

Supporting Survivors Who Have Experienced Trauma Cope With Covid-19

JACKIE CHERNICOFF: Thank you for joining our virtual session today, Supporting Survivors Who Have Experienced Trauma with COVID-19. My name is Jackie Chernicoff. With the Center on Victimization and Safety at the Vera Institute of Justice and the National Resource Center for Reaching Victims. I'm going to pause. Our captioning is not showing. It's showing in the chat pod.

Let's go ahead. OK, we have just a few quick logistical items to go over before we begin today. Captions look good. OK, so participants are in listen and view only mode, which means we should not be able to hear you, but you should be able to hear us, and you should be able to see the American Sign Language interpreter.

If you would like to turn the captioning on, please go to the closed captioning symbol at the bottom of your screen and select the arrow to the right of that icon. You can either select Show Subtitle or View Full Transcript. Once you do so, you will see the words I am speaking appearing below my video or to the right of your Zoom window.

If you cannot hear the presenter speaking, if you are having any difficulties with seeing the captioning or the American Sign

Language interpreter or any other technical difficulties during the presentation, please enter a message in the chat pod at the bottom of your screen. This is the best way to communicate with me or my colleagues who are providing technical support throughout the virtual session today.

Please note that we value complete access during our webinars. This means that we will ensure the complete functionality of our captioning and interpreters before moving forward. Due to the nature of technology, we may experience technical difficulties. If we do experience any technical difficulties, we will pause the presentation while we work to resolve it as quickly as possible. If for some reason the issue cannot be resolved, we may have to cancel the virtual session. If this happens, we will send a follow-up email providing additional information to all participants.

Just a couple more things before I turn the floor over to Olga-- we're not going to be using the Q&A pod today. We will be chatting with one another via the chat pod only or you will be given the opportunity to raise your virtual hand and be unmuted or, if you would like to ask a question in ASL, we will stream your video.

If we're using the chat pod to communicate with others today, please select the option to respond to all panelists and attendees. This is the only way that everyone can view what you are

sharing. So in the dropdown in the chat pod, you want to select the option for All Panelists and Attendees.

So I'm going to go ahead and ask you guys to test a couple of things. Let's go ahead and test the virtual hand. Go ahead and raise your virtual hand and let me know it's working. Fantastic. That is a lot of blue virtual hands. Welcome.

I wanted to go ahead and also ask everyone to test the All Panelists and Attendees. So go to your chat pod. Select All Panelists and Attendees from the dropdown. Type in. Say hello to us. Let us know where you're joining from. Fantastic. OK, wow, that's a lot coming in. It looks great.

I'm seeing a few that are just still going to only panelists. So if you select Only Panelists, it means that all of the wonderful folks that are joining us from around the country and our territories are not going to be able to see what you're typing. So remember-- all panelists and attendees.

All right, couple-- few more things. A note about the chat pod-- you can not save the chat nor are you able to copy and paste anything that's shared from the chat or any resources that are put in there. This is just a security measure we have in place. But as hosts, we are able to save the chat. So should any resources be shared, we'll pull those from the chat and get those out to

everybody and also post them on the reachingvictims.org website along with the recording of this session.

Speaking of recording, we are recording today's session. A link to the recording along with any resources shared and any materials shared during this session is available-- will be available on the reachingvictims.org website. You can also find links to other sessions on our site as well.

Quick note about view and functionality in Zoom-- if you have joined this session via a web browser, you may have more limited options than if you joined via the Zoom app. Also, as I mentioned, Olga is going to be referencing some materials she created. You can access those materials by visiting reachingvictims.org and go to How We Can Help, a resource library, and there is a link there with the title of today's session. The materials are on for now, and the recording and the transcript from this session will be uploaded following the session itself.

Finally, we are creating a multilingual space today. So as you can see, we have American Sign Language interpreting happening as well as spoken language interpreting happening behind the scenes. This means that I need everybody's help to pace the dialogue. I also need your help by stating your name before you speak every time you speak if I unmute you to ask a question. Pause once you complete a thought. And be sure to explain any

acronyms. And just know that we're going to have an interpreter switch around the 30-minute mark.

