

Dynamics of Abusive Relationships

Instructor-Led Training (Virtual or In-Person)

TRAINER MANUAL



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work.



Version 1 (2010)

This training was developed by the National Adult Protective Services Association (NAPSA) in collaboration with the National Clearinghouse on Abuse Later in Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence.



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Version 2 (2021)

Revisions to Version 1 were developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.



Curriculum Developer for Revisions, 2021
 Michelle Gayette, LCAC/MMGT

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the **Dynamics of Abusive Relationships Trainer Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

In partnership with state and national organizations, APSWI is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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TABLE OF CONTENTS

GENERAL INFORMATION

Introduction 3
 Partner Organizations 4
 Acknowledgements 5
 Table of Contents 6
 How to Use this Manual 8
 Trainer Guidelines 9
 Virtual Training Tips 13
 Executive Summary 14
 Course Outline 15

WELCOME, INTRODUCTIONS & COURSE OVERVIEW

Welcome, Overview and Housekeeping 21
 Terminology 22
 Learning Objectives 24
 Updating Our Understanding 25

DEFINING ABUSE

Activity #01- Defining Abuse 27
 Activity #02 Case Scenarios 31
 Handout #1A 34
 Handout #1B 35
 Handout #1C 37
 Activity Debrief 39

VICTIMS AND ABUSERS

Who are Victims of Abuse 41
 Handout #02 42
 Who Abuses 45
 Handout #03 47

APS INVOLVEMENT

What is the Role of APS? 49
 Activity #03- Identifying APS' Role 52

ABUSE DYNAMICS

Abusers' Smoke and Mirrors 58
 Common Abuser Justifications 60
 Handout #04 61
 Caregiver Stress: Excuse or Reality 68
 Current Research 69
 Activity #04- Ruth and Mark Part One 71

CONSIDERATIONS & INTERVENTIONS WHEN WORKING WITH SUB POPULATIONS

MODULE 8- DYNAMICS OF ABUSIVE RELATIONSHIPS

TRAINER MANUAL

Activity #04- Ruth and Mark Part Two 72
Activity #04- Ruth and Mark Part Three 73
Power and Control Dynamic 75
Power and Control Wheels 77
Handout #05 78
Activity #05- Understanding Power & Control Wheels Part One ... 80
Activity #05- Understanding Power & Control Wheels Part Two ... 81
Activity #06- Identifying Power and Control Dynamics 84
APS Responsibility: Summary 87

APPRECIATING VICTIMS’ EXPERIENCES

Activity #07: Considering Victim’s Circumstances 89
Activity #08: Comings & Goings 92

WRAP UP AND EVALUATIONS

Video: Mary Lou 102
Module 8 Summary 105

APPENDICES

Handout #9 107
Transfer of Learning Packet 118
References 141

HOW TO USE THIS MANUAL

This curriculum was revised to facilitate in-person or virtually, using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary.

If training virtually, the Participant Manual should also be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

- Actions which the trainer and/or moderator takes during the training are written in **bold**.

Trainer Notes are written entirely in bold text box and are provided as helpful hints.

Moderator Notes are written entirely in bold text box and are provided as helpful hints.

Use of language: Throughout the manual, the term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

He and she have been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

Customizing the Power Point:

This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide.

Hide a slide instructions:

1. On the Slides tab in normal view, select the slide you want to hide.
2. On the Slide Show menu, click Hide Slide.

The slide number will have a line through it to show you have hidden it.

NOTE: The slide remains in your file even though it is hidden when you run the presentation.

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

TRAINER GUIDELINES (PLEASE READ)

This training module presents information on understanding the dynamics of abusive relationships in older adults and adults with disabilities. Some APS professionals may still believe that “caregiver stress” is the main cause of abuse. Research has debunked the theory of caregiver stress as a cause of abuse and this training instead focuses on power and control as the underlying dynamics of abusive relationships.

APS clearly responds to many cases in which the person perpetrating the abuse or neglect lacks ability to provide the person in need of care with the care they need. In these cases, the traditional APS methods of arranging for services, educating, or assisting the caregiver, reducing the isolation of the person in need etc. may well be effective in protecting them from further mistreatment.

In many other cases, however, the abuse, neglect, and financial exploitation are perpetrated by fully capable abusers who use their power (e.g., by being the caregiver, or by using their physical force) to control the other person, and in many cases, their financial resources as well.

APS needs to be aware that:

- Many more cases than previously thought involve power and control; the dynamics are not limited only to intimate partners but can be present in other relationships as well;
- Being aware of, and looking for, power and control dynamics should be part of the APS professional’s basic skills set and mindset whenever working a case;
- Abusers who use power and control can look like, and often portray themselves, as suffering from caregiver stress. The APS professional needs to look beyond their excuses to the harmful behaviors taking place;
- Failing to understand power and control and working to help the abuser deal with caregiver stress may actually place the victim in greater danger;
- Resolutions or “successful outcomes” look very different between cultures, families and even within APS programs. Types of resolutions may include: 1) working with law enforcement to seek charges on behalf of or in cooperation with the victim, 2) educating the victim that the perpetrator’s behavior is wrong and that there are resources to prevent future abuse, 3) assuring the victim they are not to blame, 4) working with partner entities for services for the victim and sometimes the abuser as well, 5) assisting the victim with removing the access of the perpetrator to them, 6) reducing the isolation in the home and having others to help keep a check on the victim’s safety, etc.

The information and exercises in this module are designed to make the APS professional aware of power and control dynamics and how they influence APS work.

