



**Mayor's Office to
End Domestic and
Gender-Based Violence**

ENDGBV COVID Response Work Group
Meeting #3 Survivor needs during COVID
Friday, May, 29 2020 10:00am-11:30pm

Quote of the Meeting: "DV/GBV Survivors have the same needs as pre-COVID, but their needs have been exacerbated by the crisis"

Work Group Member and City Agency Attendees	
<i>Administration for Children's Services, Shanelle Bolton, Dale Joseph & Rachael Jensen</i> <i>Anti-Violence Project, Darlene Torres</i> <i>Arab American Family Support Center, Nancy Albilal</i> <i>Barrier Free Living, Paul Feuerstein</i> <i>Columbia University Medical Center, Betsy Fitelson</i> <i>Crime Victim Treatment Center, Christopher Bromson</i> <i>CUNY Law, Julie Goldscheid</i> <i>Department of Health of Mental Hygiene, Catherine Stayton</i> <i>Her Justice, Anna Maria Diamanti</i> <i>Human Resources Administration, Annette Holm</i> <i>Mayor's Office to End Domestic and Gender-Based Violence staff</i> <i>Mayor's Office of Criminal Justice, Shekera Algarin</i> <i>New York City Council, Helen Rosenthal and Brenda McKinney</i>	<i>New Destiny Housing, Carol Corden</i> <i>New York Legal Assistance Group, Amanda Beltz</i> <i>Office of Deputy Mayor Perea-Henze, Megan Tackney</i> <i>Office of First Lady Chirlane McCray, Dabash Negash</i> <i>Safe Horizon, Lisa O'Connor</i> <i>Sanctuary for Families, Jennifer Friedman</i> <i>STEPS, Anne Patterson</i> <i>Sunshine in my Living Room, Doreen Lesane</i> <i>Urban Justice Center, Madeline Bigelow Garcia</i> <i>Urban Resource Institute, Nathaniel Fields</i> <i>Voices of Women, Raquel Singh</i> <i>VOICES, Doreen Jones</i> <i>Violence Intervention Program, Carmen Beltre</i> <i>Weinberg Center for Elder Justice, Tristan Sullivan- Wilson</i> <i>Womankind, Yasmeen Hamza</i>

TOP LINES

1. Discussion Themes

- DV/GBV has come out of the shadows during the crisis and we should work to make sure it doesn't go back into the shadows
- DV/GBV survivors have the same needs as pre-COVID-19, but their needs have been exacerbated by the crisis
- The current system and reliance on law enforcement is not safe or accessible to Black communities and has a chilling effect on DV/GBV survivors reporting and their access to services
- The City should identify ways to streamline service delivery and facilitate communication within systems
- The City should explore modifications to contracting and funding processes that can support providers in service delivery during COVID-19 and beyond
- Mental health resources are critical for DV/GBV survivors now and will continue to be as the City begins to reopen



**Mayor's Office to
End Domestic and
Gender-Based Violence**

- Remote services and virtual support is not accessible to everyone and the City should facilitate enhanced access to technology for both providers and DV/GBV survivors
- As the reopening process begins, the City should balance safety for workers and the need to provide in-person assistance

2. Examples of proposed short and long term responses

- The City should fund additional staff for DV/GBV providers to address the increase in service utilization with NYS on PAUSE is lifted
- The City should provide guidance to providers on safe reopening procedures
- The City should review contract requirements and consider allowing providers to dedicate limited resources to remote service delivery, ensure timely payment of invoices and consider flexibility in contract funds to limit an interruption of cash flow

GROUP DISCUSSION

#1 Are priority needs during COVID-19 different than needs prior to the pandemic? In addition, knowing that COVID-19 has disparately impacted certain communities, how has that impacted survivors' needs?

Survivor needs are the same, but are presenting differently

1. Providers need to first help survivors work through immediate survival needs related to the crisis before getting to DV/GBV-related needs
2. Survivors' needs have been heightened and worsened due to COVID-19; they need better responses from systems
3. The inequities poor people of color face, including a digital divide, lack of social network, lack of financial resources, have been exacerbated through crisis-related issues such as exposure to essential workers and overcrowded housing
4. The pandemic is exposing existing problems and the danger of continuing to ignore them; COVID-19 has worn away a very thin veneer for low income people of color, often women with children
5. Survivors in black and brown communities distrust law enforcement and other city systems; recent state violence against the Black community has made survivors more fearful
6. The need for better language access has been heightened and is making it harder for immigrant communities to access City resources during the crisis
7. Survivor need for mental health services is the same but providers need to be flexible in how those services are provided

Economic Concerns

1. Survivors have layered economic fears; if they are essential workers they fear going to work, they fear losing their job, and they fear surviving in the future if they lose their job; they don't have a financial cushion for emergency situations
2. The digital divide faced by low income survivors creates additional barriers



**Mayor's Office to
End Domestic and
Gender-Based Violence**

3. Survivors need more housing advocates and greater access to City resources to avoid homelessness; the City should distribute information or hire additional workers to guide people through public benefit and housing assistance procedures

Health Concerns

1. Survivors are afraid of contracting/spreading COVID-19 if they access services
2. Survivors need access to food; food deserts in the City create significant barriers
3. Survivors who need assistance in planning for children if they get sick and need to be hospitalized; clients need assistance with standby guardianship applications

Family/Community Concerns

1. Survivors are facing anxiety around leaving kids unsupervised if they required to go to work since school is closed; they also need assistance with their children's remote learning
2. The Asian Pacific Islander community is facing discrimination and racist rhetoric around COVID-19 that makes them fearful to access services, in particular food delivery services
3. Communities in hard hit areas that normally utilize walk-in/community based services are facing so many issues that they are unlikely to reach out remotely or access remote services

#2 How can we strengthen NYC system and service responses to meet survivor needs both in response to the immediate crisis and during the longer-term impacts of COVID-19?

