NATIONAL NETWORK TO END DOMESTIC VIOLENCE

Reopening Our DV Programs & Shelters

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Learning Objective

- Identify best practices to ensure services are trauma-informed, survivor-centered while addressing public health and safety considerations during COVID

Framework for COVID Response

During this pandemic and its "shifting ground":

- We understand and believe in the science and public health measures are essential
- We support masking, COVID testing, and the vaccines
- We also support empowering survivors in decision-making as it's part of the foundation of our work in the DV movement

Current Requirements for DV Programs

- Survivor Confidentiality per FVPSA, VAWA
- Advocates must complete 40-hour DV Counselor training (CA Evidence Code §1037.1) – documentation of completion is required for every advocate - staff/volunteers
- Services must be voluntary per FVPSA
  - No conditions to receive services
- ADA/Accessibility/Reasonable Accommodations
- Language Access Plans for non-English speaking survivors, deaf & hard of hearing survivors
- Trauma Informed Services

What About State and County Mandates?

- In most cases, Federal Law still applies
- ACF would have to make a determination on a case by case basis per FVPSA Regulations at 45 CFR § 1370.10(b)(10):

  > **…In the case of an apparent conflict with State, Federal, or Tribal laws, case-by-case determinations will be made by ACF** if they are not resolved at the State or Tribal level. **In general, when two or more laws apply, a grantee/subgrantee must meet the highest standard for providing programmatic accessibility to victims and their dependents**…

- Any questions on this should be directed to CPEDV

Pandemic impact on Trauma Informed Services Requirements

- FVPSA requires programs to be fully accessible and require reasonable accommodations to be made
- This is also best practice in the field
- All services should be from a trauma informed lens and survivor centered
- FVPSA's guidance is outlined in their Funding Opportunity Announcement under *section I. Program Description: Trauma Informed Services*

Impact of the pandemic

- COVID isolation and stressors has led to increased rates and severity of DV
- Survivors (and staff) feeling less connected, isolated
- Complex trauma issues for survivors and staff (exacerbates cultural/historical trauma for survivors and staff of color)
- Survivors (and staff) may be feeling economic strains or pressures no one is aware of
- DV Programs are being challenged with loss of resources, funding challenges (both good and bad), and staff (possibly leadership) transitions/burnout

Impact of the pandemic

- *Shifting ground* during the pandemic (i.e., public health guidance, community, impact, complex needs of survivors and staff, etc.)
- Magnified and exacerbated complex needs of survivors (racism/oppression, added layer or trauma, etc.)
- Survivors are also dealing with complex trauma due to COVID and disasters, such as the wildfires, etc.

Considerations for Services

- Keep in mind of the *"shifting ground"* during the pandemic and need to be flexible
- Maintain a "trauma lens" and "cultural/equity lens" in developing new protocols, policy, and practices for our program
- Be supportive of your key assets (staff) for reopening services. *Focus on safety and promoting a culture of wellness and healing for staff (like we do for survivors in our work)*

Public Health Considerations for Services

- Delta variant is highly contagious
- Use a Universal Precautions approach
- Masking is highly recommended indoors and outdoors but cannot be mandated for survivors (i.e., voluntary services rule, etc.)
  - Masking can be required for staff and volunteers
  - Offer face shields for children and survivors, if they are unable to mask
- Social distancing should be maintained in shelters and DV program offices

Public Health Considerations for Services

- Ventilation is critical for entire shelter and office spaces
- Air purifiers with HEPA filters or minimum MERV-13 filters are recommended by the CDC
- Opening windows and utilizing outdoor spaces are highly recommended to promote ventilation
- Shelters should operate at partial capacity to accommodate social distancing until COVID case rates are down

What Are Our Options?

- Refer to and ensure access to public health resources
- Vaccinations and COVID testing can be recommended for survivors and can be required for staff and volunteers
- Provide options for survivors and their family to isolate/quarantine if they are symptomatic or place in alternate shelter when possible
- Offer remote services if survivor or dependents are sick

What Are Our Options?

- We can encourage or ask survivors (more than once) to wear masks
- We can place survivors in another room or alternate forms of shelters and offer services remotely (e.g., FEMA, HUD resources, etc.)
- We can educate survivors on health protocols
  - Ex. partner with healthcare providers to provide resources and info about masking, testing, and vaccinations

What Are Our Options?

- We can offer staggered schedules for shared spaces
- We can reduce capacity at our shelters
- We can offer alternate work schedules & premium/hazard pay for staff
- We can post visual reminders about masking, handwashing, etc. at our shelter and offices

What Are Our Options?

- We can adapt community programming/services to minimize health risks
  - Expand physical distancing between seats
  - Utilize acrylic/plexiglass dividers
  - Improve ventilation/HVAC filters/portable air purifiers
- We can offer masks and COVID testing access
  We can keep communication open and engage survivors about COVID
- Other options/suggestions?

