Queens District Attorney's Office
Christina Minerly, Ph.D	Clinical and Forensic Psychologist, New York, NY
Detective Anthony West	Special Victims Division Liaison Unit, New York City Police Department
Amy Edelstein, LCSW	

Sexual violence has been referred to as "the most severe traumatic crime that can be inflicted on a person, whether child or adult. For victims of repeated and long-term sexual violence, this trauma is significantly exacerbated and compounded."[1] Not only is the act of violence itself capable of affecting someone's "essential sense of being," but recounting the incident for multiple service providers can intensify Post Traumatic Stress Disorder (PTSD).[2]

Fear of being doubted is a major reason sexual assaults go unreported.[3] Providers untrained in trauma-informed care can potentially misinterpret common symptoms of PTSD for survivor's incredibility, further traumatizing the survivor and jeopardizing their opportunity to hold the assailant accountable.[4]

Trauma-Informed Interviewing

Eric Rosenbaum, Deputy Chief of the Special Victims Bureau of the Queens DA, gave a presentation on trauma-informed interviewing from the prosecutor's perspective. The presentation, which included a role play between a prosecutor and sexual violence survivor, emphasized creating a safe environment, transparency/clarity, and non-judgmental listening. Creating a safe environment for the survivor includes a private setting, and sitting at or below the survivor's level. In addition, although some survivors may insist on having someone else in the room for example, it is the DA's responsibility to tell them that the other person may be called as a witness in the future if they are present during the interview.

[1] Taylor, S. C., & Gassner, L. (2010). Stemming the flow: Challenges for policing adult sexual assault with regard to attrition rates and under-reporting of sexual offences. Police Practice and Research,11(3), 240-255. doi:10.1080/15614260902830153. 241.
[2] Campbell, R. (2008). The psychological impact of rape victims. American Psychologist, 63(8), 702-717. doi:10.1037/0003-066x.63.8.702
[3] Taylor, 241.
[4] Alderden, M. A., & Ullman, S. E. (2012). Creating a More Complete and Current Picture: Examining Police and Prosecutor Decision-Making When Processing Sexual Assault Cases . Violence Against Women, 18(5), 525-551. doi:10.1177/1077801212453867. 526.

As previously mentioned, providing clarity and being transparent are important ways to give control back to the survivor. Explaining the reason for asking certain questions that may not seem relevant or may appear to cast judgement on the survivor allows the survivor to decide how to proceed. Outlining next steps after the interview to make sure the survivor knows what to expect in terms of communication is also key: "calling to follow up can ruin their day. Never call unless you know if [they] want a follow up and if so how much? Just major? Every court date? Give options."

Listening to what a survivor has to say does not mean stating that you understand what a survivor has gone through, or that everything will be "OK." The interviewer's role is to acknowledge that the process is difficult and that it takes a lot of courage to get to this point. ADA Rosenbaum also reminded the working group that remaining non-judgmental is essential for effective, trauma-informed interviewing: "it's rare to lie… [we should not] tailor ourselves for the extreme, but practice what's best for the majority."

Neurobiology of Trauma

Dr. Christina Minerly, Clinical and Forensic Psychologist, presented on the effects of trauma on the brain, which can affect one's memory, psychological wellbeing, bodily integrity, and emotional response: "trauma can occur when something threatening or harmful overwhelms or exceeds a person's coping mechanisms; resulting in feelings of fear, powerlessness, shame or helplessness."

Dr. Minerly explained how traumatic memories are stored in a different part of the brain than normal memories, making them nonlinear and harder to access: "traumatic memories are stored in the limbic system, which processes emotions and sensations, not language and speech. Memory recall in the form of sensory experience (seeing, feeling, smelling), rather than verbal narrative – often won't have emotion in explaining at first." Since a survivor's access to these memories is different than non-traumatic memories, they may change from time to time when they are trying to explain them.

In addition to memory distortion, trauma can affect many other parts of the brain, including those that control rational thinking/impulse control; emotional response; cognitive processing; pain perception; and fear/response to stimuli. "Survivors may delay reporting because of avoidance, they might not have resisted their attack, they may fear forensic exam because of the intrusive nature, may seem unaffected by the traumatic event, may be irritable and seem uncooperative, and may change their story often due to unprocessed and disintegrated trauma memories."