The trainer should also weave the importance of a multi-disciplinary approach and collaboration with other agencies throughout the presentation.

Recommended Selection Criteria for Trainers

- This curriculum is designed to be taught by an experienced trainer(s) with a background in APS and abusive relationships. The material may be taught by one or more trainers with APS experience. The training may also be taught by a seasoned APS professional and a domestic violence victim advocate.
- Trainers must be at ease using an adult learning method and facilitating interactive exercises. Trainer must also be flexible if training is to be done in a virtual format. It is recommended to review the Virtual Training Tips in advance.
- Due to the nature of the topic, it is especially important for trainer(s) to facilitate with a trauma-informed perspective.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone’s faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 20 participants.

Teaching Strategies	The following instructional strategies are used: <ul style="list-style-type: none"> ○ Lecture segments ○ Interactive exercises (e.g., breakout groups, chat box discussion, experiential exercise, video clips) ○ Question/answer periods ○ PowerPoint Slides
Materials and Equipment	The following materials are provided and/or recommended: <ul style="list-style-type: none"> ○ Trainer Manual ○ Participant Manual (fillable PDF) ○ PowerPoint Slides ○ Headset with microphone ○ Computer ○ Video Clips (embedded within PPT) and back-up links

Pre-Training Preparation

Registration

When creating the registration form, ask about ADA recommendations. The Comings and Goings exercise involves moving around the room, if training in person, so accommodations may need to be made for persons with mobility limitations – including

the option to opt out or participate from their tables. Some persons may request materials in large print or Braille. Interpreters for deaf participants or closed captioning options if training virtually may need to be scheduled weeks in advance.

Additional Preparations

Prior to conducting this training, the trainers and/or organizers will need to gather the following information and include it in the PowerPoint and handout material.

- If training in person:
 - Copy the materials needed for Comings and Goings and the Participants materials.
 - Ensure that the videos are properly embedded and work.
 - Order equipment and supplies.
 - Create name tags.
- If training virtually:
 - Ensure familiarity with the virtual platform being used (e.g. Zoom, Microsoft Teams, WebEx).
 - Ensure videos work and participants can hear the audio (share sound).
 - Via mail or email, send materials to participants including manual and pieces for Comings and Goings if training virtually. If virtual format allows, use a game board in the virtual platform (e.g. using the “annotate function” in Zoom). Game board is included in the slide deck and in this manual.

Optional

- Complete the application process if interested in offering Continuing Education Units (CEUs), per state/local guidelines.
- Gather local brochures or other resource information to distribute to participants.

In Person Room Configuration

- Round tables with four-six chairs at each according to class size
- One table with chairs in front for presenter(s)
- One table at front for equipment
- Registration

Virtual Training Configuration

- Ensure familiarity with virtual platform and ability to use breakout rooms.
- Secure a Moderator if possible.
- Practice prior to scheduled training for ease. Practice with Moderator if possible.
- If training with another person, make sure to divvy up responsibilities and practice prior to training day.

Equipment and Materials

Equipment

- Laptop
 - If training virtually, laptop with camera and headset
 - If training virtually, virtual platform link
- LCD projector

- If not using the in-house sound system, sound cords to connect to the LCD projector
- External speakers if the LCD is sufficient to amplify
- Screen
- Microphone (for presenters and one or two to move around the room for participants)

Materials and Supplies

- One flipchart per table and one for instructor(s) if you want to have participants document their response to the case studies
 - If training virtually, use of virtual platform tools such as whiteboard, annotate, chat box, polling, etc.
- Marking pens at each table for flipcharts
- Tape (for posting flipcharts)
- Name tags
- Time signs for presenter(s) to keep on time (10, 5, 2, 1, STOP)
- Participant hard copy handouts
 - If training virtually, these can be mailed or emailed to each participant.
- Relationship Between Abuse and Caregiver Stress: Case Example Video:
<https://www.youtube.com/watch?v=dTJvNIDOpfo>

Materials to Facilitate Active Learning Activities

- Posters for Comings and Goings
- Bell or other noise maker
- Script
- Slips of paper that look like money and “goodwill”
- Maps for participants who do not move around the room
- If training virtually, use game board from slide deck (also found in manuals) and send pieces to the participants via mail or email.

Ensuring the videos will work:

- <https://www.youtube.com/watch?v=dTJvNIDOpfo>
- The PowerPoint presentation and the video clips must be in the same file folder in order for the videos to play.
- Double click on the square on the slide to start the video.
- Test the videos in advance on the computer that will be used for the training; when you’re testing be aware that the videos will play much sooner if you are in “slide show” mode rather than “edit mode”.
 - If training virtually, test videos in the format and ensure audio can be heard by participants. Be prepared to send a video link in the event of technology challenges.
- Be sure the audio capacity is sufficient (see above regarding speakers)

VIRTUAL TRAINING TIPS

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

- Assume nothing.
 - Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
 - Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
 - The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
 - "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
 - This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
 - Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
 - As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.
- Be mindful of your space.
 - Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
 - It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.
 - Are there objects in your background that can symbolize status, privilege and/or power? If so, consider removing them to dismantle any added power dynamics that already exist with you as the Trainer.
 - Unknowingly, objects can come across as offensive or can activate unpleasant or traumatic memories, and can instantly discredit your rapport building. Think of neutral backgrounds that are not distracting and allow you to be the focus of what learners see.

