Addressing the Needs of Survivors of Domestic Violence and Sexual Assault and the Programs that Serve Them

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Background:
COVID-19 is upending the lives of hundreds of millions of people in the United States. Many have lost or are on the brink of losing their jobs. Many are confined to their homes. The impact of COVID-19 is felt most by America’s most vulnerable populations, including victims and survivors of domestic violence, sexual assault, dating violence, and stalking. Domestic and sexual violence disproportionately impact women, and women are disproportionately represented among low-wage and service-workers, who are being laid off at high rates.

Survivors face unique challenges. Survivors of intimate partner violence facing eviction often have no alternative but to live with the person who abused them. Social distancing and quarantining may force survivors in abusive relationships to be isolated with the person abusing them. In normal times, domestic violence and sexual assault programs do not have the necessary resources to serve all of the survivors who reach out for help; this inability to serve everyone who needs help is exacerbated by the current situation. Crisis situations and unemployment are associated with an increase in domestic and sexual violence, multiplying the need for services at the same time that programs are facing reduced capacity as a result of both complying with COVID-19 public health best practices and reduced staffing. For survivors with pending immigration cases, the office closures and cancellations of immigration interviews delays access to protections. In addition, survivors face the inability to obtain evidence due to government and other agencies’ closures and shutdowns.

Impact on service provision and survivors:
● An increasing number of advocates are leaving their work in shelters and rape crisis centers to quarantine and to take care of dependent children and others, which is significantly reducing shelter and program capacity.
● Some shelters routinely put two families in a shelter room, but because of social distancing to protect the health of residents, once a family leaves they will not put another family in that same room. This means there is less available shelter space.
● When sexual assault program staff also are having to leave their work and it is important to note that most do not have work cell phones to maintain service to survivors while ensuring confidentiality remotely.
● Survivors who had left abusers are now reporting that they are losing their employment and unable to pay monthly rent on their own. Shelters have very limited flexible funds, and rental assistance funds to help survivors pay rent and limited shelter capacity. Ultimately, this means many survivors will have to face the choice of returning to an abusive household or homelessness.
● Sexual assault crisis advocates are being told not to come to hospitals to provide accompaniment to survivors. Doulas and midwives are also unable to enter hospitals.

Policy solutions:

Administration
● Eliminate match requirements across all relevant programs.
● Allow federal agencies to hire staff to administer the new grant funds.
● Require states to address the needs of survivors.

### Housing and shelter

- Prohibit eviction from housing for the duration of the crisis.
- Provide additional resources for McKinney-Vento Emergency Solutions Grants (ESG) and short-term rental assistance, like the Disaster Housing Assistance Program (DHAP).
- Increase in Domestic Violence Bonus funds (Continuum of Care) by $100 million. Domestic Violence Bonus funds should be distributed to agencies and organizations ready to help quickly house domestic violence and sexual assault survivors. Agencies and organizations should be able to help survivors move quickly out of shelter and to be able to obtain or maintain transitional housing assistance. Funds should be able to be used to provide hotel or motel accommodation while permanent housing is secured to reduce the number of clients in shelter. Documentation and administrative burdens should be eased at this time. Eliminate match requirements.
- Provide $5 billion in ESG funds to help local communities minimize the number of people living in homeless encampments and identify space, including hotels, for isolation and self-quarantine and an additional $5 billion to prevent people from becoming homeless by providing short-term financial assistance and housing stabilization services. Provide $20 million to support VAWA Housing vouchers for survivors who are not safe in public or assisted housing to move the private rental market.
- Provide an increase of $40 million to VAWA transitional housing.
- Provide emergency rental assistance to ensure that low-income people can remain housed during this crisis and not face evictions, and in worst cases, homelessness.
- Provide $2 million in flexible funds to support continued operations for the National Domestic Violence Hotline, which provides phone, text, and chat services for survivors of domestic violence and their loved ones through free, confidential, 24/7 services. Upwards of 20% of this may be sub-granted to ensure continued operations for StrongHearts Native Helpline, Abused Deaf Women's Advocacy Services (ADWAS), and WomensLaw.
- Ensure Tribes are provided any emergency or increased funding directly.
- Increase funds to VAWA Culturally Specific Services for Victims grant program and Outreach and Services to Underserved Populations grants by $20 million.

