Guidelines for the Family Violence and Sexual Violence Crisis Workforce Supporting Victims/Survivors during COVID-19 Alert Level 4

Contents

Purpose

The purpose of this document is to provide guidelines for the family violence and sexual violence crisis workforce supporting victims/survivors during COVID-19 Alert Level 4. The guidance covers how providers should operate during Alert Level 4 while meeting health and safety expectations that will keep staff and victims/survivors safe. Further guidance on operating in Alert Level 3 will be available shortly.

Document development

The Joint Venture for Family Violence and Sexual Violence requested the development of this document as a response to feedback from sector representatives. The document is a collaboration of the Family Violence and Sexual Violence Pandemic Working Group and was collated by the Ministry of Social Development. The document has been reviewed by lead agencies and key sector representatives throughout its development. This is a 'living document' and will be updated over time as required.

What is COVID-19?

COVID-19 is a virus that can affect your lungs and airways. It's caused by a type of coronavirus. COVID-19 is spread by droplets. When an infected person coughs, sneezes or talks, they generate droplets containing the virus. These droplets are too large to stay in the air for long, so they quickly settle on surrounding surfaces. People may get infected by the virus if they touch those surfaces or objects, and then touch their mouth, nose or eyes.

The symptoms of COVID-19 are similar to that of a cold or flu and can range from non-specific respiratory symptoms such as cough, fever and sore throat, to shortness of breath and symptoms of pneumonia and severe acute respiratory infection. When referring to 'respiratory symptoms' throughout this document, it is with the caveat that it is symptoms of an acute respiratory illness. It is not referring to someone with asthma, chronic obstructive respiratory disease or another chronic condition. However, they may have worsening of symptoms of such a condition (e.g. a worsening cough).

If you think someone has COVID-19 or may have been in contact with someone who has, encourage them to call the COVID-19 helpline on 0800 358 5453 (open 8am to 10pm, 7 days a week).

Key message

At a time like this, it is important we unite as a sector to support victims/survivors of family and sexual violence. We must assure people seeking help that:

we are still open to deliver support and services in line with the Government's guidelines; give us a call to see what we can do for you.

Alert Level 4

New Zealand is currently at Level 4 of the alert system for COVID-19 which is the highest level. The following measures are in place:

- people are instructed to stay at home
- educational facilities are closed
- non-essential businesses are closed

- rationing of supplies and requisitioning of facilities
- travel is severely limited
- major reprioritisation of healthcare services.

For an update on the current alert level and more information visit the COVID-19 website.

Essential services

The Government has identified 'essential services' that can continue to operate while New Zealand is at Alert Level 4. These guidelines focus on services for victims/survivors of family and/or sexual violence. **Crisis services** delivered by family and sexual violence providers are considered essential. For further information visit the Ministry of Social Development's website.

Although an essential service, family violence and sexual violence service providers must change the way they work to keep staff and victims/survivors safe. This includes flexible or creative ways of delivering services that are not face-to-face.

A table is supplied below that outlines the different approaches that need to be considered for service delivery depending on the size of a provider. Providers should use this table as a guide of what level of face-to-face support they should be offering during Alert Level 4.

Provider size	**Number of frontline staff**	**Approach**
Small	1-2	It is essential to plan for business continuity once Alert Level 4 is lifted. It is recommended these providers offer no face-to-face support.
Medium	3-9	Some essential face-to-face support can be provided. Providers need to consider the minimum viable workforce and have robust hygiene protocols in place. If staffing levels change due to sickness it is recommended medium sized providers start operating at the level of a small provider. Management support for frontline staff needs to be considered as part of the minimum viable workforce; providers' normal management and supervision processes should be in place during Alert Level 4.
Large	10+	Large providers have the capacity to provide essential face-to-face services in line with recommendations at Alert Level 4. Providers need to consider the minimum viable workforce and have robust hygiene protocols in place. It is recommended to split the team to limit the number of people who would need to self-isolate if a staff member meets

		a person who tests positive for COVID-19. It will also enable there to be a second team available to continue service delivery. If staffing levels change due to sickness, it is recommended large providers start operating at the level of a medium provider. Management support needs to be considered as part of the minimum viable workforce; providers' normal management and supervision processes should be in place during Alert Level 4.

(note: frontline staff includes those who have **direct** contact with victims/survivors such as social workers, counsellors, crisis support workers, advocates etc. Reception staff are not considered 'frontline' but, depending on a provider's processes, may be essential to keeping the service running.)

