



NYC HRA

Survivor Perspectives & Service Gaps

Introduction

As federal policies and discourse around public benefits continue to shift, survivors of DV/IPV, many of whom rely on programs like Cash Assistance (CA), SNAP(Food Stamps), and Medicaid, are experiencing growing uncertainty and hardship. While navigating these services has never been straightforward, feedback regarding HRA has been mixed in the past. Recent policy shifts have intensified many of the challenges survivors were already facing within the system due to a federal push towards a more punitive HRA with stricter means testing and eligibility requirements. In response, the Economic Empowerment team began collecting data directly from survivors engaging with HRA services to better understand how these changes are impacting their daily lives.

This effort is rooted in the belief that survivors deserve equitable access to safety net programs, free from bias, confusion, or discrimination. Our goal is to bring survivor voices to the forefront and advocate for a benefits system that is responsive, fair, and rooted in dignity and care. This report highlights systemic challenges, such as long wait times, unclear communication, and limited housing support, while offering survivor-informed recommendations for a more accessible and equitable HRA system.

Methodology

All data used in this report was collected from survivors of DV/IPV that Sakhi is working with. The survey was administered using mass emails, texts, and through feedback provided during case management calls which was then recorded by advocates through the survey. The survey was available in English, Urdu, Hindi, and Bangla to ensure accurate data collection and center the survivors in this process. All the data used in this report was collected between March 7th to June 30th 2025. A total of 40 survivors responded. Due to the anonymous format, we do not have complete demographics of the respondents. However, based on Sakhi's overall Economic Empowerment program population, the majority of those we serve are South Asian and Indo-Caribbean survivors of DV/IPV, most of whom identify as women, low-income, and navigating

layered challenges, including language access, immigration status, and systemic barriers.

Key Findings

Survivors were eager to provide feedback on their experiences with HRA with over 30 detailed entries of their interactions with HRA. For clarity, they have been summarized into 7 groups supplemented with statements from survivors to paint a clear picture of their interactions.

Wait Times to access services

- Wait times often range from 1 to over 3 hours in person or by phone.
- Limited staff/windows causes long lines and delays.
- Survivors often have to make multiple visits for a single issue.
- Call hold times can be up to 30+ minutes, with few callbacks.

The most common grievance raised by survivors was related to excessive wait times. Close to 92% of respondents engaged with HRA over the phone or through an in person visit(Figure 1A). Of those a striking 77% reported waiting over an hour before receiving assistance(Figure 1B). To contextualize these findings, data provided to NYC OpenData on HRA Benefit Access Center(BAC) average monthly wait times for January - March 2024 have been summarized in the table below and compared to centers respondents frequented. In addition, BAC's that survivors mentioned visiting are visualized in Figure 1C(appendix).

Table 1:

Month	Monthly Average wait time (hours/minutes)	Jamaica BAC	Lower Manhattan BAC	Rider BAC	Queens BAC	Richmond BAC	Rockaway BAC
Jan 24	1:03	1:45	1:36	1:05	1:39	1:11	0:59
Feb 24	0:58	1:49	1:13	0:59	1:41	1:05	0:53
Mar 24	0:57	1:49	1:02	0:56	1:32	1:21	0:35
Apr 24	0:57	1:56	0:56	1:07	1:39	1:22	0:38

Figure 1A:

How did you speak with HRA?

- Phone call
- In-person visit
- Online (ACCESS HRA)

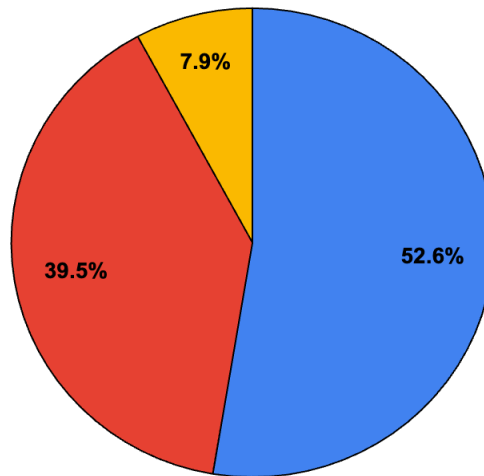
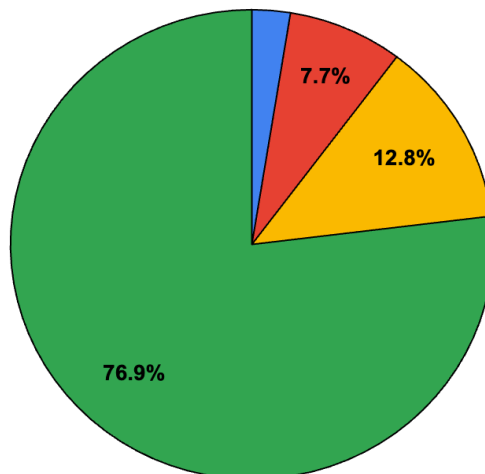


Figure 1B:

How long did you wait for help?

