

# Guidance for conducting trauma-and violence- informed programs during a pandemic, natural disaster, crisis, or other emergency situation

Western



Centre for Research & Education on  
Violence Against Women & Children

KNOWLEDGE HUB  
CENTRE DE CONNAISSANCES

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**Translation:** Sylvie Rodrigue

**Graphic Design:** Emily Kumpf

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# Introduction

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This guidance document has been developed for practitioners conducting community-based intervention programs during a crisis with individuals who have experienced gender-based violence (GBV).

Economic, epidemiological, and environmental crises such as COVID-19 are a catalyst for gender-based violence. Social isolation, perceptions of risk, and changes to health and social services may leave individuals with fewer options for reporting, receiving supports, or escaping the violence they experience. Fear, stigma, and xenophobia place marginalized individuals at increased risk of violence and intensify disparities creating barriers to services. Moreover, threats to the well-being of health and social service providers are compounded in times of crisis by the effects of increased work demands, exposure to crisis-related dangers, and pre-existing system inadequacies. (See *Covid-19 & Gender-Based Violence in Canada: Key Issues and Recommendations* and *Pandemics and Violence Against Women and Children*).

Interventions or support programs carried out during a time of crisis should reduce risk, promote resilience, and aid recovery by increasing safety and security, social connections and well-being, and support lasting solutions to gender-based violence. While a promising practice in general, trauma- and violence-informed programming and program delivery is essential during crises. Individuals experiencing GBV and navigating the impacts of economic, epidemiological or environmental crises require and deserve supports that foster safety, empowerment, collaboration, trust, and choice.

The guidance provided in this document is based in part on the experiences of the Knowledge Hub Community of Practice members who were involved in providing trauma- and violence-informed interventions during the onset of the COVID-19 pandemic, as well as published literature and guidelines from a variety of sources. We believe this guidance may be applicable to other circumstances that require plans for programming and/or program delivery to be modified (e.g. extreme climate events or other disasters affecting communities).

When a local, national, or global crisis occurs, it will mean making decisions on if and how you should begin or continue with your intervention. This guidance offers trauma- and violence-informed considerations for adapting intervention programs and/or program delivery.

# Guidance

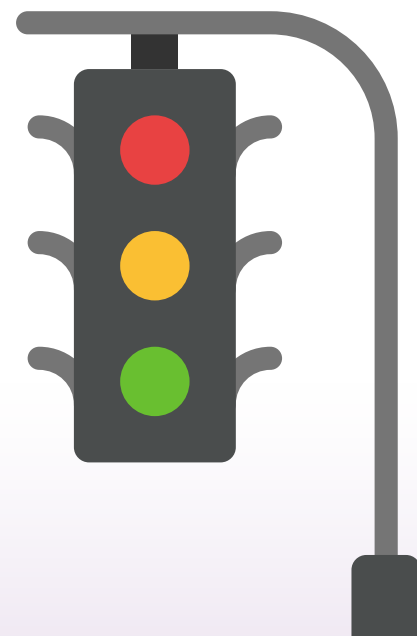
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## 1. Stay informed of and adhere to the guidance issued by local, provincial and federal health agencies and governments that may impact your workplace during times of crises.

- ➔ With respect to emergencies and disasters:
  - ➔ Be aware of the health and social factors related to natural or human-made disasters including food scarcity, lack of or precarious shelter, separation from family, difficulties related to forced migration, and injury.
- ➔ Review governmental policies and guidelines such as those found at [\*Emergency Response – Canada\*](#).
- ➔ With respect to the COVID-19 pandemic:
  - ➔ Be aware of the health factors related to an illness outbreak including symptoms, how the disease is transmitted and spread, and general measures for reducing or preventing the spread of the illness.
  - ➔ Review the 5 steps of the [\*Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada - Canada.ca\*](#)
  - ➔ Review guidance documents such as [\*Provincial Guidance Documents | IPAC Canada \(ipac-canada.org\)\*](#) and [\*COVID-19: Guidance documents - Canada.ca\*](#)
- ➔ Review the [\*Framework for Ethical Deliberation and Decision-making in Public Health\*](#) which identifies the core ethical dimensions in public health: respect for persons and communities, non-maleficence and beneficence, trust, and justice.