Face-to-face contact must only be used if needed to ensure the safety and wellbeing of victims/survivors and this cannot be done remotely. In other words, **if a victim/survivor is in immediate danger, they can receive face-to-face services until this immediate risk has been resolved**. All other essential services should be carried out remotely if possible. Providers are responsible for ensuring all staff understand what an essential face-to-face service is. The decision to provide face-to-face support with victims/survivors must be made in consultation with a team leader or manager. A risk matrix has been developed (appendix four), that provides a practical guidance for crisis family and sexual violence providers to work through whether it is appropriate to attend face-to-face call outs.

Victims/survivors accessing help during Alert Level 4

Where possible, essential services should be carried out remotely; consider using text, audio and video to communicate with victims/survivors. Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) have developed guidelines on remote therapy, this can be accessed through their website. If an organisation doesn't have technological capability, raise this with managers, national bodies and/or the provider's Relationship Manager. Sexual and family violence helpline numbers should always be provided to victims/survivors.

During Alert Level 4, providers must be mindful that victims/survivors may be in an unsafe environment when contacting them. It may not be appropriate for a victim/survivor to be speaking on the phone while in lockdown with others (including any perpetrator, for example). Usual safe practices of communicating with victims/survivors remotely should be followed during this time.

Some victims/survivors may only be able to contact providers or the New Zealand Police while visiting the supermarket or pharmacy. Some of New Zealand's essential workers may also be victim/survivors of family and/or sexual violence. While in the workplace, they may have safer access to a phone or the internet than they do in their homes. Ensure inboxes (including spam mail) are monitored regularly as victim/survivors may be more likely to seek help through alternative methods during this time

Health and safety practices

In some instances, frontline family and sexual violence providers will need to meet with victims/survivors. To ensure staff and victims/survivors are kept safe, strict hygiene practices must be followed. It is important that staff do not go to work if they are feeling unwell.

Within facilities, make sure there is enough soap, paper towels, hand sanitiser, cleaning products, disinfectant and personal protective equipment as necessary. Further advice on hygiene practices can be found at the COVID-19 website.

Hand hygiene

Hand hygiene practices for all to follow are:

- Wash your hands for at least 20 seconds with soap and water and dry them thoroughly:
    - before eating or handling food
    - after using the toilet
    - after coughing, sneezing or blowing your nose
    - after touching a surface outside of your home/workspace where you aren't sure of the cleanliness
    - after visiting a public space
    - after caring for sick people.
- Dry your hands completely following washing. Paper towels or clean cloths are the most effective way to remove germs without spreading them to other surfaces.
- Avoid touching your eyes, nose or mouth if your hands are not clean.
- Cough or sneeze into your elbow or by covering your mouth and nose with tissues
- Immediately put used tissues in the bin or a bag

In cases where soap and water are not available, clean your hands with an alcohol-based hand sanitiser that has at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. If hand sanitiser is not available, staff should use disposable gloves.

Personal protective equipment

The current recommendation from the Ministry of Health is that personal protective equipment (e.g. gloves, face masks) is only required for social services where:

- victim's/survivor's recent contact history with COVID-19 is uncertain
- victim/survivor has been (or claims to have been) in close contact with a suspected, probable or confirmed case of COVID-19
- victim/survivor has respiratory symptoms

If physical distancing of one metre (or more) can be maintained throughout an engagement with a victim/survivor, then no additional PPE measures are required. However, staff members can still choose to wear personal protective equipment if they would like to. If wearing gloves and/or a mask, hand hygiene measures must still be followed – hands should be washed with soap and water as soon as gloves and masks are removed. Staff must not touch their face/the mask while wearing PPE. Current guidelines and information on safely wearing and discarding personal protective equipment can be found at the Ministry of Health's website.

A table has been developed in consultation with the Ministry of Health to outline when PPE needs to be used in different situations in social services (refer to appendix three).

If a provider needs PPE and has not been able to access what is required, they should contact their Relationship Manager.

Cleaning

COVID-19 can remain on some surfaces for up to three days. Cleaning practices are to:

- be extra vigilant when cleaning surfaces
- if a surface looks dirty, clean it first before disinfecting
- disinfect frequently-touched surfaces and objects, such as handles, handrails, lift buttons, and switches
- use a disinfectant that is antiviral and follow the instructions on the label.

Staff should be using the same workstation each day where possible, and keeping it clean as part of their daily routine. If a victim/survivor uses any office equipment this needs to be cleaned after use.

Regular hand hygiene is also important.

Visibility

Please ensure hygiene advice and the additional health precautions staff are taking are visible in all areas of a workplace including the reception area, meeting rooms, secure office area, kitchen and bathrooms. Printable resources can be found here.

Staff wellbeing

The effects of COVID-19 might put a lot of pressure on providers. Processes within organisations should be in place to keep staff safe and healthy from burn-out or vicarious trauma.

