



The Impacts and Needs of New York's Trauma Recovery Centers:

To Continue Improving Public Safety, Innovative Crime Victim Services Centers
Need Greater, Permanent City and State Funding for Lasting Expansion

DECEMBER 2025



For

The New York City Council

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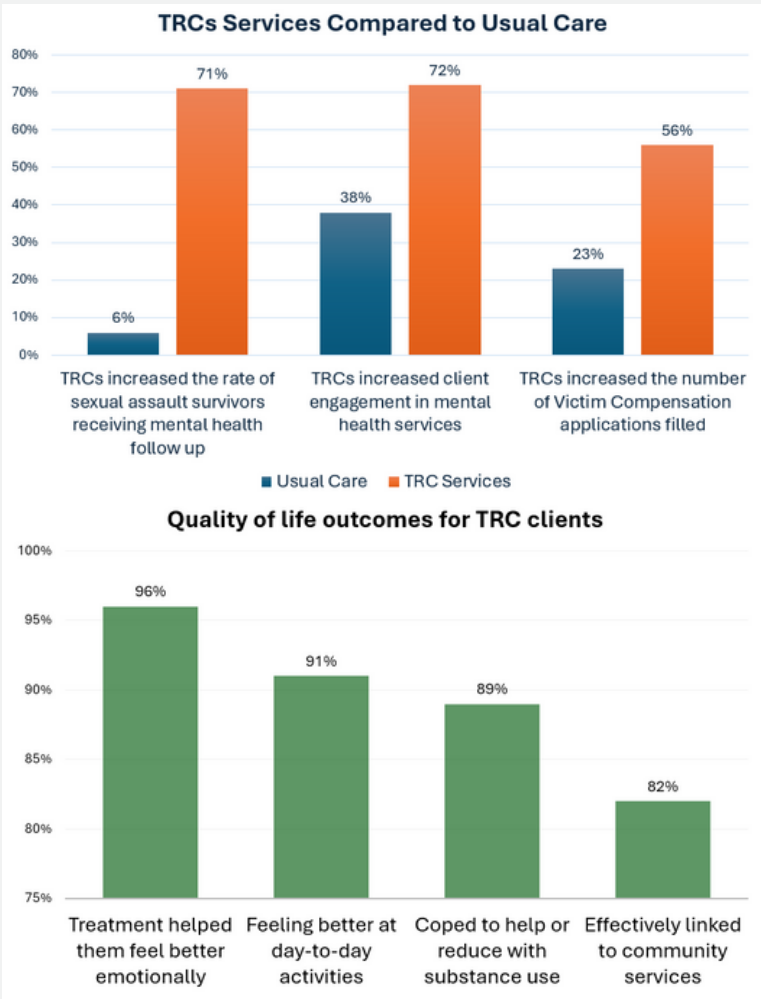
Executive Summary

Survivors of violent crime face profound and lasting hardships that extend far beyond the initial event, impacting their physical, emotional, and financial well-being. Many struggle to access essential services, including mental health support, legal assistance, and financial aid, which are critical for recovery. People of color, women, and LGBTQ+ individuals experience disproportionately high rates of victimization and significant barriers to support (Alliance for Safety and Justice, 2024). Without proper intervention, unresolved trauma can lead to long-term instability, increased risk of re-victimization, and economic hardship.

Despite existing victim compensation programs, survivors often encounter bureaucratic obstacles that delay or limit their access to financial assistance. Only 6% of violent crime victims in New York State report receiving compensation, highlighting systemic gaps in support services. These challenges are particularly acute in underserved communities, where financial instability, housing insecurity, and limited access to trauma-informed care exacerbate the impact of crime victimization.

Recognizing these challenges, the New York City Council brought the UCSF Trauma Recovery Center model for serving survivors of violence to NYC in 2023 and funded 4 Trauma Recovery Centers (TRCs). TRCs provide comprehensive care and support to survivors of all types of violence, including gun violence, sexual violence, domestic violence, physical assault, criminal motor vehicle accidents, and homicide loss. This evidence-based model is currently implemented by 55 TRCs across the U.S. who are members of the National Alliance of Trauma Recovery Centers (NATRC).

Demonstrated outcomes from the TRC model include:



Source: Bocellari, 2007

Source: National Alliance of Trauma Recovery Centers, 2025

Outcomes from the New York TRCs indicate that 70% of survivors experienced a reduction in PTSD symptoms, and 67% reported an improved quality of life.

The Need for Trauma Recovery Centers in New York

The TRCs in New York State are seeing the same life-changing outcomes for survivors of violent crime. In 2024, the four TRCs included in this report served 1,197 survivors, with 81% identifying as people of color. The primary types of crime experienced by people accessing TRC services were domestic violence (40%), gun violence (21%), and physical assault (19%).

The need for trauma recovery services is not limited to major metropolitan areas. In addition to the 4 TRCs funded by the New York City Council, a fifth TRC was developed in Buffalo, NY, as a result of a grassroots effort to provide more holistic care and outreach to survivors of violence, including the mass violence shooting that occurred in 2022. Upon discovering the TRC model, this hospital-based program pivoted to develop a TRC with its existing funding and support from its hospital's administration. They serve 6 counties in upstate New York, including more rural counties, where survivors face particular barriers to accessing care and services.

However, capacity challenges remain—75% of TRCs operate at full capacity, with waitlists of up to two months. Key barriers include staffing shortages, funding constraints, and gaps in service accessibility, particularly in rural and low-income communities. Addressing these challenges will require the state's investment in the existing Trauma Recovery Centers to ensure continued accessibility of services, as well as additional investment to develop Trauma Recovery Centers in other communities where they are needed throughout New York State. TRCs are a crucial component of the strategy to break the cycle of violence.

State investment in Trauma Recovery Centers will help ensure equitable access to the wraparound services and treatment survivors of violence need to heal.



