

Guidance for using hotels to meet survivors' immediate safety and housing needs

Many victim services programs have long used hotel and motel stays to stretch emergency housing capacity, accommodate households who need to opt out of community shelter models, and as a bridge to imminent shelter openings or other housing. With the onset of COVID-19, increasingly more domestic/sexual violence and human trafficking programs are utilizing hotels as part of their pandemic response strategy. Just as in ordinary times, safe placement in hotels can provide more flexibility in how survivors' immediate safe housing needs may be addressed during the current health crisis, including for purposes of:

- Safely isolating survivors with compromised immunity, or those showing symptoms of illness;¹
- Providing emergency housing to survivors needing immediate safety but concerned about coming to a shelter setting during a pandemic;
- Preventing exposure to a community already sheltering in place by providing alternative housing for survivors who are “essential workers” and will be coming and going more frequently;
- Reducing the number of survivors housed in a communal living setting so that social distance between remaining residents can be better achieved;
- As an alternative to communal programs when the building layout doesn't allow for adequate personal protection practices or social distancing, such as a shared bathroom or dormitory style sleeping rooms; and
- For sexual assault survivors, where programs do not traditionally offer housing services.

As more [local and federal funding](#) is released to support adapted responses to community members who are homeless, unstably housed, or fleeing or attempting to flee domestic violence, sexual assault, stalking, and human trafficking during the COVID-19 crisis, programs who have used hotel vouchering as a longstanding component are at a distinct advantage and can offer “lessons learned” to those newer to this strategy. What follows are some key considerations for providers and communities aiming to quickly establish hotel programs as part of their COVID-19 housing strategy.

Determining When Hoteling Will Be Utilized

It should be noted that hoteling is just one of a number of housing strategies; if you are able to quickly house a survivor in permanent housing in the community through HUD Emergency Solutions Grant (ESG) Rapid Rehousing (RRH); HUD Continuum of Care DV/SA Bonus Funds; or Office on Violence Against Women (OVW) Transitional Housing funds and bypass the need for emergency housing altogether, consider these options first. Depending on the program or community, the circumstances under which hoteling may be used vary quite a bit. Your program will need to consider:

¹ Please note: Some communities have established special Recovery and Isolation facilities, or have converted entire hotel buildings for these purposes. Be sure to check with your local health authorities to help your program determine the circumstances under which these resources may be more appropriate.

- Once reconfigured according to your local public health authority’s guidance, how many participants can your shelter building and reduced on-site staff presence allow you to house safely?
- How many survivors or survivor households can your staff adequately support remotely/virtually or in person?
- What funding will you use to pay for the hotel stays? Is there local public funding being set aside? Are federal funds, donations, etc. available? Based on your hotel vouchering budget and the cost of hotel rooms, how many survivors or survivor households do you have capacity to serve?
- Are there high-vulnerability survivors or survivors already showing COVID-19 symptoms currently in your shelter? Can you isolate them adequately in your shelter or should they be moved to hotels? Does your community have Recovery and Isolation centers available as an option?
- Do you have a “stable group” already sheltering in place in your shelter building? If so, should new admissions to shelter be “put on pause” and hotels used for new participants?
- Do you have sexual assault survivors who are in need of housing services? How else could you accommodate their needs?

Establishing Partnerships with Hotels

Identifying Potential Partners

Programs with existing relationships with hotels may simply need to update agreements already in place, with explicit clarification about the increased frequency with which you may be calling on them. Some programs may have access to hotel partnerships through their Continuum of Care (CoC) Collaborative Applicant/designee or Emergency Solutions Grant (ESG) recipients.² Other programs may be in the position of recruiting appropriate and willing hotel partners. While in some communities the choices may not be plentiful, in considering who to approach, try to keep in mind the following:

- Does the hotel have microwave ovens and refrigerators in its rooms? Is breakfast provided in the cost of the room?
- Are there extended stay hotels in your area that could offer more amenities, such as kitchens and living rooms?
- Are there available ADA compliant rooms? Is the hotel itself accessible for people with limited mobility?
- Are there grocery delivery/take-out/restaurant delivery food options nearby?
- Is off-street parking available so that survivors’ vehicles are not on view to passers-by?
- Are there exits on the outside (i.e. a drive-up hotel/motel) minimizing exposure in common areas like elevators or hotel lobbies?
- Does the hotel provide 24-hour security?