- Less than 15 minutes
- 15-30 minutes
- 30 minutes – 1 hour
- More than 1 hour



Survivor Testimonials:

“At the Long Island center, the experience was quite difficult. Staff did not communicate clearly, and we were made to wait for 2 to 3 hours without any proper updates. After that, we were sent to another location, where we had to wait again for several hours. In the end, nothing was resolved, and no work was completed. It was a frustrating and exhausting experience.”

“I have a Section 8 voucher, but I was told they would only cover part of the rent. When I had the interview call, I had to wait 4 to 5 hours. I also requested an interpreter, but no one came on the line. I had to keep calling for three days before I could reach someone.”

“Long wait time, once you get a ticket you have to wait a long time. 1 hour -1.5 hour”

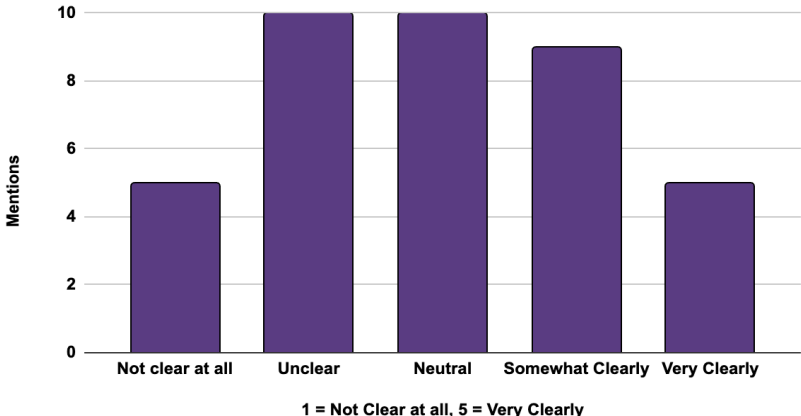
“I had to wait 4 to 5 hours on the phone for my interview, and no one picked up. It was really frustrating. It feels like HRA needs more staff to help people faster. The workers are kind, but there just aren't enough of them.”

Communication & Staff Attitude

- Staff often don't explain forms, processes, or next steps clearly.
- Some workers appear annoyed or impatient when survivors ask questions.
- Quality of experience heavily depends on which worker you get.

The next most frequently reported concern by survivors was around communication with HRA employees. Only 35% of survivors surveyed felt that HRA employees clearly explained issues with their HRA cases to them, visualized below(Figure 2). Survivors described receiving conflicting information, lack of clarity around deadlines for document submissions, or no communication around delayed or denied benefits. This adds to the emotional burden of navigating HRA systems and leads to unnecessary disruptions and case closures for survivors in critical need of support.

Figure 2: How clearly did they explain the issues to you?



Survivor Testimonials:

“HRA employees do not explain documentation and processes very well- they are very confusing. The overall experience really depends on who you are working with, their mood, and whether they like their job or not.”

“The workers need more patience, and need to explain more. Asking questions makes them feel so annoyed.”

“Be spot on to the help required, don't create more confusion, many survivors are not as educated as you are”

“The HRA person said to me that I have a big mouth because I did not hear her calling me since there was too much noise in the center, then I said to the HRA person to talk to me respectfully.”

“They do not have time for you. I was there last year, asking for cash assistance for kids, and we waited all day. The HRA employee had not even spoken to me for more than 3 minutes. Extremely dismissive. Someone from SAKHI had helped me get the HRA form.”

“The person was friendly, but had to call three times just to get a clear answer. It was extremely confusing and the employees should tell us what exactly they need and make it easier to check status online.”

Housing Services

- No clear way to speak to someone from the housing department directly.
- Requests take months to be processed and are often misrouted or delayed.
- Survivors don't receive explanations about housing programs or vouchers.

Confusion around housing services was also a frequent concern amongst respondents. Survivors felt frustrated navigating housing programs through HRA as they would be unsure what forms were required, or how to fill them out with no guidance from HRA.