EXECUTIVE SUMMARY

DYNAMICS OF ABUSIVE RELATIONSHIPS

Course Description:

Abusive relationships, whether between intimate partners, families, or caregiver/care recipient relationships create safety concerns and may pose difficulties with service planning and interventions. In some cases, abusive behaviors are obvious and can be validated with evidence. In others, it can be very difficult to identify and verify. In this thought provoking and engaging training, participants will focus on power and control as the underlying dynamics of abusive relationships. During the training, participants will learn various tactics abusers use, explore many reasons and situations where someone may feel they cannot or will not leave an abusive relationship and work through an experiential exercise to help develop empathy and awareness of various outcomes and resources when working with people who are being abused. Participants will complete numerous activities to apply content to field work, while keeping abuse dynamics in mind. This training has been designed using Trauma-Informed Practice.

Training Purpose:

The purpose of this training is to enable Adult Protective Services (APS) professionals to understand the dynamics of abusive relationships in order to enhance victim safety.

Learning Objective:

- Define abusive relationships in older adults and adults with disabilities as it applies to APS
- Identify the underlying dynamics of abusive relationships
- Clarify APS' role and how abusive relationship dynamics might inform case interventions
- Identify why some adults may choose to continue the relationship with the abuser

Target Audience: This training is intended for new APS professionals or those that could benefit from a refresher on the dynamics of abusive relationships. Class size should be no more than 30 if training in-person and no more than 25 if training virtually.

Course Requirements:

- Participants should be aware that some content in the training may be activating and appropriate resources should be available.
- If training virtually, participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.

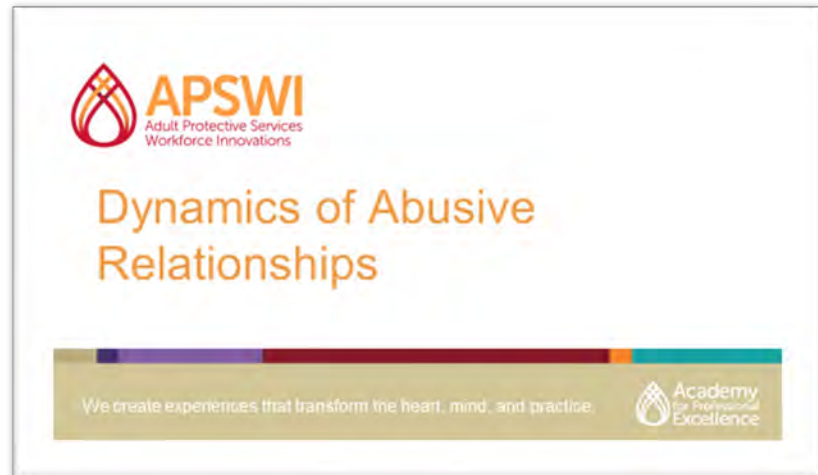
COURSE OUTLINE

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, & COURSE OVERVIEW		20 minutes
<i>Introductions with Connection</i>		10-15 min
DEFINING ABUSE		65 minutes
<i>Activity #01: Defining Abuse (Large Group)</i>		7 min
<i>Activity #02- Assessing for Abuse (Small Groups)</i>	Handout #01 A-C	45 min
BREAK		15 minutes
VICTIMS AND ABUSERS		20 minutes
<i>Who are the Victims?</i>	Handout #02	10 min
<i>Who Abuses?</i>	Handout #03	
APS INVOLVEMENT		55 minutes
<i>APS Goals and Responsibilities</i>		
<i>Activity #03- Identifying APS' Role (Small Groups)</i>	Handout #01 A-C	45 min
LUNCH		60 minutes
ABUSE DYNAMICS		90 minutes
<i>Common Abuser Justifications</i>	Handout #04	
<i>Activity #04- Ruth and Mark Part One</i>	Abuse and Caregiver Stress Video & Intake Report	3 min
<i>Activity #04- Ruth and Mark Part Two</i>	Abuse and Caregiver Stress Video	10 min
<i>Activity #04- Ruth and Mark Part Three</i>	Abuse and Caregiver Stress Video	8 min
<i>Activity #05- Understanding the Power and Control Wheels Part One</i>	Handout #05- Power and Control Wheels	10 min
<i>Activity#05- Understanding The Power and Control Wheels Part Two</i>	Handout #01 A-C	15 min
<i>Activity #06- Identifying Power and Control Dynamics</i>	EAGLE Video Clip	15 min

BREAK		15 minutes
APPRECIATING VICTIMS' EXPERIENCES		50 minutes
<i>Activity #07- Considering Victim's Circumstances</i>	Flip Chart (or blank PPT slide)	10 min
<i>Activity #08- Comings and Goings (Individual/Large Group)</i>	Comings and Goings Materials	35 min
WRAP-UP AND EVALUATIONS		15 minutes
<i>Victim Resiliency</i>	Mary Lou Video Clip	12 min
TOTAL TIME		7 hours

WELCOME AND OVERVIEW
Time Allotted: 20 minutes

Slide # 1: Welcome



Welcome the participants and **Introduce** yourself by name, job title, organization, and qualifications as a Trainer.

Slide # 2: SDSU School of Social Work

The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Logos for partner organizations: APSWI, CWDS, LIA, RIHS, SACHS, APEX.

Academy for Professional Excellence. We create experiences that transform the heart, mind, and practice.

Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Slide #3: About APSWI and the Academy

About APSWI & The Academy

- Adult Protective Services Workforce Innovations (APSWI)
 - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
 - APSWI provides innovative workforce development to APS professionals and their partners.
- The Academy provides workforce development and learning experiences to health and human service professionals.

