



Working with Survivors in Shelter During COVID-19

Updated 3/30/2020

For more information: violencefreecolorado.org

Advocacy Reminders:

- Domestic violence service providers should not screen at intake for coronavirus as it could be considered discriminatory, and they should not use health status of any type to discriminate in access to programs. Once a person is accepted into services/shelter, a conversation about COVID-19 symptoms and health and safety practices being implemented in the shelter for everyone's benefit may be helpful.
- Advocates can't break confidentiality about anyone's health status outside of a legal mandate.
- Although this is an extremely stressful and anxiety-filled time for both guests in shelter and staff, it can help advocates to focus on using trauma-informed and survivor-centered practices. This can include slowing down and remembering that survivors are not only experiencing stressors related to COVID-19, but they are also navigating the layers of trauma that brought them into shelter; and it may be difficult for some survivors to figure out what their current priorities are and how to get their needs met.
- It can be helpful to have conversations with shelter residents about how to manage anxieties and fears, as well as normalize these feelings.
- Regarding conversations specifically about COVID-19 symptoms, it can be helpful to think of shelter residents as guests in your home. For example, you can't tell them they cannot leave. Guests have a right to leave. But you can ask them to engage in a voluntary agreement on behavior. ("While you are a guest here, I'd like to ask that you do or do not do *blank*.") It should be a last resort to ask a shelter resident to leave and based upon the safety and health of other guests and staff, and important to assess all possibilities for sheltering options prior to this. If this is unsuccessful, it's important to make a plan with a survivor about where they will go instead. For example, consider long-term housing options, hotels/motels, or going to stay with family or friends in another community.
- Consider how conflicts within shelter or between residents and staff have been resolved in the past. Shelter advocates have incredible skills that they have learned about communication and being trauma-informed, rather than being rules-focused. Although this situation feels extreme, communal living always has its challenges and communication is key, both between staff and residents and amongst residents. It can also be helpful to directly address some behaviors that may be occurring and talk with survivors about what purpose do these behaviors serve or what needs are they meeting through certain behaviors.

- Each organization should already have an Involuntary Exit Policy. In the event that a survivor is exited from shelter, organizations need solid documentation to support this. DVP has some applicable policy templates that are listed in the resources section, at the end of this document.
- It's also important to remember that typically each program creates their own length of stay policy. In general, these policies should be trauma-informed and survivor-centered guidelines to help survivors and advocates focus on what a survivor identifies as their goals for being in shelter, and what each community's resources are and the projected timeline it may take to access these resources. Programs are encouraged to be flexible, especially now when many other resources may not be accessible.

Staff Support:

- Staff are also resilient and courageous, which is especially needed at this time, in order to continue supporting survivors while focusing on many layers of safety and health for all.
- It can be helpful, especially when staggering staff schedules, for supervisors to communicate even more and offer more supervision, debriefing and check-in times to staff.
- Encourage staff to practice self-care (both inside and outside of the workplace) and encourage staff to share self-care practices that are accessible at this time with shelter residents.
- Also consider increasing compensation for staff who do come into the office or into the shelter during this time in recognition that people who are most needed in our economy right now are some of the lowest paid workers. Think of it as 'hazard pay' and of creating equity between staff that are able to stay home and those that must or choose to come in. You can even support staff through compensating staff to take an hour of self-care time each day. Rotating out who does in-person work and who works remotely is another way to create equity.
- You may want to provide stipends for staff who are tele-working to cover associated costs, such as a portion of cell phone and internet service.
- So all staff receive the same amount of paid time off? If not, consider offering everyone the same amount of paid leave so that everyone has the time they need to take care of themselves or loved ones right now and in the future, ensuring that paid time off is equitable across the organization.