Understanding the way trauma affects the brain and therefore behavior of the survivor is essential to providing proper care to survivors, as well as dispelling myths of how a survivor should present after an attack. "Survivors with trauma history may need more time and patience," Minerly said. "People who have just been victimized may not have any of these symptoms. However, they are likely to develop symptoms later."

Best Practices for Trauma-Informed Interviewing:

· Interview survivor in comfortable, private setting and sit at or below their level
· Ask open-ended, non-judgmental questions
· Be mindful of the neurological impact of trauma, including effects on memory and affect
· Maintain transparency about the process, including why certain questions are being asked
· Clearly outline next steps and expectations for follow up

NON-FATAL STRANGULATION: FROM FIRST RESPONSE TO TRIAL - WHAT YOU NEED TO KNOW

Tracey Downing, Esq.	Director of Training Programs and Initiatives, ENDGBV
Brad Kaufman, MD, MPH, FACEP, FAEMS	First Deputy Medical Director, FDNY
Kim Nash BSN, RN, SANE-A, SANE-P	Forensic Nursing Specialist

Strangulation is an especially dangerous form of intimate partner violence (IPV) because potentially fatal symptoms are often not visible and/or are delayed.[1] Victims of one IPV strangulation are 750% more likely to become a victim of homicide by that same partner in the future.[2] It is imperative that first responders are able to recognize and examine for all signs of strangulation and educate the victim about seriousness of delayed complications.[3]

Kim Nash, SANE and Forensic Nursing Specialist, and Brad Kaufman, First Deputy Medical Director for FDNY, presented on the dangers of nonfatal strangulation, the role trauma-informed interviewing, and thorough strangulation examinations can play in preventing strangulation fatalities. "Strangulation cases are consistently under-evaluated," Ms. Nash stated.

[1] Faugno, D., Waszak, D., Strack, G. B., Brooks, M. A., & Gwinn, C. G. (2013). Strangulation Forensic Examination. Advanced Emergency Nursing Journal, 35(4), 314-327. doi:10.1097/tme.0b013e3182aa05d3
[2] Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal Strangulation is an Important Risk Factor for Homicide of Women. The Journal of Emergency Medicine, 35(3), 329-335. doi:10.1016/j.jemermed.2007.02.065. 329-335.
[3] Glass, 334; Faugno, 317.

The potentially fatal consequences of delayed symptoms, as well as the threat of future strangulation, illustrate the importance of recognizing and documenting all signs of strangulation as a first responder or in a medical setting.

Since a complete strangulation exam involves extensive questioning and documentation, victims may not consent to an exam, especially if they are not interviewed in a private setting. A role play of an EMS respondent arriving at a domestic disturbance illustrated the barriers to completing a thorough strangulation exam. Finding a private place to question the victim and knowing what questions to ask can make the difference in gaining the victim's trust and evaluating the severity of their symptoms. Most strangulation victims do not understand that there is a risk for delayed injuries and/or fatality from strangulation, so educating the victim on the risks of strangulation and delayed symptoms is necessary.

Kim explained the potential for delayed fatalities after strangulation, including clot formation, traumatic brain injury, as well as likelihood that another, potentially fatal, strangulation event could occur in cases of intimate partner strangulation. Visible, physical signs of strangulation include petechiae, bruises, or hematomas, but there are many less obvious and/or invisible signs that are important to detect, such as difficulty swallowing, headache, or internal swelling.

Ms. Nash also stressed that it is "imperative" that advocates are readily available for strangulation cases, preferably community-based advocates, because information the victim shares can remain confidential. Advocates can assist with safety planning and support the patient/survivor throughout their entire experience with health care, law enforcement, and the criminal justice system. Systems-based advocates should be clear with victims if they cannot protect confidentiality and under what circumstances.

