# Preventing and Addressing Interpersonal Violence (IPV) During COVID19 Pandemic

Interpersonal Violence (IPV) refers very broadly to a person using psychological, physical, sexual or any other type of harm against another person at any time across the lifespan. IPV is directly related and driven by the toxic ideologies that drive oppression and dehumanization and structural violence (the ways in which society is structured to inflict harm and disadvantage specific groups of people.) During crises during which there are increased and life-threatening economic and social stressors like job loss, housing insecurity, lack of access to food, increased isolation and diminished social supports due to closure of schools, community agencies, faith-based institutions, recreation facilities and more, IPV incidence and its adverse impacts increase. The 'shelter in place' order, critically important to prevent the spread of COVID19, will drive increased IPV and worsen its impact. What can we do to help prevent and mitigate IPV for the adults, adolescents and children we serve?

**Together, we can make a difference.** We can promote safe, stable and nurturing relationships amongst people, in communities, and in society. We can care for ourselves and one another. All of the social justice and anti-oppression work we do is needed now more than ever to prevent IPV and structural violence. Addressing economic, housing, food insecurity will help. Speaking out against oppression against historically marginalized communities will help. Everything we do to decrease social isolation—even during a 'shelter in place order—will help. Supporting the creative safety planning and problem-solving that people have always done and will continue to do for themselves and their loved ones will help. Supporting and caring for ourselves and one another during this time of stress will help!

The San Francisco Department of Public Health has described the principles that form the foundation of a system that is healing-centered for everyone (all employees and all patients) created by continuous commitment to these "trauma informed principles":

- Trauma Understanding
- Cultural Humility & Responsiveness
- Safety & Stability
- Compassion & Dependability
- Collaboration & Empowerment
- Resilience & Recovery

You may also find the "4C's*" helpful to remind us how to embody and enact these healing principles. This framework is meant to be used with deep exploration of healing-centered and trauma-informed principles including anti-oppression/anti-racist principles and practices and the concept and practice of 'cultural humility'.*

- **Calm.** The ability of the provider to stay calm and grounded when caring for patients who may have experienced trauma can help the medical visit become more calming and healing. Practice quick and easy breathing and mindfulness techniques with your patients.
- **Contain.** Healthcare providers do not need to elicit a detailed trauma history to offer education and assistance to patients. Provide information, resources, and referrals to trauma-specific care without requiring disclosure of trauma details to facilitate an interaction that doesn't emotionally overwhelm you or the patient.
- **Care**. Emphasize good self-care and compassion for both yourself and the patient. Guilt and shame are very common feelings for survivors of interpersonal violence. A non-judgmental attitude is extremely helpful.
- **Cope.** Emphasize resiliency, coping skills, positive relationships, and the patient's wisdom. Provide affirmation of the ways in which the patient has worked hard to manage the consequences of trauma. Ask the patient about practices that help the patient feel better (prayer, spirituality, exercise, music, helping others, etc.)

*Cultural humility—foundational work on the concept of cultural humility—developed by Dr. Melanie Turvalon and Dr. Jann Murray-Garcia at Children's Hospital Oakland. Also, see more about history and practice in Vivian Chavez movie, featuring Drs. Turvalon and Murray-Garcia. Reference: Turvalon, M. and Murray-Garcia, J. (1998). "Cultural Humility vs Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education." Journal of Health Care for the Poor and Underserved **9**(2): 117-125. Vivian Chavez movie re Cultural Humility: https://www.youtube.com/watch?v=SaSHLbS1V4w

