**Objectives**

**Objective 1:** Describe the intersection of IPV & HIV.

**Objective 2:** Explain the medical and social effects of IPV and trauma in the lives of women living with HIV.

**Objective 3:** Identify at least three trauma resources available to patients & providers at SFGH, DPH and in San Francisco.

**Objective 4:** Define vicarious trauma and describe how it impacts our work.

**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Session</th>
<th>Title</th>
<th>Speaker</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-8:30AM</td>
<td>7M27</td>
<td>BREAK</td>
<td></td>
<td>Deborah Cohan &amp; Shannon Weber</td>
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<tr>
<td>8:30-8:40AM</td>
<td>7M0</td>
<td>Welcome</td>
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<tr>
<td>8:40-9:00AM</td>
<td>7M30</td>
<td>Plenary</td>
<td>Trauma among Women Living with HIV: Understanding its Rates &amp; Impact</td>
<td>Edward Machtinger</td>
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<tr>
<td>9:00-9:30AM</td>
<td>7M30</td>
<td></td>
<td>Trauma-Informed Care: Collaborating to Enhance Safety and Healing</td>
<td>Leigh Kimberg</td>
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<tr>
<td>9:30-9:40AM</td>
<td>7M30</td>
<td>Q&amp;A</td>
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<td></td>
<td>Deborah Cohan</td>
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<tr>
<td>9:45-10:55AM</td>
<td>7M30</td>
<td>Panel</td>
<td>Violence, Trauma and Healing: A Conversation with Women Living with HIV</td>
<td>Gina Brown, Naina Khanna &amp; Linda Scruggs</td>
<td>Yamini Oseguera-Bhatnagar</td>
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<tr>
<td>11:00-11:25AM</td>
<td>7M30</td>
<td>BREAK</td>
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<tr>
<td>11:25AM-12:25PM</td>
<td>7M30</td>
<td>Lightning round presentations</td>
<td>Trauma Resources in San Francisco</td>
<td>Leigh Kimberg (ARISE)</td>
<td>Karishma Oza</td>
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<tr>
<td>12:30-1:25PM</td>
<td>7th floor patio</td>
<td>LUNCH</td>
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<tr>
<td>12:30-1:25PM</td>
<td>7M patio</td>
<td>Optional activity</td>
<td>Embodied medicine</td>
<td>Deborah Cohan</td>
<td></td>
</tr>
<tr>
<td>1:30-3PM</td>
<td>7E12</td>
<td>Breakout sessions</td>
<td>Disclosure, Criminalization &amp; Stigma for Women Living with HIV</td>
<td>Naina Khanna &amp; Gina Brown</td>
<td>Caroline Watson</td>
</tr>
<tr>
<td>1:30-3PM</td>
<td>7M30</td>
<td></td>
<td>A Shift in Practice: Screening Patients for Intimate Partner Violence</td>
<td>Leigh Kimberg</td>
<td>Monica Hahn</td>
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<tr>
<td>1:30-3PM</td>
<td>7E2</td>
<td></td>
<td>Caring for Survivors: Reducing Anxiety &amp; Pain During Gynecological Exams &amp; Procedures</td>
<td>Carmen Landau</td>
<td>Dominika Seidman</td>
</tr>
<tr>
<td>1:30-3PM</td>
<td>7M27</td>
<td></td>
<td>Rite to Heal: An Inquiry into the Rituals &amp; Practices that Invite Us to Make Meaning and Deepen Our Purpose as Service Providers</td>
<td>Kimberly Wylder</td>
<td>Shannon Weber</td>
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<tr>
<td>3:05-3:15</td>
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<td>BREAK</td>
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<tr>
<td>4:20-4:30</td>
<td></td>
<td>Closing remarks &amp; evaluation</td>
<td></td>
<td>Deborah Cohan</td>
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</table>

**Logistics:**

- **WI-Fi:** UCSFguest (no password).
- **Slides & recorded sessions** available on hiveonline.org after the symposium.

**Map (7th floor):**

- 7M27 (breakfast)
- 7M patio (embodied medicine)
- 7M30
- Elevators

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Monday, May 2, 2016
Zuckerberg San Francisco General Hospital & Trauma Center
8:00AM - 4:30PM
1001 Potrero Avenue, San Francisco, CA

7th Floor
7M30
**Dr. Edward Machtinger** is a Professor of Medicine and Director of the Women's HIV Program at the University of California, San Francisco (UCSF). Dr. Machtinger’s primary academic interest is the relationship between HIV and violence against women. His current work is centered on developing a scalable model of trauma-informed primary care. As part of this work, he has developed interventions to help women safely and publically disclose their HIV status as a means to leave or avoid abusive partners. Dr. Machtinger recently received a grant from the Robert Wood Johnson Foundation to lead one of six national demonstration sites of trauma-informed primary care.

