

# Interim Domestic Violence Shelter Guidance on COVID-19

Version One  
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## INTRODUCTION

As communities grapple with the COVID-19 outbreak, shelter programs have needed to adapt quickly to address the ever-evolving challenges associated with staff and resident safety and wellbeing. This document provides recommendations for shelter practices for domestic violence programs in Arizona. As new and updated information is received, this guidance will be revised as necessary.

All policies, procedures, and approaches implemented to respond to the coronavirus should be delivered within a trauma-informed framework. During this particularly stressful and unprecedented time, traumatic responses among staff and residents may be heightened. It is important to consider staff and residents' past, current, and vicarious trauma, and foster ongoing and transparent communication practices about policies and practices.

We encourage programs to uplift the resiliency and resourcefulness of staff and residents, and to actively develop and implement activities and actions that support feelings of connection, community, and hope. Consider the positive impact of an uplifting note delivered with a meal, or providing residents with self-care or mindfulness guides and tools.

## SOURCES FOR CURRENT HEALTH INFORMATION

- AZ Dept of Health Services: <https://www.azdhs.gov/>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

## CONFIDENTIALITY

All programs receiving Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), or Family Violence Prevention and Services Act (FVPSA) funds CANNOT disclose survivors' personally identifying information, unless mandated to do so by a statute or court order.

We recommend reminding staff that there will be absolutely NO disclosure of anyone's health status outside of a legal mandate.

Should a survivor disclose symptoms or other concerns regarding COVID-19 to their advocate, the program should encourage the survivor to make immediate contact with their primary health care physician or the local county health department. The nature of the pandemic will vary from community to community. Local authorities are issuing different regulations, guidelines and access to resources/testing.

If a person is found to have been exposed to COVID-19 (or other serious infectious diseases), generally, the health care worker will have a protocol for them to follow (e.g., admit, quarantine or isolate). If a resident discloses that they were asked to isolate, or they have high-risk conditions, programs should consider using off-site hotel rooms if possible.

Remember, health information is the survivor's information. They can choose to disclose or not disclose. The program cannot force them to disclose and the program has legal obligations to protect personally identifying information of survivors. Survivors are not under that same obligation and may disclose information out of fear or a desire to help, even if they are encouraged not to share the names of others. It is important to protect a survivor's right to privacy, while also supporting their ability to make choices about and receive information related to their health.

It is also important for staff to be prepared for visits from public health workers who HAVE been given names and location information. If a public health worker presents at the shelter asking to speak with specific people, consider the following response: "I can neither confirm nor deny if anyone by that name is here. I am happy to take your name and contact information and notify the people here that someone who reported being at this location tested positive for COVID-19. I will offer you as a person they can reach out to with questions/concerns."

## **SAFETY MEASURES**

Programs are encouraged to follow guidance from the CDC and their local/county health department to ensure access to the most up-to-date information. Posting visible, easy-to-understand information about COVID-19 in multiple languages throughout the shelter is recommended. Talking to each resident about this information, as well as hygiene principles and cleaning responsibilities, is also advised.

Limiting common areas and suspending in-person groups and activities (or transitioning these activities to virtual or digital delivery) is encouraged to limit the spread of any infectious disease. If possible, staff working in the shelter should have access to protective masks and gloves to use at their own discretion. Consider opening windows during the day, if possible, to increase ventilation.

Providing residents with the education and information about how to best protect themselves and others during this pandemic is highly encouraged. Staff can encourage residents to limit their exposure to others by staying in their rooms as much as possible but should never prohibit residents from leaving the shelter (see Resident Mobility below).

## **SCREENING PRACTICES**

Programs should never use a person's health status to discriminate against access to services ([Arizona Service Standards for Domestic Violence Service Providers. Activities that threaten victim safety \(1\)\(a\)](#)). In line with best practice and FVPSA regulations, programs cannot require survivors to submit to tests or evaluation in order to access services.

Most of us are not healthcare providers nor operate our programs in healthcare facilities. Staff are not medically qualified to screen for medical issues or COVID-19 symptoms. Someone infected with COVID-19 may be asymptomatic, meaning they display no symptoms. This also means programs cannot guarantee that all residents are COVID-19 negative.

In order to minimize exposure and outbreak of COVID-19, the Centers for Disease Control (CDC) recommend asking the following questions when individuals are seeking shelter:

- Are you or anyone you live with experiencing fever, cough, sore throat, or shortness of breath?
- Have you travelled recently?
- Have you or anyone you live with been exposed to or tested positive for coronavirus?

Please share with individuals that these questions are being asked due to recommendations from public health officials to inquire about symptoms of coronavirus for everyone's safety and to minimize exposure and outbreak of COVID-19. **These questions ARE NOT questions designed to determine admission and should not be asked in order to screen people out of shelter.** If a caller answers 'yes' to any question, programs should make every attempt to provide safe housing, which might include alternative housing or a hotel room. In all cases, survivors should continue receiving services from shelter program staff. If programs are screening or asking any questions about exposure or symptoms, all residents must be asked the same way without exception.

For residents and their families who worry they have been exposed to or have COVID-19, and/or for those in vulnerable groups (over 60, immunocompromised, pregnant, with certain chronic illnesses), use funding to offer, but not force, hotel stays instead of shelter when possible.

