



**Testimony of Emily Miles, Executive Director
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**Submitted to the New York State Budget Hearing
Hearing on Health**

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Founded in 2000, the mission of the New York City Alliance Against Sexual Assault (the Alliance) is to prevent sexual violence and reduce the harm it causes. Through public education, prevention programming, and the pursuit of legal and policy changes, the Alliance works to disrupt systems and institutions that, unfortunately, can retraumatize survivors when they most need our support.

I would like to thank Chair Krueger, Chair Pretlow, as well as Chairs Rivera and Paulin and all members of the Senate Finance, Assembly Ways and Means, and Senate and Assembly Health committees for holding today's hearing on Health proposals in the FY26 Executive Budget.

The New York City Alliance Against Sexual Assault strongly supports Governor Hochul's proposals to expand access to sexual violence response services and requests the Assembly and Senate support the following items:

- **Increase rape crisis program funding** from \$6.48 to \$12.8 million
- **Increase child advocacy center funding** from \$7 to \$14 million
- \$2 million to **expand training programs for sexual assault forensic examiners** to provide post assault care to sexual violence survivors
- **Expanded oversight of hospitals** to ensure the delivery of equitable and high-quality services to sexual violence survivors
- **\$3.3 million to increase reimbursement for the cost of a forensic rape examination** and expand HIV Treatment to survivors seeking care.

Gaps in Access to Sexual Assault Services

In New York State, services to survivors of sexual violence are governed by the [Sexual Assault Victim Bill of Rights](#). This document, which was legislated in 2018, outlines the services that are to be offered to every survivor seeking access to post assault care, including access to support from their local rape crisis program and the ability to receive medical treatment and forensic evidence collection from any hospital emergency department in the state. Over the past two years, the

Alliance has collected data related to sexual violence response services from hospitals, rape crisis programs, and victims service providers across New York State and what we found was an underfunded and under resourced system that too often provided inconsistent and inadequate services to survivors of sexual violence. While these gaps in access to care were found in every part of the state, the populations facing the least access to services include children, survivors of color, and low-income survivors.

Lack of Access to Rape Crisis Program Services

New York State is home to 52 rape crisis programs (RCPs), organizations who specialize in providing 24/7 support and aftercare services to sexual assault survivors. These services include, but aren't limited to, advocates to accompany survivors to the emergency room for medical treatment, support in navigating the criminal legal system, and access to counseling, legal, and case management services. Unfortunately, these organizations frequently struggle to maintain consistent access to post assault care for survivors in their communities. Despite the New York State Survivor Bill of Rights guaranteeing advocacy services, the lack of funding and resources forces many RCPs to reduce 24/7 advocate response, maintain inadequate staffing levels, and struggle with high staff turnover. Advocates cite burnout from understaffing, especially for after-hours shifts, while funding shortages prevent programs from offering competitive stipends or salaries. Programs report months long wait lists to access basic counseling and legal services, with waitlists for those seeking language specific services as high as 6 months long.

Lack of Access to Medical Staff Trained in Sexual Violence Response

Despite the New York State Survivors Bill of Rights mandating all hospitals to provide access to sexual assault forensic care, many hospitals, particularly in rural areas and low-income communities, lack access to trained medical staff also known as Sexual Assault Forensic Examiners (SAFEs). These SAFEs receive specialized training in providing medical care to survivors and in the collection of forensic evidence. Instead, survivors are often met with medical staff that lack the knowledge to provide critical after care services. High wait times for SAFE examiners at emergency departments often result in survivors waiting hours for care, compounding the trauma survivors experience. This is especially true for pediatric survivors who often experience the lowest access to SAFE services.

In New York State, hospitals can seek [SAFE certification](#), noting to the public that the hospital provides a higher standard of care for survivors seeking services. Unfortunately, even in facilities with this SAFE designation, many survivors are

often not seen by certified examiners, leading to suboptimal care. In New York City alone, 47% of survivors seen in SAFE designated hospitals were not treated by a trained examiner. Furthermore, insufficient training of hospital staff often results in rape crisis advocates finding themselves providing informal guidance to medical practitioners who lack trauma-informed training in best practices in responding to sexual violence.

The lack of certified SAFE training programs across the state exacerbates these inequities. There are currently only 6 Department of Health certified SAFE training programs, all of which are located in the Albany region or south. There are currently zero certified programs north or west of the Albany area, resulting in major access issues for this critical training. It is important to note that training on post sexual assault medical care and the collection of forensic evidence is not part of the standard curriculum in medical, nursing, or physician assistant schools. Without this additional training and ongoing support, there are currently limited paths for these medical providers to obtain this knowledge.