² While CoC funds are not used for hotel/motel vouchering the CoC may be able to utilize other sources of funding to house persons in hotels/motels. Other funds might include but are not limited to HUD Emergency Solution Grant (ESG) funds, Federal Emergency Management Agency (FEMA) funds, or local/state funding.

- Has the hotel management worked with other social service programs (and so is already familiar with this type of arrangement)?
- Are there common areas in the building that will allow advocates to meet privately with survivors while maintaining adequate social distance?
- Does the hotel provide a weekly rate at a reduced cost per night? Is the hotel willing to negotiate bulk rates or discounts?
- Does the hotel allow guests to bring pets?

Formalizing the Agreement

Develop a Memorandum of Understanding (MOU) with the hotel that clarifies the terms of the partnership and the roles and responsibilities of the hotel and program staff. The MOU should include:

- The rate the hotel is charging the program and the billing process;
- The process for how the program will book survivors at the hotel without sharing the survivor's personally identifying information (PII);
- Any limitations on length of stay and the process of extending the original booking if needed;
- Any additional fees associated with use of the room including pet fees, cleaning fees, fees for damage to the property or violations of rules (such as smoking), and agreements as to who will be charged for those costs (the program vs. the guest);
- The expectation that, outside of extreme circumstances where contact with law enforcement would customarily be employed, hotel staff will respect the survivor's privacy, comings and goings, visitors, etc. (in other words, treat them no differently than any other guest);
- The agreement from hotel staff that they will not disclose information about survivor/guest to a third party; and
- Clarification as to types of support and communication the program will provide to hotel staff during the survivor's stay, who will be the point of contact, and the kind of information the program is not permitted to share due to confidentiality law.

Additional elements that may not be included in the MOU but that are worth discussing include:

- Establishing agreement that advocates may come onsite to meet privately with participants in areas designated as appropriate by the hotel manager. This might be an unused conference room or a common area large enough to maintain social distance.
- Agreement to accept or allow the program to arrange for drop-offs of food and other donated items for survivors who are guests in the hotel.

This [MOU from Family Resources in Davenport, Iowa](#) details the room rate and reimbursement process between the program and the motel, and this [MOU developed by Friends of the Family in Cedar Valley, Iowa](#) includes expectations around when the hotel should inform the program of concerns pertaining to the survivor's stay.

Survivor-Driven Trauma-Informed Policy and Practice: Supporting Survivors in Hotels

Survivors are much more “on their own” in hotel rooms than they are in a staffed shelter setting. For programs new to this form of providing emergency housing, this can be worrisome. We worry about the survivor’s safety and decreased access to on-site advocacy support - and we also may worry about the survivor’s behavior and its potential impact on the program’s good standing with its hotel partners.

The fact is that though sheltering in hotels doesn't work out for some survivors - just as in traditional shelter - most survivors can fare quite well. Hotel stays offer a higher degree of privacy and autonomy and may feel more “normal” than going to a shelter. Programs experienced in using this emergency housing model have found that it is important to resist taking the path of implementing screening processes that may exclude survivors, or imposing service requirements as a means of managing survivors’ hotel stays. Instead, effective programs focus on offering support that meets the needs expressed by the survivor. From screening to exit, program policies and practices should be shaped by a commitment to lowering barriers and using a [survivor-driven trauma-informed approach](#) in all aspects of service provision. Below are listed important considerations in shaping how your program will operate.

Screening and Intake

- Use a low-barrier screening tool that collects just the information important to establishing the need for shelter, minimal demographics required for data reporting, number in household, current location, and transportation options.
- It is important that victim service providers not screen for COVID-19 or use a survivor’s health status to determine access to services. NNEDV provides [guidance](#) for programs on how to support survivors to access testing in their community (if it is available). Using remote advocacy, hoteling/housing survivors in individual quarters is recommended for all survivors at this time, particularly for those who have been exposed to the virus.
- Together with the survivor, establish whether staying in a hotel is a good option, which hotel location is safe for them, and construct a plan to arrive at and check in to the hotel safely (subsequent advocate contact can build on this initial safety plan).
- Utilizing the process outlined in your MOU, contact the hotel to book the room and communicate the survivor’s planned arrival time. Use an alias for the survivor (“Jane/John Doe and two children”) so that you are not releasing PII if you don’t yet have an ROI from the survivor.