OK, quick review-- turn your captioning on. If you need to get a hold of Vera staff, please do so by using the chat pod. You can't save the chat or click on links in the chat. But we will get everything off of the chat if there are resources shared and post them on reachingvictims.org. Once Olga opens the discussion for questions, you can raise your virtual hand and I will help you unmute. You can also use the chat pod. And if you're an ASL user, we will get your video streaming.

Remember, again, if you're communicating, please select All Panelists and Attendees so that everyone can see what you're writing. With that, I want to turn the floor over to Olga Trujillo. We are really excited for Olga to join us today. She is the Director of Education and Social Change at Latinos United for Peace and Equity, a project of Caminar Latino.

Olga's an attorney, a trainer, internationally-renowned speaker, and author who has devoted her career to helping advocates, first responders, and others in the field better understand the impact of trauma on survivors of sexual assault, domestic violence, child abuse, and human trafficking and one of a handful of speakers in the US to address the issue of disassociative identity disorder from a lived experience of diagnosis and healing. So Olga, the floor is yours.

OLGA TRUJILLO: Well, thanks so much, Jackie. Hi, everyone. Thank you so much for joining today. I am super excited to be with you all. So we're going to talk today about supporting survivors who have experienced trauma. And so what I'd like to do is I'm going to frame the issue, basically, why this crisis is hard right now, why having trauma can make it harder, a little bit more-- and then we're going to talk a little bit about what you can do. I have some ideas and some resources. And then we'll open it up to questions that folks have. So I hope you have questions because that would be awesome. It helps me to make things as relevant to you as possible.

OK, so it's a no-brainer that we are all stressed out and struggling right now given the coronavirus and the COVID-19 crisis. So it's hard-- consciously, it's hard when you think about there's this virus out there that we don't have a cure for, that we don't have a vaccine for. So that's scary and hard. And then there's all these people who are unable to work and are losing their livelihoods and possibly their businesses, which is also really scary and hard.

And then, on top of all of that, there is this big fear that's happening. Again, part of all the things we just said-- like, that this virus can kill people, that we don't have a cure, there isn't a vaccine yet. So that by itself, that level of fear kicks up in our

brains that fight, flight, and freeze response. It's an organic thing that just happens.

So it's not just the thought process, but it's this physiological response. And when that gets kicked up, we then react in our fear-- in our fight, flight, or freeze responses. Some people will freeze and get a little immobilized and not be able to kind of get themselves together to deal with some of the things that they have to deal with. Other people might be more irritable and argumentative and struggle in a fight sort of response.

And then there are people who just want to take off, disappear, go someplace else kind of response, and that's that flight response. And those are simplified examples of those responses. So that's happening in our brains and in our bodies. And it's kicking up adrenaline and changing kind of the way we feel on a regular basis. And that's without the kind of conscious awareness of how scary this all is.

OK, so-- and it's because of the fear that that's kicked up, and then there's this big uncertainty because we've never experienced anything like this before. And so we have this level of fear about this virus that we're learning more and more about and this fear of this economic downturn that is being compared to what happened during the Great Depression. So that kind of uncertainty is hard for anybody, really hard for anybody.

What happens, though, when someone has experienced trauma, it can make it even harder. And so what happens is that trauma can create other responses in someone. So they kind of, like-- let's say, people who haven't experienced trauma have a baseline at a lower level than people who have experienced trauma. Their resting baseline is a little bit higher-- so meaning that they might be a little bit more anxious, might have a little bit more of a dissociation or kind of flight or freeze response, kind of like they go there faster.

And so when everyone has experienced this level of trauma or this level of fear and uncertainty, all our stuff gets kicked up. But someone who has experienced trauma, they're starting at a higher level and going up at a higher level. So there are things that we can do to help folks. But let's look at kind of what those responses are that trauma has.

So when someone has experienced trauma-- so a person who has been abused by their partner or a person that grew up in a home with child abuse, someone who was sexually assaulted, someone who experienced a crime by a stranger. All those kinds of events are traumatizing. And what trauma does is it creates a response in people that-- it doesn't happen immediately, but the processing of what happened creates these little responses.