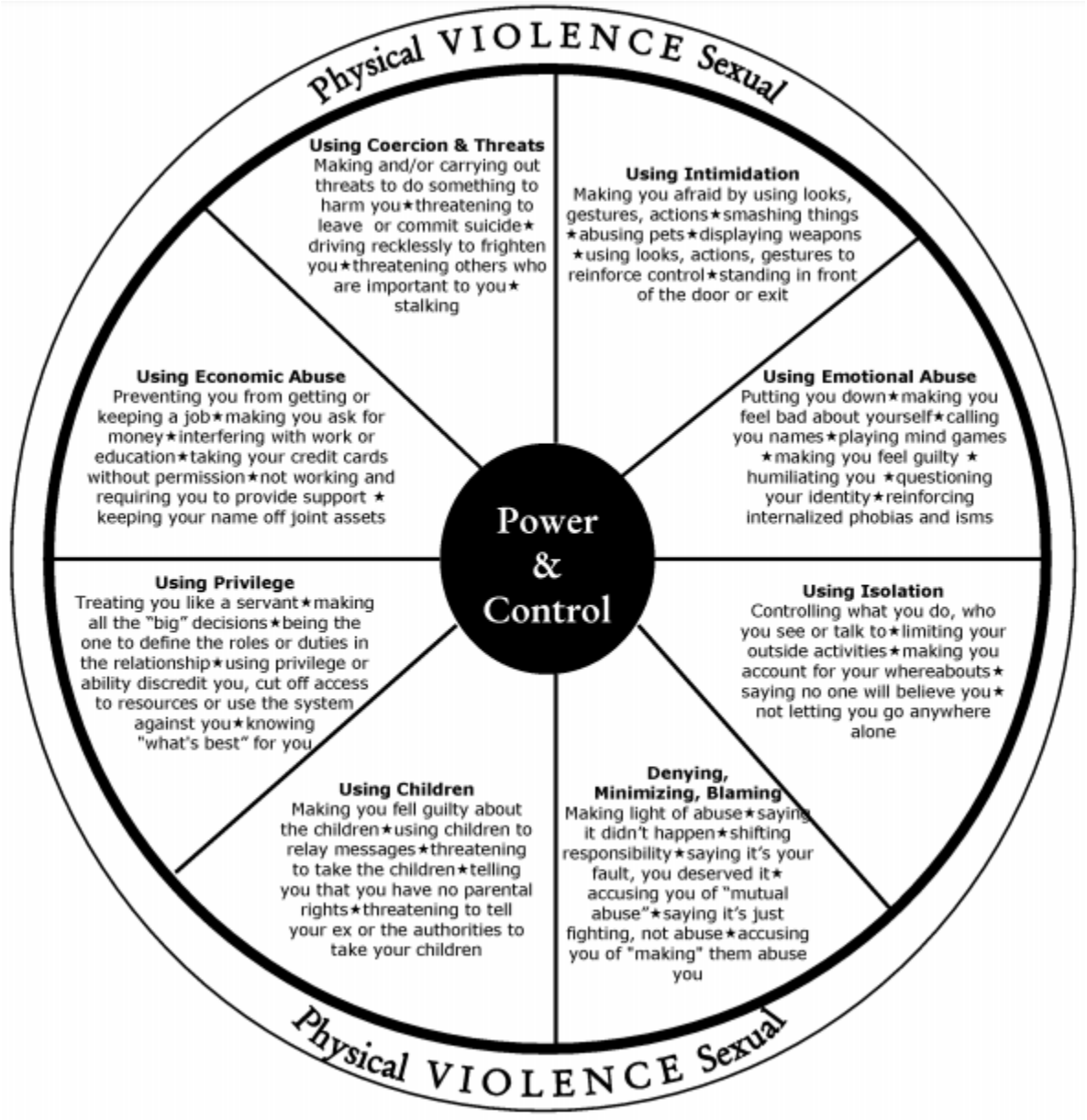
**See: Kimberg, L. and Wheeler, M., "Trauma Informed Care" in Trauma-Informed Healthcare Approaches, 2019. Springer. Editor Megan Gerber.

**For comments and questions, please contact: Leigh.Kimberg@ucsf.edu , Director, ARISE (Aspire to Realize Improved Safety and Equity) and curator of www.leapsf.org**

# Preventing and Addressing Interpersonal Violence (IPV) During COVID19 Pandemic

Unfortunately, people use a wide variety of techniques to harm others. It is important to learn about all of the techniques of harm in order to be most helpful to those being harmed by another person and to hold accountable a person who is harming another person. Many methods of harm are described in this "Power and Control Wheel. Even when physical and sexual violence are used infrequently, the threat of these types of violence may be used. All of the other forms of abuse and control can have severe adverse impacts on health. Emotional and psychological abuse worsen health. The use of many other forms of abuse, like withholding someone's asthma inhaler, injecting them with too much insulin, or trying to force someone to get pregnant can have life-threatening impacts. During this COVID19 pandemic we have already heard multiple reports of people violating child custody orders and not allowing a parent/caregiver to see their children.