**Dr. Leigh Kimberg** is a Professor of Medicine in the UCSF Division of General Internal Medicine at Zuckerberg San Francisco General Hospital & Trauma Center. She is the Program Director for PRIME-US (Program in Medical Education for the Urban Underserved-) and the Director of LEAP SF (Look to End Abuse Permanently). As a national expert on addressing intimate partner violence in the healthcare setting, Dr. Kimberg is currently leading a San Francisco-wide study called ARISE (Aspire to Realize Improved Safety and Empowerment) to empower IPV survivors, improve safety and, ultimately, break the cycle of violence by preventing children from being exposed to violence within the family.

**Naina Khanna** is Executive Director of Positive Women's Network-USA, a national membership body of women living with HIV with over 3,000 members and 10 regional chapters. She serves on the Board of Directors for AIDS United, the Steering Committee for the US People Living with HIV Caucus, the Women's HIV Research Initiative, and served on President Obama's Advisory Council on HIV/AIDS (PACHA) from 2010-2014. A national speaker, trainer, and advocate, Naina has worked in the HIV field since 2005. Prior to working in HIV, Naina co-founded and served as National Field Director for the League of Pissed Off Voters, a progressive electoral organizing project focused on increasing political participation by young people and communities of color. Naina was diagnosed with HIV in 2002.

**Gina Brown** is the Planning Council Coordinator at the New Orleans Regional AIDS Planning Council. Gina has worked in the field of HIV for 12 years and has been living with HIV for 20 years. Gina graduated Magna Cum Laude from Southern University at New Orleans, with a Bachelor of Social Work and a minor in History in 2011 and received her Master’s degree in 2012. Gina is the past-VP of the School of Social Works’ service organization, and Historian of Psi Phi SUNO’s chapter of Phi Alpha Social Work Honors Society. Gina has served on numerous boards and committees. Gina is a Public Speaker and Community Advocate. Gina truly believes in service work and has made it her life’s mission to help the broader community gain a higher level of health literacy.
Linda Scruggs is the founding director of Ribbon Consulting Group, which provides organizational consulting services to community based organizations, health departments and hospitals to increase their ability to support and promote healthy communities. Ms. Scruggs has worked in the HIV/AIDS community for 22 years, serving as an AIDS educator, activist, and national and community leader. She is a founding member of PWN-USA and the National Black Woman HIV Network. Ms. Scruggs has received numerous awards and honors including: Honorable Mention by President Obama in 2010; features in ESSENCE Magazine and CNN; and giving a plenary talk at the 2012 International AIDS Conference. She believes through collaborative partnerships and community engagements, we can enhance, rebuild, and restore individuals, organizations, and governments in promoting healthy communities.

Melissa Murphy is a licensed clinical social worker at the Trauma Recovery Center where she provides individual therapy to adult survivors of violence, leads the Seeking Safety group for trauma survivors who struggle with substance use, and supports acute survivors of sexual assault in the ED. In her role at TRC, Melissa also co-facilitates CHATT (Communities Healing and Transforming Trauma), a community speaker’s bureau dedicated to training former clients in sharing their trauma stories and how they overcame those experiences. She also works with other UCSF programs to develop trauma-informed programs and services.

Dr. Ken Epstein is the Children’s System of Care Director for San Francisco County Community Behavioral Health Services within the SF Department of Public Health. Dr. Epstein leads the vision and implementation of the Trauma Informed Systems Initiative. Through this, he has convened numerous groups of trauma experts and interagency collaborations within SF and across the Bay Area. One being the Bay Area Trauma Informed System of Care Initiative (Trauma Transformed) of 7 Bay Area counties, recently awarded a 4-year SAMHSA grant. He has worked within family and youth service programs since 1981. Dr. Epstein has served as an Associate Clinical Professor in the Dept. of Psychiatry at UCSF since 1991, where he developed and directed an Intensive Family Therapy Training Program. He has served as adjunct faculty at UCSF School of Nursing, UC Berkeley School of Social Welfare, and Smith College.

Rebecca Schwartz is HIVE’s Clinical Social Worker responsible for providing medical case management, psychosocial counseling, and referrals for substance use treatment. Becca provides services to clients and their family members in obtaining financial, nutritional and housing benefits, and respite care for children. She follows patients at ZSFG Family HIV Clinic and Ward 86 to maintain their link with preconception, family planning, safer conception, pregnancy and post-partum services. She is the primary HIVE contact developing and maintaining ties with community-based organizations, assuring rapid access for HIVE patients.
Speaker Bios

Jerel McCrary has practiced family law since admission to the California Bar in 1977. He joined the San Francisco Neighborhood Legal Assistance Foundation as a domestic violence staff attorney in 1989. In 2001, he became the Regional Counsel in Domestic Violence for Bay Area Legal Aid, serving as Acting Executive Director in 2006. In 2014 he was named Managing Attorney of BayLegal's San Francisco Office. He was one of the founding members of the San Francisco Family Violence Council and has been a member of the Board of Directors of the Cooperative Restraining Order Clinic for 24 years. In 2004 he received the Legal Aid Association of California’s Family Law Award and in 2006 he received the Tanya Neiman Award for Social Justice Advocacy from the San Francisco Domestic Violence Consortium.

