



Public Hearing on Sexual Assault in the Prison System

convened by the Senate Standing Committee on Crime Victims, Crime, and Corrections and the Senate Standing Committee on Ethics and Internal Governance

Testimony by Crime Victims Treatment Center

March 3, 2022

Good evening. To the committee chairs, Senator Salazar and Senator Biaggi, my sincere thanks for convening this hearing and for creating a public space to discuss sexual assault in prison. I'm Christopher Bromson, the executive director of the Crime Victims Treatment Center (CVTC) in New York City, where we provide a full range of healing services to any survivor of interpersonal violence or crime, completely free of charge. We currently serve an average of 1,500 survivors annually, and provide training to over 15,000 community stakeholders each year.

Since 2013, our PREA Program has provided crisis intervention, advocacy, and short-term trauma-focused therapy to over 920 survivors incarcerated at sixteen DOCCS Facilities. Our PREA Program is part of a statewide collaboration between DOCCS, ten victim services agencies, and the New York State Coalition Against Sexual Assault, funded with the support of the New York State Office of Victim Services using VOCA funds. Our coalition has made confidential victim services available to survivors incarcerated at all 50 DOCCS facilities.

In the course of this work, we've learned a lot of things about sexual violence in prisons. We've learned that, whether perpetrated by staff or other incarcerated people, sexual violence in detention settings involve complex dynamics of power and control, in which the restricted movement and limited availability of options can be manipulated to increase terror and vulnerability. We've learned that an incident of verbal harassment may be a stepping stone to a more severe physical or sexual assault. We've learned that many individuals carry significant histories of unprocessed abuse and trauma with them to prison, which can be significantly triggered once they're inside. For someone in the community, there are many options and few barriers to

accessing immediate support after a sexual assault; they can go to the hospital, they can call a rape crisis hotline, they can walk into a police department or victim services program. They can engage in therapy and take a walk in the park, take deep breaths of fresh air. Perhaps most importantly, in many cases, they can get away from the person who harmed them; the sexual assault is over, and they may not ever have to engage with that person again. And in most cases, the individuals or institutions causing them harm do not have the power to retaliate against them for making a report. For an incarcerated survivor, none of these things is easily accessed, and there is no easy way for them to get away from the person who is hurting them. And as Jonas's story so clearly illustrated, every request for help comes with immense risk of retaliation.

Our work with incarcerated survivors of sexual assault is not perfect, it's not complete, and it doesn't guarantee safety, but it's making a significant difference. We have worked hard to build a strong, open, and collaborative relationship with our partners at DOCCS. As victim services professionals, we have a fundamentally different framework, language, and sometimes priorities from those held by correctional staff. By approaching our work together from a stance of partnership and transparency, we have built a shared understanding of our goals. This has allowed for tremendous growth in our program and sizable shifts in DOCCS' response to disclosures of victimization since the start of the program.

We have also become attuned to the complex meaning of confidentiality inside a prison, and its vital role in ensuring that survivors can access services with less fear of retaliation. We have not by any means fully resolved this issue, and it remains one of the largest barriers, but we've made progress.

We make it very clear that we are independent from DOCCS and that DOCCS staff do not have authority over our services and cannot make decisions about who we can and cannot serve. We have also established a variety of channels for survivors to connect with us, including some which do not require direct disclosure to a DOCCS staff member. We utilize the confidentiality measures already in place for attorney contact to safeguard our clients' privacy as much as we can.

We have also found that by making it clear that we offer trauma-focused counseling to individuals who have experienced sexual violence at any point in their lives, including before incarceration, both allows us to connect with some of the most vulnerable people, as we know that prior victimization is a

major risk factor for further victimization in prison. It also allows plausible deniability for survivors who have experienced sexual assault or harassment in their current facility and fear retaliation. By undoing correctional staff's association between our services and the assumption that we're only helping our clients' make reports against their colleagues, we both reduce hostility to our presence within the facility, and create increased confidentiality for our clients.

We believe that to truly and fully end sexual assault in prison, we need to examine incarceration more broadly. Victims we serve in the community want many things, but two are consistent: accountability and safety, for themselves, their families and their community. Incarcerated survivors, many of whom have been the victims of crimes in their homes and communities long before they entered prison, have these same needs. Incarceration lacks the agility necessary to respond to the complexity of survivors' individual circumstances. And, far too often, the experience of incarceration leads to revictimization and compounding of past trauma. To truly achieve accountability and safety sustainably, we need to create multiple paths, not just prison. So, while we continue our work to make stronger investments in alternatives to incarceration, mental health interventions, and other innovative ways to ensure accountability and safety, there are a few things the legislature can do now:

- First, you can increase the amount requested by the governor in Part Y of the Public Protection and General Government (PPGG) budget bill from \$14.4 to \$25 million to cover the first two years of the VOCA shortfall. Federal VOCA money is the main source of funding for victim service programs, and thus PREA services. If victim service providers suffer cuts in funding and have to make difficult decisions, PREA services are likely among the first that will be cut.
- Second, expand the body-cam program to cover all DOCCS facilities. The 2016 pilot and subsequent increase have shown great promise in reducing instances of sexual violence, and expanding the program to the full DOCCS system will increase safety and accountability for everyone in the system
- Third, strengthen the provision of gender affirming care within DOCCS facilities. One is to simplify and clarify the transfer request process for transgender individuals, so that they can serve time at a facility that matches their gender identity. In our work, we see that transfeminine

people incarcerated in men's facilities are at extremely high risk for repeated sexual assault and harassment, and will remain at risk while housed in a facility that does not match their gender identity.

We often talk about resilience in our work as victim service providers. The resilience of the incarcerated survivors we serve is among the most powerful things I have ever witnessed. The healing that takes place through this program is profound, most of the clients we serve have never disclosed their experiences to anyone, maybe never felt like they deserved to or could heal. With the right investment and support, we can work to ensure every incarcerated survivor has the opportunity to heal. We can break cycles of violence, increase safety, and we can strengthen families and communities across our state. Thank you.