And so it can look like post-traumatic stress disorder. So some of those are people will experience kind of this intrusive re-

experiencing of events that happened to them. And those are like flashbacks or nightmares. People who've experienced trauma also experience avoidance-- and avoidance and numbing and detachment. So someone might-- and that looks a little bit like panic attacks that stop you from doing things that instinctively remind you of a traumatic incident.

Numbing is oftentimes a dissociation that you kind of escape and go in your head a little bit more so that you don't experience what's going on around you. And that detachment is a little bit of-- that's the separating yourself from your body. And so you don't feel like you're completely in your body as you're experiencing something.

The other thing that post-traumatic stress disorder can do is hyperarousal types of responses. And those are like having that startle reflex, anxiety, fear, and agitation. So that's just normal post-traumatic stress symptoms that people who've experienced trauma have in large part.

And so what happens is that this crisis right now is kicking that up in people. So there are aspects of this crisis that can be a match for people's experiences of trauma. And some of those are-- it's chaotic. We have-- a lot of us are in stay-at-home orders. We don't really know exactly what to expect because this is very new. There are some states that are opening up, and then there's a fear of people-- whether they should go out or not given

that there's still no vaccine and no cure. That's uncertain and chaotic.

And chaos is a common match for people who've experienced trauma. People that grew up in homes with child abuse, there's usually a chaos that feels similar to what happened in those homes, and that can trigger people, and they'll re-experience some or all of these symptoms.

There's the isolation of stay-at-home orders. Some survivors are living on their own, and that level of isolation is triggering and triggering in ways that they might have experienced from the partner who had been abusing them in the past. That isolation might feel like a match to that or to the child abuse they experienced or trafficking, any of those things. It doesn't have to be a conscious remembering. It's an instinctive response to it. It's a subconscious re-experiencing. This feels like the same thing, so this is where your brain takes you.

And then the fact that this is unprecedented and anywhere you see in the news people are still trying to figure this out and it has such a huge impact, that can create the kind of fear that people felt when they experienced that level of violence, which can also be a trigger for some of those incidents. And they might then start re-experiencing things.

And then there's this-- what is real and what's not real? Some of the information that we're getting-- there's a lot of misinformation about the coronavirus and COVID-19. And that can also be very triggering for people. When people were abused, oftentimes-- or when they were victimized, oftentimes there's a lot of denial in it.

There's denial from partners who have perpetrated violence against the victims-- oh, no, that didn't happen, or that was your fault, or there's denial in child sexual abuse experiences. There's denials that happened when crimes happened and they were investigated or there was an attempt to prosecute.

All those things feel like a match, and then people are triggered, and then they start having flashbacks or nightmares. They start feeling a sense of panic or complete numbness and detachment from their bodies. Any of these things can come up.

And I'll just say, for me, a lot of these things are happening right now. I experienced child sexual abuse. I experienced sexual assault as an adolescent and a young adult. And I've done a lot of work in the process of healing, and I've got 25 years of good practice in keeping myself managing those post-traumatic stress symptoms, managing anxiety, and I'm challenged at this point. So I'm expecting that many of you are working with survivors who are struggling right now because these trauma symptoms are happening for them.

So there's a number of things that you can do to help people who are struggling right now. And I'll just say, these are things that anyone can do, meaning that they don't just work with people who've experienced trauma. A lot of people who haven't experienced trauma are also struggling right now.

So I wanted to kind of walk you through a couple of these, and I'm going to show you a couple of the tools that we developed to basically make you familiar with them and walk you through some of the steps of what you can do. So I'm going to share my screen, and hopefully folks will be able to see this, but I will also talk through it.

All right, so the first thing we did-- one second-- was that we developed an infographic that's a self-care infographic. So these are recommendations for how you take care of yourself. And this is all geared towards working with survivors during the COVID-19 pandemic. And what we're doing is we're trying to limit the effects of crisis. So the first thing that you can do is remind people of the good habits that they've developed in their life to keep them-- that enables them to keep them moving through their life in as easy a way as possible.