Melissa Bergson is the Program Director for La Casa de las Madres and has over 20 years of experience working in non-profit and community based organizations. Melissa achieved a BS in Human Services and an MA in Counseling Psychology and is currently a Marriage and Family Therapist Registered Intern. Melissa developed her passion with working with victims of domestic and intimate partner violence when she was completing her graduate school practicum at SAVE and enjoys counseling and educating others on the cycle of domestic violence.

Dr. Carmen Landau is a physician at Southwestern Women’s Options in Albuquerque, NM, where she provides abortion care in all trimesters. She completed her residency at the University of New Mexico and is board certified in Family Medicine. She attended medical school at the Latin American School of Medicine in Havana, Cuba, where she received a full scholarship in exchange for a moral commitment to provide medical care for the underserved. Advanced abortion care, pain management for drug-using patients, and caring for survivors of trauma are her areas of particular interest.

Kimberly Wylder is a Marriage and Family Therapist who offers depth-oriented psychotherapy to guide one home to their innate nature – in turn, catalyzing creativity, aliveness, and embodied consciousness. Her work focuses on inner ecology and the navigation of evolutionary rites of passage.

Silvi Alcivar is owner and poet of the Poetry Store, an interactive experience where in 3 minutes or less you get a custom poem typewritten on beautiful paper about anything you want. Since 2008, she’s written and sold over 55K poems and poetry art pieces that live in wallets, on refrigerators, on gallery walls, and in an Antarctica army bunker. Her poetry lives in the moment two strangers meet over her red Royal typewriter — the anonymity an invitation to speak, the typewriter keys a willing listener.
The Intersection of Women, Violence, Trauma, and HIV

OVERVIEW

More than 1 in 3 women in the United States today experience significant physical or sexual violence in their lives, most often perpetrated by current or former intimate partners. Sadly, women living with HIV experience even higher rates of violence and trauma than the general female population. The ability to effectively address the impact of violence and trauma on women living with HIV is an essential strategy in both improving their health and reducing new infections.

Violence against women is shockingly widespread. In the United States, 35.6% of adult women will experience rape, physical violence, or stalking by an intimate partner in their lifetime. Additionally, the majority of rapes against women (91.9%) are committed by a current or former intimate partner or an acquaintance. Sexual violence committed by any perpetrator is even more prevalent:

- 1 in 5 women experience rape or attempted rape.
- 1 in 6 women experience stalking.
- Nearly 1 in 2 women experience sexual coercion or other unwanted sexual contact.

What’s more, women living with HIV in the United States experience violence at significantly higher rates than the general population. According to one meta-analysis, 55% have experienced intimate partner violence (IPV) — more than double the national rate; 61% have been sexually abused — five times the national rate; and 30% have post-traumatic stress disorder (PTSD) — more than five times the national rate.

RISK FACTORS

Several studies suggest that IPV itself is a risk factor for HIV. This is because women who have been or are exposed to IPV are more likely to engage in behaviors that put them at risk for exposure to HIV; these behaviors can include injection drug use, lack of condom use and/or having unprotected sex, having sex with a male partner at risk for HIV, and having unprotected anal sex. Still another factor is the physical repercussions of sex on women’s bodies, as the associated inflammation, abrasions, and injury that are associated with sex (especially forced sex) may facilitate HIV transmission.

It may, however, come down to how a history of violence or trauma can undermine a woman’s ability to protect herself and engage in self-care. For example, a woman’s fear of IPV can prevent her from refusing to have sex or even asking a partner to use a condom.

In addition, being HIV positive is itself a risk factor for exposure to IPV because disclosure may trigger violence. One study showed that 45% of women living with HIV experienced physical abuse as a direct consequence of disclosing their serostatus.

IMPACT ON THE HIV CARE CONTINUUM

Research shows that trauma is strongly linked to leading causes of morbidity, mortality, and disability in the United States. This is relevant to HIV care because trauma impacts an individual’s ability to advance along the HIV Care Continuum. In fact, studies indicate that women living with HIV who have experienced IPV:

- Take longer to be linked to care after being diagnosed.
- Are more likely to fall out of care.
- Are less likely to take antiretroviral therapy (ART).
- Are more likely to experience treatment failure.