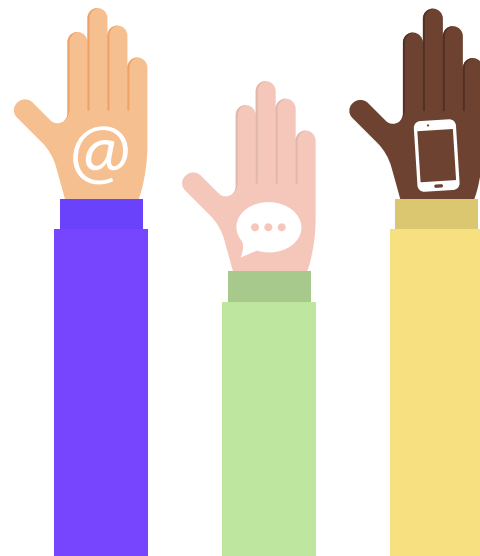
## 2. Decide if and how a program can be implemented or continued. If required, be prepared to end, temporarily pause delivery, or modify the program/program delivery. Considerations include:

- What is the anticipated impact of the current crisis on gender-based violence, mental health, and physical health of individuals in your program's catchment area?
- How is the current crisis impacting service provision in other agencies in your area?
- Is it appropriate and feasible to continue or begin the program in this time of crisis?
- Is travel required? If yes, is it safe and if no, can it be avoided?
- Will the program's benefits to participants and facilitators outweigh the risks associated from participation during the current crisis?
- Is it appropriate to pause the program (until restrictions are lifted, until additional information is available, etc.)? How long can the program be paused before resuming will not be beneficial to existing participants?
- Will pausing or ending the program negatively affect participants' health and well-being? If yes, invite practitioners and participants (when appropriate) to consider all alternatives (e.g., switching to online programming) before ending or temporarily pausing the program.
- Is it appropriate and feasible to deliver the program online or in-person with required safeguards (e.g., masks, physical distancing, alternate venue)?
- Will the program still have the intended benefit to participants if delivered online or in-person with required safeguards (e.g., masks, safe distances)?
- Will decisions about ending, pausing, or adapting the program cause greater burdens or disadvantages for already disadvantaged individuals or groups? If so, what can be done to mitigate disproportionate burdens experienced by some participants?
- Can the program be delivered safely with the modifications required due to the crisis?



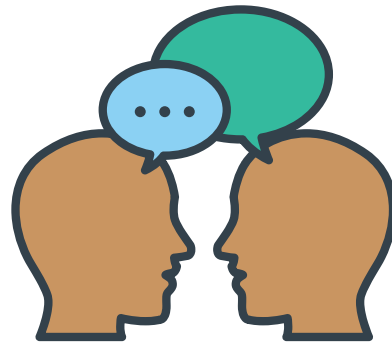
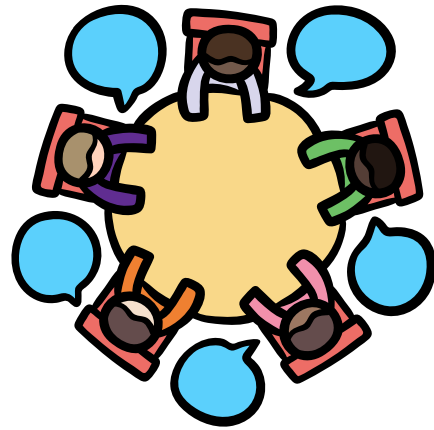
### 3. Minimize confusion and frustration from the “unknowns” and frequent “changes” related to the crisis through effective communications.

- Discuss participant's preferred method of communication. What modes of communication are available to them and what do they prefer?
- Ask them when and how often they would like to communicate.
- Communicate as soon as possible if and how the program will continue. If disruptions or delays in the intervention are anticipated, then communicate immediately the reason for the delay, when and how participants can expect to receive additional information, and a means for participants to ask and receive answers to their questions.
- Let participants know that the current plan is based on what is known now, that the situation is evolving, and that if things need to change to safeguard the health and well-being of everyone involved, they will be informed as soon as possible. Indicate how they will be informed (e.g., via email, text, telephone).
- Use plain language that is user friendly to participants (e.g., avoid technical jargon associated with the crisis, use simple sentence structures, be brief)



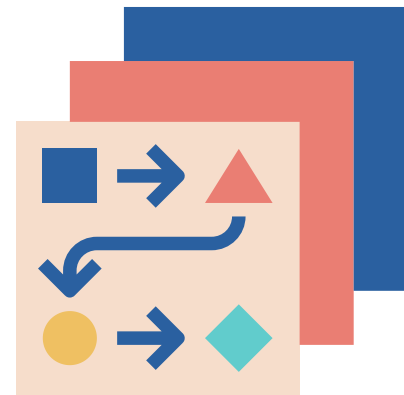
**4. Intentionally make time for and invite participants and facilitators to share how the crisis, as well as the changes to programing are impacting them and their families. Consider the anxieties, fears, psychosocial stressors, risks, and stigma they may be experiencing (e.g., exacerbation of prior trauma reactions, school closures and children at home for longer periods of time, increased violence, loss of job and income). Invite sharing with questions such as the following:**