In order to address the severity and lethality of strangulation cases, New York enacted three strangulation statutes in 2010. Prior to these statutes, strangulation crimes were difficult to prosecute because assault statutes require intent to cause physical injury and physical injury, thus many strangulations were charged as harassments, which isn't a crime. Criminal Obstruction of Breath or Blood Circulation is a class A misdemeanor, and there is no intent to cause physical injury requirement. Instead, the intent is to impede the normal breathing or blood circulation of another person. There is also no requirement for physical injury to occur.

Strangulation in the First Degree is a class C violent felony. It is defined as criminal obstruction of breathing or blood circulation thereby causing serious physical injury. Because most injuries in strangulation cases are internal, it is vital that medical professionals, first responders, law enforcement and advocates ask the right questions and document everything the victim experienced at the time of the strangulation and symptoms that appear in the days following the strangulation. Tracey Downing, Director of Training Programs and Initiatives at ENDGBV, described, "even one speck of petechiae is indicative of neurological damage."

Ms. Nash emphasized that "victims who have been strangled require specialized, thorough examinations." First responders, ER staff and neurologists can be utilized by prosecutors at trial to testify as witnesses." Ms. Downing pointed out the need to create a cadre of specialists in NYC from whom strangulation survivors can get the follow-up care they need to prevent long term neurological brain injuries.

Ms. Nash concluded the workshop with a reminder that every person's role in the process affects the survivor: "regardless of your role, they all matter in supporting a survivor. We can't control what a jury decides, whether a survivor goes back, etc. but we can control our role. We can do our job effectively and support our client."

Best Practices for Examining and Interviewing Victims of Strangulation:

- Interview victim in private using trauma-informed interviewing techniques:
  - Understand that a victim's story can change over time, and that inconsistencies in recollection of trauma are NORMAL, not a sign of deceit
  - Understand that depriving the brain of oxygen or blood flow may effect a person's memory
  - Trauma effects the way the brain processes the event – often won't get a linear narrative
  - Avoid re-traumatizing or triggering the victim.
- Thoroughly examine for all visible injuries
- Ask questions that will reveal any non-visible symptoms of strangulation, for example:
  - Are you or did you have trouble breathing?
  - Did you or do you feel dizzy?
  - Did your vision or hearing change?
  - Do you remember what happened?

- Are you having difficulty swallowing?
- Are you in pain? Where?
- Did you experience any loss of bodily functions?
- Did you lose consciousness or black out?

- Document all visible and non-visible evidence of strangulation
- Educate the victim on potential consequences of strangulation
- Provide victim with healthcare and advocacy resources/referrals
- Create/better utilize databases to provide thorough follow-up

HOW A CASE IS BUILT: WHAT YOU NEED TO KNOW ABOUT EVIDENCE COLLECTION, DOCUMENTATION AND TESTIFYING

Alice Blair, RN, FNP	Senior Management Consultant & Brooklyn SART Coordinator NYC Health +Hospitals
Jevet Johnson, Esq.	Chief, Special Victims Bureau Richmond Hill District Attorney's Office
Dep. Insp. Michael King	Executive Officer New York City Police Department
Jennifer Long, MGA, JD	Co-Founder & Chief Executive Officer AEquitas

Properly preserving and documenting evidence is imperative in sexual violence cases. They are particularly difficult to prosecute, especially without evidence of physical trauma to the victim.[1] While efforts are underway to address the disparate way sexual violence crimes are treated in the criminal justice system,[2] thorough forensic evidence collection, as well as preserving electronic communication, can build a more successful case in court.

Trauma-informed interviewing practices in medical, law enforcement, and legal settings can produce the most thorough and accurate reporting by the survivor, and recording statements in an accurate, non-judgmental tone can be vital for effective prosecution.

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[1] Gray-Eurom, K., Seaberg, D. C., & Wears, R. L. (2002). The prosecution of sexual assault cases: Correlation with forensic evidence. Annals of Emergency Medicine, 39(1), 39-46. doi:10.1067/mem.2002.118013. 43.
[2] Gray-Eurom, 44.

Experts from law enforcement, the medical community, and the criminal justice system explained the importance of evidence collection in sexual violence cases. Thorough and impartial medical records, detailed and non-judgmental witness statements, and preserved social media records can make or break a survivor's case.