What’s more, trauma and other stressful events can accelerate HIV disease progression, likely in part through compromised immune functioning.

ADDRESSING VIOLENCE AND HIV

To optimize health outcomes for women living with HIV, the impact of violence and related trauma on women’s ability to access and remain in care must be recognized, and evidence-based interventions must be implemented. Ultimately, HIV and violence must be addressed together to comprehensively improve women’s health.
Confronting the intersection of violence and HIV among women has implications for many other populations affected by high rates of unaddressed trauma. Developing and further refining best practices will inform parallel efforts among other vulnerable populations including gay men of color and transgender women, who also experience high rates of trauma.14–15

**FEDERAL GOVERNMENT RESPONSE**

The necessity for a coordinated approach gained increased attention in March 2012 with the announcement of an interagency Federal Working Group on addressing the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities. The Working Group represented a tipping point in the country’s awareness that unaddressed trauma fuels every aspect of the HIV epidemic among women. The release of the Working Group’s report in September 2013 represents a historic national commitment to addressing trauma as a means to reduce new HIV infections and improve health outcomes for women living with HIV.16

**AIDS UNITED RESPONSE**

In February 2014, AIDS United convened an interdisciplinary group of activists, thought leaders, academics, and federal partners to review and respond to this report. These Summit participants developed community action steps to complement many of the Working Group’s recommendations, as well as to link to an advocacy agenda. The Summit recommendations include:

- **Encourage concurrent screening and testing** for both IPV and HIV by convening or expanding state or local level interagency working groups.
- **Develop training templates** to increase awareness of and screening for IPV within clinic settings; ask AIDS Education and Training Centers (AETCs) to develop and disseminate those training materials.
- **Participate in federal advocacy** across departments to integrate IPV screening into existing practices.
- **Work with the Housing Opportunities for Persons with AIDS (HOPWA) Program** to prioritize emergency and long-term housing for women living with HIV in violent situations.

**WHERE DO WE GO FROM HERE?**

Each day, awareness about the relationship between HIV/AIDS and violence against women grows stronger. Significant opportunities exist to improve HIV care by recognizing the impact that violence and trauma play in women’s health and well-being. The challenges, of course, will occur in coordinating best practices at federal and state levels and in finding scalable responses.

AIDS United will continue to expand innovative partnerships with public agencies, community advocates, and academics to provide the HIV/AIDS community with strategies to overcome this intersectional barrier and end the epidemic.

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**DEFINITIONS**17–19

**Intimate partner violence (IPV):** Actual or threatened physical violence, actual or threatened sexual violence, stalking, or psychological aggression (including coercive tactics) by a current or former partner.

**Trauma:** An event, series of events, or set of circumstances experienced as physically or emotionally harmful or threatening with lasting adverse effects on functioning and well-being.

**Rape:** Physically forced or threatened vaginal, oral or anal penetration; includes alcohol or drug facilitated completed penetration.

**Post-traumatic stress disorder (PTSD):** An anxiety disorder that develops after a terrifying ordeal that involved physical harm or the threat of physical harm.

**HIV Care Continuum:** A model of care that refers to five stages of HIV care — diagnosis, linkage to care, retention in care, adherence to medication therapy, and viral suppression — facilitating the measurement of the proportion of individuals living with HIV who are engaged in each stage.
Count Us In the Right to Live a Life Free from Violence.

We, as women living with HIV, envision a life free from violence, coercion, and discrimination for all people. We, as women living with HIV, demand an end to the many different forms of violence faced by all women, including physical, emotional, psychological, religious, sexual, institutional, and economic violence, and the trauma that violence leaves in its wake.

It is unacceptable that in the United States today, violence and trauma continue to increase a woman’s susceptibility to acquiring HIV, that violence and trauma lead to poorer health outcomes including death for women living with HIV, and that violence and trauma widen gender inequalities especially for women of color, young women, women who are poor, and transgender women.

• **Violence and Trauma:**
  - Women living with HIV are **five times more likely** to have Post-Traumatic Stress Disorder and **twice as likely** to have been the victim of intimate partner violence **compared to national samples of American women**, according to a UCSF meta-analysis of the effect of trauma on health outcomes released in early 2012 [1]. Study analysis also revealed that women living with HIV have between **two and six times higher rates of various types of child and adult sexual and physical abuse** – evidence of the link between violence and increased vulnerability to HIV.

• **Treatment failure:**
  - Women with HIV who **experienced recent trauma are over four times more likely** to **fail their HIV treatment** and **almost four times more likely to be unable to negotiate or engage in safer sex and drug using practices**, according to a UCSF companion paper [2].

• **Death:**
  - In one longitudinal cohort study, the Women’s Interagency HIV Study (WIHS), HIV-positive women who reported abuse within the preceding 30 days were **42%** as likely to die as women who did not report abuse within the past 30 days.