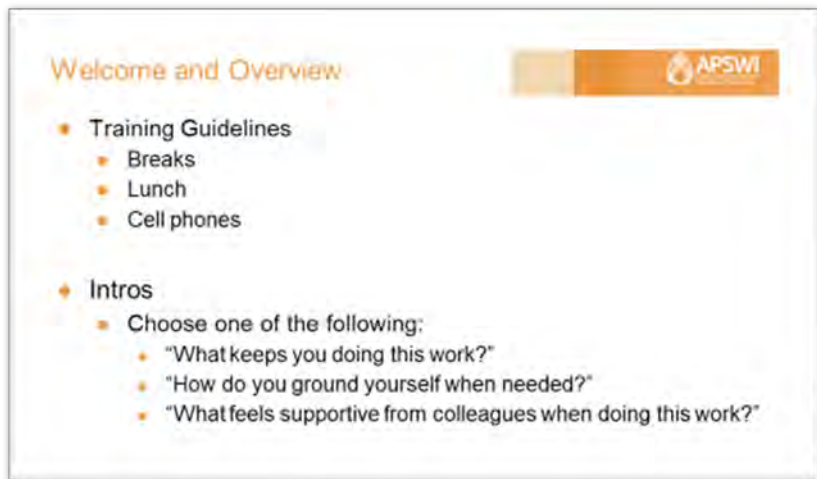
Academy Programs include:

- CWDS
- APSWI
- RIHS
- LIA
- SACHS
- APEX

Academy
We create experiences that transform the heart, mind, and practice.

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

Slide #4: Welcome and Overview

**Review** guidelines:

- There will be a 15-minute break and one hour for lunch. Lunch is on your own. Nearby choices include...
- Use the restrooms whenever you need to do so. The restrooms are located at...
- Please turn off your cellphones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.
- If training virtually: Please make sure you are in a quiet space to focus on and participate in the training provided. If you must answer a call during the training, please make sure your microphone is muted and type in chat BRB. Upon return, check the course outline to see what you have missed.

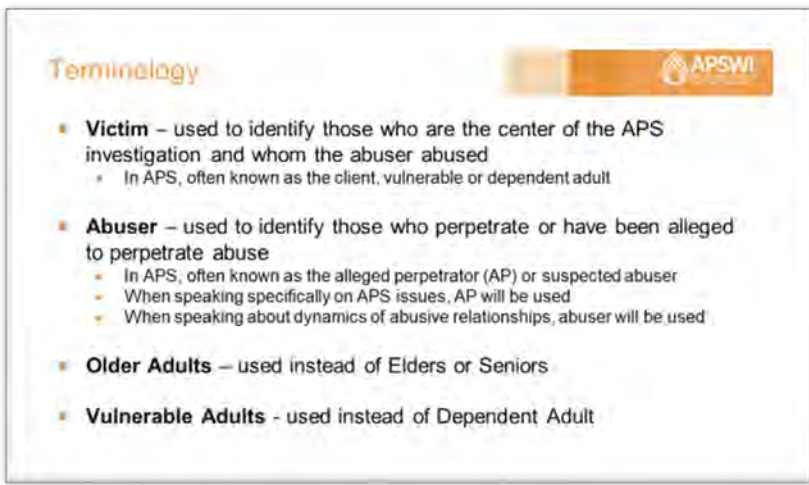
Participant Introductions: **NOTE TO TRAINER:** Because of the topic of this training, it's especially important to create a sense of safety with the group.

Ask participants to share their name, county or unit, and answer one of the following questions in one sentence:

- "What keeps you doing this work?"
- "How do you ground yourself when needed?"
- "What feels supportive from colleagues when doing this work?"
- **Encourage** everyone to share verbally, even if training virtually, to increase sense of learning community.

Explain that APS work means exposure to various types of trauma and today's content is no exception. **Share** that this training is designed to provide a safe space to work through some of the dynamics APS professionals see in their work, but may evoke feelings from learner's personal lives as well. **Encourage** participants to actively take care of themselves today by doodling if they need to, stretching, deep breathing, taking breaks, etc.

Slide #5: Terminology



Terminology

- **Victim** – used to identify those who are the center of the APS investigation and whom the abuser abused
 - In APS, often known as the client, vulnerable or dependent adult
- **Abuser** – used to identify those who perpetrate or have been alleged to perpetrate abuse
 - In APS, often known as the alleged perpetrator (AP) or suspected abuser
 - When speaking specifically on APS issues, AP will be used
 - When speaking about dynamics of abusive relationships, abuser will be used
- **Older Adults** – used instead of Elders or Seniors
- **Vulnerable Adults** - used instead of Dependent Adult

Share the following terminology will be used for training purposes, unless copyrighted, but validate that each person gets to make their own determination in their identity and that terminology varies across disciplines, States and legal statutes and APS programs.

- Victim will be used to identify those who are the center of the APS investigation and whom the abuser abused. Many people identify as a Survivor or Thriver and typically in APS, we call this person our client.
- Abuser will be used to identify those who perpetrate, or have been alleged to perpetrate abuse. In APS, they may be called Suspected Abusers or Alleged Perpetrators.
 - When discussing APS specific tasks, will use alleged perpetrator. When discussing dynamics of abusive relationships, will use abuser.
- Older Adults is used instead of Elders or Seniors.
- Vulnerable Adults is used instead of Dependent Adult.