If a staff member cannot maintain the appropriate level of support required for a victim/survivor, then the case should be passed on to a colleague or provider with more capacity. Victims/survivors can be advised to contact a helpline after-hours in the first instance in order to reduce pressure on providers.

Measures that are in place to keep staff safe in day-to-day life should continue throughout Alert Level 4. Working through a pandemic is a tense time and it is important to look out for the wellbeing of others. During Alert Level 4 (and beyond):

- Managers should check in on the wellbeing of their staff. The Mental Health Foundation has developed wellbeing tips for both managers and staff working through the pandemic, these can be accessed on their website.
- Professional supervision should continue via remote communication methods.

Helplines are there to support everyone, including essential service staff, throughout this time. For support with anxiety, distress or mental wellbeing, staff can call or text 1737 anytime to talk with a trained counsellor.

Triage: COVID-19 specific

All victims/survivors that access services should be triaged for COVID-19. Depending on the case, this may have already been done by other stakeholders such as police, counsellors or medical staff.

Where possible, before engaging face-to-face and visiting victims/survivors, please enquire by phone about their current health. Where this cannot be done, be aware of the guidelines around physical distancing (see below).

Questions to ask victims/survivors about their health could include:

- Are you feeling unwell? Focus on respiratory symptoms and ask for details.
- Has anyone in your household been unwell?
- Have you been in contact with anyone who has COVID-19, or who is waiting for the test results for COVID-19?
- Have you been contacted by the Ministry of Health to advise you that you may have been exposed to COVID-19?
- Have you been in contact with anyone who has recently travelled overseas?

Avoid having face-to-face contact with someone who is suspected to be unwell or has respiratory symptoms, unless this is **critical and urgent to their or other's safety**.

Within the triage process, collect all relevant contact details of the victims/survivors for contact tracing purposes.

Physical distancing

Physical distancing is about keeping a safe distance from others. Ideally, it involves maintaining a distance of at least one metre from a person. If it is necessary to be closer than one metre, be there for less than 15 minutes. Do not physically greet or touch people (e.g. no handshakes, hongi or hugs. Use alternatives such as a wave or smile).

If a group of staff members within an organisation (such as reception team or a team of social workers) is big enough, create a roster to split up the team so there is consistent limited contact between each other. Where possible, a victim/survivor should be seen by the same staff member for any further face-to-face contact to reduce the risk of further transmission.

If applicable, each provider should audit their premises and identify rooms that are suitable for face-to-face support. These rooms should be big enough for people to sit at least one metre apart from each other to reduce the risk of contagion. If a provider has more than one room that can be used, it is recommended to alternate between the rooms, allowing time in between sessions and cleaning surfaces between use. Providers need to have clear protocols in place for tracking which rooms have been in use, including the date, time of use, who was in the rooms and cleaning protocol.

When working from a workplace or office:

- space staff at desks so they are not working in close proximity of anyone else
- staff should deliberately distance themselves at least one metre away from someone when speaking with them
- limit being in shared spaces such as kitchens by splitting break times.

Hygiene practices and physical distancing should be normalised in all areas of the facility.

Services offered

It is normal to feel anxious about COVID-19. Staff will need to validate, acknowledge, and normalise victims'/survivors' responses to stress, anxiety, and loneliness that may be exacerbated by physical distancing or self-isolation. Supporting victims/survivors to adjust to the new normal is important to support the journey of recovery.

Some victims'/survivors' usual coping and self-regulating practices may not be possible/available during Alert Level 4. Help victims/survivors to explore other coping and self-regulating practices if this is the case.

Staff should not be visiting victim's/survivor's homes, especially those shared with the perpetrator, unless it is with the Police and absolutely necessary, such as where there is imminent risk to the safety of the victim/survivor.

It might be normal practice for providers to offer transport to/from services. In the current environment request taxi or ride-share services instead. The victim/survivor will need to sit in the back seat of the vehicle to ensure physical distancing measures are followed. In some cases, staff can provide the victim/survivor with taxi vouchers, such as for a victim's/survivor's transport to a safe house.

Consider placing a phone in reception so victims/survivors can call staff and receive support via the phone. Some community offices will be one of the few places where people experiencing violence can seek help during lockdown.

Safe houses

Safe house access during Alert Level 4

Victims/survivors **will not be admitted to a safe house if they are suspected to have COVID-19**, the provider should liaise with the local public health unit to identify the best place for the victim/survivor. Some public health units may have agreements with hospitality providers to act as quarantine facilities. Family violence providers may also choose to organise and pay for victims/survivors to stay in motels a rather than safe houses with other people. It is recommended that the provider fosters relationships and agreements with local motels about victim/survivor stays as soon as possible. A coordinated approach is needed to ensure different groups are in different motels, such as those bound by a Police Safety Orders and victims/survivors of family violence. This should be discussed and planned with local stakeholders in each region.