Violence faced by women living with HIV is experienced at the individual, community and institutional level.

• **Individual Violence:** Women living with HIV face violence in their own homes and in personal relationships with acquaintances and intimate partners. In some instances, disclosure of HIV status may lead to violence.

• **Community Violence:** Women living with HIV face violence at the community level as transphobia, HIV-related discrimination, and cultural scripts about gender norms promote sexual harassment, denial of medical care or other necessary services, and misogyny.

• **Institutional Violence:** Women living with HIV face violence at the institutional level where practices and policies steeped in stigma and discrimination exist at all levels of public institutions including the legal system and law enforcement. These policies and practices lead to oppression as seen in HIV-specific criminalization laws and laws that control and police women’s bodies, including women’s right to control their own reproduction.
The leadership of women living with HIV must be prioritized in planning and decision-making bodies. Below are our solutions & recommendations to address violence and trauma:

Federal Leadership:


2. The Office of National AIDS and Infectious Diseases Policy must amend the National HIV/AIDS Strategy to include objectives that integrate and prioritize trauma recovery, violence prevention, and sexual and reproductive health services with HIV care for women.

3. Repeal all laws that criminalize HIV and provide sensitivity trainings to law enforcement officials, providers, health care workers, violence specialists, and child protection services.

4. Invest in the workforce development of women living with HIV by creating leadership pipelines in HIV-focused organizations, rigorously prosecuting work place discrimination by the Department of Justice, enforcing the Americans with Disabilities Act to protect employee rights, and promoting public and private sector back-to-work job training programs.

Service Integration:

5. Improve health outcomes for women living with HIV by integrating and standardizing routine intimate partner violence screening and counseling in all health and wellness settings as per the Institute of Medicine’s recommendations and Affordable Care Act’s subsequent adoption[4] of women’s preventative services [3].

6. Train and build capacity of all providers, health care worker staff, and peers to have the knowledge and skills to assess and address signs of violence and trauma.
   a. Fund, support, and promote homegrown interventions that address violence and trauma.

7. Intentionally integrate trauma recovery in intimate partner violence shelters and services, HIV care clinics, health care networks, and local and state departments of health.
   a. Institute comprehensive trauma-informed primary care programs in sites serving HIV-positive women.
   b. For intimate partner violence shelters and services, integrate HIV screening and counseling to ensure women living with HIV feel safe and that their status is confidential.
   c. Assess creative ways to integrate interventions, mental health services, and social work services on-site for women’s medical and supportive care appointments.

Family Violence Resources in San Francisco – November 2015
The area code is 415 for all numbers unless otherwise noted.

**Police Department/District Attorney**
Emergency Police and Fire 911
Non-emergency Police (SFPD) 553-0123
Special Victim’s Unit/SFPD 553-1521
Domestic Violence, Sexual Assault, Elderly Abuse, VICE/POPP (Prostitutes Program), Human Trafficking ICAC (Internet Crimes Against Children), Juvenile Division, Missing Persons, Financial Crimes, and Sex Offenders
District Attorney (DA) 553-1754
DA’s Victim Services 553-9044

**Reporting Lines for Abuse**
SF DHS Child Abuse Reporting 558-2650/1-800-856-5553
Domestic Violence Reporting (SVU/SFPD) 553-9225
Adult/Elder Protective Services 355-6700/1-800-814-0009

**Crisis Intervention Hotlines: 24 hr / 7 days/week**
*domestic violence hotlines*
Asian Women’s Shelter 1-877-751-0880
Friendship Line for the Elderly 752-3778/1-800-971-0016
La Casa de Las Madres (Adult Crisis Line) 1-877-503-1850
National Domestic Violence Hotline 1-800-799-7233
National Sexual Assault Hotline 1-800-656-HOPE
Riley Center 255-0165
San Francisco Women Against Rape 647-7273
SF Suicide Prevention 781-0500/1-800-SUICIDE
SFGH Psychiatric Emergency 206-8125
TALKLine Family Support Center 441-KIDS
(Phone support for parents and caregivers)
WOMAN, Inc. (Spanish/English) 864-4722/1-877-384-3578
Youth Crisis Line 1-800-843-5200
(Phone support for youth ages 12-24 & adults supporting youth)

**Child/Youth Trauma and Sexual Abuse**
Child and Adolescent Support, Advocacy and Resource Center (CASARC) (up to 24 yrs) 206-8386

**Adult Crisis Intervention**
Mobile Crisis Treatment Team 970-4000
Westside Crisis Clinic 355-0311 x1220
245 11th St (Drop-in center hours: M-F 8am-5:30pm, Sat 9am-4pm – should arrive around 7am to be seen that day)