Slide #6: Training Goal

Today's Training Goal

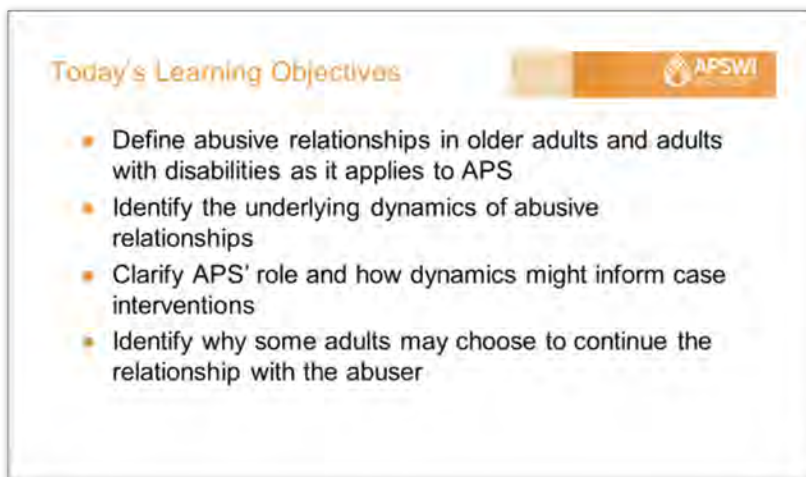
To enable Adult Protective Services (APS) professionals to understand the dynamics of abusive relationships in order to enhance victim safety.

Share the goal of this training is to enable APS professionals to understand the dynamics of abusive relationships in order to enhance victim safety.

Inform the group the purpose of this training, Module 8 of the NAPSA Core Competencies, is to examine the dynamics of abusive relationships by third parties who are known to their victims and in some sort of ongoing relationship with them.

- Much of the content in this training comes from research and understanding on abuse perpetrated against an older adult from a trusted/known abuser, however, some sections also apply to abuse perpetrated against adults with disabilities from a trusted/known abuser as well.
- This training will not cover crimes against older adults by strangers, e.g., muggings or scams.
- Finally, today's training is focused on understanding the dynamics of abuse perpetrated by others. The dynamics of self-neglect are quite different. So, this training does not address self-neglect among older persons and persons with disabilities, although it is recognized that a great deal of APS work involves self-neglect cases.

Slide #7: Learning Objectives



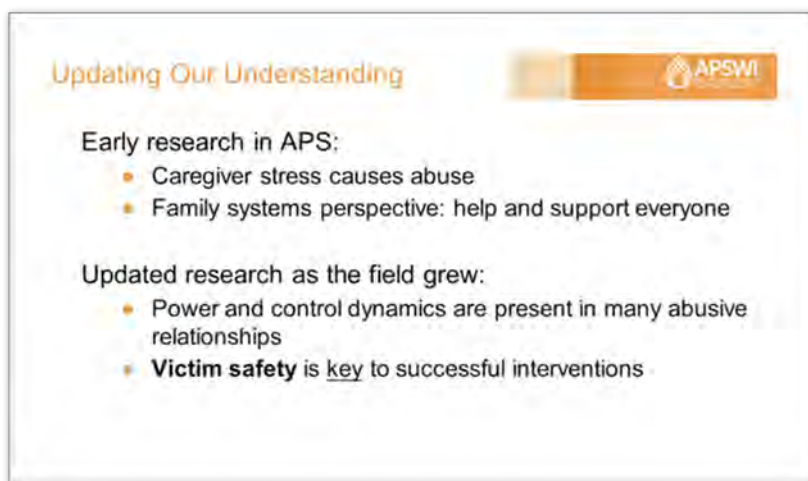
Today's Learning Objectives


- Define abusive relationships in older adults and adults with disabilities as it applies to APS
- Identify the underlying dynamics of abusive relationships
- Clarify APS' role and how dynamics might inform case interventions
- Identify why some adults may choose to continue the relationship with the abuser

Review the learning objectives and **ask** participants to share which one(s) they feel the most drawn to. You may want to speed up or slow down during the sections of those objectives most participants share a common interest in. Or, take note and when covering certain material, relate back to the people who shared they were drawn to that objective.

- Define abusive relationships in older adults and adults with disabilities as it applies to APS
- Identify the underlying dynamics of abusive relationships
- Clarify APS' role and how dynamics might inform case interventions
- Identify why some adults may choose to continue the relationship with the abuser

Slide #8: Updating Our Understanding



Updating Our Understanding 

Early research in APS:

- Caregiver stress causes abuse
- Family systems perspective: help and support everyone

Updated research as the field grew:

- Power and control dynamics are present in many abusive relationships
- **Victim safety** is key to successful interventions

Explain the following:

- Early research emphasized caregiver stress as the underlying cause of abuse of older and adults with disabilities – the individual’s care needs caused the caregiver to “snap” and abuse or neglect the individual.
- Research in recent years has debunked the caregiver stress theory and found that abuse of older and adults with disabilities mirrors that of intimate partner. Under this perspective, abuse is rooted in the behaviors of the abuser and not the characteristics (e.g. care needs) of the victim.
- Focusing on the victim’s safety is closely intertwined with holding the abuser accountable. While in “traditional” intimate partner violence, abuser accountability often can mean arrest and prosecution, in the complex field of abuse of older adults and adults with disabilities, it means not only that but, other interventions which will be discussed later.