Data Summary

In December 2024, NATRC distributed a questionnaire to the four New York State Trauma Recovery Centers (TRCs): Astor Services TRC (Bronx), Jewish Community Council of Greater Coney Island (JCCGCI), Rising Ground (Brooklyn), and BRAVE TRC (Buffalo). The questionnaire included 34 questions covering the following four topical areas: organization information, program service information, client/survivor information, and client outcome data.

The following is a summary of data reported:

Demographic Data

NY STATE TRCs SERVED 1,197 CRIME SURVIVORS IN 2024

Top three violent crime types served



Domestic Violence

44%



Gun Violence

24%



Physical Assault

20%

81%

OF SURVIVORS SERVED BY
NY STATE TRCs
WERE PEOPLE OF COLOR



48%

BLACK/AFRICAN AMERICAN

20%

OF TRC CLIENTS
WERE UNDER
24



24



58%

WERE WOMEN

58% OF CLIENTS SERVED
IN 2024 WERE UNEMPLOYED
AND 37% LACKED
STABLE HOUSING



62% of clients had experienced 2-5 lifetime traumatic incidents, and 13% had experienced more than 6. The most common diagnoses for clients were post-traumatic stress disorder (PTSD) 25%, depression 17% and anxiety 16%.

Outcomes for Survivors

70% of survivors experienced a reduction in PTSD symptoms

65% experienced a reduction in depression symptoms

67% of survivors reported improved quality of life after receiving treatment

TRCs' Service Capacity

The greatest challenges facing NY state TRCs are staffing/hiring, service gaps/referrals, and funding challenges.

75%

OF TRCs ARE OPERATING
AT CAPACITY



HAVE A
1-2 MONTH WAITLIST

33%

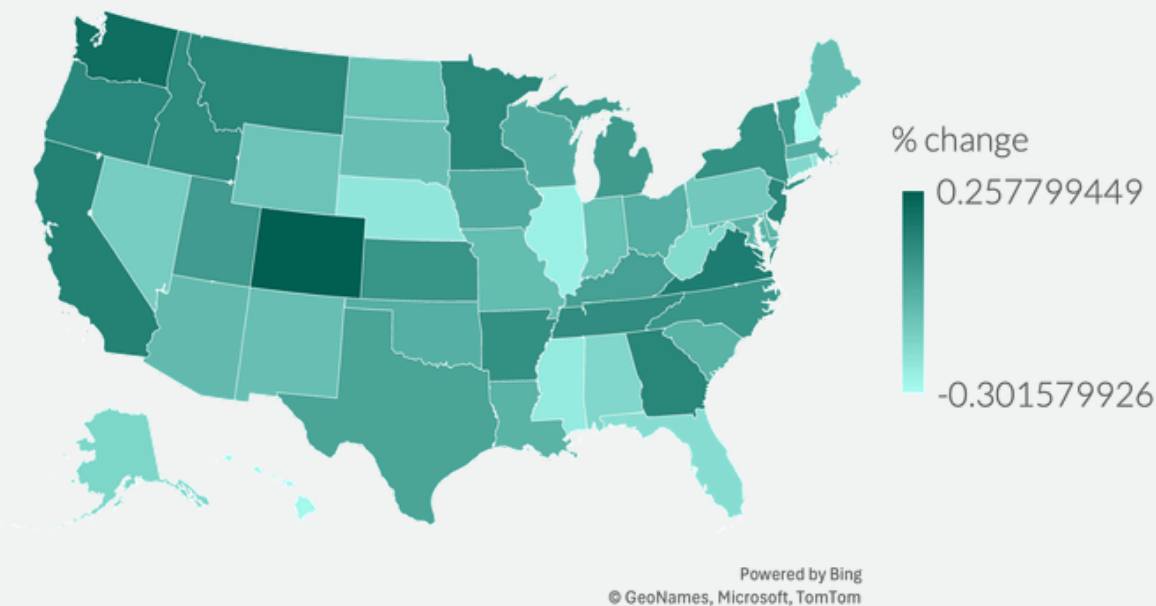
Introduction

Survivors of violent crime often endure lasting physical, emotional, and financial hardships long after their victimization. The sudden and profound disruption caused by violence can make even basic daily tasks—such as self-care, providing for family, or maintaining employment and education—overwhelming. While immediate needs often include mental health support, assistance in establishing safety, and guidance through the justice system, the most vulnerable survivors frequently require additional resources. Access to food, housing, and employment becomes essential for those whose coping mechanisms and support systems are already strained. Without proper intervention, the long-term consequences extend beyond the individual, affecting their stability, community connections, and overall well-being.

The impact of crime victimization is not limited to the immediate aftermath; it can reverberate for years. Survivors with strong internal resources—such as resilience, coping skills, and social support—along with stable external conditions like secure housing, employment, and financial stability, are better positioned to heal with the right guidance. However, those from marginalized, low-income communities, or individuals facing chronic crises—including homelessness, unemployment, or untreated mental health challenges—often require more intensive support. Without adequate intervention, they face a heightened risk of long-term instability and even further victimization, deepening the cycle of trauma and hardship.

During the past 5 years, violent crime has risen 9% in New York state, while it has risen less than 1% across the US.

Between 2019 and 2023, violent crime rates declined in 30 states and increased in 20 states. In 2023, the violent crime rate in New York (390 per 100,000) was 4% higher than the national average (374 per 100,000).



Source: FBI Uniform Crime Reporting Program Summary Reporting System (SRS), 2023



Immediate Needs

In the immediate aftermath of a violent crime, survivors are left to navigate a profoundly altered reality—one that may involve medical treatment for injuries, time off work, and the struggle to regain a sense of normalcy. Whether they experienced the victimization firsthand or are coping with the loss of a loved one due to homicide, the impact of crime can be overwhelming and far-reaching. Re-establishing safety, securing income through paid leave or financial assistance, and managing daily responsibilities—such as caring for family members—can become daunting, if not impossible.