**Youth Crisis Intervention**
Huckleberry House 621-2929
La Casa de Las Madres (Teen Crisis Line) 1-877-923-0700
Larkin Street Youth Services 673-0911/1-800-669-6196
YouthLine (M-F 4pm-8pm) 1-888-977-3399
SFDHP Comprehensive Child Crisis Services 970-3800
(Evaluates if youth is danger to self or others/5150 evaluation)

**Elder Crisis Intervention**
Adult Protective Services 355-6700/1-800-814-0009
Friendship Line for the Elderly 752-3778/1-800-971-0016

**Domestic Violence Shelters – 3 Confidential Locations**
Asian Women’s Shelter 1-877-751-0880
La Casa de Las Madres 1-877-503-1850
Riley Center 255-0165

**Counseling: General**
San Francisco Mental Health Access Line 255-3737

**Counseling: Victims of Domestic Violence**
Cameron House (services for Asian communities) 781-0401
Community United Against Violence (CUAV) 333-HELP (services for LGBTQQ Communities)
427 South Van Ness Avenue (Between 15th and 16th Streets)
(Drop-in center and phone line hours: Monday 4pm-8pm)
Glide Women’s Center 674-6000
Jordan Family & Children’s Services 449-1200
La Casa de Las Madres 503-0500
1663 Mission #225 (Drop-in center hours (call first): M-F 9am-5pm)
Riley Center 255-0165
1175 Howard St. (building is called the Wellness Center)
(Drop-in center hours: M & Th 9am-12pm & 1:30pm-4pm)

**Crisis Interagency Support Line** 441-KIDS
(Counseling and referrals for victims/families with children ages 0-6)
SFGH Trauma Recovery/Rape Treatment Center 437-3000
Shalom Bayit (call for location) 1-866-SHALOM-7
WOMAN, Inc. 864-4722
333 Valencia, Suite 450 (Drop-in center hours:
Mon. 2-3:30pm, Wed. 11-12:30pm (Therapy Only), Fri. 10am-1:30pm)

**Counseling: Victims of Sexual Assault**
SFGH Rape Treatment Center: Go directly to the SFGH Emergency Dept. if sexually assaulted in last 7 days.
SF Women Against Rape (peer and group counseling) 861-2024

**Counseling: Children, Youth and Family**
APA Family Services (Asian communities) 616-9797/617-0061
Cameron House (serving Asian communities) 781-0401
SFDHL Comprehensive Child Crisis Services 970-3800
SF Counseling Catholic Charities, CCYO 564-7882
Child Trauma Research Program (Intake Line) 206-5311
(Child trauma age 0-5 years, English, Spanish, and Portuguese)

**Counseling: Elders**
Institute on Aging (Elder counseling referral) 750-4111

**Counseling: Gay, Lesbian, Bisexual, Transgender, Queer, & Questioning**
Community United Against Violence (CUAV) 777-5500
427 South Van Ness Avenue (Between 15th and 16th Streets)
(Drop-in center and phone line hours Wednesday 4pm-8pm)

**Counseling: Batterers**
Antolino Family Wellness Center, Inc 650-898-8134
John Hamel & Associates 472-3275
Men in Progress (@Glide) 674-6195
PICOVI (Spanish only) 552-1361
Resolve to Stop the Violence Project (RSVP) 575-6407
SF Bay Counseling—men, women & LGBT groups 759-9500
Starttac 516-1635

**Legal Resources**
Asian Pacific Islander Legal Outreach 567-6255
Bay Area Legal Aid (BayLegal) 982-1300/1-800-551-5554
Cooperative Restraining Order Clinic 255-0165
Immigration Center for Women and Children 861-1449
Legal Assistance to the Elderly 538-3333
Legal Services for Children, Inc. 863-3762
Project SURVIVE (Employment) 1-888-864-8335
SF Bar Association (Mediation services) 782-8905
SF Bar Association (Referral line) 989-1616

**Public Health Nursing (PHN)** 1-800-300-9950
Provides home visits to high risk prenatal and postpartum women and chronically ill children.

**Bay Area Domestic Violence Resources**
Alameda County 1-510-536-7233/510-986-8600 x312
Contra Costa County 1-888-215-5555
Marin County 1-415-457-4636/1-415-457-2464
San Mateo County 1-650-312-8515/1-800-300-1080
Santa Clara County 1-408-279-2962/408-501-7550
Solano County 1-866-487-7233/707-422-7345

**Additional Resources**
HELPLINK (info. & referral for any social service) 211/808-4440
SFDPH Women’s and Children’s Health Referrals 1-800-300-9950
Behavioral Health Access (substance abuse/mental health) 503-4730
National Domestic Violence Hotline 1-800-799-7233
LEAP (Look to End Abuse Permanently) www.leapsf.org

To print a copy, go to [http://www.sfdph.org/dph/comupp/programs/MCH/default.asp](http://www.sfdph.org/dph/comupp/programs/MCH/default.asp) or [www.leapsf.org](http://www.leapsf.org)
Changes? Call SF Department of Public Health, Perinatal Services, 415-575-5681.
EMPLOYEE ASSISTANCE PROGRAM (EAP):
PERSONAL & ORGANIZATIONAL WELLNESS SERVICES

Contact EAP Call 800-795-2351. Offices are located at 1145 Market St., 1st Floor. 
http://myhss.org/benefits/eap.html. EAP services are available at no cost (unless otherwise specified) to CCSF and Superior Court employees.