So the first thing in this infographic is this picture of an apple. And it says, "Eat, sleep, and stay hydrated." This sounds pretty basic, but when people have a lot of anxiety because of what's going on, have a lot of fear and that fight, flight, or freeze kicks

up, your kind of instincts kick in and not so much your cognitive thinking.

So sometimes people need to be reminded that fear and anxiety can interrupt basic routines. So if they're intentional about healthy daily habits, it makes us more resilient to the effects of crisis. And that's what it says in this first block of this infographic.

The next block is maintain a schedule, and the illustration there of a clock, an alarm clock, is why that's there. And here we're recommending for people is to remember to try to keep a routine. Try to get up the same time every day. Make your bed. Take a shower. Eat breakfast. These are examples. I don't actually-- I'm not trying to tell you to make your bed every day or take a shower every day. But kind of create a routine for yourself that you'd like to try to replicate each day.

And let me see if I can make this a little bit bigger for folks. There we go. All right, so if you can-- OK, so if you can keep a regular routine, what happens in the brain is that you rewire your brain to do the same thing over and over again when you do it over and over again. It takes about 21 to 30 days to do that.

So then, when it gets really hard to do those things, your brain kind of takes over and just gets you to do it. And so the regular activities build on themselves and help you get through the day. So if you get up the same time each day, then you'll wake up at

that time each day after a while. And the things that you do right after you get up as you get your day going, that becomes your routine, and you don't really have to think about it anymore. It just becomes an easy thing to do. It's a really easy way for survivors to kind of get through their days.

The next thing that we recommend in this infographic with-- and again, with this old-fashioned telephone here. I always wonder whether-- well, I always wonder whether people who are really young know what that is. So the old-fashioned telephone-- the picture of the old-fashioned telephone here is to connect with others. So social distancing is creating isolation.

So to help survivors reach out with friends, set up regular contact, whether it be through text, phone, or video conference. Now, I just want to say it's possible that a survivor has gone through an extended period of time of abuse and isolation that they may not feel like they have any friends. And at that point, that's where your advocacy skills really kind of help. Stay in touch with survivors who may have limited supports. Help them think through what connections do they really have that they might not be thinking right now about, and try to help them connect with those.

And remember, you could be doing this through text, phone, or video conference. And in some places where maybe the person doesn't have a phone because it's too expensive to maintain a

phone-- I know in rural communities what advocates are doing is staying in their car and meeting the survivor at the grocery store or in the parking lot or at the bank or at the gas station, places where people are permitted to go right now-- so helping survivors think that through and then also, as an advocate, staying connected with survivors to help them.

And then reconnecting with hobbies-- encourage them to reconnect with things that they've enjoyed doing. Now, I have here read books that you haven't had time for. And I just want to say something about this. So a lot of times when trauma is kicked up and symptoms come up for folks, it can be hard to read. So if people tell you, oh, no, I can't focus, I can't read, then some other strategies would be good, like coloring if they have-- or creating art activities, playing cards or musical instruments that they have.

And basically, try to encourage survivors not to be too ambitious with their reconnecting with hobbies or starting new ones because that whole I'm going to teach myself how to play a new instrument is awesome, but also can put pressure on people when they're struggling. And then the other thing is to help them really focus when they're doing these activities because in that way, when they're focusing on what they're doing, that's mindfulness-- so helping them be in their body and paying

attention to the activities that can center them. A lot of times, old hobbies are those activities.

And I have here a picture of a guitar because my partner plays the guitar, and that's what she's been doing lately. So that's been nice. All right, so I'm going to pause here because we're going to have an interpreter switch.

Great. Thank you so much. All right, so then we move to limiting social media and news. And here I have a person-- a silhouette of a person reading a newspaper and--

JACKIE CHERNICOFF: Olga, this is Jackie. Just one more moment.

OLGA TRUJILLO: Oh, thank you, Jackie.

JACKIE CHERNICOFF: No worries. Oh, OK. We're all set now on the spoken language interpreter lines.

OLGA TRUJILLO: Oh, awesome. Thank you. So here I have somebody reading old school newspaper. So here's a big one. This has been a challenge for me. I'm just going to be really upfront about this. Limit how much you see and focus on the coronavirus. Be deliberate about how often you check social media and how much news you consume. So this is something, again, that you can encourage survivors to do.