If motel accommodation is organised, the rooms should include a private kitchen and bathroom to ensure health, safety and isolation. A victim's/survivor's need for food, medication and essential travel (e.g. the supermarket or pharmacy) need to be addressed by the provider during their stay in motels, and Wi-Fi should be made available. Staff should provide those in motels with a 'sanitisation parcel' that contain items that will allow them self-isolate safely for at least two weeks. Products in the parcel should include hand sanitiser, toothbrush, toothpaste, laundry powder, and baby products and pads/tampons if applicable, etc.

If a victim/survivor or staff member is suspected to have COVID-19 (e.g. has been in contact with someone who has COVID-19, or has symptoms) then their safe house will go into quarantine until a negative test result is received. In the first instance, the

provider must contact the COVID-19 helpline or their local public health unit to discuss the situation and confirm how long the safe house will need to be in quarantine.

The house will remain in quarantine if a positive test is received. This means either:

- the house and all occupants go into quarantine
- victims/survivors who have been in the safe house with an infected person but who are not yet showing symptoms themselves may be moved to a motel (without using any shared transport and with the agreement of the motel owner) and will need to self-isolate.

Safe house supplies

The safe house/accommodation must have Wi-Fi and options for entertainment available for victims/survivors. During Alert Level 4 it is important that people have the ability to contact family members and have ways of keeping themselves busy. If a provider does not have technological access, they should contact their relationship manager.

Ideally, school-aged children will need to be supported to have devices and Wi-Fi access to do their school work, however schoolwork should be seen as a secondary priority to maintaining family wellbeing. If access to school is affected, children should be provided with alternatives to keep themselves occupied during lockdown. If the victim/survivor has teenage children, they may require additional support to ensure they adhere to government advice regarding COVID-19.

The safe house/accommodation must have enough supplies (e.g. linen, food, clothing, cleaning products) for all victims/survivors. This will also ensure if there was a case of COVID-19 within the safe house, there is appropriate supplies to completely clean, sanitise and disinfect the whole house. Stockpiling is not necessary during Alert Level 4, supermarkets and pharmacies will remain open.

If a provider cannot make their own arrangements or is having difficulty accessing essential household goods or services, they should contact their local Civil Defence Emergency Management (CDEM) group. Household goods and services include food, water, clothing, bedding, and other items or services necessary for warmth, cleaning, preparing food, or general health and hygiene. Co-ordination and delivery of household goods and services and other essential items for those who need assistance is a CDEM responsibility, with support from other agencies.

Children in shared care

Providers may receive questions from victims/survivors on issues relating to children in shared care. Management of children from families who have shared care or contact arrangements in accordance with Family Court Orders, should be decided by parents in the best interests of their children, whilst also following guidelines on COVID-19. Guidance has been issued by the Principle Family Court Judge on children in shared care during COVID-19, this has been published on the Ministry of Justice website.

Police Safety Orders

In Alert Level 4, police will still consider a Police Safety Order as a response to preventing further family violence. Risk can escalate quickly in a lockdown environment; Police will consider this when serving a Police Safety Order.

There is now accommodation funded through the Ministry of Social Development for people bound by a Police Safety Order. This has been put in place to reduce the risk of COVID-19 transmission while keeping victims/survivors safe. If the person bound by a Police Safety Order does not have another suitable address to go to, police have a process to access this accommodation.

Adult sexual assault and child protection investigations

The Police have issued guidance to their staff that details the appropriate response for adult sexual assault and child protection investigations.

All adult sexual assault and child protection referrals Police receive will be triaged via phone for priority. Only critical and acute cases will be prioritised, these being:

- acute adult sexual assault cases
- acute child sexual assault cases
- acute serious child physical assaults
- Non-Accidental Injuries.

During triage police will screen for COVID-19.

It is the responsibility of the district investigators and their supervisors to assess the investigative response to each case, considering the risk to the public, staff health, safety and well-being and decide on the best action moving forward.

Police advice is only acute or critical interviews should be completed during Alert Level 4. The existing police policy for interviewing is that no support person should be present during an interview, except in exceptional circumstances. This will remain in place during Alert Level 4, however a support person may attend the interview but wait in a separate room. Interviews for all historic matters where there is no further risk to the victim/survivor or other members of the community should be delayed until after the current COVID-19 restrictions are removed.

Medical Sexual Assault Clinicians Aotearoa (MEDSAC) have advised that full forensic medical examinations will not be offered apart from exceptional acute cases, or where obtaining forensic evidence is critical to the investigation. No support workers, whānau or friends of the victim/survivor are permitted to attend the medical examination.