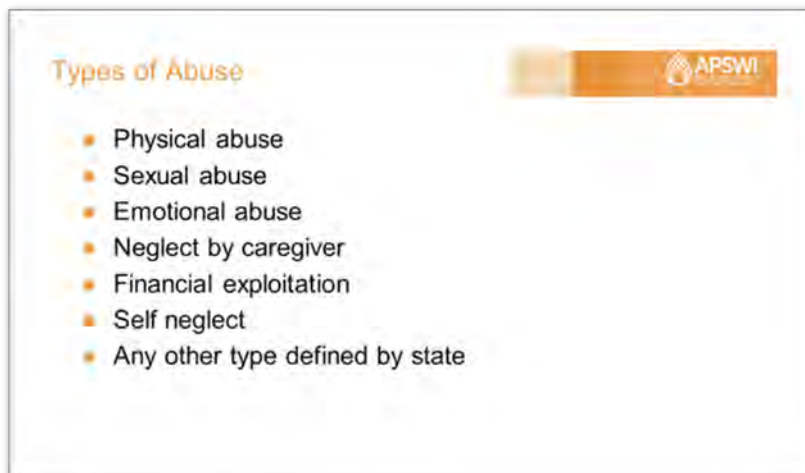
Acknowledge that in some APS cases the abuser’s decision-making capacity and ability is in question. In those cases, traditional APS approaches, such as support services and education, are appropriate. This module is designed to help APS professionals identify power and control dynamics where they exist and to modify their case interventions accordingly.

- Keep in mind, power and control dynamics could have been present for most of the relationship and continued even though there is now a decline in the abuser’s decision-making capacity. As an example, husband was controlling and physically/emotionally abusive to his husband for many years. Abusive husband is now living with a neurocognitive disorder diagnosis (e.g. Alzheimer’s or NCD with Lewy Bodies) and the abuse has escalated. While decision-making capacity is now the issue, the husband has always been abused.
- Lessons learned from this training should only be applied to cases where power and control dynamics exist.

DEFINING ABUSE
Time Allotted: 65 minutes

Slide #9: Types of Abuse

Trainer Note: This slide is animated. If training virtually, add a blank PPT slide to capture participants' responses.

**Activity #01: Defining Abuse****Large Group Exercise (7 minutes)**

- **Ask** group to define abuse of older adults and adults with disabilities – what do they think it means?
 - **Write** responses up on flip chart or white board
 - **If training virtually, ask group members to raise hand and share after unmuting selves.**
 - **If training virtually, insert a blank slide to type answers.**
- **Display** the information on the slide to explain that for this training, the focus is on abuse perpetrated against older adults and adults with disabilities by someone close to them, not by a stranger or by self-neglect.

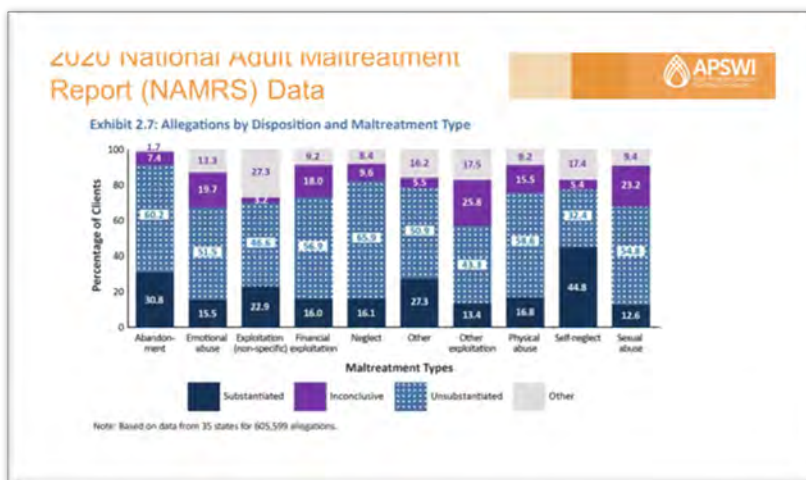
Ensure the following points are covered in this exercise:

- There are several forms of abuse that are generally recognized as part of abuse of older adults and adults with disabilities. After training, participants should review the statutes from their state to identify the types recognized. The types of abuse listed here are intended to guide participants in identifying the various forms of abuse that victims suffer.
- Bear in mind that very often, victims suffer several types of abuse concurrently, also known as poly victimization. If you suspect one type of abuse, investigate for other forms.
- Some states also include isolation, abandonment/or confinement in the types of abuse.
- Abuse may include criminal behavior as defined by state statutes. Check your state's criminal codes to determine how crimes are defined. Also check to see if your state laws include enhanced penalties if crimes against older adults are successfully prosecuted.
- Psychological and emotional issues will be present in most abuse cases involving an older adult or an adult with disabilities and can include humiliating,

Continued

demeaning, insulting, or degrading the older adult. Threats may be used in combination with other forms of abuse. The threats may be against the adult or a loved one, including pets.

Slide #10: 2020 National Adult Maltreatment Report (NAMRS) Data



Share that according to the National Coalition Against Domestic Violence Fact Sheet, more than 10 million adults experience domestic violence annually.

Provide the following information about the rates of abuse as reported in the 2020 National Adult Maltreatment Report (NAMRS data):

- Based on data from 35 states for 605,599 allegations, this graph shows types of maltreatment and substantiation rates. Note where each type of abuse lands in terms of substantiation.