Despite the existence of victims' compensation programs, significant barriers prevent many survivors from accessing timely financial support. These programs primarily operate on a reimbursement model, requiring survivors to first cover expenses out-of-pocket before receiving compensation—if their claim is accepted. Even when reimbursement is granted, stringent eligibility requirements, crime reporting mandates, category limits, and payer-of-last-resort conditions frequently leave survivors without the full support they need.

The challenges in accessing compensation are reflected in recent data: according to the 2024 Alliance for Safety and Justice report on New York City crime survivors, only 6% of violent crime victims in New York State reported receiving any financial compensation (ASJ, 2024). Many survivors are ineligible, face denials due to strict enforcement policies, or lack the resources to navigate a complex and often lengthy appeals process (Navarro et al., 2024). As a result, countless individuals are left without the financial assistance necessary to rebuild their lives in the wake of trauma.

Over the last decade, violent crime has increased overall in New York state. New York City (NYC) has experienced higher increases compared to the rest of the state, particularly in the areas of homicide and aggravated assault.

When compared to the nation as a whole and other populous cities, New York City is behind in returning to prepandemic levels (Vital City, 2025).

Offense	2019 (Jan-June)	2024 (Jan-June)	2025 (Jan-June)	% change from 2019 to 2025	% change from 2024 to 2025
Murder	144	190	146	+1.40%	-23.2%
Rape*	887	814	979	+10.40%	+20.3%
Felony Assault	9,930	14,432	14,282	+43.9%	-1.0%
Shootings	358	435	335	-6.4%	-23.0%

*10-year statistics on Rape in NY are not available due to a change in the legal definition of rape within this timeframe.

4 of the 5 counties with the highest rates of violence in NY are in NYC: Bronx, New York (Manhattan), Kings (Brooklyn), and Queens.

Counties Served by NY TRCs	Violent Crime Rate, Per 100,000 Population
New York	823
Kings	669
Erie	338
Niagara	297
Chautauqua	276
Cattaraugus	246
Genesee	218
Orleans	166

Unaddressed and Untreated Trauma

By adopting trauma-informed approaches, we can reduce the risk of further victimization and promote long-term resilience and stability

Without proper intervention, trauma can lead to significant mental health challenges, including post-traumatic stress disorder (PTSD), depression, and substance abuse (American Psychiatric Association, 2022). These conditions can impair judgment, increase engagement in risky behaviors, and heighten susceptibility to re-victimization. Individuals with unresolved trauma may struggle with setting healthy boundaries or recognizing dangerous situations, making them more vulnerable to future harm.

Research indicates that early victimization, particularly in childhood, significantly increases the likelihood of experiencing further violence later in life, including physical and sexual assault. This unaddressed trauma can perpetuate a cycle of exposure to harm, leading to profound emotional distress, grief, and social withdrawal. Many survivors isolate themselves, severing community ties and support systems, which further exacerbates their vulnerability.

Unresolved trauma often results in harmful coping mechanisms, distorted perceptions of safety, and an increased risk of re-victimization (Wyrick & Atkinson, 2021). Avoidance—whether of certain places, conversations, or even thoughts related to the traumatic event—is a key symptom of both acute trauma and PTSD. This pattern of avoidance not only deepens isolation but also reinforces susceptibility to further victimization and violence.

There is also a well-documented correlation between crime victimization and the perpetration of crime, though multiple theories attempt to explain why. Engaging in externalizing behaviors, such as aggression and substance abuse, increases the likelihood of involvement in violence and encounters with the criminal justice system (Ousey, Wilcox, & Fisher, 2011). In high-crime neighborhoods, the dynamics of retaliation and street justice often serve as maladaptive survival strategies—"getting them before they get you" (Berg & Loeber, 2011). This phenomenon is particularly relevant when examining the victimization of men of color, who often experience systemic barriers to trauma recovery and support.

Beyond its emotional toll, unresolved trauma can disrupt multiple aspects of an individual's life, including employment, interpersonal relationships, and overall well-being. The resulting economic hardship and social isolation further increase vulnerability to re-victimization. Addressing trauma through comprehensive, trauma-informed care is critical to breaking this cycle. Such care prioritizes safety, recognizes the deep impact of trauma, and empowers survivors with the resources and support necessary to heal. By adopting trauma-informed approaches, we can reduce the risk of further victimization and promote long-term resilience and stability (Hanson et al., 2010).

Reducing Barriers to Care: The Evidence-Based Trauma Recovery Center Model

Only 1 in 10 victims of violence typically receives any help (Alliance for Safety and Justice, 2022). Common barriers include not knowing where to go for help; experiencing high levels of emotional distress; physical or cognitive impairment resulting from the trauma; and, for many survivors, not feeling comfortable or helped by victim services that are contingent on participating in the criminal legal system.

The University of California, San Francisco (UCSF) developed the Trauma Recovery Center model as a pilot program in 2001 with the goal of reducing barriers to accessing help and services for survivors of violence. TRCs serve victims of all types of interpersonal and community violence, including physical assault/battery, sexual assault, domestic violence, human trafficking, gun violence, stabbing, and homicide loss. Some TRCs also serve children and adolescents who have experienced violence or abuse.

The UCSF Trauma Recovery Center model removes these barriers by offering comprehensive, individualized services within a community-centered environment. TRCs strive to recruit and hire leaders and staff who reflect and are from the communities served. Multidisciplinary TRC teams provide assertive outreach and actively engage survivors, rather than waiting for them to reach out for assistance. Services begin by addressing the unique priorities of each person, often starting with case management support to address practical needs that take priority over attending to one's emotional well-being, such as the need for safer or more stable housing, experiencing food insecurity, the requirement for legal assistance, or help returning to work.