Appendix One

Mitigation strategy template - safe house precautions during Alert Level 4	
Task	**People responsible**
Screening and pathways	
Intake assessments will be via phone rather than face-to-face. Include a triage process for COVID-19. Alongside the triage process, check for risk factors such as: • Do you have any underlying medical conditions? • Do you have any respiratory risk factors? • Do you have risk factors such as a BMI over 40, aged over 70, receiving cancer treatment etc? Ask victims/survivors COVID-19 specific questions (refer to triage process for COVID-19) at least once a week.	
Staff may choose to organise victims/survivors to stay in motels and pay for this rather than admit them to safe houses with other people, especially considering those that are considered at risk. During Alert Level 4 victims/survivors will not be admitted to a safe house if they: • have had any contact with a recently returned (within the past 14 days) traveller • are currently unwell with respiratory symptoms • have been contacted by the Ministry of Health and advised they have been exposed to COVID-19 • or have been in recent contact with someone who is suspected to have COVID-19, but has not yet been tested/is waiting results of a test. If any of the above apply, staff should contact the COVID-19 helpline and/or their local public health unit. In these instances, staff should facilitate access to motels.	
If a victim/survivor has respiratory symptoms but has a negative test result for COVID-19, they can be admitted to the safe house.	
On intake/admission and at regular intervals, remind victims/survivors that kindness and compassion are essential. No one should be allowed to be the subject of mistreatment based on their health status.	
Cleaning and supplies	
Ensure there is enough dispenser soap, paper towels, hand sanitiser and disinfectant for all victims/survivors and staff. This will help to keep communal areas sanitised.	

Ensure there is sufficient linen for all victims/survivors staying in the safe house to have their own towel, facecloth, and sheet set.	
Remember that government advice is to not stockpile food. Pharmacies and supermarkets are essential services that will remain open throughout Alert Level 4, with some restrictions.	
Ensure thorough cleaning practices are in place for the whole house.	
Information and briefing	
Normalise hygiene practices and physical distancing in communal areas.	
Ensure all staff and victims/survivors are aware of the hygiene measures recommended by the Ministry of Health to stop the spread of COVID-19.	
Reinforce the importance of the 'no visitors' rule with victims/survivors. Speak with victims/survivors about alternative ways of interacting with support people such as phone calls or video chat.	
Advise victims/survivors of the possibility that staff will work predominantly from home and set out emergency and regular contact options with them.	
As part of the entry briefing for victims/survivors, reiterate the seriousness of COVID-19 and of the precautions taken, but reassure them of the safe environment and invite them to raise any concerns about isolation or quarantine.	
Incorporate the potential for COVID-19 transmission into individual safety plans (in consultation with the victim/survivor).	
If the perpetrator becomes aware of the location and attempts to visit, the victim/survivor should call the Police and the provider should seek an alternative location for them to ensure safety, as per usual practice.	
Managing physical proximity	
Switch to remote meetings (i.e. text, audio and video to communicate with victims/survivors) and arrange to be in contact with each victim/survivor each day, including those in motels.	
Staff are advised not to transport victims/survivors except in exceptional circumstances. Using taxis and ride-share services is preferred, staff can provide taxi vouchers to victims/survivors.	
Advocacy with other agencies should be done via the phone (such as Work and Income) rather than in person.	
Unwell victim/survivor (COVID-19 not yet confirmed)	

If a victim/survivor is concerned they have COVID-19 or may have been in contact with someone who has, support them to call the COVID-19 line on 0800 358 5453.	
Advise victims/survivors that the safe house may go into quarantine and they will be unable to leave for 14 days if this happens. If they are uncomfortable with this prospect, staff can offer motel stays instead.	
If somebody becomes unwell with respiratory symptoms in the safe house, assume it is COVID-19 until it is confirmed as negative or advised otherwise by the COVID-19 helpline. Household close-contacts (e.g. other residents at the safe house) of a COVID-19 case under investigation are advised to quarantine until laboratory results are available, victims/survivors may choose to go to a motel.	
Responding to confirmed infection	
If a victim/survivor is confirmed as having COVID-19, the provider must seek guidance from the COVID-19 and/or the local public health unit immediately.	
If victims/survivors disclose they have COVID-19 and need to be put into a motel instead of the safe house, arrange to drop off essential items outside their motel door. Liaise with the public health unit/COVID-19 helpline on the best way to manage the victim/survivor.	
If a victim/survivor or staff member who has been in the safe house tests positive for COVID-19, the safe house will go into quarantine. This means either: • quarantining all victims/survivors within the safe house • or, using motel stays for victims/survivors who have been in the safe house with an infected person but who are not yet showing symptoms themselves (if possible, without using any shared transport and with the agreement of the motel). Contact the COVID-19 helpline and/or the local public health unit to discuss the situation.	
Following the quarantine, if a person with COVID-19 has been living in the safe house, close it and do a thorough clean: • using hand hygiene and while wearing gloves and a mask, clean the safe house, including washing linen separately in hot water and then using a tumble dryer, and doing a full standard clean using bleach or disinfectant • clean your own clothes afterward in a hot wash and tumble dry • throw away and restock all toiletries (e.g. soap, shampoo bottles) Contact the COVID-19 helpline to confirm cleaning methods.	
Supporting victims'/survivors' mental health and social wellbeing during the pandemic	