- How are things going for you?
- What has changed for you because of the crisis? For your family/the people you care about?
- What has changed for you because of the program changes that have occurred?
- How have these changes increased or decreased your stress level?
- How have the program changes affected your family?
- In what ways are these changes affecting your safety? Your family's safety?
- What do you worry about?
- What would make things easier for you?
- What have you done to take care of yourself or have fun lately?
- What are you hoping to try or continue to do to make things a bit better in this challenging time?



## 5. Use input from participants and facilitators to inform ongoing decisions about program/program delivery adaptations to promote safety, health and well-being.

- ➔ Check in with participants before deciding on program/program delivery modifications to see if they are willing and able to engage with the modified plans and whether they have any concerns about the plans.
- ➔ Regularly debrief to find out what is working, what is not working, and collaboratively problem solve how to address the challenges and build on strengths.
- ➔ Speak privately with each participant and invite them to share whether the program/program delivery modifications under consideration will be accessible and culturally safe for them. If not, ask what would increase accessibility and safety?
- ➔ Recognize individuals' agency, voice, and choice while being mindful to not increase their emotional and physical burden.
- ➔ Consider what will happen if participants or facilitators are unable to participate due to the crisis.





## 6. Counter isolation by fostering connectedness between and among program facilitators and participants.

### Among participants—

- Discuss preferred check-in schedule and means of connecting (e.g., text, phone, email) during interruptions in program, and between sessions if appropriate.
- If the program needs to be paused or cancelled, is there a way to continue to communicate and offer support to those wanting it?
- Offer and facilitate group meetings (online) outside of regular programming that are supportive in nature.



### Among program facilitators—

- Maintain or develop communities of practice among program facilitators and/or across organizations to allow for ongoing communication, support, and problem-solving.

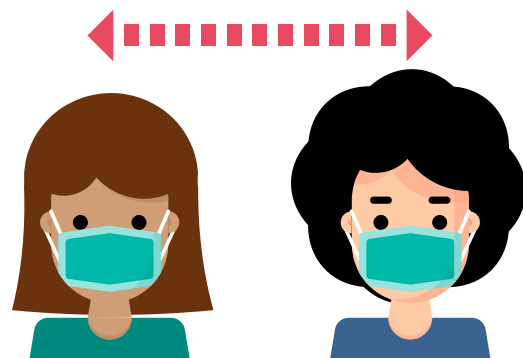
## 7. Ensure that all programming continues to include a fully informed-consent process.

- Determine whether modifications to the existing program/program delivery require that informed consent to participate in the program be obtained again.
- If necessary to obtain consent virtually, think through the safest way to obtain consent online that does not create barriers or exclude some individuals (e.g., individuals with disabilities, limited financial resources, connectivity issues).
- When outlining the risks and benefits to participation, ensure that the potential risks and benefits of participating during the crisis are discussed.
- Engage in an ongoing consent process that includes advising participants of new potential risks and benefits as the crisis unfolds.



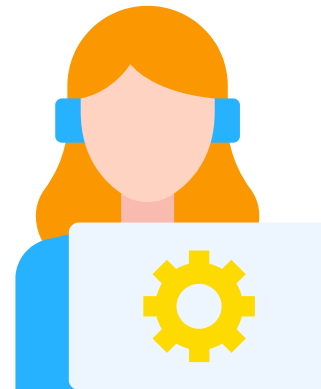
## 8. Consider the following possibilities when adapting in-person delivery to safeguard the health and well-being of participants and facilitators:

- ➔ Think about the size of and the ventilation in the available space and adjust program capacity and seating arrangements accordingly.
- ➔ Provide clear guidelines and rationales for required safety behaviours (e.g., wearing a mask, not eating) as soon as possible to avoid misunderstandings and confrontations.
- ➔ Build in time at the beginning of each session for health screening (if necessary) and provision of personal protective equipment (PPE).
- ➔ Plan and allow time for a thorough cleaning of space and materials between uses.
- ➔ Create individual packages of materials to avoid sharing with or touching by others.
- ➔ Discuss with participants the potential challenges of wearing masks and distancing (e.g., discomfort, difficulty hearing others, harder to know how others are reacting to or receiving information) and collaboratively identify ways to address the challenges (e.g., speaking louder, being patient with self and others, building in more round robin check-ins to share reactions and provide clarifications, shortening length of group, holding the group outside, taking more frequent shorter breaks so people can go outside and remove their masks).