## POWER AND CONTROL WHEEL




*Adaptation of the Original Power and Control Wheel developed by:*
Domestic Abuse Intervention Project 202 East Superior Street, Duluth, MN 55802

# Preventing and Addressing Interpersonal Violence (IPV) During COVID19 Pandemic

One Page Resource on COVID19 and Violence Resources in San Francisco (SF Department on the Status of Women)

For help in addressing IPV, please see:

- https://www.futureswithoutviolence.org/get-updates-information-covid-19/ (Comprehensive gathering of resources)
- https://www.futureswithoutviolence.org/health/
- https://ipvhealth.org/
- https://www.leapsf.org/ (One page "how to" & San Francisco Resources & more)
- https://www.thehotline.org/help/

For Bay Area community resources that prioritize vulnerable populations and BIPOC during COVID19:

- COVID-19 Bay Area Community Resources + Up-to-Date Health Information (Freedom Community Clinic)
- COVID-19 Recursos para la Comunidad del Área de la Bahía (Freedom Community Clinic)
- SF Community Resources: COVID19 (UCSF Department of Family and Community Medicine)
- Immigrant & Undocumented people FAQ and Resources (UCSF Human Rights Clinic with CHC, SFHN)
- Wellness resources--staying well during times of stress (Freedom Community Clinic)

**Technology and Healthcare Communication with IPV Survivors during COVID19—Important Considerations:**

During this COVID19 pandemic we will be communicating remotely with our patients. Remote communication that is normally HIPPA compliant includes telephone communication (with confirmation of identity through recognition of voice and/or personal identifying information) and patient portal communication. During public health and patient emergencies, it is conceivable that a patient might be contacted through text or email (without the inclusion of protected health information (PHI).) Due to this public health emergency, US HHS has relaxed HIPPA rule enforcement to allow good faith use of many different remote applications for video chat including: "Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype". When a person is perpetrating IPV, there is often no limit to the extraordinary array of abusive tactics utilized to exert power and control. It is important to understand how the presence of IPV in a relationship could affect the safety of all forms of remote communication (as IPV does for in-person patient-provider communication as well.) Here are some risks to consider:

1. Phone or video communication—person perpetrating abuse could listen in on phone call/video chat, listen to voice mails, monitor phone numbers dialed and use any information garnered to inflict further harm
2. Patient portal—IPV survivor may not be able to keep portal password safe. Person perpetrating IPV may insist that IPV survivor reveal their password and may read the survivor's medical records.
3. Texting—person perpetrating IPV may read the texts and/or may impersonate the IPV survivor in texts in order to gain access to PHI, appointment times, or other sensitive information that could be used to further harm the survivor. Most people do not take the time to delete their text messages.
4. Emails—many IPV survivors describe having no access to digital (or other) privacy. The person perpetrating the IPV may demand or hack their email, phone, social media accounts, etc. Do not assume that emails are private. One can advise and assist survivors in quickly setting up a new email free email account with new easily remembered private password to communicate with friends, family and other supporters.

**Universal Education about IPV during telephone visits:** IPV is extremely common and is likely increasing during COVID19 for multiple reasons. There are many reasons that people most often do not disclose to healthcare providers that they are being harmed by someone or are harming someone. (Although, with practice, healthcare providers can communicate in ways that enhance disclosure rates.) **Universal Education allows you to provide life-saving information without requiring any disclosure. It should be considered a 'best practice' in addressing IPV**. After providing COVID19 education, provide Universal Education (UE) about IPV to all people during telephone visits. To protect people who are being harmed, you must make it clear that you are providing IPV information to all patients. If you have already discovered IPV, do not use UE with the person causing harm, unless the person being harmed requests that you do this.

## Sample IPV Universal Education Telephone Scripts (not recommended for patients who have already disclosed IPV to their healthcare providers):

Brief: *""We are counseling all patients about how stress can affect our relationships. During this COVID19 pandemic, we may experience more stress in our relationships including increased fighting, or even, severe harm. There is help available. We are offering all of our patients a hotline to share with family and friends in case you or someone else you know is experiencing stress, fighting or harm in a relationship. May I give you a hotline number?"* Then, offer to give a hotline. The National DV Hotline and local hotlines can counsel people who are being victimized or perpetrating IPV.

More detailed: *"We are counseling all patients about how stress can affect our relationships. During this COVID19 pandemic, we may experience more stress in our relationships including increased fighting, or even, severe harm. We may be separated from the people who support us. We may have to stay inside or around people who are putting us down, hurting, hitting, and threatening us or making us feel afraid. If you or someone you know is being hurt by another person, there is help available. If you or someone you know is hurting someone else, there is also help to learn more about how to not put down, hurt, or threaten others. We are offering all of our patients a hotline to share with family and friends in case you or someone else you know is experiencing stress, fighting or harm in a relationship. We also have counselors in the clinic who can talk to people who are being hurt by someone or people who are worried that they might hurt someone else. May I give you a hotline number?"* Then, offer to give a hotline. The IPV hotlines are all skilled in talking to people about both IPV victimization and perpetration.