Staff will assess the whole family's needs and address safety and wellbeing in the first instance and then address access to other needs like schooling.	
Wi-Fi should be accessible to every victim/survivor.	
Ensure every safe house has some options for entertainment available (e.g. books, DVDs, board games). Ensure victims/survivors are aware of the need for hygiene when sharing these items. If possible, supply sanitised entertainment options to those staying in motels.	
Provide victims/survivors with a phone for accessing remote support (e.g. helplines) if they don't have one.	
Validate, acknowledge, and normalise responses to stress, anxiety, and loneliness that may be exacerbated by physical distancing or self-isolation.	

Appendix Two

Mitigation strategy template - Sexual Harm Crisis Support Services precautions during Alert Level 4	
Task	**People responsible**
Workforce	
Ensure all staff are aware of the hygiene measures recommended by the Ministry of Health to stop the spread of COVID-19.	
Ensure all staff have up to date information about victim/survivor assessments for crisis callouts. This should be a coordinated approach at a Sexual Abuse Assessment and Treatment Service (SAATS) level.	
If staff or people in their home are considered vulnerable to COVID-19 (e.g. over 70, underlying medical conditions) they must be supported to work without face-to-face contact.	
Any staff that will be providing a callout service, in cases of acute sexual assault, need to follow strict health and safety routines (cleaning and hand washing).	
Encourage any decision of face-to-face support with victims/survivors to be done in consultation with a team leader or crisis manager. This is to support appropriate professional decision making for this alert level.	
Managing physical proximity with victims/survivors and staff	
Switch to remote meetings (e.g. text, audio or video) and arrange to be in contact with each victim/survivor according to their client management plan created by the Crisis or Clinical Manager.	
Advocacy with other agencies should be done via the phone (such as with Work and Income) rather than face-to-face.	
Group programmes are to be cancelled; one-on-one work will commence remotely if possible.	
Each organisation should audit their premises and identify rooms that are suitable for physical distancing when providing face-to-face support	
If a victim/survivor has received face-to-face support, they should stay with the same crisis support worker for any further face-to-face contact to reduce the risk of further contamination.	
An organisation's health and safety policy (e.g. not having staff alone in the office with victims/survivors) needs to be followed alongside the Government's advice on physical distancing, hygiene and cleaning.	

Where there might be contact between staff, if the crisis team is big enough, split the crisis support team in a way that there is consistent and limited contact between each other. This will limit the number of people needing to self-isolate if the team comes into contact with someone who tests positive for COVID-19.	
Managing risk of contagion during a callout	
If it is decided that face-to-face contact with a victim/survivor is necessary, phone ahead to triage for COVID-19 if possible. If they have symptoms of COVID-19, avoid visiting and recommend they contact the COVID-19 helpline. A coordinated approach at a SAATS level will need to occur so the victim/survivor is assessed once only, and all others in the SAATS response are informed of the outcome of the assessment.	
Responding to potential or confirmed infections	
If a staff member has been with a victim/survivor who tests positive for COVID-19, all staff who were in contact with that victim/survivor need to contact the COVID-19 helpline and go into self-quarantine according to the Ministry of Health guidelines.	
If a victim/survivor is concerned they have COVID-19 or may have been in contact with someone who has, support them to call the COVID-19 helpline.	
Supporting victim/survivor's mental health and social wellbeing during the pandemic	
Provide victims/survivors with a phone for accessing remote emotional support (e.g. helplines) if they do not have one.	
Some victim/survivor's usual coping and self-regulating practices are not possible/available during Alert Level 4. Help victims/survivors to explore other coping and self-regulating practices if this is the case.	
Validate, acknowledge, and normalise responses to stress, anxiety, and loneliness that may be exacerbated by physical distancing or self-isolation.	