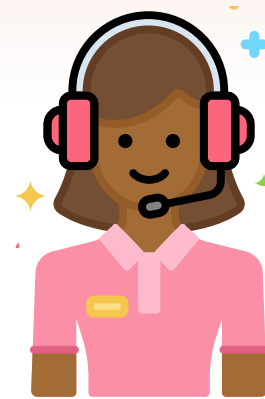
## 9. Think about the following technical considerations when moving to online programming:

- Explore options for securing equipment for facilitators and participants (e.g., laptops, tablets) required for online programming to ensure that equipment does not become a barrier to participating.
- Select technology based on its accessibility, reliability, and ease of use for participants and facilitators (not because of its sophisticated functions).
- Provide technical support and training to facilitators so that they are comfortable and confident using the technology for online programming.
- Devote initial session to mentoring participants on using technology and troubleshooting issues or difficulties they experience (e.g., assist with connecting, troubleshooting audio and microphone concerns).
- Establish a back-up communication plan for potential technology failure (e.g., if video conferencing breaks down, then ensure participants have number for tele-meeting or for texting).

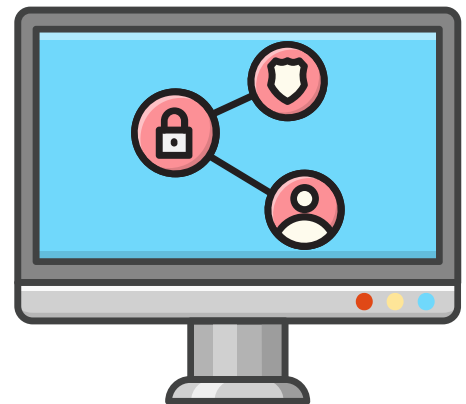
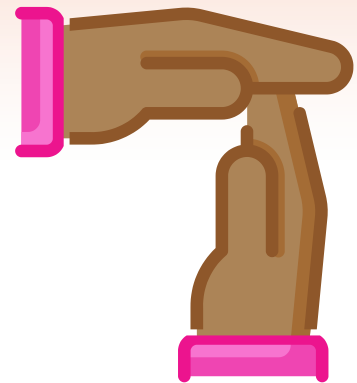


## 10. Consider the physical and emotional safety of participants when engaged in programming at home in an online environment.

- Determine how you will collaboratively assess safety prior to beginning the online programming and on an ongoing basis.
- Do participants have access to a private space from which to participate?
- Encourage the use of headphones or earbuds and provide them so that other people in the room cannot hear what is being said by others online. Remind participants that others in their room will be able to hear what they say even when they are using headphones or earbuds.
- Invite participants to choose whether their camera is on or off when using a video-conferencing platform.
- How will the technology needs of people with disabilities be addressed? Explore the use of augmentative or alternative communication devices.
- Safely deliver required program materials to participants' homes (e.g., materials for arts-based programs, yoga mats, tablets).
- Discuss and agree to online communication guidelines for respectful, private, inclusive and safe online programs.
- Consider the use of establishing a "time-out" signal that any group member can use to indicate a change of topic or actual break is required to safeguard emotional or physical safety.
- Provide access to a virtual room, outside the main meeting space, where a participant can meet individually with a facilitator when experiencing distress.



- Consider use of other options for signalling the need for a “time-out,” such as letting participants know that they can send a private message to the facilitator via the chat function.
- Build in supportive ways for participants to transition into and out of the virtual space.
- Let participants know that if someone else arrives home or something else happens where they need to hang up for safety or confidentiality, they are welcome to quickly exit the online session, and suggest a strategy for checking in (e.g., a facilitator will follow up with them after the session via text or phone call.)
- Assess the safety and feasibility of using text messaging for connecting with participants between sessions to provide information, maintain contact and increase engagement.
- Is it safe and appropriate for program facilitators to use their own cell phone or do they require a separate cell phone or separate SIM card for program communications?
- Do participants have cell phones and is it safe and appropriate for them to receive messages regarding the program on their phone?
- If the focus of the intervention relates to gender-based violence, avoid using language that identifies the issue in all messages to participants. It may not be safe for people experiencing violence to receive messages from facilitators or to participate due to coercion and controlling behaviours by an abusive partner, parent, or other family member.
- Collaboratively establish clear expectations around the time and nature of the contact acceptable between sessions (e.g., boundaries around days or times of day both facilitators and participants agree contact can be made).