In addition to this practical support for stabilization, TRCs offer evidence-based mental health treatment that effectively targets symptoms and increases overall well-being. All survivors receive a comprehensive biopsychosocial assessment at intake that identifies both case management and mental health treatment needs. Providers then collaborate with clients to develop a holistic plan of care that will support them in achieving their goals for safety, stabilization, healing, and thriving. By combining assertive outreach, clinical case management, care coordination, evidence-based mental health treatment, and access to psychiatric medication management for those who need it as a whole package of services, TRCs reduce the stigma of accessing mental health treatment for survivors of violence.

TRCs use a core set of standardized measures for assessing mental health and case management needs at intake, every 8 sessions, and at closing. The snapshot created by these assessments enables clients and clinicians to track progress toward goals, see areas of continuing distress or "stuck points," and choose relevant interventions and resources throughout service provision. TRCs can also utilize aggregate, de-identified clinical data as a component of their program evaluation to inform decisions about future directions for programming and staff training.

An initial randomized clinical trial at the UCSF TRC, as well as subsequent research at many TRCs, has demonstrated the evidence base for this holistic, survivor-centered model of care.

State of Victim Services in New York

Strengthening Support for Crime Survivors in New York State

Over the past decade, New York State has made significant strides in enhancing services and support for crime survivors, addressing funding challenges, and implementing policy reforms to improve access to resources. Despite the availability of public benefits such as New York's Victim of Crime Compensation Program, which provides financial assistance, and the New York Crime Victims Legal Network (CVLN), which offers civil legal services, many victims still face barriers in accessing the support they need.

Addressing Service Gaps

Despite these advancements, challenges remain in ensuring comprehensive support for all survivors. Service gaps persist, particularly in rural and underserved communities where access to specialized services is limited. Efforts are underway to develop new programs tailored to emerging needs and to enhance training for victim service advocates, thereby improving their ability to serve diverse populations effectively.

One major initiative aimed at bridging service gaps is the expansion of Trauma Recovery Centers (TRCs). In 2023, the New York City Council invested nearly \$5 million to establish the state's first TRCs in New York City, with ongoing advocacy for \$7.2 million in baseline funding to sustain and expand these centers in 2025. A fourth TRC was established in Buffalo in 2024 using existing funds. These centers focus on supporting survivors of violent crime who have historically faced significant barriers to accessing treatment and services.

According to New York City Council Speaker Adrienne Adams, TRCs are a vital component of the state's "public safety infrastructure to support underserved crime victims and communities harmed by the trauma of violence inflicted in our neighborhoods" (New York City Council, 2024). By prioritizing trauma-informed care and expanding access to crucial services, these centers play a key role in addressing the long-term impact of crime victimization.

UCSF TRC Model Outcomes

Engaging Survivors in Mental Health and Victim Services

- Increased the rate of sexual assault survivors receiving mental health follow-up from 6% to 71% (Boccellari, 2007)
- Increased engagement in mental health services from 38% of the survivors in usual care to 72% of those randomized to TRC services
- Increased the number of Victim Compensation applications led from 23% of the survivors in usual care to 56% of TRC clients

Reducing Access Disparities and Reaching Underserved Communities

Data from 30 TRCs across the National Alliance surveyed in 2023 demonstrates high rates of engagement in services for survivors in underserved communities (Inglis, 2023):

- 35% of TRC clients are Black/African American and 27% are Hispanic/Latinx
- 1/3 of TRC clients do not have stable housing
- Nearly 2/3 of TRC clients do not work due to disability, unemployment, or student status

TRC services have been shown to reduce access disparities in the rates of victim compensation applications led for victims who were younger, unhoused, or had lower levels of education (Alvidrez, 2008).

Improving Health and Wellness

In a summary of treatment outcome data from the UCSF TRC from 2016-2019 (National Alliance of Trauma Recovery Centers, 2025), TRC clients experience the following benefits over 16 sessions:

- 96% report treatment helped them feel better emotionally
- 91% report feeling better able to handle day-to-day activities
- 89% were helped to reduce or cope more effectively with substance use
- 82% were effectively linked to help with other community services

These improvements in quality of life and mental health are essential components of healing from trauma and of preventing future violence. **Where TRCs exist, they quickly become an essential part of safety net services and of supporting individuals, families and communities to heal and thrive.**

Cost Effectiveness

The TRC model is more cost-effective than typical fee-for-service mental health providers paid for with Victim Restitution funds, while providing more comprehensive care than these traditional victim services. A cost analysis demonstrated that the TRC model costs 34% less than usual care (Wiggall and Boccellari, 2017).

Training and Technical Assistance

The National Alliance of Trauma Recovery Centers (NATRC) provides intensive Year 1 support for development of a TRC with high fidelity to the model. Training and technical assistance includes orientation to the eleven core elements of the model in a seven-week TRC implementation workshop, support for creating administrative infrastructure and the six essential protocols for operating a TRC, access to the online NATRC Center for Learning, and live webinar trainings open to the NATRC community of practice.

NY TRC Outcomes

Data from the 2024 Survey

In 2024, the 4 TRCs in New York served a total of 1197 survivors in 7 counties

NYC TRCs serve 7 of the 20 counties with the highest rates of violence in the state.

(Source: Division of Criminal Justice Services. (n.d.))

