

## Tip Sheet: Face Mask Requirements Within an Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) Approach

The new reality of COVID-19 has required the use of face masks as a core strategy in protecting public health. This tip sheet highlights best practices for navigating face mask requirements within an *accessible, culturally responsive, and trauma-informed* (ACRTI) approach.

### **If Wearing a Face Mask Activates a Fear Response or Is a Trauma Reminder:**

As advocates, clinicians, and child specialists, we of course want to limit environmental factors and relational behaviors that activate a person's fear response. At the same time, it is nearly impossible to eliminate everything that is a trauma reminder.

### **What Can Help:**

- Use clear and concise language to state the requirement and explain why it is necessary (i.e., how it relates to safety).
  - For example, "Face masks are required while in our building to protect everyone's health and wellbeing."
- Talk with people ahead of in-person contact, if possible, to communicate new requirements, assess any potential barriers or difficulties, and offer support with meeting the new requirements.
  - Explore what parents/caregivers and families are currently doing at home and in the community. Everyone may have different risk assessments and tolerance, and sometimes lack of options for childcare arrangements.
    - Are parents/caregivers having difficulty with getting their children to wear masks?
  - What are their concerns, if any, about coming for the visit?
  - The conversation can include learning about the individual's and family's current circumstances, any recent losses due to COVID-19 or other circumstances, how the family is coping now, and any past history (including medical procedures with hospital staff wearing masks, at Halloween or other events).
- Be careful not to make assumptions that people will feel safe just because staff intends to be safe. Talk with people about how they experience safety and work together to create safety in all interactions.
- Give guidelines to parents/caregivers (as needed) to have conversations with their children using language that is right for their age and developmental capacities.
  - We rely on facial cues to "read" people and wearing masks can be especially scary for young children and even older children when encountering new people and situations. Very young children may not recognize people that they know.
  - Facial recognition skills happen gradually over time. For adults, we can recognize someone even though half of their face is covered. It's not until age 6 that children

begin to develop these skills. The typically developing 14-year-old has facial recognition skills like adults.<sup>1</sup>

- Service providers can help parents/caregivers think through ways to do some pretend play at home with their child using masks. Take masks on and off of each other (like peek-a-boo) to show that it's still you under the mask. Encourage parents to help their children do pretend play with a favorite stuffed animal. They can make a pretend mask together for the stuffed animal and then talk about how it's keeping everyone safe for now. (See [guidance on talking with children about COVID.](#))
- Talk with children about upcoming visits and what to expect. Domestic violence and mental health service providers should have procedures in place that can be discussed in advance of the upcoming visit. These procedures can be incorporated into play as well.
- Make masks available in adult and child sizes for those who may not have access to them.
  - This not only increases accessibility, but also enhances physical and emotional safety for those who do not otherwise have access to sufficient masks for themselves and their children.
  - Providers can also have play props and stuffed animals available at the visit. Depending on costs, small teddy bears with little masks can be distributed to each child to take home with them. They can bring their teddy bears to follow up visits.
- Develop an emotional support plan (see [Tips for Enhancing Emotional Safety](#)) with everyone involved in services. This plan offers each survivor an opportunity to define for themselves and their children what is helpful for soothing and feeling safe. Include requirements for managing the spread of COVID-19 and other illnesses in the discussion.

#### **Other Considerations:**

- Explore alternatives to in-office contact.
  - Some programs are considering offering ongoing virtual groups and other services as they plan for reopening. Providing virtual options has actually increased access to services in a number of rural communities.
- Consider purchasing masks for staff that have a clear panel where the mouth is so that their facial expressions are more visible. These kinds of masks were initially made to facilitate lip-reading but have expanded in their use (such as use with young children, those with communication challenges, or children who might be frightened by masks due to past experiences and other challenges). Decide on a protocol for when these more expensive masks might be used.
- If possible at the facility, consider offering services outdoors with physical distancing of 6 feet apart and with the worker wearing a mask.

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<sup>1</sup> <https://www.nytimes.com/2020/04/13/well/family/coronavirus-children-masks-fear.html?action=click&module=RelatedLinks&pgtype=Article>