## **11. Identify ways to increase participants' comfort in the virtual environment. Suggestions include:**

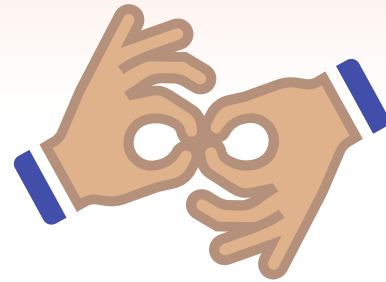
- Enhance connections (e.g., increased use of names).
- Provide options for sharing (e.g., writing in chat or use of microphone, raising hand to volunteer response, round-robin go arounds, increased check-ins).
- Build in supportive ways for participants to transition into and out of the virtual space.
- Amend programs when moving from in-person to online programming (e.g., shorter sessions, omit or replace activities that are not beneficial or appropriate online).

## **12. Consider how you will ensure privacy, confidentiality and safety of participants and their information when using online platforms. Some options include:**

- Require that no one else is in the same room with the program participant.
- Require that all participants and facilitators use headphones/earbuds as a precaution in case someone else enters the room.
- Require a password or pass codes when scheduling meetings.
- Set up a unique meeting link for each session (do not use the same recurring meeting link).
- Do not make meeting links public.
- Control the entrance of people to online meetings – such as use of a waiting room feature.
- Enable 2 Factor authentication.
- Ensure that the host does not connect from an unsecured wi-fi address.
- Ensure that screen sharing is limited to the meeting host.
- Use antivirus products to scan for potential risks, vulnerabilities and viruses.
- Select a reliable and known videoconferencing software.
- Encourage the use of the chat function for people who are concerned about others in their space listening in or overhearing what is being said.

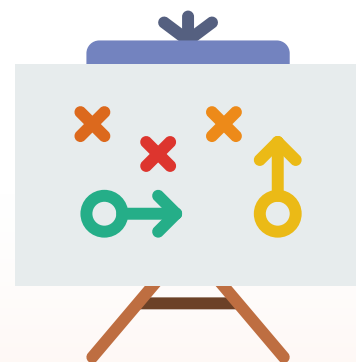
### 13. Establish a culturally safe program space.

- Include language and ASL (American Sign Language) interpreters in meetings as required.
- Include participants in decision-making regarding program processes and adaptations.
- Engage participants to identify how the physical or virtual space can be made culturally safe and to determine if this has been achieved.
- Consider how to balance the principles of protection and empowerment.
- Support self-regulation practices such as grounding and breathing exercises. Plan time in each program session to invite participants to join a grounding or breathing exercise (e.g., at the beginning or end of the session).
- Provide participants with a list of recommended gender-based violence, mental health, and culturally based services in their geographic region. Include online resources.



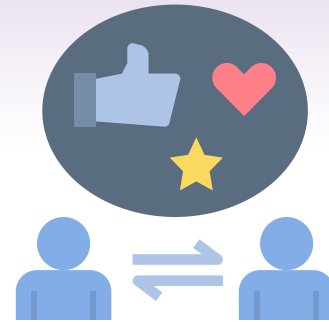
### 14. Develop a plan to address emergency situations arising due to the existing crisis. Emergency situations may include facilitators are unable to participate, need for in-person participants and facilitators to quarantine, and program venue and/or internet not available.

- Develop communication plan to inform facilitators and participants of changes due to the emergency occurring within the context of the existing crisis.
- Consider back-up arrangements (e.g., substitute facilitators, alternate venues or means of delivering the program).
- Be knowledgeable of other resources available in the geographic location of all participants.



## 15. Continually monitor the changes implemented and assess the impact they have had on all involved in the program.

- Ask program participants, facilitators, referral sources, and agency staff (e.g., receptionists, supervisors, custodians) for feedback on any changes implemented. What worked? What did not work? What lessons were learned?



## 16. Consider any organizational implications of the program/program delivery changes that have been made. Some possibilities include:

- Updates to policies and procedures (e.g., for online program delivery, for health and safety for in-person programming).
- Changes to insurance coverage.
- Changes to staffing requirements.
- Budgeting modifications.





# Suggested Resources

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Ghidei, W., Montesanti, S., Tomkow, K., Silverstone, P.H., Wells, L., & Campbell, S. (2022). Examining the effectiveness, acceptability, and feasibility of virtually delivered trauma-focused domestic violence and sexual violence interventions: A rapid evidence assessment. *Trauma, Violence, & Abuse*, 152483802110690. <https://doi.org/10.1177/15248380211069059>

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