Here's the challenge. So there are things that, if you don't know about them, you can't really plan. And planning a lot of times helps with anxiety. So there is a thing that happens with folks-- and I'm going to switch out of this and-- let's see. Sorry, I just wanted to take it out of the stop share. Let's see. Whoops.

OK, I think I'm back. Yes. OK, so the thing that happens is that people start to worry, and they start to worry about things that they're hearing about. So there's a balancing act between worrying about something that you don't know anything about and learning some things about what you're worrying about so that you can create a plan for yourself which helps with anxiety.

So the key here is to help people kind of decipher between how much information is too much information. So the first thing is when people are worried on a general basis, a good thing that you can help them do is figure out what are things that they have control over, and the things that they have control over, if they could come up with a plan that helps them address the issues that they're worried about, that can really help reduce that level of worry and anxiety and panic. And with that panic comes then dissociation or numbing and detachment.

So if you can help people identify-- kind of go through the things that they're worried about. Identify what they have control over. Then the rest of it, you can say, you don't have any control over this stuff. So you gotta try to relax and let that go. And that's

where some of these practices can help, like mindfulness, and I'll show you another tool that helps around grounding.

Then, the things that they can control, they may need a little bit of information to figure out how they can come up with a plan for those types of things. And in that situation, then, people may need to be reading or watching some things about the coronavirus because they need to understand it to know how to plan around it. And I'll give you an example of that in just a minute.

So that's the balancing act. So don't tell people to stop watching the news. Just kind of, as kind of a recommendation across the board, try to be real and get people to talk through what it is that they are watching the news for. So anyway, this has been a challenge for me because I have a worry about what will happen if I get COVID-19 and have to go to the hospital, because the hospital can be a hard place-- medical settings can be a hard place for people who have experienced trauma. And so the way that I've dealt with this is to come up with a plan on how to do this.

So I have another resource. We have another resource that's on the Reaching Victims website that is health care guidance for survivors during COVID-19. And it walks you through things to think about and come up with a plan. And so this is something you can give to survivors or you can walk through with survivors

so they have a plan in their head about what they would do if they got sick. And this helps a lot with anxiety for folks.

So that's another tool that's on the website along with this infographic. I'm also developing some infographics around the health care guide. It's a little bit lengthy-- tried to make it as easy to read as possible. But I think some infographics will help with that, which we're in the process of developing. So those should be-- hopefully will be up soon.

OK, so then the thing that happens is-- and I know I've been experiencing this as well. And again, I keep saying I've got 25 years of good practice around how to help myself to manage anxiety, to manage PTSD, to move through the world pretty easily. And I've noticed lately that I catch myself being numb. I catch myself being somewhat detached from things.

And so there's a good tool-- and let me just take a minute and say-- so there are different ways in which this shows up. It doesn't always show up as someone being withdrawn. It sometimes shows up-- I've got some really good examples here. It shows up in emotional numbness and inability to enjoy your life or feel love, meaning I know that our lives are kind of constrained right now because we're in shelter at home, but there's still things that you can do and get enjoyment out of.

There's people over focus-- and this is one of my things-- over focusing on work and also creating isolation and avoidance of other people-- so not reaching out to your connections, either by phone, text, or video-- and then a reluctance to talk about what's going on. So those are just some examples that you might be seeing with the survivors that you work with.

So just to be alert to some of those kind of-- because I know the overworking thing sometimes looks good because you're doing a lot to get things done. But it's good to pay attention to that so that you don't create a situation where you're really numb and detached for too long. That can really kind of come back and get you.

OK, so I want to show you-- so what can you do about that? You can help people learn how to ground themselves. So I'm going to share my screen again, and I want to show you a really fancy little graphic that we developed to help you share this with people so they learn how. OK, and let me just zoom in.

All right, so recommendations for grounding-- all right, working with survivors of violence during COVID-19. Again, this is a focus on survivors who have experienced trauma-- so help trauma survivors manage fear and anxiety. Now, this can work for anybody. So if you know people who haven't experienced trauma but are struggling right now, this is a really great tool.