Personal Counseling Services
EAP provides free, voluntary, and confidential direct counseling services to CCSF and Superior Court employees, their family members and significant others. Utilizing a short term, solution-focused approach, EAP Counselors address both workplace-based and family/personal concerns, focusing on any personal or work-related concern that impacts one’s work performance or personal life. Employees may use sick or personal time* for EAP counseling.

Personal Wellness Seminars & Series
EAP offers personal wellness seminars and series onsite at the Wellness Center and on location at CCSF departments and the Superior Courts. They range from one 45-minute session to four 45-minute sessions and are offered at no cost. Multiple sessions can be combined to create one longer program of up to four hours. See page 3 for a list of topics. EAP personal wellness seminars can be attended using personal time*.

Organizational Wellness
All EAP organizational wellness services can be completed on work time with supervisor approval*.

Consultations
The EAP is available to consult in person or via the telephone with supervisors, managers, HR professionals, EEO, Safety & Health personnel, and union representatives emotions in the workplace which may benefit from an organizational intervention, such as conflict resolution, bullying, negativity in the workplace, workplace violence, employee behavior and/or performance, team issues, work stress, handling emotions in the workplace, and other concerns. EAP can also help in addressing personal concerns of employees that may be affecting performance (changes in relationships, loss of family members, parenting issues, mental health issues, and substance abuse).

Mediation
Mediation helps employees in conflict to develop a shared understanding of each other’s perspectives on the issues, generate viable shared agreements, and resolve their differences in a safe and impartial environment.

EAP @ Work Seminars & Series
EAP @ Work seminars and series are offered onsite at the Wellness Center and on location at CCSF departments and the Superior Courts. They range from one 45-minute session to four 45-minute sessions and are offered at no cost. Multiple sessions can be combined to create one longer program of up to four hours. See page 2 for a list of topics.

Trauma Response
When a traumatic event happens, EAP counselors go to the worksite to provide a Critical Incident Stress Debriefing (CISD). These CISD’s are preceded by supervisory consultations to assess the effects of the traumatic event and to coordinate how the CISD will be announced to the affected employees. CISDs can be useful in aiding the employee(s) to more quickly return to a level of previous functioning.
**Crisis Response Package**

Designed for employees in the helping and human services professions, the Crisis Response Package (CRP) is a combination of services consisting of organizational consultation, training in Psychological First Aid (PFA) for supervisors, structured groups in Critical Incident Stress Debriefings and resiliency support groups.

**Nonviolent Crisis Intervention**

The Nonviolent Crisis Intervention full-day training is tailored to employees who may need to interact with potentially dangerous, confrontational and/or assaultive members of the public. Attendees learn verbal and nonverbal interventions that aid them in remaining calm, safe and strategic during the interaction. **This training involves a cost per participant.**

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**EAP @ WORK SEMINARS & SERIES**

**Bullying @ Work**

Workplace bullying can be devastating to employees, work teams, working relationships, motivation and productivity. To avoid fostering a workplace culture of bullying and a climate of mistrust and fear, the problem needs to be taken seriously and proactively addressed and resolved. Explore the causes, effects and targets of bullying in the workplace, and effective ways to stop it in its tracks.

**Stress Management @ Work - for Managers**

There are certain stressors that are unique to supervisors and managers. This workshop will examine ways that we create - and can effectively reduce - stress in the management role. Develop strategies to address and successfully handle stress, and practice brief stress management techniques to use during the workday and beyond.

**Substance Abuse/Chemical Dependency @ Work**

This seminar explores the signs and symptoms of substance abuse, how and why it shows up in the workplace, the impact on work performance and working relationships, and how supervisors/managers and co-workers can most effectively handle it. This seminar also touches on the federal Drug-Free Workplace Act of 1988, and helpful resources to address the problem on an individual and workplace level.

**Attitude and its Impact @ Work**

Identify ways in which attitude and interactions can affect your attitude and your co-workers’ attitudes, and learn ways to choose “strategic,” rather than “reactive” responses. Recognize personal barriers that keep you from responding strategically at work, explore your “hot buttons” and ways to work toward greater job satisfaction.