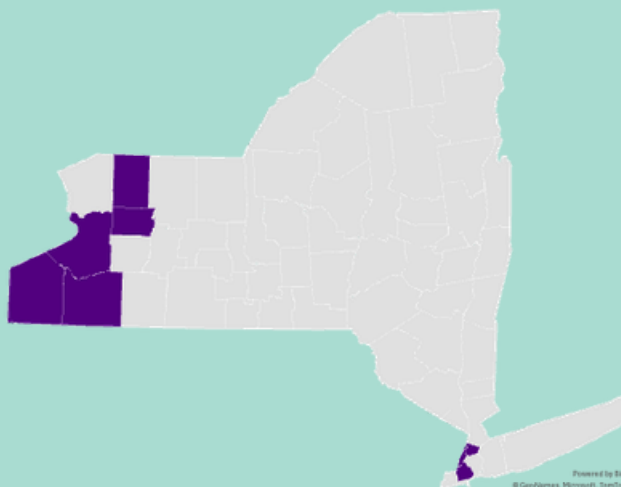
New York City Service Area

- Bronx (Astor TRC)
- Brooklyn (JCCGCI, Rising Ground)
-

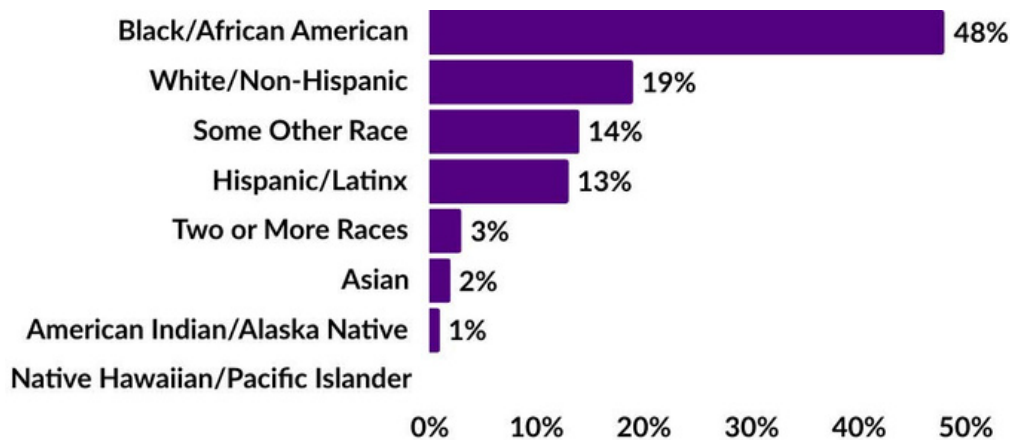
Buffalo Service Area (BRAVE TRC):

- Cattaraugus County
- Chautauqua County
- Erie County
- Genesee County
- Niagara County
- Orleans County

1,197
survivors served



Populations Served



The demographic make-up of clients served by the NY TRCs differs from the general population, and reflects racial disparities in violent crime victimization.

81% of survivors served by the NY TRCs in 2024 were People of Color.

Research has shown that experiences of violent crime vary significantly across populations in the United States, particularly by race, gender, and sexual orientation. People of color are disproportionately affected by crime victimization, largely due to structural inequities such as under-resourced communities, high crime rates, limited employment opportunities, and restricted access to essential services (Semenza, Testa, & Jackson, 2022).

These disparities are further compounded by a history of discrimination in housing, education, employment, and healthcare. As a result, men of color are disproportionately targeted by crime and violence but often lack access to the necessary support and resources for recovery (Sered, 2014).

Additionally, racial and ethnic disparities influence crime reporting rates, access to community resources, and interactions with the criminal justice system, further perpetuating cycles of victimization (Flores et al., 2023).

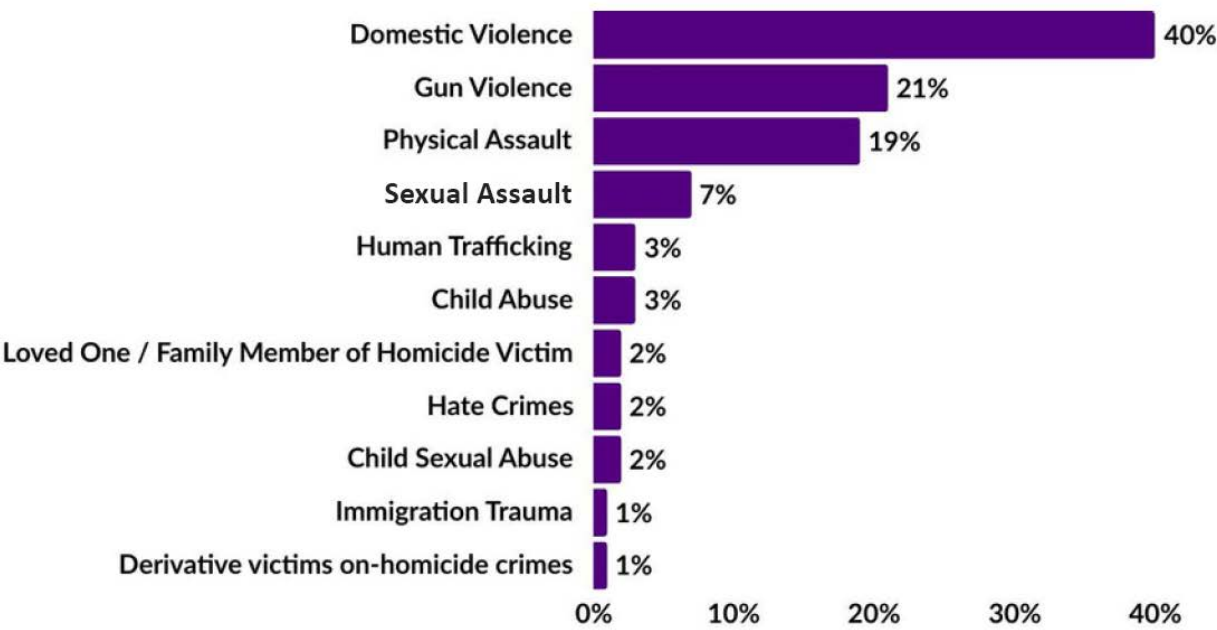
Similarly, gender and sexual orientation play a significant role in shaping patterns of victimization. Women are disproportionately represented among crime victims, largely due to persistent gender inequality and societal normalization of violence against women (WHO, 2024).