One Page Resource on COVID19 and Violence Resources in San Francisco (SF Department on the Status of Women)

**Give IPV phone numbers:** No drop-in centers are open now.

**National:**

National DV Hotline: 1-800-799-SAFE (7233). Individuals who are Deaf or hard of hearing may use TTY 1-800-787-3224. Additionally, advocates who are Deaf are available 24/7 through the National Deaf Hotline by video phone at 1-855-812-1001, Instant Messenger (DeafHotline) or email (nationaldeafhotline@adwas.org).
Love Is Respect: Call 800-799-7266 or Text LOVEIS to 22522

**Local-SF:**

Resource list for San Francisco on www.leapsf.org : All San Francisco IPV resources—including crisis lines
Asian Women's Shelter: 877-751-0880
La Casa de las Madres: Adult Line 1-877-503-1850 Teen Line 1-877-923-0700 Text Line 1-415-200-3575
Woman, Inc.: 877-384-3578 or 415-864-4722

## Give Parental Stress (TalkLine) phone number to help prevent child abuse:

Safe and Sound: Call 415-441-KIDS (5437)

## Give Institute on Aging Friendship Line to prevent depression & abuse for older and dependent adults:

Friendship Line: 415-750-4111

## Offer resources about how people can help one other with IPV:

FRIENDS AND FAMILY GUIDE FOR IPV: How people can support friends and family who are experiencing IPV. Developed by the Washington State Coalition Against Domestic Violence.

PODS: How to form "pods" of support for people being harmed and of accountability for people doing harm. This is a process to help people identify specific people who they can trust for support and accountability for IPV. Developed by the BAY AREA TRANSFORMATIVE JUSTICE COLLECTIVE.

**Direct IPV Inquiry and Response:** Please see this:

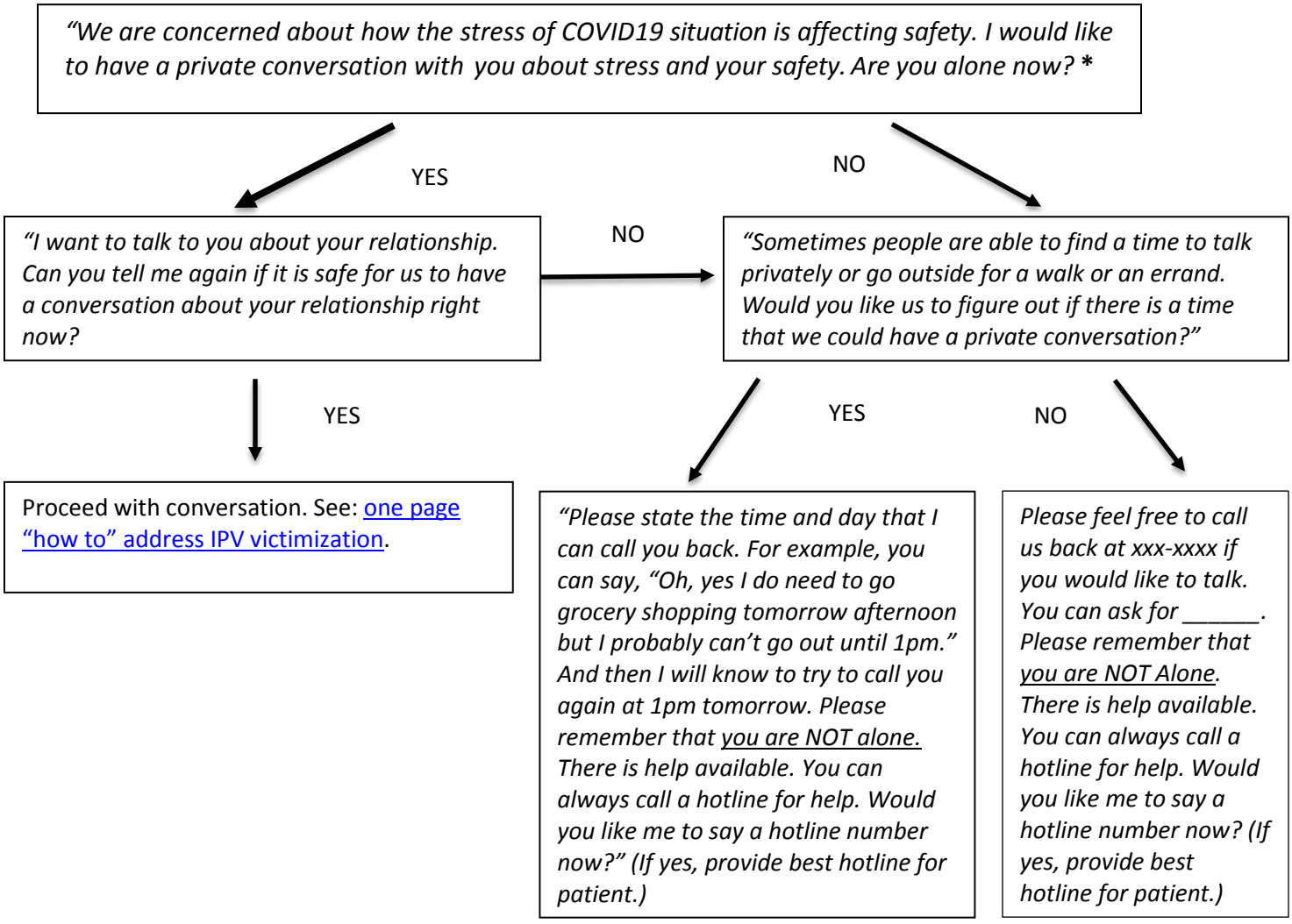
One-page "How To" on IPV victimization education, screening, assessment, intervention, documentation, reporting (More information can be found on www.leapsf.org )

