

**PANDEMIC IMPACTS AT THE  
INTERSECTION OF DOMESTIC VIOLENCE  
AND HOMELESSNESS**

## PANDEMIC IMPACTS AT THE INTERSECTION OF DOMESTIC VIOLENCE AND HOMELESSNESS

An already vulnerable population, the COVID-19 pandemic has exposed women, youth and children to further dangers, including increased domestic and family violence and homelessness, due to unprecedented stressors in the home, i.e. health care concerns, loss of/inability to secure employment, on the job stress, lack of reliable safe childcare, closure of schools and virtual schooling, loss of savings and financial insecurity, and the ultimate - loss of loved ones. Domestic and intimate partner violence ensues or is exacerbated, leading to homelessness and increased health risks. The National Alliance to End Homelessness has reported that persons experiencing homelessness who become infected with COVID-19 are “twice as likely to be hospitalized; two to four times as likely to require critical care; and two to three times as likely to die”.<sup>1</sup>

**Lotus House Women’s Shelter**, the largest women’s shelter in the State of Florida, has faced both rising rates of reported domestic violence and increased demand by women and children seeking shelter, as well as unprecedented health and safety challenges in meeting those demands. The COVID-19 pandemic has impacted nearly every aspect of the operation, programming and supportive services of Lotus House, based in Miami but serving women, youth and children from across Miami-Dade County, as well as the lives of those it shelters. In 2020, Lotus House sheltered a record 1,354 women, youth, and children, an increase of 202 guests compared to 2019 - of which 671 were adults and 683 were children; this represents **a 17.5% increase over the prior year.**

Lotus House provides emergency shelter addressing the gender specific needs of women and female youth and their children. It is not a certified domestic violence shelter because its doors are open to the street, supporting women and children with high special needs that do not need an undisclosed location. That said, **ninety-nine**

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<sup>1</sup> “Estimated Emergency and Observational/Quarantine Bed Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality.” National Alliance to End Homelessness, March 27, 2020.

<https://endhomelessness.org/resource/estimated-emergency-and-observational-quarantine-bed-need-for-the-u-s-homeless-population-related-to-covid-19-exposure-by-county-projected-hospitalizations-intensive-care-units-and-mortality/>

**percent (99%) of incoming women and children reported victimization from domestic and/or intimate partner violence, gender based violence (e.g., rape, assault and/or stalking), trafficking and other crimes and serious trauma.** Most of the high special needs women sheltered at Lotus House have experienced severe, multiple levels of victimization, in addition to domestic violence. In 2020, 56% of the women reported a history of childhood sexual abuse; 60% had experienced childhood physical abuse or neglect; 43% had experienced childhood psychological/emotional abuse. These alarming statistics demonstrate the importance of therapeutic care to address the leading causes of homelessness such as domestic and intimate partner violence and their linkages to unresolved childhood abuse. Lotus House is designed to offer a trauma informed safe haven, with comprehensive support services, enriched therapies, educational supports, job readiness training and employment assistance, and holistic programming to support the healing and growth of women, youth and children as they build the foundation for safe, brighter futures. Despite the pandemic, over 80% of those exiting in 2020 from Lotus House transitioned successfully outside the shelter system, a success rate in line with its prior 15 years of operation.

Overcoming their fear of entering a shelter during the pandemic, Lotus House recorded a **37.6% increase in the percentage of sheltered women with domestic violence** in 2020 compared with 2019. 494 women or 82% of the total number of women who were victims of crime in 2020, compared to a composite total of 556 or 70% from 2018-2019 (already an extraordinarily high number), experienced domestic violence. We note in particular, 35 or 6% of our sheltered women in 2020 were victims of human trafficking contrasted with 16 or 3% in 2019, resulting in an **increase of 118% in human trafficking victims served over the prior year.**

Overall, 61% or 420 out of 683 children at Lotus House have been victims of a crime, contrasted to 260 out of 572 or 45% in 2019. There was an approximate 17% *increase in the trend of domestic and/or family violence experienced by children sheltered by Lotus House* - 166 out of 420 children had experienced domestic and/or family violence in 2020 compared to 142 out of 260 children in 2019. These numbers highlight the undeniable correlation between child abuse, domestic violence and homelessness, but also how the effects of the pandemic have contributed to an

increase in domestic violence.