Intimate partner violence and sexual assault account for most crimes against women, with strong correlations to both homicide and gun-related violence. Likewise, lesbian, gay, bisexual, and transgender individuals face higher rates of violent victimization than their heterosexual counterparts across all racial and ethnic groups, often because of hate-motivated crimes (Flores et al., 2023).

Crime Victims Served

The survivors most commonly served by NY TRCs in 2024 were survivors of domestic violence, gun violence, and physical assault.

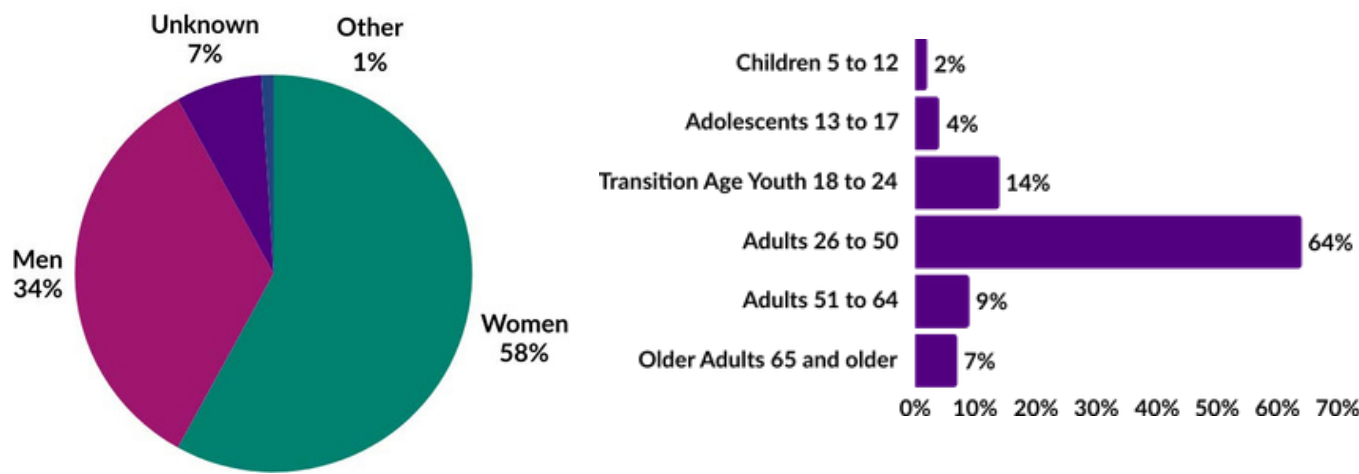
TRCs support a wide array of crime survivors to remove barriers to care and connect victims with vital resources to healing.



Client Demographics

20% of NYC TRC clients were under 24 years old. 58% were women.

While women continue to be impacted by violent crime at higher rates than men (24.2 vs. 20.8 per 1,000 population in 2023), the percentage of violent victimizations reported to police increased significantly for male victims from 2022 to 2023 (28% to 46%).

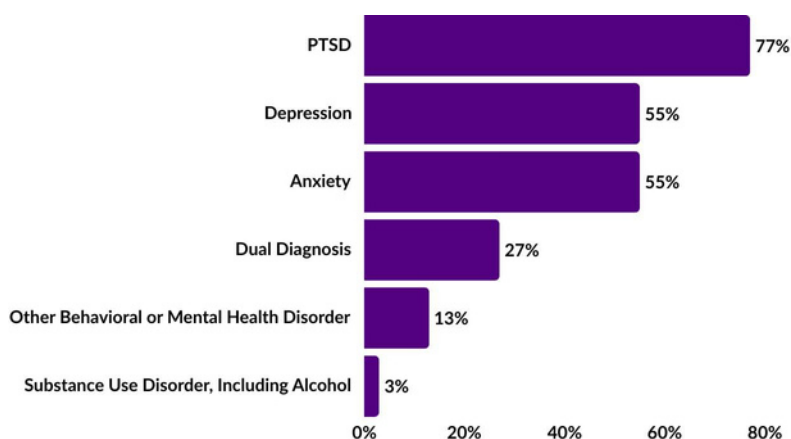


About Clients Served

The survivors that NY TRCs served in 2024 had substantial mental health, social, and economic needs.

- 37% of TRC clients lacked stable housing
- 33% had unstable housing, while 4% were unhoused
- 12% of clients received services in languages other than English and identified as immigrants, refugees, asylum seekers, and migrants
- 58% of TRC clients were not employed due in part to temporary or permanent disability, or non-working student status
- 62% of clients experienced 2-5 lifetime traumatic incidents
- 13% experienced 6 or more traumatic incidents during their lifetime

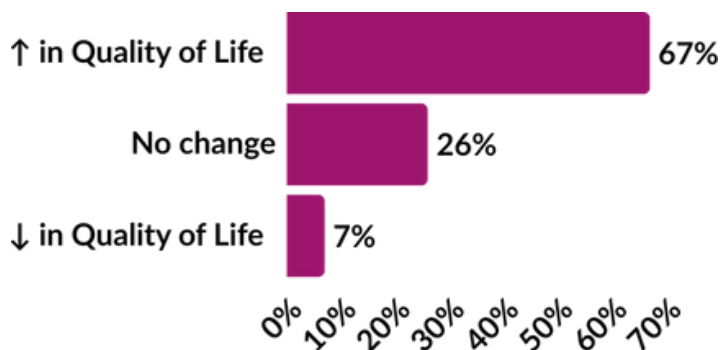
The most common mental health diagnoses among clients across TRCs were PTSD, depression, and anxiety.



**Note that due to overlapping client diagnoses, totals add up to more than 100%.*

Impact of NY TRC Services

NY TRCs effectively carry out their mission of increasing access to trauma-informed, quality care for all people impacted by violence so that all survivors receive the support they need to heal. Averages are across NY TRCs using the Post Traumatic Checklist (PCL-5) for PTSD and the Patient Health Questionnaire-9 (PHQ-9) for depression.