Advocacy and Support

- Establish contact with the survivor shortly after they have arrived at the hotel, whether by phone/text or in person. As in traditional shelter, advocates should focus on building trusting, supportive relationships with the survivor in order to assist them in meeting basic needs (such as food, hygiene items, PPE, etc.) as well as further goal planning and identification of service needs.
- Be sure to discuss with the survivor how they can maintain safety while staying in the hotel, including using care to share the hotel location only with supportive people. Invite the survivor to inform their advocate if for any reason the hotel no longer feels safe.

This may include suspicion that the abuser has found their location, uncomfortable or inappropriate interactions with hotel staff, or receiving a visitor who becomes threatening or harmful. Make arrangements to relocate the survivor to another hotel if they feel unsafe.

- Provide services in the preferred language of the survivor. This may require making arrangements for interpretation services, access to a language line or bilingual staff, and translated versions of all documents you will be using.

COVID-19 -Related Service Elements

- Ensure that the survivor is aware of how to adhere to your community's virus containment expectations, including social distancing, handwashing, wearing masks when outside the room, and disinfecting/sanitizing surfaces. Again, ensure that all materials about the virus are available in the survivor's preferred language.
- Particularly during COVID-19 "stay at home" orders, helping the survivor connect to WiFi and obtain/borrow a cell phone, laptop, or other device in order to stay connected to friends, family and the program is a critical priority. Programs should conduct outreach to funders, donors, and volunteers to help establish the means to provide these connections.
- During the pandemic, the isolation from friends and social networks many survivors have experienced as part of power and control dynamics may be compounded by compulsive social distancing and the need to isolate in a hotel room. It's extra important for advocates to reinforce the necessity of social distancing while making themselves available as supports and an avenue to meaningful caring connection. Some programs provide advocacy through in-person visits; others use technology, and others use a combination of the two based on survivor preference. To access information on how to use technology safely and confidentially, see [NNEDV's Digital Safety Toolkit](#). Some strategies programs are using include:
 - Leaving food boxes and/or welcome bags with toiletries at the door or front desk, along with a list of the stores, transportation lines, and nearby resources in the community;
 - If available, using flexible funds to help survivors purchase cleaning and sterilization products (wipes, hand sanitizers, etc.) and/or thermometers so they can monitor their and their children's health.
 - Asking the survivor what their preferred mode of contact is (email, text, phone, etc.), and reaching out through that mode to check in regularly on the survivor's well-being and to determine ongoing safety and service needs;
 - Reaching out to community partners (such as yoga instructors, counselors, and educators) to determine how they might work with your program to offer virtual services, classes, support groups, children's activities etc., to hotel residents.
 - Obtaining food while sheltering in the hotel is more challenging to survivors during COVID-19 than in ordinary times. In some communities, food pantries can drop off food at the hotel or nearby. Alternatively or in addition, advocates can bring food boxes or meals to survivors in combination with an advocacy/support visit.

- Where technology resources are available, advocates are using platforms like Zoom not just to provide advocacy, but also to offer a range of recreational activities that build connections between survivors, such as virtual BINGO, Zumba, and other activities that help people feel connected and to pass the time while isolated from usual supports.

For more information:

Additional COVID-19 Resources from the Domestic Violence and Housing TA Consortium

- **Safe Housing Partnerships:** safehousingpartnerships.org
<https://safehousingpartnerships.org/news>
- **National Alliance for Safe Housing:** nashta.org
[DV and Housing-Related Coronavirus Resources](#)
- **National Network to End Domestic Violence:** nnev.org
[COVID-19: Coalition Guidance for Programs by the National Network to End Domestic Violence](#)
- **National Resource Center on Domestic Violence:** nrcdv.org
[Preventing & Managing the Spread of COVID-19 Within Domestic Violence Programs](#)
- **National Sexual Violence Resource Center:** nsvrc.org
[Resources for Covid-19 Response](#)
- **Collaborative Solutions:** collaborative-solutions.net
[HUD and DV Resources -Covid-19](#)