Survivor Testimonials:

“It would really help if they could clearly explain over the phone what documents are needed. They gave me a form, but I wasn't sure where to get it or how to fill it out. Housing matters are

very complicated, and I have not received any proper guidance. There was no clear information about housing options or the CityFHEPS voucher. They did not even mention the name of the voucher.”

“Give us access to speak in person or over the phone to a worker in charge of FHEPS. There should be a department or office that deals only with housing that we can go to. Currently we have to submit any request, from rent increase to missing payments, to the worker at the General counter/ window and hope that our case will be sent to the relevant department. It takes months and multiple visits to the center, even then everyone gives us different answers. And if lucky, after months , they'll send the request to FHEPS. Process clients request within a specific time frame, e.g. not more than a month etc.”

Follow-Up & System Navigation

- Case updates, callbacks, or messages are rarely followed up.
- Survivors are told to keep calling the same number with no resolution.
- Online platforms are confusing and do not clearly show status or next steps.

Survivor Testimonials:

“The treatment experience was unsatisfactory. While an initial phone call was made to gather my history and needs, there was no follow-up communication or support provided. Given the urgency of my situation and the help I was desperately seeking, the lack of response was extremely disappointing and reflects very poor service.”

“They should send us to the right department. I am ready to wait but at least guide us correctly.”

“Called one or two times. did not receive any call backs after asking for case assistance. They need to be more prompt in directing/answering calls and submitting/sending paperwork.”

“There is also no assistance available for filling out the HRA application. I even went back in person, but still couldn't get through. I have been told to keep calling the same number, but it is exhausting—I feel like all I can do is sit and call all day, with no results”

Language Access & Cultural Sensitivity

- Lack of interpreters delays or blocks access to services.

- Some survivors benefited from interpreter services and want them continued and expanded.
- Survivors with limited English proficiency often face extra barriers navigating HRA.

Survivor Testimonials:

“HRA enrolled me in English classes for job search, however when speaking to HRA employees, there was a language barrier so could not understand them.”

“Preferred language is Bangla and HRA employees are not very culturally/language accommodating. They were rude and short.”

“Have more people available that speak different languages so easier to understand”

“Have more culturally sensitive employees and a better system for wait times.”

“Due to the Urdu interpreter, it was easier for me to explain myself and ask questions. So continue with providing interpreting services and maybe answer the phone call quickly rather than holding for 20 - 30 mins. Overall experience was good.”

Accessibility and Privacy for Vulnerable Populations

- The system is difficult to access for the elderly, disabled, and DV survivors.
- Survivors in wheelchairs or with chronic health issues feel overlooked or disrespected.
- Survivors have shared feeling uncomfortable when asked to discuss sensitive needs in public areas without privacy, which can retraumatize those already in distress.

Survivor Testimonials:

“Keep child's father out of this process due to domestic violence”

“Need to work on their privacy level-have to explain your needs in front of people in the waiting room.”

“People who visit HRA need support without feeling stressed or harassed. The process should be easier and more respectful, especially for those with disabilities. Just because someone uses a wheelchair does not mean they are doing anything wrong. The system should be more

comfortable and accessible for them. My uncles are 65 years old and trying to apply for cash assistance. They do not speak English, and it has been very hard for them to get help.”

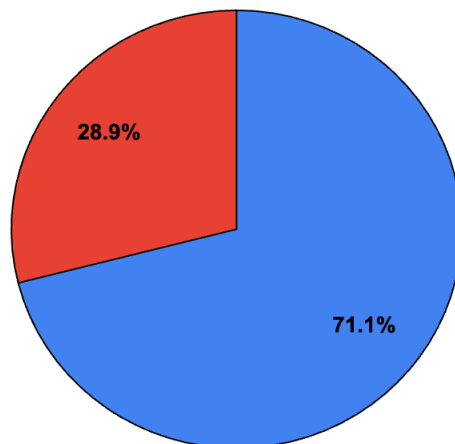
Eligibility, Equity & Fairness

- Survivors with low income or poor health are sometimes denied SNAP or other benefits.
- Perceived unfairness due to unclear eligibility guidelines: some working families receive benefits while others with greater need do not.

Figure 3:

Did you feel that you were treated unfairly based on your race, ethnicity or other personal characteristics?

● No
● Yes



Survivor Testimonials:

“I hope HRA can take our situations into account more fairly. In some households in my neighborhood, multiple family members are working and still receiving benefits. Meanwhile, I work just 16 hours a week, and I’ve been denied SNAP. My total monthly income is \$1,800, but my rent alone is \$1,900. On top of that, I have to cover internet, gas, electricity, and phone bills—and that is not even including food. It is hard to understand how I am expected to manage a household under these conditions. All I’m asking for is fair treatment and support for those of us truly in need. Why was I not given any snap benefit and I have such bad health.”