And I know a lot of people have been participating in some of the healing sessions that Zoe Flowers has been doing that have also been on the National Resource Center. Those are amazing and are also really good techniques for grounding that she uses and lots of relaxation exercises that she does as well.

So as we go through this infographic, the first image here is a headshot image with lines and dots kind of coming away from a person's head. And this is to illustrate the first thing that you want to try to get people to do, which is to breathe. Now, that's deceptively simple, but it's extremely helpful. Breathing is a tool that's always available. And if you get people to kind of notice their breathing, to try to take deep breaths, to slow down their breaths, that helps a lot.

And the one good little exercise to do with folks is to get them to slowly breathe in for a count of six, then hold their breath for a count of two, and then slowly breathe out over a count of four. And that's really helpful. I've used this quite a bit when I'm traveling because sometimes I have a lot of anxiety on planes, and this really helps me a lot to keep myself from panicking when I get too anxious.

OK, the next thing on this infographic is there is a person here-- there's an image of a person with their arms in the air. And here we're talking about returning to your body. So the first thing is the breathing. Now you want to get people to feel their body. So

you can ask them to start from your feet and move up to your head. So notice how your feet feel on the floor. Notice how your legs feel against the chair. Notice how your arms are-- how they feel on the chair, your back, and then move to your head, and then move your head side to side.

So you just kind of walk through with someone to get them to notice how their body feels in whatever way you can with that person. And you know if that person has any mobility issues or if they have any issues feeling their body-- so then use what's appropriate with them.

Then the next thing you can do is once you get people to breathe and then feel like they're back in their body-- so don't rush this-- then try to get them to return to their surroundings. So here there's a silhouette of a bedroom. And what you want them to do is to start looking around the room and identifying things in the room that they see.

And that's the first easy thing to do. And you can ask them to identify four things that are blue or three things that are yellow, two things that are orange. You can substitute shapes as well-- one thing that's round. You can substitute things that people can hear, smell, and-- yeah, so things-- and scents. So if-- and that helps people, again, come back into their bodies and back in the room.

All right, once they've done that, that's usually enough to get people grounded and to help them-- to feel themselves back in control. Then the really important thing is to keep reminding survivors to be gentle with themselves. This is a really tough time. And many people have children at home-- newly unemployed, caring for sick ones. We're not going to do any of this perfectly.

So to try to be really gentle with themselves-- there are going to be times that their anxiety overtakes them or that they might panic or that they might freeze, and that's OK. Give them some tools to help them get themselves out of that and be a connection for them.

So these resources-- the infographics are on the Reaching Victims website, the tip sheet. There's a tip sheet, as well, that covers all the stuff we've just talked about. It covers the information in the two infographics and talks a little bit about why it's important to do this with people who have experienced trauma. And then, also, the health care guide walks through all the things that people can think about and plan in case they get sick. That's also on the website.

So I want to stop there. We have about 15 minutes left. And let's see what questions people have. Jackie, have you seen any questions in the chat?

JACKIE CHERNICOFF: This is Jackie. We have some great resources that folks are sharing, and they're joining with your suggestions and sharing some things they've seen work for themselves and those survivors that they're working with. We did have a question come in that said, "As to social isolation of survivors, I'm really seeing this with my clients and it is actually a challenge for me, too, as an advocate. Are others seeing this too? It takes a lot of energy from us as advocates. I'm referring people to support groups and possible online therapy--" I think just looking to see if others are feeling that as well.

OLGA TRUJILLO: Yeah, and I've been hearing a lot about that as well. So one thing is that the support groups are really awesome. The tough part about this right now is the combination of the isolation with the-- I'll call it, for lack of a better word, kind of depression that's kind of kicked in for people. So starting with a new support group might be hard. But reconnecting them to-- staying in touch with them as an advocate, reconnecting them to other survivors who they have gotten to know over time, that might make it easier.

And then therapy-- it's a tricky time to try to start therapy, but I've recommended people-- I've referred people to therapists recently. A lot of them are doing telehealth. In fact, most of them are doing telehealth. It's a little tricky to start from a telehealth framework, but there are clinicians that are out there doing that.