APS professionals should be aware of the unique issues facing Lesbian, Gay, Bisexual, Transgender, Queer or Questioning,+ (LGBTQ+) older adults. In a 2009 study (Frazer) it was found that 8.3% of those surveyed reported being abuse or neglected by a caretaker because of homophobia and 8.9% experienced blackmail or financial exploitation.

If time allows, **ask** what this data might mean for them as APS professionals investigating allegations of abuse, neglect and exploitation?

[https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-Lesbian,-Gay,-Bisexual,-and-Transgender-\(LGBT\)-Elders-\(2013\).pdf](https://ncea.acl.gov/NCEA/media/publications/Mistreatment-of-Lesbian,-Gay,-Bisexual,-and-Transgender-(LGBT)-Elders-(2013).pdf)
https://www.lgbtagingcenter.org/resources/pdfs/Assisting_LGBT_Elder_Abuse_clients.pdf

Slide #11: Where Does Abuse of Older Adults Occur?

Trainer Note: this slide is animated to ask the question before displaying the answer.

Where Does Abuse Of Older Adults Occur?

- Everywhere that older adults live:
 - In the community (96.5%)*
 - In nursing homes (3.5%)

*Includes residential care facilities

Ask the group to identify where abuse happens and then quickly **display** the slide and make the following points:

- Most of the abuse occurs in the victim's homes in the community. *NOTE:* According to the National Center for Health Statistics, only 3.5% of persons 65 and older live in nursing homes. ([Health, United States 2018 Chartbook \(cdc.gov\)](#) Page 47)
- In some states, older adults who are homeless and at risk of abuse, exploitation, or neglect may also be considered abuse victims. Check with your state statutes and policies to find out if they are included.

Slide #12: Case Scenarios

Trainer Note: Provide a trauma/activation warning prior to distribution of scenarios.

Case Scenarios

HANDOUTS #01 A-C CASE SCENARIOS Content Warning

Each Group

- Will read one case scenario
- Should name a reporter and/or recorder
- Must identify in their case:
 - Types of abuse & indicators for each type
 - Victim(s) & alleged perpetrator(s)
 - Relationship between victim(s) and alleged perpetrator(s)
 - Cultural, religious, racial, other considerations
 - Will report findings back to the large group

Activity #02: Assessing for Abuse
Small Groups (45 minutes)

If training virtually, breakout rooms should be used if virtual platform allows. If the platform does not allow for breakout rooms, you may need to choose one scenario and work in the all group setting.

The purpose of this exercise is to help participants to identify:

- Types of abuse
- Victims of abuse
- Alleged perpetrators of abuse

There are three separate case scenarios:

- Toni and Josephina (Handout 1A)
- Rosie (Handout 1B)
- Jake and Regina (Handout 1C)

Each table or breakout room is asked to work with one case scenario and answer complete the Questions for Assessing Abuse Activity portion. The Participant Manual has a copy of each scenario for the participants to use (Handout 1A, 1B, 1C).

If there are more than three small group tables/breakout rooms, duplicate case examples may be used for the additional tables.

Ask each group to identify a note taker and a group lead who will be the person to report back to the entire group.

- If training virtually, join each breakout room and **ask** for the group lead's name. This will allow you to easily call on the group when together again in the larger group.

Continued

Participants are asked to read their group's case scenario and answer the following questions about each case:

Questions and Possible Answers for Assessing for Abuse Activity (*For Trainer Only*)

#1A TONI and JOSEPHINA

- Did any type of abuse occur? If so, what type(s) of abuse?
 - *History of physical and verbal abuse reported – domestic violence (Toni against Josephina) reported by son*
 - *Possible sexual abuse*
- What were the indicators that led you to identify that type of abuse?
 - *Son's report that Toni told Josephine "she was stupid and ugly," "no one else would want her," and "she was lucky she put up with her"*
 - *Threatened to leave*
 - *Threw things at her*
 - *Slapped her face*
 - *Threatened to kill her*
 - *Pushed her down the stairs*
 - *Bruises on breasts and inner thighs*
 - *Josephina cries when asked about the injuries*
 - *Toni reports "It's nobody's business but ours. She's my wife and I can make love to her whenever I want."*
- Who was the victim? Josephina
- Who was the alleged perpetrator? Toni
- Were there multiple: victims/alleged perpetrators/types of abuse? Multiple forms of abuse
- What is the nature of the relationship between the victim and alleged perpetrator(s)? Intimate partner/spouse
- What are the cultural, religious, racial, other considerations to take into account? The dynamics of being an LGBTQ+ couple, fear of homophobia from service providers

#1B ROSIE and HER PARENTS

- Did any type of abuse occur? If so, what type(s) of abuse?
 - *Possible neglect*
 - *Possible physical abuse*
- What were the indicators that led you to identify that type of abuse?
 - *Roughly jams spoon into father's mouth*
 - *Broke her father's tooth*
 - *Mother found on floor unresponsive*
 - *Mother has several ulcers on her left hip and left leg*
 - *Carpeting beneath Betsy body was badly soiled*

Continued

- Who was the victim(s)? Betsy, Frank
- Who was the alleged perpetrator(s)? Rosie, Frank
- Were there multiple: victims/alleged perpetrator(s)/types of abuse? *Yes, Betsy and Frank (victims), yes, one may consider Frank a perpetrator as well as Rosie, and yes, abuse and neglect*
- What is the nature of the relationship between the victim(s) and alleged perpetrator(s)? Parent/child and husband/wife
- What are the cultural, religious, racial, other considerations to take into account?
 - Rosie has always lived with parents, family with disabilities, low income