Appendix Three

Personal protective equipment (PPE) use within social services

Victim/survivor triaged for COVID-19		Physical distancing of 1m+ **can** be maintained during interaction	Interaction could **breach** physical distancing of 1m for 15 minutes or more	Interaction could lead to **contact** with body fluid (e.g. person may need basic first aid)
Victim/survivor has **NO** respiratory symptoms	Victim/survivor history known – no recent contact with a suspected, probable or confirmed case	No PPE required	No PPE Required	No additional PPE (e.g if regular first aid PPE is required)
	Victim/survivor recent contact history uncertain	No PPE required	No PPE required	Surgical mask and hand hygiene
	Victim/survivor has been (or claims to have been) in close contact with a suspected, probable or confirmed case	No PPE required	Surgical mask and hand hygiene	Surgical mask and hand hygiene
Victim/survivor **HAS** respiratory symptoms	Victim/survivor history known – no recent contact with a suspected, probable or confirmed case	No PPE required	Surgical mask and hand hygiene	Surgical mask and hand hygiene
	Victim/survivor recent contact history uncertain	No PPE required	Surgical mask and hand hygiene	Surgical mask and hand hygiene
	Victim/survivor has been (or claims to have been) in close contact with a suspected, probable or confirmed case	No PPE required	Surgical mask and hand hygiene	Surgical mask and hand hygiene

Please note that:

- Staff should continue to follow normal procedures for administering first aid (e.g. use of disposable sterile gloves). The use of PPE is in addition to usual measures.
- Hand hygiene in the table refers to additional cleansing (e.g. thorough hand washing before and after every interaction as described in here)
- The information on PPE will apply beyond Alert Level 4 until a vaccine is available or until providers are told otherwise.

Appendix Four

Decision Making Matrix: Face-to-face support for family violence and sexual violence crisis services during Alert Level 4

Overview

The purpose of this matrix is to assist family violence and sexual violence crisis staff members and their managers in deciding the level of risk and need associated with providing face-to-face support for victims/survivors during Alert Level 4.

The table outlines two areas of risk:

1. The first area outlines the risk of the victim/survivor based on their support needs and their circumstances for which they are seeking support. In this area, one risk is that staff will not attend when support is necessary. This may result in higher levels of victim/survivor distress and compound the harm they are experiencing through lack of service/system responsivity. The staff member is also at risk of feeling that they were unable to provide support to the required standard.
2. The second area outlines risks of transmitting or contracting COVID-19 while providing support. One column examines the victim's/survivor's risk of transmitting or contracting COVID-19, while the other column outlines the risk posed to staff, their bubble, and their organisation.

Where area one risks are higher and area two risks are lower, face-to-face support is most viable. Where area one risks are lower *or* area two risks are higher, face-to-face support is less viable. Where area one risks are lower *and* area two risks are higher, face-to-face support is not viable.

Guidelines for use

This matrix is to be used in consultation between crisis support staff and their supervisor, team leader, or manager. Before making contact with a victim/survivor, triage first for COVID-19, this should be done remotely where possible. Then, consider the factors in each column to determine the victim's/survivor's need and overall risk. Staff (including management/supervisors) should assess their comfort level with attending a callout. Consider all strategies to mitigate risk before engaging with a victim/survivor.

Mitigation strategies

There are two categories of mitigation strategies around the transmission or contraction of COVID-19:

1. If a staff member and their manager decide together not to offer face-to-face support, other ways of supporting are available. This includes remote support via text, call, video, or some combination thereof before, during and after the call-out event, and helping the victim/survivor to identify those in their social network who are equipped to support them. In some cases, if one provider is not able to provide face-to-face support, another provider may have the capacity to do so.
2. If you decide to offer face-to-face support, risk mitigation for all parties is dependent on maintaining physical distancing, good hand hygiene and, in some cases, the appropriate use of personal protective equipment (PPE). Ensure everyone understands the risks, is comfortable with those risks and, bearing these in mind, consents to face-to-face support

Decision Making Matrix:

Area one: risks posed to the victim/survivor based on their experiences of violence (interpersonal and structural)				Area one risk level	Area two: risks of transmitting or contracting COVID-19		Area two risk level
Severity of event/pattern of abusive behaviour	**Victim/survivor wellbeing and social connectedness**	**Assessment of meaningful access to resources and equity**	**Context of support**		**COVID-19 risk staff member**	**COVID-19 risk victim/survivor**	
Critical: life threatening or likely to cause serious physical harm and/or mental health harm to them or others. Cumulative patterns of harm and/or very high levels of coercive controlling behaviours. High risk of life-threatening retaliatory violence from the person using violence against the victim/survivor and/or others for seeking help.	Victim/survivor has a high level of need for specialist FV/SV support to mitigate coping strategies they are using in relation to the event or pattern of abusive behaviour which makes their daily functioning very difficult[1]. Victim/survivor has little personal and/or social/cultural supports can assist the victim/survivor. The pattern of abusive behaviour has included intimidation and/or isolation from people and places that matter to the victim/survivor.	Victim's/survivor's 'space for action'[2] is severely constricted and they request specialist SV/FV support. Victim/survivor experiences many intersecting barriers to accessing/receiving help such as: language issues, government agency distrust, limited social network, solitary lockdown conditions, low tech skills, serious economic instability, pre-existing mental health vulnerabilities or conditions etc. Victim/survivor cannot get their/their family or whānau's basic needs without shame, danger or great difficulty. Victim/survivor is experiencing structural violence or inequities (e.g. racism, classism, transphobia and xenophobia) and has experienced discriminatory responses from services, compounding the victim's/survivor's experiences of feeling or being unsafe (from people, systems and services). Victims/survivors and their family and whānau already living lives of precarity and marginalisation will be at greater risk of further harm.	To respond appropriately to the victim's/survivor's experiences of harm there are limited or no alternatives to face-to-face support. Face-to-face support is required due to the imminent risk the victim/survivor is in. Face-to-face support is important to uphold the victim's/survivor's dignity.	**High**	Staff member has few risks. E.g. no health issues, is under 70, has access to PPE and knows proper use, no risk to bubble, is comfortable with infection risk, organisation has sufficient staff to accommodate the risk to workforce should the staff member contract COVID-19.	Victim/survivor has few risks. E.g. no age or health concerns, no recent contact with anyone high-risk, no symptoms, understands and is comfortable with risk of transmission, is adhering to lockdown and physical distancing advice.	**Low**
Moderate: likely to cause moderate injury, illness or distress to the victim/survivor or others. There are moderate levels of coercive controlling behaviours present. Moderate likelihood of retaliatory violence.	Victim/survivor has a moderate level of need for specialist FV/SV support to help mitigate coping strategies which make their daily functioning difficult[1]. Victim/survivor has some key personal and/or social/cultural supports who can assist the victim/survivor.	Victim's/survivor's 'space for action'[2] is constricted and they request specialist SV/FV support. Victim/survivor experiences some barriers to accessing/receiving help. Victim/survivor has limited access to essential material and economic resources. Victim/survivor is experiencing structural violence/inequities and is at risk of experiencing discriminatory responses from services.	Face-to-face support is important to uphold the victim's/survivor's dignity and to respond appropriately to their experiences of harm.	**Moderate**	Staff member has some risk. E.g. concerns about bubble safety, low level of comfort in offering face-to-face support, not enough staff within the organisation to mitigate risk to workforce.	Victim/survivor has some risk. E.g. minor health-related concerns, been in contact with a potential COVID-19 positive person, may not understand risks of transmission, may not be adhering to lockdown and physical distancing advice.	**Moderate**
Variable: limited injury and minimal distress is anticipated. There is limited ability of the person using violence to control the victim/survivor. Low likelihood of retaliatory violence.	Victim/survivor has a low level of need for specialist FV/SV support as the event or pattern of abusive behaviour is not significantly impacting their daily functioning. Victim/survivor has a strong personal and social/cultural support network who can assist the victim/survivor·	Victim/survivor requests support, and has multiple avenues to receive support. Victim/survivor is does not have any barriers to accessing/receiving help and has access to essential material and economic resources.	Other options to face-to-face are available and considered acceptable by the victim/survivor and staff member.	**Low**	Staff member has significant risk. E.g. over 70 years, has health-related concerns, doesn't have the required PPE or not aware of how to properly use it, high-risk people in their bubble, low level of comfort attending, not enough other staff to mitigate risk to workforce.	Victim/survivor at high risk. E.g. over 70, has health-related concerns, has been in contact with someone with COVID-19, does not understand risks of COVID-19, is not adhering to lockdown and physical distancing advice.	**High**

[1] Victims/survivors manage emotional distress and responses in different ways. Some coping strategies, such as substance use, self-harm, eating disorders and suicide attempts, pose significant risks to their safety and well-being. These coping strategies make daily functioning more difficult. Victims/survivors experiences which are often described as 'symptoms' or can be pathologised are often better understood as reactions to threat, or survival strategies. L. Johnstone et al, *The Power Threat Meaning Framework: Overview,* Leicester: British Psychological Society, 2018

[2] Experiencing violence constrains a victim's/survivor's ability to be self-determining, it shrinks their space for action. N. Sharp-Jeffs, L. Kelly and R. Klein, 'Long Journeys Toward Freedom: The Relationship Between Coercive Control and Space for Action – Measurement and Emerging Evidence,' *Violence Against Women,* vol. 24, no. 2, 2017, p. 182.