Ask direct questions after providing Universal Education (UE) and offering resources*:

- How does your partner treat you?
- What happens when you and your partner disagree?
- Does your partner (or anyone else) insult you, put you down, or yell at you?
- Has your partner (or anyone else) hurt, hit, threatened you or made you feel afraid?
- Has your partner (or anyone else) pressured or forced you to have sex or do something sexual you didn't want to do?
- Is your partner (or someone else) trying to pressure you or force you to get pregnant or end a pregnancy?

*Tip: Sometimes people are most comfortable describing "past" IPV. If they still have the same partner it is highly unlikely that the IPV has stopped. Past IPV is also a risk factor for future IPV in any relationship.

**SAFETY TIPS for calling a patient with known IPV:** Please use questions that will prompt 'yes' or 'no' answers from the patient to determine whether the patient has privacy and can talk safely. Prepare in advance to have an explanation ready about a non-IPV topic in case the person who is perpetrating IPV gets on the phone. (Eg-"Oh hello! I am Ms. XXX's nurse and we are checking on all our patients so that we can do some teaching about COVID19. Do you have questions about COVID19?")



**Helping patients who are experiencing IPV victimization brainstorm about ways to have time away from abusive person—even during the 'shelter in place' order:** Brainstorm with people about ways to get some time away from the person hurting them or garner support IF they feel like they can do this without experiencing increased harm or injury. Some ideas include:

- Making calls to supportive people while grocery shopping or meeting a friend (while 6 ft. apart) at a store
- Going to talk on phone in a car
- Going for a walk and making calls (***People do not realize that they are allowed to take walks if they stay 6 feet away from others—and, that this distance is safe to prevent COVID19 infection. Advocate for people to tell you immediately if they are being harassed by the police or others for being out on the street. You can give a "healthcare provider note" ordering a daily walk.)
- Let people use YOU and a healthcare visit as an excuse! For example, the patient could say that they have to go to the hospital/clinic for a visit and won't be back for 2-3 hours. They could use this time for a telehealth visit and/or other support services or self-care activities.

**Helping patients who are experiencing IPV victimization focus on self-care, even in the face of violence and trauma:** We can both acknowledge great suffering and focus on healing at the same time. Ask patients who are experiencing IPV questions like:

- When you feel most stressed what do you do or think about to cope?
- Is there anything you do or think about that helps you feel a little bit calmer?
- When you think about the word 'healing' what comes to mind for you?
- Do you have spiritual practices, like prayer, that are helpful to you? Would you feel comfortable telling me more about this?
- Is there anyone in your life who supports you? Can you tell me more about that person?

Then, ask the patient to describe these positive feelings, thoughts, actions, people in great detail (if time permits) so that the patient is 're-living' the positive, healing experiences while talking to you.

**Address health impacts of IPV—including reproductive coercion—during this public health emergency:** Assess for the impacts of IPV on the person being harmed and any children exposed to IPV. Ask about injuries and other health impacts, especially psychological impacts. IPV is directly related to an increased risk of poorly controlled chronic diseases, chronic and acute pain, depression, anxiety, PTSD and suicidality, STI's, unwanted pregnancy and more. During COVID19 there is likely to be a marked increase in reproductive coercion and sexual violence. A person's partner may refuse to use STI prevention, poke holes in condoms or throw out oral contraceptives, etc. For pregnancy prevention, offer an in-person visit for an IUD (with string cut short to avoid detection) and/or Depo-Provera shot. The risk of an unwanted pregnancy is higher than the risk of one healthcare visit, especially for a non-immunocompromised person. In California, it is legal to provide a medical abortion via Telemedicine. (For SFHN, call the SFGH Women's Options Center for more information at: (628) 206-8476)