JACKIE CHERNICOFF: This is Jackie. Thanks, Olga. You do have a couple more questions that have just come in from the chat. Would you like me to read those?

OLGA TRUJILLO: Yes, please.

JACKIE CHERNICOFF: OK, one is, "Would you recommend EFT tapping as a way to ground and reduce anxiety and stress?"

OLGA TRUJILLO: Yeah, so this is Olga. Yes, I would. It's really awesome. And because you're talking about someone doing it to themselves, that is a really great idea. And I know Zoe does that quite a bit in her relaxation and grounding sessions, and I've learned that from Zoe as to how helpful those are. So yeah, thank you for that question.

JACKIE CHERNICOFF: This is Jackie. I just want to remind folks, if you'd like to voice your question or use ASL, we can unmute you or stream your video. In the meantime, you have a couple more questions, Olga. We have, "How can we effectively reach out to victims? I feel like 'how are you' may not be appropriate or that people may not feel they can give an honest answer to it." And someone else is sort of seconding that, saying that's a really great question. They've been feeling the same and just not feeling like asking general greeting questions are really getting at the heart of what's going on.

OLGA TRUJILLO: Yeah. In fact, a lot of times people just instinctively just say "fine" or don't really know where to start. So another way that you could say is, how's your day going today, what's going on for you at this moment, things that kind of recognize-- it's not so open ended, but also recognize the reality of people's lives right now and asks for a check-in.

So those kind of not really wide open questions-- like, how are you-- but how are you feeling right now? I know it's been a tough week or how's-- and then trying to bring in some of the issues that survivors have talked to you about. So are you are you feeling a little less isolated today or does it feel like it's the same? So those kinds of questions will help survivors to kind of start answering and connecting with you.

JACKIE CHERNICOFF: This is Jackie. Olga, we have a follow-up to that with, how are you coping today? Is that something that would work?

OLGA TRUJILLO: That's an awesome one. Yes, yes, absolutely.

JACKIE CHERNICOFF: This is Jackie. I do you have another question for you, Olga. "How can we--" it's sort of on a similar theme, it feels like. "How can we be sure that we are not making people feel like we are patronizing or talking down to them? I know sometimes reminding people of breathing can really trigger certain individuals or be seen as impersonal or just writing

something off. Would you say it about-- how do you think about it with tone and intentions?"

OLGA TRUJILLO: Yeah, so thanks so much, Jackie. This is a great question because I'm also one of those people that really hates some of that stuff. So when I'm saying to remind people of some of these basic things, you do run the risk of them being like, yeah, OK, I'm not going to get out of bed and take a shower and make my bed every day, right?

So kind of being able to reflect the reality of someone's life-- so don't do this kind of Pollyanna-- I can't think of another way to describe it. Don't do this turn that frown upside down kind of statement that does really feel like you have no idea. Try to incorporate what you know about that survivor and their experience and then gentle reminders.

So sometimes the way I've done that is if I'm texting with someone, I might text more language than I normally would to explain a little bit the context of what I'm suggesting. So I might do something like, today I just want to send you a gentle reminder that breathing can really help when you're feeling anxious. And I know you breathe all the time, but taking deep breaths like this I've heard helps.

I was just on a webinar and the person presenting talked about creating a routine, and it made me think of you. And I wondered

if you have a routine each day and if that helps you or not. So kind of adding a little more context helps it to feel more real for folks than, oh, just get up and put on your makeup every day, which, by the way, I don't wear makeup, so that doesn't work for me. But it becomes too simple a response for a really complex issue. So as long as you keep having context, you'll do better with survivors.

And then if a survivor reacts, it feels like you're patronizing me, say, oh, I'm sorry. How can I say this-- how can I have this conversation with you to show you how much I care-- or something like that. Take it and learn from it that your suggestion might be coming across as too simple. OK, other questions, Jackie?

JACKIE CHERNICOFF: This is Jackie. There's no additional questions that have come in. We just have some additional guidance and suggestions from one of our participants.

OLGA TRUJILLO: Awesome.

JACKIE CHERNICOFF: If anyone would like to ask more questions, you can do so in the chat. You can also raise your virtual hand if that's more comfortable for you.