Immediate Crisis

1. City/System Response
 - a. There is a need to recognize that improved systems are necessary to increase engagement now and as the crisis continues
 - b. Survivors need more people who can respond to their needs, paid or volunteer, and response times needs to be more immediate
 - c. There needs to be better collaboration between government, non-profit, and philanthropy sectors
 - d. NYPD should employ additional Domestic Violence Prevention Officers and civilian outreach workers in local precincts to assist with access to orders of protection, safety planning and other immediate needs
 - e. The State should increase number of providers on NYS Mental Health COVID hotline as there are long wait times
 - f. Consider including NYPD in work group meeting
 - g. Survivors need to be able to call 911 and get a safe response; reports are not being taking during the crisis when survivors call for help
2. Identifying and addressing service gaps
 - a. Need comprehensive and cohesive service delivery and recognition that there is no wrong door to access services



**Mayor's Office to
End Domestic and
Gender-Based Violence**

- b. The City should help providers identify which services are best delivered remotely versus in-person
3. Accessible information relevant to current environment
 - a. There should be a declaration that DV/GBV is a public health crisis and an increased messaging about resources through the lens of health and safety
 - b. Shifting to text and chat functions to engage with survivors is critical
 - c. The City should improve providers' and all survivors' access to technology to facilitate access to remote/virtual
 - d. The City's DV/GBV resource directory on NYC Hope should allow users to filter for culturally specific resources and services by neighborhood; and include information on remote service availability
4. Health/Mental Health
 - a. The City's service delivery model for DV/GBV survivors needs to balance DV/GBV risk with risk of contracting COVID-19
 - b. The City should make hospitals more accessible places to engage survivors
 - c. The City is in the emotional phase of disaster and mental health first aid; the need for mental health intervention will increase as the crisis abates

Long Term

1. The City should fund additional staff for DV/GBV providers to address the increase in service utilization when NYS on PAUSE is lifted
2. DV/GBV providers should commit to high quality of service delivery and look for ways to partner together to support survivors
3. There is a need to plan for the crisis to last at least another year; recognize a shift in what responses look like as NYS on PAUSE lifts and people start to re-engage
 - a. Access to in-person support is critical for those for whom virtual support is not safe or accessible; there will be a need to balance staff safety in returning to onsite work with client needs in receiving in-person services
4. Healthcare
 - a. DV/GBV providers in healthcare will need guidance from the City for safe reopening procedures
 - b. There should be improved integration between medical-based healthcare system and mental health system; there is a concern that severely mentally ill clients could get lost in the shuffle
 - c. Expand home-based mental health services and response
 - d. Modifications to NYS regulations permitting virtual trauma-counseling should continue after crisis; in person counseling is barrier for folks accessing low-cost mental health services



**Mayor's Office to
End Domestic and
Gender-Based Violence**

#3 Throughout this crisis, DV/GBV service providers have thought creatively and been able to identify new opportunities to support and respond to survivors. How can the City support providers in meeting new or diverse COVID-19 related needs of survivors, i.e. resource directories, contracting and evaluations?

1. Facilitate Collaboration and Communication
 - a. City agencies should enhance direct referrals to other agencies without additional paperwork to increase re-victimization/traumatization
 - b. Support providers in facilitating connections and providing support when issues arise with other City agencies
 - c. The City should create a repository of all information going out about the crisis so it is easily accessible in one place, not just through emails
 - d. The City should continue to provide space for providers to meet and discuss
 - e. DV/GBV community should assist in advocacy to support and enhance remote work, i.e. remote court, online public benefit access
2. Contracts/Finances
 - a. The City should advocate for/facilitate access to tech and enhanced tech
 - i. There should be advocacy for supporting a remote court system that works, and safe court access when in-person proceedings begin again
 - ii. Providers will need more staff to address the tidal wave of clients as NYS on PAUSE is lifted
 - iii. City should fund concrete technology needs resulting from the crisis, i.e. internet access, devices and hardware
 - b. The City should lessen reporting requirements, administrative requirements, and reporting on contract deliverables so providers can focus on services
 - c. The City should pay invoices to not interrupt cash flow and create flexibility in how providers can use contract funds
 - d. The City should not cut discretionary funds like the Domestic Violence and Other Violence Emergencies (DOVE) program (DOVE) going to smaller nonprofits offering specialized programs to serve underserved cultural, ethnic, racial, and religious communities; the City should create/expand upon designated funding programs to support underserved communities and nonprofits
 - e. Current competitive grants serving DV/GBV survivors favor large organizations and competitions result in one provider per borough and the larger organizations that can win these competitions are rarely the agencies equipped to serve unique populations
3. Support most vulnerable survivors
 - a. We need to remember all survivors, including criminalized and adolescent survivors; these groups often never interact with law enforcement because they are more afraid of police/state violence than abusive partners



**Mayor's Office to
End Domestic and
Gender-Based Violence**

- b. Law enforcement does not represent safety/security for many immigrant and marginalized community members
 - c. It is important to understand the needs of young people and keep programs/services open/funded
 - i. Young people want to get out of their crowded homes, but they have a fear of police, as well as a fear of their behavior being policed by white people in shared public spaces
- 4. Outreach
 - a. The City's public awareness campaign being used during COVID should include gender-neutral language
 - b. Messaging should account for survivors who may not want to/be prepared to leave