### Increase flexible funding to support rental assistance or immediate needs of survivors and supporting survivors' financial stability

- Direct payments from the federal government to individuals need to take into account that survivors may be in undisclosed locations and should work with experts to develop a distribution plan.
- Improve access to Temporary Assistance to Needy Families (TANF):
  - Increase drawdown amounts available;
  - Waive work restrictions;
  - Moratorium on TANF sanctions and terminations for the duration of crisis;
  - One time additional payments for TANF families/offer emergency assistance.
- Waive all work requirements for government assistance.
- Provide access to flexible financial assistance:
○ Eliminate match requirements for Victims of Crime Act (VOCA) victim services grants and and other administrative burdens such as allowable uses of funds;
○ Eliminate match requirements for Family Violence Prevention and Services Act (FVPSA) and Department of Housing and Urban Development (HUD) programs.
○ Eliminate match for additional federal programs that help vulnerable populations and survivors (HUD, Office on Violence Against Women, and Department of Health and Human Services grants).
• Require paid safe leave for survivors to address legal, health, and counseling needs related to the violence they have experienced.

Shelter and program operations
• Ensure shelters and programs serving survivors have access to remote work that protects the confidentiality of survivors, including addressing technology infrastructure and funding needs.
• Increase the Sexual Assault Service Program allocation by $100 million to address immediate and urgent needs of sexual assault programs and survivors.
• Increase the Family Violence Prevention and Services Act allocation by $100 million to address immediate and urgent needs of domestic violence programs and survivors.
• Direct penalties and fines resulting from federal deferred and non-prosecution agreements to be deposited into the Crime Victims Fund to ensure solvency and increase access to resources for local programs.
• Modify the Social Security Block Grants and Community Development Block Grants to ensure they have the necessary flexibility to provide resources for salaries and operational costs for domestic violence/sexual assault/community-based programs and can provide flexible assistance to victims.
• Ensure programs can continue to keep drawing down funding, even if their scope of work changes. Frontline domestic violence/sexual assault advocates should be considered crisis responders.

Healthcare access for all
• Ensure all victims have access to COVID-19 screening, including those in immigrant communities, especially for immigrant crime victims (U visa and T visa holders and applicants). Current restrictions in 8 USC 1611 and 1613 limit access to Medicaid for non-citizens who do not fit in the definition of “qualified alien.” There is a narrow exception in both section 1611 and 1613 for emergency Medicaid, as that term is defined in section 42 U.S.C. 1396b(v), but coronavirus testing does not meet the statutory definition of an emergency service. Unfortunately, the definition of "uninsured individual" in the new section 42 U.S.C. 1396a(ss) does not address any restrictions outside of Title XIX, so the restrictions in sections 8 U.S. C. 1611 and 1613 would continue to apply. Testing under the new state option should be considered treatment for an emergency condition under 42 U.S.C. 1396b(v).
• Require the Secretary of Health and Human Services to provide a workaround to enable sexual assault crisis advocates to accompany survivors to hospitals.

Restrict immigration enforcement against survivors resulting from extensive delays and pauses in processing and inability to respond to US Citizenship and Immigration Services requests for additional evidence due to lack of access to evidence survivors need for their cases
• Prohibit immigration detention, removal of those with a pending immigration applications,
including those under section 101(a)(15)(T), 101(a)(15)(U), 106, 240A(b)(2), or 244(a)(3) (as in effect on March 31, 1997) of the Immigration and Nationality Act; or is a VAWA self-petitioner, as defined in section 101(a)(51), with a pending application for relief under a provision referred to in one of subparagraphs (A) through (G) of such section, or INA section 101(a)(27)(J), until there is a final denial of the alien’s application for status after the exhaustion of administrative and judicial review.

- Consistent with public health officials’ calls for social distancing to curtail and slow the spread of COVID-19, U.S. Customs and Border Patrol (CBP) should mitigate the risk of an outbreak in its facilities by drastically reducing the overall population of people in CBP and not seek additional funding for facilities and staffing to detain migrants.

Keeping child care available for first responders and working families

- Provide $4 billion in emergency funding through the Child Care and Development Block Grant (CCDBG) to:
  - Purchase additional supplies or services necessary to keeping centers and homes safe and sanitary;
  - Provide direct assistance to programs based on enrollment, not attendance;
  - Provide payments to programs to continue to serve children when parents or caregivers experience an inability to make co-payments or pay tuition, regardless of their income;
  - Covering the cost of substitute educators;
  - Providing payments to programs and workers in the case of COVID-19 related closures, including back-up care.