OLGA TRUJILLO: So one other thing I'll just jump in here and say, Jackie, is that this piece about helping people identify what

they can control and trying to come up with a plan for that and the things that they can't control and trying to help them let that go, that's huge for folks. And that is a place where you may need to spend some time with a survivor to help them figure that out. But then also tread lightly that you're not dismissing concerns.

And try to avoid the use of the mantra from the 12-step programs about the prayer, knowing the difference between what you can and can't control. That can come across as patronizing. So just kind of walking through with someone, either by video text, phone-- whatever way you can to help them think through some of the things that they can control and how they might think about that. And again, one of the issues that's coming up a lot for people is, what if I get it? And I hope that the health care guide helps with that.

JACKIE CHERNICOFF: This is Jackie. Olga, we did have another question come in. "How do you approach people that are suffering more due to this COVID virus, but their culture focus is to stand by the husband or partner and think on the family rather than themselves?"

OLGA TRUJILLO: Yeah, so you got to go with that, meaning that you'll potentially lose someone as-- lose them as someone who you can support if you don't pay really close attention to that. So what you can do-- because a lot of cultures, it just doesn't work. People just walk away. They stop working with you when you say

you've got to think about yourself, you've got to put yourself first, because a lot of our culture in the US is very individualistic. But most other cultures are very collectivist. And so it's not just about the one person. It's about the whole.

So if someone said to me-- if my partner got COVID-19 and someone said to me, you got to think about yourself, I'm going to be like, you don't understand. So talk through with them what they feel like. Like, how can they get through what they're doing and help their family member? And so kind of teasing out and taking that really, really seriously-- what are ways that-- so it's about the concern that you have.

So is it that you're worried about them getting it and then they can't take care of their kids? That's a really good discussion to have with them. And what are steps that they can put in place to be able to do that? So it might be that-- if they have the space for the person who has COVID-19 to be isolated, it might be that and then helping them with certain things in place-- like, having a mask, washing your hands, making sure you're not touching your face, disinfecting things that come out of that isolated space.

There's a number of things online that kind of can walk you through that. I've tried to also incorporate some of that in the health care guide, and I'll pay attention to that, too, as I do some of the infographics around that. But take that reality very, very seriously and then work within that.

JACKIE CHERNICOFF: This is Jackie. Olga, we have time for one last question. "We're struggling with our domestic violence shelter in attempting to have residents follow social distancing and only essential shopping. They feel triggered and that we're trying to control them. Do you have any suggestions?"

OLGA TRUJILLO: Yeah. So I got to say, I'm having the same issue. I have done more shopping than I've done in a really long time. There's something about kind of losing control over the things that you can do. So kind of-- so one, kind of teasing out the concern for them and then letting them make their own decisions.

So in some places, a lot of places will deliver food. Now, where I live, they don't deliver food. But you can order the food and drive to the grocery store and they'll load it in your car. You don't even get out. Those are in more and more places, more and more-- Walmart's doing that. Target's doing that. And a lot of-- where I live in a rural area, our small grocery store is doing that. So if that's possible to do that, that would be that one of the options that you could use.

Making sure that the survivors have masks, making sure that they are able to wash their hands, and then the mantra, don't touch your face, those kinds of things-- that is all really important. You've got to take people where they're at. Setting a rule that says you can't go to the grocery store more than once

every two weeks or once a month or whatever isn't going to work for people when they're triggered. And what you may do is lose this person. This person may end up leaving the shelter or the safe place that they're at because it's triggering them and it's creating anxiety and panic. So try to work with people where they're at and come up with creative solutions to address their issues.

JACKIE CHERNICOFF: This is Jackie. Thank you so much, Olga. We are actually at time. I just want to thank you and thank everyone for participating. As we close, we're going to ask that you complete a brief evaluation, which will open automatically after you leave the virtual session. Really appreciate it if you could take a few minutes to share your thoughts with us so we can continue to work to meet your needs.

If you had a question that didn't get answered, please feel free to email us at reachingvictims@vera.org, and we'll make sure to get those emails to Olga or you can email Olga directly. Her contact details are also on reachingvictims.org. Thank you, everyone, and continue to be well.