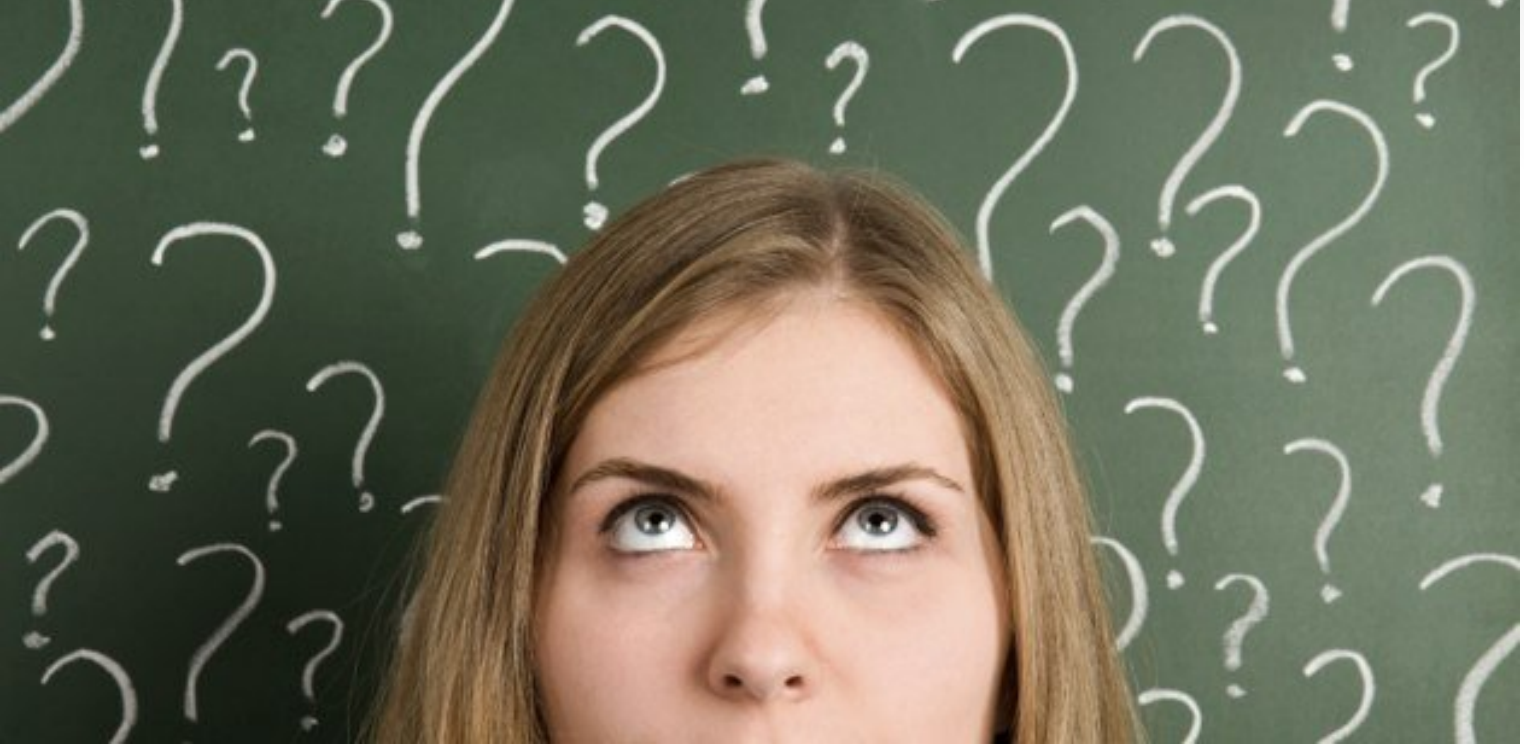
Key Questions for Reopening

Be open to new ways of doing the work to maintain safety for staff and survivors.

1. What are lessons learned from reconfiguring our services during the pandemic?
2. What worked and which practices can we keep in place? What are other options in doing this work?
3. What are additional resources that we need for our staff and workplace? (e.g., incentive/hazard pay for staff, etc.)
4. What can we offer our staff (like we do for our survivors) in promoting healing, wellness and support in the workplace? Examples?

Resources

- NNEDV Resources on Response to Coronavirus (COVID-19) – includes sample policies for local DV programs: https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/
- COVID-19: Coalition guidance for local DV Programs: https://nnedv.org/resources-library/covid-19-coalition-guidance-programs/
- Recommendations for Responding to COVID-19 in DV Shelters by Dr. Josh Barocas and others: https://nnedv.org/resources-library/recommendations-covid-19-dv-shelters/
- CDC Guidance on Cleaning, Disinfecting, & Ventilation of Facilities: https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html
- CDC Guidance on COVID-19 Employer Information for Office Buildings: https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html



Questions?

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