**Provide Supportive Messages to patients experiencing IPV victimization:**

- You are not alone
- There is help available
- No one deserves to be put down, hit, hurt or threatened
- It is common to have lots of complicated feelings about our relationships
- Acknowledge suffering while sharing affirmations: "This sounds so stressful. I also hear how many things you are doing to take care of yourself and your children"
- Our whole team is here to support you
- The counselors at the DV agency hotline are available 24/7 for support
- I will be thinking of you and sending you my best wishes (or prayers--if this seems congruent with patient's spiritual practices and yours) for your safety

**Safety Planning:** Personalized safety planning is a creative and life-saving process. You can support an IPV survivor in analyzing their own situation and figuring out what they think will enhance their safety and that of any children involved. Through working with IPV survivors, advocates have developed safety-planning tips that people who are being harmed may find very helpful. It is important to assess the IPV survivor's wishes and develop a customized safety planning for staying in a relationship, planning for an emergency exit, and/or leaving a relationship (if this is what the IPV survivor wants and is ready for.) Please REFER patients to IPV hotlines and DV Advocates who are very experienced in doing safety planning.

Safety Plan Links:
LEAP safety plans (in 9 languages)
National DV Hotline—Staying Safe during COVID19
Sanctuary For Families—Safety Planning During COVID19
Love Is Respect—Safety Planning for Teens

**Leaving a controlling, coercive, abusive relationship is dangerous:** It is very challenging to modulate our own feelings of anxiety and fear when we know someone is being harmed and threatened—especially when the person being hurt is 'sheltered in place' with the person hurting them and, thus, may be experiencing less access to outside support or respite from the abuse. There is robust evidence that leaving a controlling, coercive, abusive relationship is likely to be the most dangerous time in a relationship. It is contraindicated and counterproductive to advise someone to leave a highly coercive relationship. As in the safety plans above, first assess the IPV survivor's wishes and plans. Then, ask the IPV survivor's permission to discuss lethality factors. Please ask if the person threatening the patient is using weapons (guns, knives, cars, other) or has easy access to a gun. Having access to a gun markedly increases the risk of lethality. See the LEAP safety plan above to guide you in the process of (1) eliciting feelings, (2) eliciting wishes, (3) eliciting lethality factors*, and (4) doing safety planning. *Choking (not in the LEAP safety plan) should be assessed.

**Danger assessment—these are lethality risk factors:** These factors are associated with increased lethality. See the description here.

**DANGER ASSESSMENT-5**

*Jacquelyn C. Campbell, Ph.D., R.N.*
*Copyright, 2015; www.dangerassessment.com*

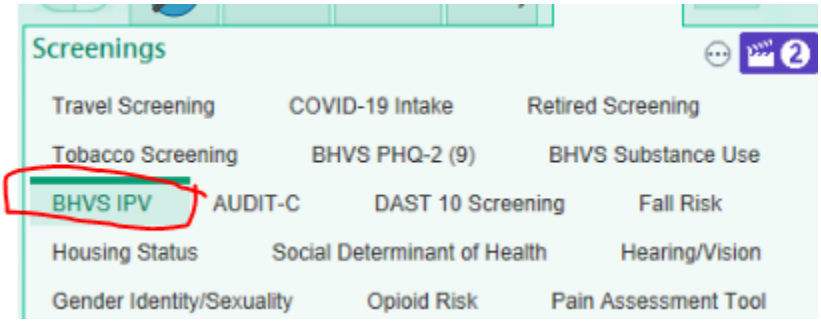
This brief risk assessment identifies women who are at high risk for homicide or severe injury by an intimate partner.[1, 2]

Mark **Yes** or **No** for each of the following questions. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

___ 1. Has the physical violence increased in frequency or over the past year?
___ 2. Has he ever used a weapon against you or threatened you with a weapon?
___ 3. Do you believe he is capable of killing you?
___ 4. Does he ever try to choke you?
___ 5. Is he violently and constantly jealous of you?

**California Mandatory Reporting of Injuries during COVID19:** There is no guidance on mandatory reporting of physical injuries for telephone visits—you will not be able to describe the appearance of physical injuries assessed through a phone visit unless you are doing a video call. In San Francisco, the DV advocate from La Casa de las Madres normally stationed at SFPD is not at SFPD right now, so a mandatory report will not result in rapid assistance from an IPV advocate. Please urge the patient to call a DV organization directly. (Or, for the SFHN, you can also call La Casa and see if Carmen or another IPV advocate can call the patient back.) Please continue to report known or suspected abuse or neglect of a child (CPS), elder or dependent adult (APS.) Please remember that if the patient needs or wants law enforcement assistance with any type of abuse/violence, call 911 for emergencies and 415-553-0123 for less urgent issues.