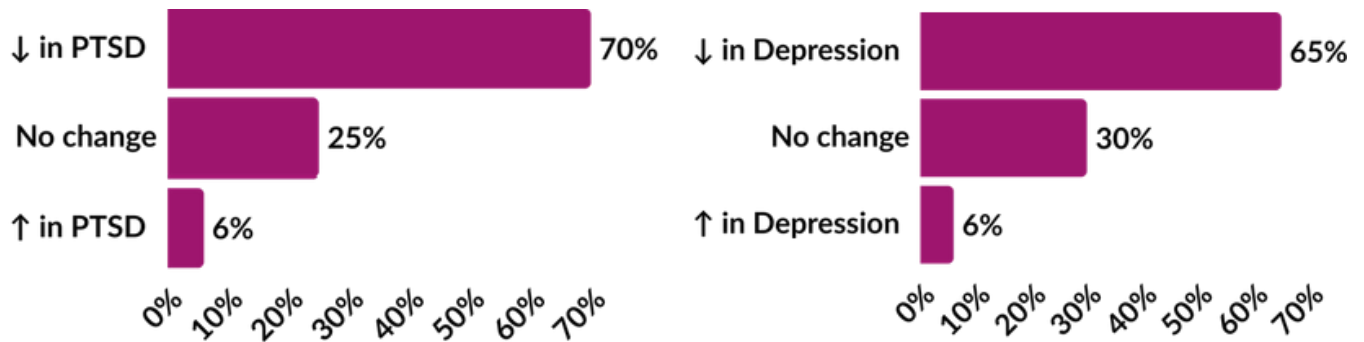


67% of clients reported improved quality of life after receiving services at NY TRCs.

**Average across NY TRCs using the World Health Organization Quality of Life Measure-Brief Version (WHOQOL-BREF).*

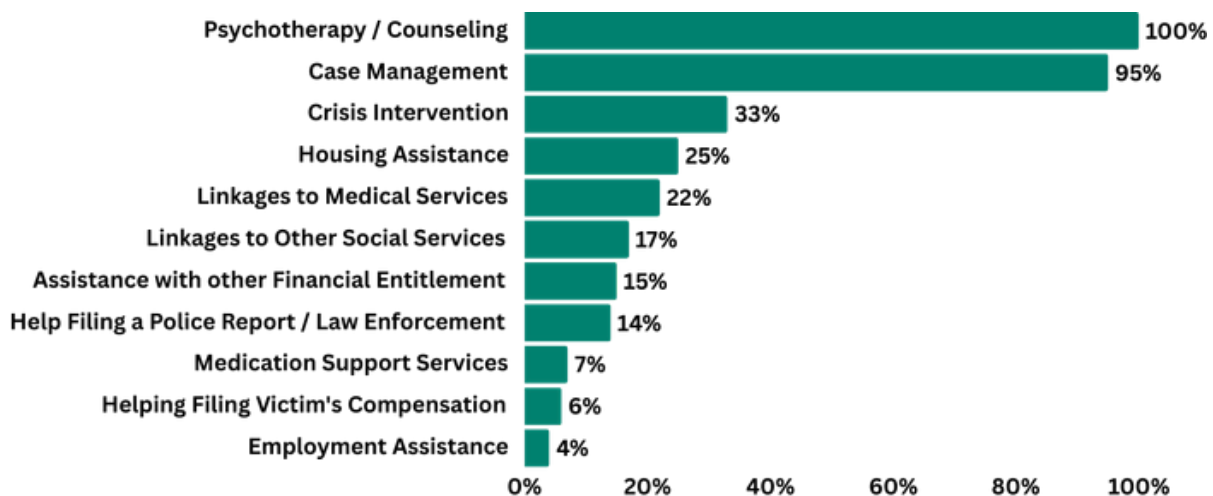
Impact of NY TRC Services (cont'd)

After working with TRC providers, survivors experienced significant improvements in mental health. 70% of clients experienced a reduction in PTSD symptoms, and 65% experienced a reduction in depression symptoms.



Services Provided

The most common service serviced by NY TRC clients are psychotherapy, all types of case management, and crisis intervention.





Leaders from NY TRCs identified barriers and challenges they experienced over the past year, which fell into three main categories: staffing/hiring challenges, service gap/referral challenges, and funding challenges.

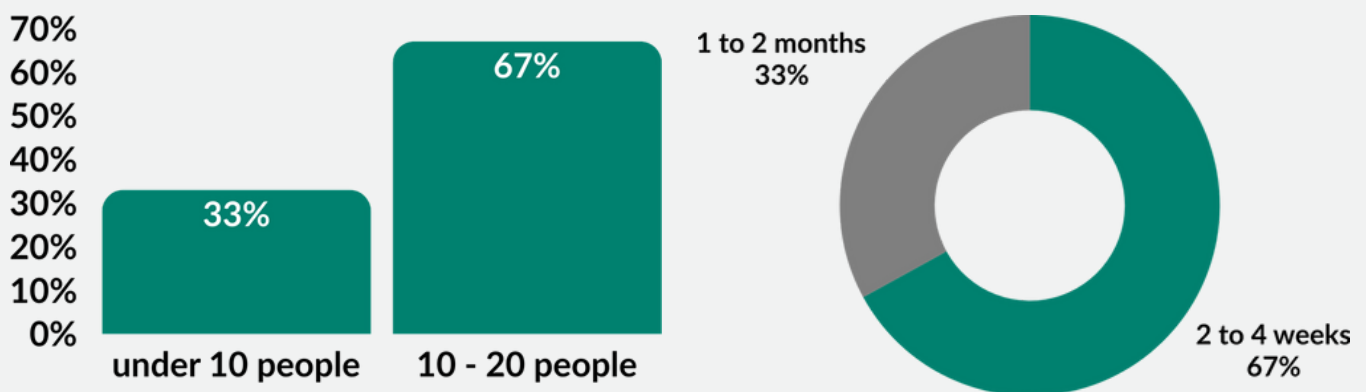
Barrier	Impact	Feedback
Staffing and Hiring Challenges	<ul style="list-style-type: none"> • staff burnout • difficulty hiring qualified applicants • lack of multilingual therapists • insufficient staff to meet referral demands 	“Burnout is a significant concern, especially as therapists balance clinical work with case management and administrative responsibilities.”
Funding Challenges	<ul style="list-style-type: none"> • insufficient funding to hire staff • adequate staff to meet community demand • difficulty communicating with funders • maintaining sustained funding to support staff and provide services 	“Sustained funding is critical to ensuring adequate staffing levels, reducing caseloads, and providing ongoing training and support for staff. This is vital to maintaining the quality of care we provide and protecting the well-being of our team.”
Service Gaps and Referral Challenges	<ul style="list-style-type: none"> • lack of trauma-trained therapists for long-term referrals • no TRC in Manhattan/elsewhere in the state • lack of counseling referrals for undocumented clients • lack of referrals for clients' long-term practical needs 	“Securing trauma-informed therapists in the community to whom we can refer clients for continued support has proven challenging due to limited resources and a shortage of trauma-trained providers.”