Impact on Survivors

The lack of access to rape crisis programs and SAFE services has real impact on survivors and their ability to receive trauma-informed, high-quality services. Below are true stories from across New York State of survivors seeking access to care and the barriers they faced. To protect the identities of the survivors and their families, the stories have been de-identified.

- A survivor who had experienced an acute sexual assault visited three different emergency departments before receiving care. The first told her there was no SAFE available, the next told her it would be 24 hours before a SAFE responded and that she should go to another local hospital with full time SAFE coverage. The patient was finally able to receive care at the third hospital. There was no advocate provided at the first two.
- A patient who had experienced sexual assault was in crisis and needed time to stabilize. The doctor, with no specialized training, insisted on proceeding with the evidence collection despite the patient clearly having a mental health crisis. The physician proceeded forward, and the patient decompensated further, needing subsequent mental health inpatient care.
- A survivor of sexual assault presented to their local emergency room and waited over 6 hours for an exam to be conducted. Then a nurse finally arrived to conduct the exam, they told the survivor and rape crisis advocate that they “had no training in this and wasn’t sure what to do.” The rape crisis

advocate, who had no medical training, walked the nurse through the exam and provided instruction in how to collect forensic evidence.

- A survivor of sexual assault and strangulation presented to a SAFE designated facility in their community for care. They waited for over 12 hours with no SAFE response and no advocate response, before finally leaving by themselves and driving to a neighboring county for care at another hospital.
- A pediatric survivor of sexual assault was brought to their local hospital by their parents. This hospital told their family that they do not treat pediatric patients there, and that they would have to drive to the nearest hospital that does, over 2 ½ hours away. The parent had to miss work to get the child to and from the hospital.
- A pediatric sexual assault survivor was turned away at their local hospital and told to travel 3 hours away to another facility. Their family did not have access to a car and never went to another facility because they had no way to get there.
- A pediatric sexual assault survivor and their parents presented to their local hospital. The parents were told that no SAFE examiner would be available until the next day and to return then. The parents were also instructed to not brush the child's teeth or bathe the child in order to preserve forensic evidence.

Recommendations

We applaud Governor Hochul's Executive Budget proposals designed to strengthen access to rape crisis programs, expand access to SAFE examiners, and ensure that pediatric survivors receive the highest levels of care. We strongly encourage the Senate and Assembly to support the following budget requests:

- **Double Rape Crisis Program (RCP) Funding-** The Executive Budget includes **\$6.5 million to double funding RCP funding to \$12.8 million**. Rape crisis programs have been flat funded for over 10 years, resulting in a constriction of services and, in several counties, a shutdown of programming. This funding increase will serve to stabilize these critical programs and allow for the expansion of programming in high needs areas.
- **Expand access to Sexual Assault Forensic Examiners (SAFEs)-** The Executive Budget includes **\$2 million to begin expanding SAFE training programs**, ensuring statewide access to free trainings for all hospitals.

- **Expanded oversight of hospitals** to provide access to care- The Executive Budget includes legislation **requiring all hospitals to provide access to trained SAFEs for all sexual assault survivors, including pediatric cases.** Though the Survivor Bill of Rights mandates access to care, too many hospitals are not living up to this requirement and either not providing care or relying on untrained staff to do so. In providing access to free trainings and improving the reimbursement process for examinations, the Governor's proposal balances a mandate for care with the supports to allow hospitals to meet survivor need.
- **Increase the reimbursement for the cost of a forensic rape examination-** The Executive Budget includes **\$3.3 million and legislation to increase reimbursement for the cost of a forensic rape examination** and expand HIV Treatment to survivors seeking care. This will allow hospitals and Child Advocacy Centers to more easily seek reimbursement for these services, currently a major barrier for the finance health of these programs.
- **Double Child Advocacy Center Funding-** The Executive Budget **doubles the investment in Child Advocacy Centers (CACs) to \$14 million** to strengthen protections for child victims of crimes. Child Advocacy Centers have been flat funded at \$7.229 for 10 years despite the need for services growing and the number of CACs having increased.

The data is clear, access to and support from SAFE examiners and rape crisis program advocates after experiencing sexual violence improves the long term physical and psychological health outcomes of survivors. With your leadership, we can strengthen the statewide response to sexual violence, ensuring that no survivor is left without the care and support they deserve. The outlined investments are not just about addressing the gaps—they are about prioritizing the safety and dignity of New Yorkers, fostering a system capable of meeting the needs of all survivors.

On behalf of New York State's 52 rape crisis programs and the countless survivors they serve every year, I thank you for the opportunity to submit this testimony.