**Documentation of IPV:** Document IPV in the electronic health record describing who, what, where, when, impacts of IPV, intervention, and plan. In pediatric charts make sure detailed notes are sequestered in a section of the record that will not be released to the person perpetrating harm. In SFHN EPIC, please use the standardized IPV field found in either of these two ways:


**Photodocumentation:** It is unlikely you will be doing photodocumentation during telemedicine visits. Please see these photodocumentation guidelines.

**Addressing the perpetration of IPV and providing brief counseling and referral to someone who is harming, hurting and threatening another person or is worried that they will harm someone:**

All human beings deserve to be treated with respect and nurturance in our relationships. We all deserve to feel safe and cherished. At the same time, disagreement is inevitable and healthy, often leading to better decisions and outcomes. Even conflict is inevitable; the more we can learn to tolerate discomfort when (non-violent) conflict arises the more we can develop shared understanding. People can and should define for themselves what types of relationship behaviors do or do not feel supportive and safe. The National DV Hotline has developed a "relationship spectrum" to help people think about their relationships.

When there is a pattern of exerting control and power over another person this dynamic is highly detrimental to the health and well-being of the person(s) being victimized—as well as others exposed to this violence, sometimes including the person perpetrating the violence. It is important to develop a deep understanding of the patterns of coercive control and abusive power demonstrated in the Power and Control wheel to understand that it is the NORM for a person perpetrating IPV to deny the abuse, minimize it, lie about it, deceive others about their behavior, recruit others to support them, isolate the person they are hurting from support, and blame everything on the person they are hurting.

Although change in human behavior is certainly possible, the longer one has lived a life of relating to others through coercive control, disrespect and dehumanization, the harder it is to remodel one's brain to develop empathy and one's behavior to be respectful. We have not figured out, as a society and in healthcare, how to best promote this brain and behavior remodeling, growth, and positive change. What we do know is that consistently and compassionately countering the denials, minimization, lies, deception, and blame and respectfully holding people accountable for their actions and for their responsibility in changing their behavior is critically important.

If someone who is harming another person was harmed as a child and/or has children in their life, it can be very motivating to discuss the impact of witnessing IPV on children. Even people who are not empathic about the impact of their harmful behaviors on their partner may be more engaged by discussing and exploring the impacts that witnessing this behavior had on them as a child and/or is having upon the children in their lives now. When we discover that someone is harming another person, we also have an obligation to do a safety assessment, attempt to develop a safety plan, respond immediately to emergencies, and report the abuse or neglect of children, people 60 years or older, and dependent adults. Obviously, because most people who cause harm and abuse power minimize and/or lie about the IPV means it is

exceedingly challenging to assess safety without collateral input. And, seeking collateral input from the person being harmed it is quite possible to increase, rather than decrease, risk of harm. These situations are complex. If you do not understand power and control dynamics very deeply you make 'misdiagnose' IPV perpetration as IPV victimization. Please consult with an IPV expert. Remember that the IPV hotlines are there to help you too!!

Do NOT introduce a conversation about IPV perpetration with the partner of a patient who is being harmed, unless the patient being harmed explicitly requests this. If the patient who is being harmed requests that you converse with their partner, please reach out to an experienced DV Advocate and/or behavioral health clinician with extensive IPV training to handle this. (See below.)

Providers who are very experienced addressing IPV may want to introduce a discussion of IPV perpetration with specific higher risk populations (like cis-gender, heterosexual men.) Others should use the general Universal Education scripts provided above and refer all people perpetrating harm to IPV experts (DV Advocates and/or "Batterer's Intervention Programs" or restorative or transformative justice programs.)

If very experienced…

Introducing IPV perpetration: *Our experiences in life affect how we treat other people. Sometimes if we have witnessed our parents or other people caring for us hurting one another, we can end up in relationships where this is happening. Also, sometimes if we are hurt, especially as children, this can affect how we treat others in relationships. I talk to all patients about their relationships. If someone is hurting their partner or someone else, there is help available to learn how to behave differently. May I offer you a hotline number?*

Introductory questions about IPV perpetration: (Begin with 'lower stakes' questions to increase likelihood of IPV disclosure.)