Consistent with its historic demographics, in 2020, Lotus House sheltered 70% Black/African American women and children and 30% Hispanic/Latinx women and children, indicating ***homelessness continues to disproportionately impact communities of color.***

Despite the challenges of the pandemic, Lotus House remained fully operational at capacity throughout, with added cleaning, PPE and safety protocols, social distancing, technology upgrades, the addition of a community health team, expanded programming, deeper therapeutic supports and more, to advance the health and safety of both sheltered program participants and its dedicated staffing team. Because of increased demand, Lotus House expanded its shelter capacity, staffing, programming and supportive services. With the addition of 20 beds, Lotus House now shelters up to 510 women, youth, and children nightly. Under the oversight and guidance of a cross department COVID response team nearly every aspect of the operations, programming and supportive services of the shelter were modified to prepare for and respond to the exigencies of sheltering high special needs women, youth and children as safely as possible, as more particularly described in the attached Appendix.<sup>2</sup> Some of the actions taken included establishing a team of community health nurses and coordinators, deeper public health education and masks for the sheltered program participants, PPE for the Lotus House team, and COVID screening of all. Since the pandemic began, only 2% of program participants have tested positive for the virus. In order to address the particular needs of women and children such as economic independence, education, and mental health challenges - all of which have become more pressing since COVID-19 - programming was enriched and expanded taking into account appropriate public health safety measures every step of the way.

The disruption of daily routines and the closing down of child care facilities, schools, and jobs have caused an unprecedented increase in mental health concerns, i.e. anxiety, stress, and depression, amongst the women and children at Lotus House. The enriched therapeutic services offered at Lotus House were further strengthened with additional child and family therapists and adult counselors to help them cope with

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<sup>2</sup> See [Appendix A](#).

mounting stressors. The number of participants per group sessions was limited and more groups offered. Overwhelmed, women and children are having a difficult time coping with their personal struggles plus the unexpected circumstances brought about by the pandemic and Lotus House is doing its best to support them in these unprecedented times.

Following the shut down of schools and summer programs, close to 250 children spent their days at the shelter conducting virtual “home schooling,” after schooling and summer programming activities. A byproduct of exposure to domestic violence and traumas occurring in their young lives, many of the children sheltered at Lotus House suffer from trauma-related developmental delays, mental health and behavioral issues, adversely impacting their academic and social standing. Others suffer from health issues and disabilities. Transitioning to virtual schooling has increasingly hindered the children’s concentration, ability to grasp the concepts being taught, and desire for academic improvement, lowering their self esteem. A difficult adjustment for all, Lotus House ensures that its Learning Pod provides a secure learning environment and addresses the specific needs of the children through virtual school navigation assistance, assistance with assignments and homework, and tutoring in all subjects. To help encourage social engagement, programming such as art, yoga, dance, meditation, farming activities, field trips and other activities provide the children with tools to heal, grow, learn and thrive.

As a final note, while the public health threat of the coronavirus is a formidable one, the violence endured by women, youth and children who lack safe, supportive emergency shelter, either because they are in abusive relationships or on the street, is immediate and too often lethal. As the pandemic continues with no end in sight, Lotus House will continue to implement COVID-19 policies and procedures, to maintain the safety and services available to the women and families it serves. We have the deep support of our government and community leaders, businesses, and families to thank for ensuring Lotus House can continue to shelter vulnerable women, youth and children. Truly, it takes a village.

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## Appendix A

### LOTUS HOUSE CORONAVIRUS RESPONSE

Following is a short summary of some of the steps Lotus House Women's Shelter took to support both sheltered children and families and the dedicated team that operates the shelter:

1) We equipped our team with PPE, including mandatory K-N95 masks and for those in closer contact with program participants, shields, in addition to simple things like personal hand sanitizer and germicidal wipes for desks and other surfaces. We utilized full disposable hazmat suits for cleaning any areas of concern, especially on room turnover or for isolation/quarantine procedures.

2) We provided all program participants in the shelter with masks. Masks are mandatory for everyone, except while eating. Weekly notices are provided to participants of these rules and signage is abundant in three languages (english, spanish and creole). We have seen remarkable improvement in cooperation on the part of our participants over time. Additional hand sanitizing stations were added at entry and throughout our facilities and are filled 24/7.

3) We changed our cleaning products to a higher grade of disinfectant and expanded and deepened our cleaning protocols, with increased frequency in high touch areas. This required a concomitant increase in the staffing of our operations and safety team at the shelter (all alumni of our program). We added the *BioProtect system, a non-toxic surfactant, sprayed every 45 days, for high touch surfaces*, proven to neutralize the SARS-2 coronavirus, TB and other germs.