**Conquering Negativity/Creating Positivity @ Work**

Nothing impacts employee morale more harmfully than persistent workplace negativity. It saps the energy of your organization and diverts critical attention from teamwork, productivity and performance. Negativity can occur in the attitude, outlook, and/or behavior of one department member, or perhaps many. Learn ways to recognize workplace negativity, explore its causes, identify viable strategies and solutions for handling it, defusing it, and creating more positivity.
Welcome! As a member of the UCSF Campus and Medical Center community, the Faculty and Staff Assistance Program (FSAP), invites you to use our confidential employee assistance program services. FSAP services are provided at no cost to you. We are staffed by licensed professionals who provide confidential brief counseling to individuals, and consultation services to the organization.

<table>
<thead>
<tr>
<th>Individual Counseling Services</th>
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<tbody>
<tr>
<td>All of us have problems occasionally, personal or work-related. Often we can resolve them on our own, but sometimes they persist and may affect our mental and physical health, well-being, work performance, or self-esteem.</td>
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<tr>
<td>FSAP provides assessment, counseling, and referral services for a broad range of personal, or work-related issues that include:</td>
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<tr>
<td><strong>Personal</strong></td>
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<td>- Depression</td>
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<td>- Substance abuse (alcohol or drugs)</td>
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<td>- Anxiety</td>
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<td>- Traumatic events</td>
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<td>- Domestic violence</td>
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<td>- Crisis situations</td>
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<td>- Parenting issues</td>
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<td>- Stress</td>
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<td>- Coping with disabilities</td>
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<td>- Marital partnership concerns</td>
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<td>- Anger management problems</td>
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<td>- Elder or dependent care</td>
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<td>- Grief and loss</td>
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<td>- Work life balance</td>
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<tr>
<td><strong>Work Related</strong></td>
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<td>- Problems with job performance</td>
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<tr>
<td>- Interpersonal conflict</td>
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<td>- Competing professional and personal demands</td>
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Please call our professional counseling staff for assistance when you experience any of these, or other personal or work-related issues.

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<tr>
<th>Organizational Consulting Services</th>
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<tr>
<td>In addition to individual counseling, FSAP provides consultation services to managers and supervisors of individuals, departments, and workgroups. Organizational consulting services are provided with a focus on organizational health.</td>
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<td>Organizational consulting services are based on the principles of organizational psychology and behavior, and are designed to restore or enhance the functioning of employees in their jobs and strengthen the organization. Cohesively functioning workgroups and departments promote higher productivity and organizational resilience.</td>
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<tr>
<td><strong>Organizational Consultations</strong></td>
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<tr>
<td>- Psychiatric symptoms or behavioral problems in the workplace</td>
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<td>- Substance abuse</td>
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<td>- Interpersonal and departmental conflict</td>
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<td>- Employee or patient safety concerns</td>
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<td>- Organizational transitions</td>
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<td><strong>Organizational Interventions</strong></td>
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<tr>
<td>- Stress management</td>
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<td>- Critical incident debriefing</td>
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<td>- Problematic communication</td>
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<td>- Team building</td>
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<td>- Facilitated Conversations</td>
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<td>- Faculty and Staff retreats</td>
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Managers and supervisors are encouraged to contact FSAP to explore how organizational consulting services may benefit their workgroups or departments.

You may also inform employees about FSAP, and refer them for individual counseling services.

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<th>Frequently Asked Questions</th>
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<td><strong>Who is eligible to receive FSAP services?</strong></td>
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<tr>
<td>FSAP services are offered to UCSF faculty and staff (including residents, fellows, and postdoctoral students).</td>
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<td><strong>How much do FSAP services cost?</strong></td>
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<td>All FSAP services are provided at no cost, as they are an employee benefit.</td>
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<td><strong>Can I be required to come to FSAP services or is the program voluntary?</strong></td>
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<td>All services at FSAP are provided on a strictly voluntary basis.</td>
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<td><strong>Are FSAP services confidential?</strong></td>
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<td>Your discussions with an FSAP counselor are confidential and will not become a part of your personnel file.</td>
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<td><strong>Who may request FSAP consultation services, and for what reasons?</strong></td>
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<td>Any management level faculty or staff member (e.g., supervisor, MSO, department head, administrator), may request FSAP consultation regarding any organizational concern having a significant psychological or behavioral element (e.g., psychiatric symptoms, substance abuse, stress, transitions, safety, conflict, communication, grief).</td>
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<td><strong>Who provides the counseling and consultation?</strong></td>
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<td>The FSAP team is comprised of licensed Psychologists and Postdoctoral Fellows.</td>
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<td><strong>How do I contact FSAP and make an appointment?</strong></td>
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<td>Please call 415-476-8279 and we will schedule an appointment for you as soon as possible.</td>
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