Jevet Johnson, Chief Special Victims Bureau for Richmond County District Attorney's Office, explained that preserving DNA evidence from the survivor is especially important since most sexual violence occurs without other witnesses. Although rape kits can be intrusive, they are designed to be patient-centered while collecting as much DNA evidence as possible.

Ms. Johnson emphasized the distinct role each stakeholder plays in the case, and how sometimes making assumptions about what will be valuable to prosecutors or law enforcement can make evidence documented by medical staff less useful: "regardless of someone's role in the investigation, the focus should be on the victim." Writing a thorough medical report and using neutral language, for example that the patient "states" instead of "claims," as well as documenting as much physical evidence as possible is most important, rather than anticipating what to include or exclude, even if the intent is to help the patient. Only the first hospital visit after the assault when the exam takes place is admissible in court, another reason thorough documentation and appropriate language is vital.

Law enforcement and prosecutors can send letters of preservation to social media companies to preserve a communication record in time. As Ms. Johnson pointed out, "in most sexual assault cases, the victim and the perpetrator know each other," therefore communications prior to and directly after the assault can be particularly useful evidence. There are apps that allow one party to erase an entire conversation, so it is important to begin preserving electronic communication as soon as possible.

Controlled phone calls from the survivor to the perpetrator in the presence of law enforcement can be very effective in procuring a confession or other exculpatory comments. Ms. Johnson explained how these calls can be key to the investigation and prosecution so long as the survivor is comfortable making the call: "law enforcement is very skilled at crafting scenarios. The victim needs to be in a good place to do this, but you can get such great evidence."

Creating a safe, private environment for the survivor at all stages of evidence collection keeps the focus on the survivor. Deputy Inspector Michael King emphasized that in his experience, "survivors come forward because they are seeking help, so giving power back to the survivor by creating a safe space for them to tell their story is important."

Best Practices for Evidence Collection, Documentation & Testifying:

· Use trauma-informed interview practices, including interviewing survivor in private
· Medical records should be thorough and use neutral language
· Include as much evidence as possible in rape kit, as subsequent hospital visits may not be admissible in court
· Use preservation letters to preserve electronic communication between survivor and perpetrator when applicable
· Conduct controlled phone calls if survivor is comfortable contacting the perpetrator

WHAT'S ON THE HORIZON? PROMISING NEW PROGRAMS, INITIATIVES AND PRACTICES AND NEWLY ENACTED LEGISLATION

Dr. Veronica Ades MD, MPH	Director, EMPOWER Clinic for Survivors of Sex Trafficking and Sexual Violence, NYU School of Medicine
Colleen Balbert, Esq.	Deputy Chief, Sex Crimes Unit Manhattan District Attorney's Office
Mary Haviland, Esq.	Executive Director, New York City Alliance Against Sexual Assault
Joe Muroff, Esq.	Executive Assistant District Attorney, Chief, Special Victims Division Bronx District Attorney's Office
Kim Nash BSN, RN, SANE-A, SANE-P	Forensic Nursing Specialist International Association of Forensic Nursing (IAFN)
Dep. Insp. Caroline Roe	Deputy Inspector, Executive Officer, Special Victims Division, New York City Police Department
Marie Samples, MS, MPhil.	Assistant Director Office of Chief Medical Examiner

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Legislative Changes

New York State's Child Victim Act A2683 / S2440

Sexual Assault Survivors' Bill of Rights A08401 / S6428

Coercion in 2nd Degree & Nonconsensual Disclosure of Intimate Images A09505 / S7505c

Changes in Criminal Justice Infrastructure/Procedures

Co-locating NYPD, DA, Advocacy and Medical Groups

New trauma-informed centers are opening in each borough, with the NYPD, District Attorney's Offices, and medical groups co-located under the same roof. The offices are designed to be victim-centered environments with clean, comfortable, private interview rooms and staff will be trained in trauma-informed interviewing, including specialized staff to handle drug-related sexual assaults. The Manhattan center is scheduled to open in 2019; the Brooklyn and Bronx are renovating existing locations, and Staten Island renovations will begin shortly.