The Need for Continued Investment in Victim Services

New York, like other states, must invest in initiatives that have proven effective, such as the Trauma Recovery Center (TRC) model. TRCs provide holistic, wraparound services that address not only the immediate needs of crime survivors but also the broader socioeconomic challenges that often accompany victimization. They also provide access to culturally responsive mental health services and evidence-based therapies for the treatment of PTSD and other sequelae of trauma, removing barriers to high-quality mental health treatment for underserved communities. Expanding and sustaining Trauma Recovery Centers as a component of essential safety net services in communities where they're needed will be essential in ensuring equitable access to services and enhancing community resilience.

While significant progress has been made in expanding support for crime survivors, ongoing funding uncertainties and persistent service gaps highlight the critical need for sustained investment and policy attention. Many survivors continue to face barriers in accessing timely and comprehensive services, leaving them vulnerable to long-term hardship and re-victimization. Addressing these gaps requires a commitment to trauma-informed, evidence-based, and culturally responsive interventions that prioritize survivors' well-being and long-term recovery.

75% of NY TRCs are operating at capacity and have a waitlist for clients to be seen. Typical wait times are 2-4 weeks.



67% of TRCs currently have 10-20 people on their current waitlist

67% of TRCs have a wait time of 2-4 weeks on their waitlist. 33% have a wait time of 1-2 months.

Recommendations

The following recommendations are based on findings that show how effective Trauma Recovery Centers (TRCs) can be in helping survivors of violent crime heal and improve their overall lives.

1. Provide More Stable Funding for Existing and New TRCs across New York

- What it means: New York's governor and state legislature should provide stable funding to existing TRCs in New York City and Buffalo, as well as to establish new centers in areas of the state with higher rates of violence (Buffalo, New York City, Rochester, etc.). The next New York City mayoral administration and City Council should ensure TRCs are an essential component of community safety efforts by continuing to provide stable funding for existing centers and allocating new funding, in partnership with the state, to expand them in critical neighborhoods.
- Why it matters: The data showed that existing TRCs helped nearly 1,200 survivors improve their mental health, with significant reductions in PTSD and depression symptoms. By expanding the number of TRCs, more survivors can access these life-changing services, which benefit not only individuals but also their families and communities.

2. Support TRCs with Adequate Funding for the Multidisciplinary Model

- What it means: Ensure that each TRC receives the recommended minimum annual budget of \$1.4 million to continue operating with a comprehensive, multidisciplinary approach.
- Why it matters: TRCs employ a model that integrates various types of support (e.g., outreach, case management, therapy, care coordination) to address the complex needs of survivors. This upfront investment in comprehensive crime victim services yields exponential savings in the form of reduced public health costs, including the need for financial entitlements for those unable to work, costly emergency room visits instead of connections to primary and specialty care, and publicly funded housing. The success of this model is evident in the improved quality of life reported by clients, which results in a higher level of functioning. Adequate funding is crucial for maintaining and expanding these services effectively.

3. Provide Resources to Collect and Measure the Impact of TRCs

- What it means: Invest in systems and processes that allow for ongoing evaluation of how TRCs perform.
- Why it matters: By systematically collecting data on outcomes (like reductions in PTSD and depression, ability to work, and housing), stakeholders can continue to assess and improve the services provided. This not only helps justify current funding but also guides future investments and policy decisions, ensuring that TRCs continue to be effective in promoting public safety and community well-being.

Investing in TRCs is not only about helping individuals recover from trauma—it's also a strategic public safety measure. When survivors heal, they are better equipped to support their families and contribute positively to their communities. These recommendations call for more widespread and sustained investment in TRCs to extend these benefits across New York State.

Conclusion

Crime victimization has profound and lasting effects, impacting survivors' physical, emotional, and financial well-being. While efforts to enhance victim services have yielded progress, gaps remain, particularly in access to immediate financial support, mental health care, and legal assistance. Ensuring that all survivors—regardless of their background or circumstances—receive the necessary resources to heal requires a long-term, coordinated effort at the state level. By prioritizing evidence-based, trauma-informed, and culturally appropriate systems of care, policymakers and service providers can create a framework that not only assists survivors in rebuilding their lives but also strengthens the broader community. Sustained investment in TRCs, victim compensation funds, and targeted outreach initiatives are essential to breaking cycles of trauma and violence. Moving forward, New York must lead the way in setting a standard for comprehensive, survivor-centered support—one that recognizes that true public safety is built not just through enforcement, but through healing, prevention, and community empowerment.

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