- What happens when you and your partner disagree?
- Do fights ever get physical? Do you ever throw things? Push or shove your partner?
- How do you and your partner decide when to have sex or what type of sexual activities you do?
- (If applicable) Do you and your partner use any type of birth control method? Tell me more about how this method was chosen.
- (If IPV perpetration is strongly suspected I do ask people) Were you ever arrested for domestic violence? (I ask this in order to discuss the impact of incarceration on the person causing harm and their children. This discussion can increase motivation for addressing IPV for someone who wants to avoid future incarceration.)

Assessment/Intervention including safety and lethality assessment: See the LEAP one page guidelines and the articles below.

Refer patients perpetrating IPV to services: DV hotlines are skilled in discussing IPV perpetration and making referrals. You can also make direct referrals to "Batterer's Treatment" programs. Be wary of "anger management" programs that do not demonstrate a deep understanding of the power and control dynamics in IPV.

See: Addressing Intimate Partner Violence with Male Patients: A Review and Introduction of Pilot Guidelines – Guidance on addressing both IPV victimization and perpetration. Although cis-gender heterosexual men may be victimized by their partners, IPV victimization is markedly more common for bisexual women, lesbians, transgender people and cis-gender heterosexual women. In most recent data, gay men have a slightly low overall prevalence of IPV victimization than heterosexual men. See: NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation

**What to do if you are calling a patient who you know or suspect is being harmed by their partner and they put their partner on the phone and ask you to mediate?**

This is a very complex situation that requires deep knowledge of IPV and experience in counseling persons being harmed and doing harm. Please reach out immediately to a DV Advocate or experienced behavioral health clinician to step in to manage this conversation. If you hear evidence of imminent life-threatening danger (eg threats with gun), call 911. Look up the address in the electronic health record immediately in case you need to call law enforcement. While you are garnering assistance…

- If people are yelling, screaming, crying, etc. model calming yourself. Express empathy and concern in a calm, compassionate, steady voice. BREATHE and PRACTICE YOUR OWN GROUNDING EXERCISES. INVITE EVERYONE TO PRACTICE WITH YOU.
    - Eg. *"I can hear that you are having a really hard and painful time. I am going to take some very deep breaths and feel my weight sinking into the healing energy of the earth. This helps me feel calm and grounded. Could you each try to take some deep breaths with me? Let's try it together. [Breathe audibly and slowly several times.] We will all need to talk quietly to hear each other."*

- Discuss that the goal is to improve safety for everyone involved and explain that you would like to refer them to discuss this with a trained counselor.
    - Eg: "I want to help improve *your safety and the safety of all of the people involved in this situation. I would like to refer you to a trained counselor now to help you. Could you please hold on while I use another phone to call a counselor?"*

- Make an immediate referral to a DV Advocate and/or behavioral health clinician with extensive IPV experience.

*ARISE will be partnering with others to develop more detailed phone counseling advice for situations in which both the person perpetrating harm and the person experiencing harm are present during the conversation. Please email leigh.kimberg@ucsf.edu with suggestions or questions.

**Additional Articles about the Impact of COVID19 on IPV survivors:**

As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out
Why the Coronavirus Outbreak Could Hit Women Hardest
Where Can Domestic Violence Victims Turn During Covid-19?

**CARING for ourselves when we know that a person is 'sheltering in place' with someone hurting them:**

It is heartbreaking during this pandemic to witness the immense suffering of the people we are privileged to care for and the failures of our society to prevent and mitigate harm. Our patients in the safety net are subject to so many forces of oppression and marginalization including racism; people may not have access to housing/safe housing, money, food, support services, healthcare, legal services and more. They may be exposed to police violence, anti-immigration actions, and discrimination in addition to IPV. Children who are not in school or in daycare whose parents are experiencing immense stress may be very distressed and/or exposed to increased stress and violence amongst their caregivers. At the same time, we may have our own stress related to COVID19 and its impacts on our lives.

How can we stay grounded? How can we care for ourselves? Sustain ourselves? Find healing moments? Maintain hope? It is important to remember the concepts of both vicarious trauma and vicarious resilience; when we care about a person and engage in understanding suffering we can also suffer ourselves. When we notice a person's amazing capacity for survival—and let our appreciation for a person's survival skills and journey sink deeply in to our bodyminds—we can feel inspired and uplifted. See the LEAP vicarious traumatization training and tools for support. Consider developing a strong gratitude practice to support our own healing journeys and to project and hold hope for yourself and others. It is a delicate balance to learn to how to deeply acknowledge suffering while also celebrating coping and healing. Together, we can do this!

What comes to mind when I say the word "healing"? (Write down your thoughts)

Please take care of yourself while caring for others!


For those of you who are old enough to know who Lassie is!

See these sites:

Trauma Stewardship

Greater Good Science Center

Wellness resources (Freedom Community Clinic)