We do not recommend instituting more stringent criteria for intake, such as limiting intakes to "certain" types of domestic or sexual violence situations. In line with a trauma-informed framework, it is important to believe survivors and recognize that sexual and domestic violence take many forms. Information disclosed at intake is often a small aspect of all the violence experienced.

For survivors who do not report symptoms or exposure, advise about universal precautions and ask them to see staff if they begin experiencing any symptoms. Explain to individuals seeking shelter that the environment is a communal living setting and that while the organization will attempt to provide them with their own private bedroom (if at all possible), it might be necessary to share rooms or common spaces and that there could be sick individuals in shelter who may or may not have been exposed to the COVID-19 virus.

## **RESIDENTS WITH COVID-19 SYMPTOMS**

Contact your local health department now to develop procedures for what to do if someone shows symptoms of COVID-19 during intake or while in shelter. You may already have a protocol set up for other communicable diseases and infections apart from the current public health pandemic.

Individuals who exhibit symptoms should be isolated as much as possible. Remember trauma-informed principles when explaining the need to keep sick individuals separate from other shelter residents to help limit the spread of illness. Isolation can be very triggering to domestic violence survivors, so discuss ways for them to manage this period of time and explain clearly the support your agency can provide.

- Minimize exposure to common areas and consider permitting the resident to eat in their room to further minimize exposure. Use paper products or disposable food service items.
- Provide residents with a surgical mask and ask them to wear it anytime someone else is in their presence, especially if they are having respiratory symptoms.

- Provide residents with information on what to do while they are sick (see Isolation Protocol above), and if they get worse, to alert a staff member. Staff should emphasize alerting staff if they are having any problems breathing. Staff should check in regularly with residents about how they are feeling.
- Residents who have symptoms of COVID-19 should not be assigned to meal preparation or cleaning tasks within the facility and should remain as isolated as possible.
- Follow county protocol about accessing testing for coronavirus.

If a program has reason to believe someone who has been in shelter has been exposed to the virus, the program could make an announcement without disclosing ANY identifying information about the individual (that includes gender, age, staff or resident). For example, “We have reason to believe that there may have been exposure to COVID-19 in our facility. Here are the measures we are taking.”

## **ISOLATION PROTOCOL**

Supporting “isolation” in a shelter setting for someone who has the coronavirus or has symptoms is challenging, but infection control procedures can decrease the risk for everyone.

- Private rooms with bathrooms are the best option for isolating residents if sheltering residents off-site (in a hotel room) is not an option.
- Check in on residents at least once a day to determine if their health status is getting worse. If they are getting worse, contact a doctor or your local public health department about next steps and possible testing. If a survivor’s symptoms become severe, call 911.
- Other residents who could be at high risk for complications from COVID-19 (those who are older, have underlying health conditions, or weakened immune systems) should be monitored even more closely.

## **IF STAFF OR RESIDENTS TEST POSITIVE FOR COVID-19**

To the greatest extent possible, follow the guidelines above. Work closely with your county health department to develop individualized responses for your shelter.

**Reporting and confidentiality:** Survivors who test positive for COVID-19 and are asked for information about recent close contacts by public health workers can state they were at the shelter, but do not need to disclose they were receiving services. Encourage survivors to provide the name of the Director of the shelter for follow-up information.

## **SHELTER-IN-PLACE**

In most states with “shelter-in-place” measures, domestic violence shelters have been deemed “essential” services. We recommend the development of proactive policies in preparation for a “shelter-in-place” decree.

## **RESIDENT MOBILITY**

Policies should avoid recreating power dynamics in abusive relationships ([Arizona Service Standards for Domestic Violence Service Providers. For Shelter. \(9\) \(a-c\)](#)). Therefore, programs should not implement “lockdown” protocols, curfews with refused entries, or prohibit residents from leaving/entering shelter. Staff may encourage residents to follow social distancing recommendations and stay at the shelter as much as possible.

Programs should be mindful that residents may depend on their employment and want to continue working. Some residents may hold jobs deemed “essential” and are expected to report to their jobs. Others may be instructed by their employers to work remotely. Programs should ensure that a strong internet and WIFI connection is available and accessible to residents.

For anyone entering and exiting the shelter premises, hand-washing stations or hand sanitizer should be made available at the entrance for use upon entry/exit.

Ongoing safety conversations with residents are encouraged so they are well-informed and able to make their own decisions.

## **NONCOMPLIANCE WITH SAFETY MEASURES**

We recommend having a policy about your organization’s safety measures and associated expectations for residents and staff. This should be discussed with all current and incoming residents. Consider how you want to respond to residents who do not adhere to safety expectations starting with education, encouragement, and support with adhering to safety measures. Residents should be informed that behavior consistently in opposition to the shelter’s safety expectations and causing significant risk to staff and residents may result in them being exited from the program. We recommend this measure only when all other avenues to address the issue have been exhausted. Programs are encouraged to assist the resident in safety planning and locating other services or shelter.

## **STIGMA**

Due to the global nature of the COVID-19 virus and its widespread media attention, there has been significant stigma and racist actions towards Chinese and Asian American communities in the US. This may be more negatively impactful on those in your communities than the coronavirus, so please be aware of this heightened chance of violence. Refrain from placing blame on any one community or country for the pandemic and remember that we are all responsible for the safety and wellness of others.