4) Our cleaning protocols for high touch common areas now include utilization of the latest technology in *mobile, UV light towers to sanitize and disinfect surfaces and air* on a rotating basis throughout the facilities and on turnover of living units. The cycle for light towers is 5-10 minutes each. This new technology was a \$140,000 investment, but is particularly helpful for areas with toys and other hard to reach surfaces.

5) Entry to the shelter has always been restricted with locking doors and a fully staffed Front Desk, but we have placed signage at the entry advising that masks and social distancing are required and our facilities are under video/thermal recording. We invested in and installed a *medical grade digital thermal camera system* with audible alarms to screen the skin temperature of hundreds of participants, staff, volunteers, contractors and visitors entering the shelter daily and placed additional limitations on contractors, visitors and volunteers. This essential new technology cost approximately \$17,500. All are required to wear masks. Volunteers are treated like staff and provided K-N95s and shields as needed.

6) Self serve beverage stations for meal times and in-between were closed, in favor of individual beverage services by staff to participants. Additional plastic screens added to the food service stations for greater separation. Food service personnel wear both

K-N95s and shields, as well as disposable gloves, when serving. Meal service times have been expanded by several hours, markers placed on floors, and dining tables distanced further apart to allow for 6' or greater social distancing. Operations staff endeavor to clean each table after use before the next is seated. Delivery service for meals to living units are offered for those in quarantine or especially high risk.

7) Air filters were upgraded throughout our facilities to MERV13 for deeper air purification, at significant additional cost of at least \$36,000 annually. We are in the process of installing new high tech *UV light disinfection and sanitizing equipment in our HVAC units in to purify* air circulation in our common area and living units. As it is, because our facilities are new, we have 100% outside air intake in our system for common areas. The purchase and installation of this new UV light technology to upgrade our infrastructure is estimated to total approximately \$125,000 when complete.

8) We established a new Community Health Team, including a registered nurse and two health coordinators, to do screening for COVID19 symptoms at intake of new participants and of all program participants on an ongoing basis, arrange health linkages, assist with both on-site and off-site isolation and quarantine protocols, and help with public education in the shelter. Free COVID testing on-site is being offered weekly by Jessie Trice Health Systems.

10) Off site isolation protocols were developed in collaboration with our Miami-Dade County Homeless Trust for placement in hotels arranged by them. On site quarantine and isolation protocols were likewise developed internally, and are regularly utilized as needed.

11) We established an overarching coronavirus "Response Team," including directors from all departments, that developed a detailed preparedness and response plan, covering all aspects of our operations and programming, as a supplement to our Disaster, Emergency Preparedness and Continuity of Operations Plan. The Response Team meets weekly and communicates daily to address issues of concern and assure the proper implementation of the Response Plan. It is a work in progress regularly undergoing changes as we continue to monitor Federal, State and local news, advisories and events.

12) With both public schools and child care facilities closed, our programming and education team needed to expand to provide enriched educational supports, arts, activities, exercise classes, yoga, meditation, "farming" activities, field trips and more. Masks and social distancing are a predicate to all activities for children. While volunteers reduced in numbers, those that stayed with us were treated like staff and equipped as such. Summer camps were closed and virtual camps, like virtual school, are ineffective in a shelter environment. Accordingly, we expanded our programming staff to assist with the creation of Lotus Learning Pod for enhanced children's programming, "*homeschooling*" our children as needed when the public schools are closed or subject to quarantine, educational supports, summer programming and lots of fun activities for our children of all ages and families.

13) Our programming team worked with our sheltered children to create their own #Washyourhands by Lotus Kids UTube video. It is an important educational tool for us to remind our children in a fun way of the importance of wearing a mask, washing your hands, and using soap and sanitizer. We show this video with another welcome video to all children at entry and throughout their stay. Many know the song by heart now. <https://www.youtube.com/watch?v=LqpA3EzdL-4>

14) Lotus House provides a rich array of evidence-based child and families therapies to help mend bonds of attachment broken by trauma because we know the lead cause of homelessness for women is violence. In these uncertain times, the evidence-based assessments, child and family therapies, counseling and support groups are so critical and we have expanded our counseling team to help address the stressors of the pandemic.

15) Last but not least, we continue to provide enhanced resource coordination, job readiness training, employment assistance, rental subsidies, housing relocation, furnishings and move out assistance and more.

We have been literally learning on the fly, trying to be as proactive as possible, to advance the health and safety of the children and families we shelter, ALL with extremely limited resources derived in large part from philanthropic donations and grants.