Work-Related Sexual Violence Team

The Manhattan District Attorney's Office has formed a Work-Related Sexual Violence Team to create an environment where individuals can come forward about work-related sexual violence without fear of retaliation. The team provides enhanced investigation and prosecution of work-related sexual violence reports, and will hopefully allow more victims to feel safe coming forward in these cases.

Forensic Genealogy & Rapid DNA Testing

Forensic Genealogy

Forensic genealogy is one of the most recent innovations in law enforcement, using non-criminal DNA databases to match DNA for sexual violence and other crimes. New York State's oversight board, The Commission on Forensic Science, has not yet spoken on the use of forensic genealogy in criminal investigations, but national trends suggest this may become a common practice in the future.

Rapid DNA Testing

In response to the extensive backlog in rape kit testing, Kentucky is currently piloting a program using rapid DNA testing for sexual assault kits. Using traditional methods, current DNA requests are processed in 30-45 days, while rapid DNA testing returns results in less than 2 hours. Although rapid DNA tests currently cannot process mixed DNA, manufacturing companies are quickly adapting to make the kits more useful for sexual assault cases.

Trauma-Informed Medical Care

In-House Sexual Violence Clinic Models

EMPOWER OBGYN clinic at Gouverneur Hospital and The PurpLE Clinic at The Institute for Family Health are raising awareness about the need for trauma-informed, in-house services for survivors of sexual violence at hospitals and clinics. These models emphasize trauma-informed care, meeting the needs of the local population, providing thorough follow-up with patients, and access to mental health care and resources.

Expanding In-House Forensic Examiner Programs

While SAFE programs are expanding nation-wide, out of over 5,000 hospitals in the United States, there are still only 800 sexual assault programs. Without in-house SART programs or SAFE nurses, on-call nurses have to do SAFE work in addition to their regular duties. At Memorial Hospital University of Colorado Health, the number of cases examined went from 250 to 2,500 once an in-house program was instituted, demonstrating the high need for these programs. Kim Nash gave advice at the conference about these strategies for building support for SAFE programs, based on what worked at Memorial Hospital University of Colorado Health. She suggested garnering support from District Attorneys and physicians, and starting small with the funding offered and building the program over time. SAFE programs benefit hospitals in many ways outside of improved patient care, including helping to sustain forensic programs, and providing incentives for physicians who often do not want to perform the exams.

Training and Outreach

OutSmartNYC's Nightlife Project

Outsmart NYC offers violence prevention and bystander intervention training for nightlife industry staff. The project promotes policies that address gaps in violence prevention in high risk environments like bars and nightclubs, and are working to expand training to all New York State security guards.

MOVING FORWARD

While major steps have been taken to institutionalize trauma-informed and survivor-centered practices in medical, law enforcement, legal and advocacy systems city-wide, expanding these practices and models is the next step to enhancing these coordinated responses to sexual violence:

- Expanding SAFE programs and sexual violence clinics, raising awareness of the signs and dangers of strangulation and improving the care strangulation survivors have access to
- Continuing to train health care providers, law enforcement, attorneys and advocates on trauma-informed practices
- Critically examining how various systems may re-victimize survivors
- Enhancing services that support survivors during and after reporting sexual violence

In its expanded role, ENDGBV looks forward to working with partners from the conference and other key stakeholders to improve the systems' responses to sexual violence in New York City. As a result of these collaborations,

ENDGBV sees opportunities to:

1. Increase capacity for trainings on trauma-informed interviewing for law enforcement, healthcare providers, advocates and attorneys who work directly with people who have experienced sexual violence;

2. Provide technical assistance on the development of NYC's Citywide Guidelines for Sex Crimes Victim Bill of Rights

3. Continue to facilitate communication, provide resources, training materials, technical assistance, and coordinate efforts among all healthcare providers through our Gender-Based Violence Healthcare Workgroup, which convenes bi-monthly

4. Seek out research on successful programming, effective training, and survivor-centered engagement both nationally and internationally, to inform ongoing training and protocol development.