“If HRA could take a moment to understand the challenges faced by women like me—it would make a difference. When benefits are reduced or taken away, it becomes incredibly difficult to survive. People with health issues, especially at my age, can’t work long hours, and it’s a real struggle to cover basic expenses.”

“Navigating the services is extremely difficult; you are constantly running around in circles and the HRA employees are just directing you but not really explaining anything- more commanding.”

Survivor Informed Recommendations

To align with our aim of centering survivors in this process. We asked them for feedback on what steps HRA could take to improve their experience. Their responses have been summarized into the suggestions below:

- Implement appointment systems and reduce daily intake to manageable levels.
- Train workers in compassionate, client-centered communication.
- Create a dedicated housing desk and process requests within set timelines.
- Improve online systems, callback protocols, and transparency in case handling.
- Hire more multilingual staff and provide culturally appropriate support.
- Improve disability accommodations and ensure confidentiality and safety for DV survivors.
- Enhance privacy during intake and interviews.
- Apply eligibility criteria more fairly and take health and household realities into account.

Conclusion:

The findings of this report highlight the necessity for HRA leadership, state agencies, and policy makers to partner with community-based organizations to find real solutions that center the needs of vulnerable populations. Taking steps to create a more empathetic and caring welfare system would make a substantial difference to the populations that rely on these critical services and reduce the shame, frustration, and anxiety survivors feel when engaging with these services.

Appendix

Figure 1C:

If you went in person what center did you visit?

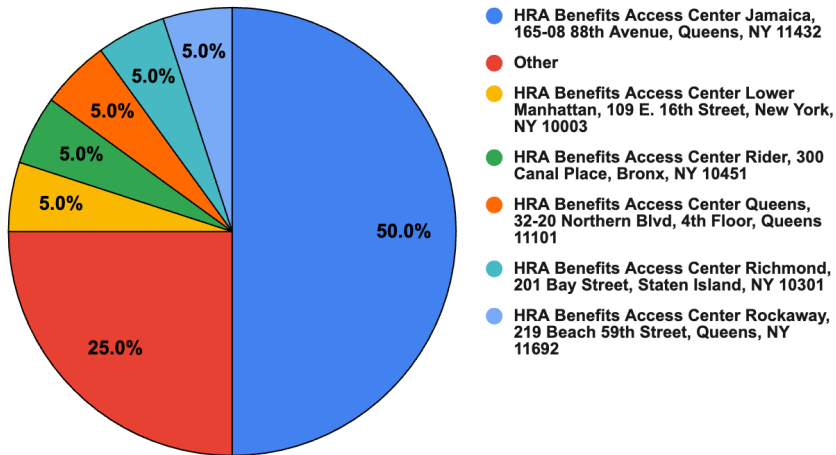
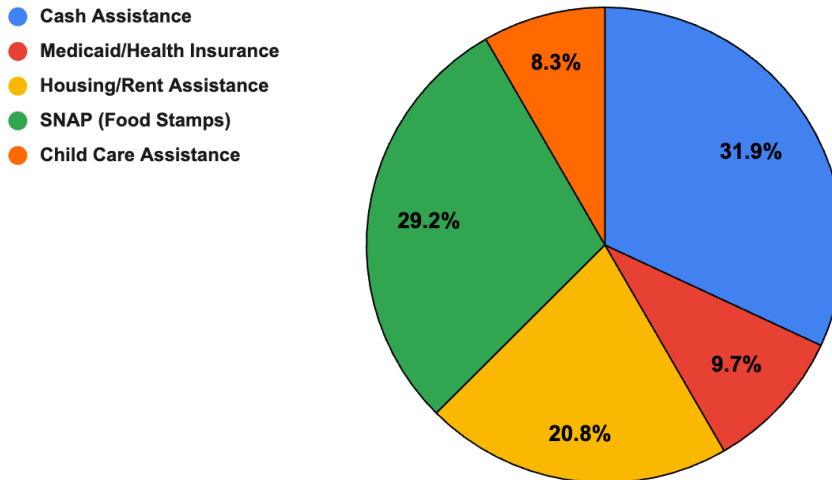


Figure 1D:

Reason for Visit/Contact



Survey: <https://forms.gle/VpAGZGjmn9BtfYXQ7>