#1C JAKE and REGINA

- Did any type of abuse occur? If so, what type(s) of abuse?
 - *Possible financial exploitation*
- What were the indicators that led you to identify that type of abuse?
 - *Kicked and threatened her dog to get her to give him money*
 - *Accepted loans from his mother that he never paid back*
 - *Took and used her ATM card without her permission*
- Who was the victim? Regina
- Who was the alleged perpetrator(s)? Jake
- Were there multiple: victims/alleged perpetrator(s)/types of abuse? Threats, financial exploitation
- What is the nature of the relationship between the victim and alleged perpetrator(s)? Mother/son
- What are the cultural, religious, racial, other considerations to take into account?
 - Mom immigrated to America, loyalty to family, substance use disorder

Handout #1A
CASE SCENARIOS
TONI AND JOSEPHINA

Content Warning:
Sexual Assault

Toni and Josephina have been married for 10 years and together for almost 40 years. Toni is 80 and Josephina is 77. Two years ago, Josephina was diagnosed with Alzheimer's disease. The disease progressed very quickly. Their son, Henry, told the residential care home director that Toni and Josephine's relationship has been tumultuous. During all of their life together, Toni has been verbally and physically abusive to Josephine. For years Toni told Josephine that she was stupid and ugly, that no one else would want her, and that she was lucky Toni put up with her, though she might leave her at any time. Toni threw things at Josephine, slapped her in the face, threatened to kill her, and once, pushed her down the stairs.

On several occasions, Josephina left Toni. When Henry offered to help her move in with his family, she refused and went back to her home with Toni. Henry talked with Josephina on multiple occasions but she always shut him off and he finally gave up trying.

Three months ago, Toni was diagnosed with breast cancer; her prognosis is not good. Recently, the aide who assists Josephina with her toileting and bathing noticed bruises on her breasts and inner thighs. When asked about the bruises, Josephine shook her head and cried, but did not answer. The aide suspected that Toni was forcing Josephine to have sex with her. When Toni was confronted, she became angry, saying "It's nobody's business but ours! She's my wife and I can make love to her whenever I want. I've done it for 40 years. Besides, I don't have long to live, and I deserve to have some pleasure before I die."

Questions for Assessing Abuse Activity

- Did any type of abuse occur? If so, what type(s) of abuse?
- What were the indicators that led you to identify that type(s) of abuse?
- Who was the victim(s)?
- Who was the alleged perpetrator(s)?
- Were there multiple: victims/alleged perpetrator(s)/types of abuse?
- What is the nature of the relationship between the victim and the alleged perpetrator(s)?
- What are the cultural, religious, racial, or other considerations to take into account?

Questions for Identifying APS' Role Activity

- What is APS' role in this case?
- What steps should the APS professional take initially to promote the victim's safety and to begin the investigation?
- What other agencies should APS collaborate with?
- What is APS' role with regard to the alleged perpetrator, if any?

HANDOUT #1B CASE SCENARIOS ROSIE AND HER PARENTS

Rosie is a 47-year-old woman with Down Syndrome. When she was born, her parents vowed never to place her in a skilled facility setting, as was often done in those days. As a result, she has lived with her father and mother her whole life and has had little exposure to the outside world.

As her parents have aged, Rosie has taken on more and more of the household work and personal care for her parents. Although Rosie is mostly able to complete her daily activities on her own, she struggles to help her father, Frank, age 79, who has severe Parkinson's disease, and her mother, Betsy, age 72, who is legally blind and increasingly frail. The family has a limited income and barely makes ends meet. They do have a home health aide paid through Medicaid twice a week, as well as Meals on Wheels and senior transportation.

Due to his Parkinson's disease, Frank is unable to feed himself. Rosie tries to help him, but often gets frustrated and roughly jams the spoon into his mouth. On one occasion, she broke his front tooth. She blamed Frank, because "He jiggles around too much."

Returning after a long weekend, the in-home aide found Betsy unresponsive and lying on the floor between the bed and the doorway of the adjoining bathroom. She had several pressure ulcers on her left hip and left leg, apparently the result of her lying on that side for an extended period of time. The aide called an ambulance, and the paramedics reported the carpeting beneath Betsy's body was badly soiled.

Rosie and Frank said they found Betsy lying on the floor in her present location several days earlier. Rosie said she tried to help her up, but her mother cried out in pain and told her to leave her alone. After that, they left her lying on the floor, bringing her food and water and giving her medications. Frank said that Rosie put a pillow under her head and tried to care for her.

When asked why he did not call for medical assistance, Frank told the paramedics that his wife said not to call anyone. The paramedics reported the case to APS.

Questions for Assessing Abuse Activity

- Did any type(s) of abuse occur? If so, what type(s) of abuse?
- What were the indicators that led you to identify that type(s) of abuse?
- Who was the victim(s)?
- Who was the alleged perpetrator(s)?
- Were there multiple: victims/ alleged perpetrator(s)/types of abuse?
- What is the nature of the relationship between the victim(s) and alleged perpetrator(s)?
- What are the cultural, religious, racial, other considerations to take into account?

Questions for Identifying APS' Role Activity

- What is APS's role in this case?
- What steps should the APS professional take initially to promote the victim's safety and to begin the investigation?
- What other agencies should APS collaborate with?
- What is APS' role with regard to the alleged perpetrator, if any?

HANDOUT #1C CASE SCENARIOS JAKE AND REGINA

For years, Jake, who is 56, has been struggling to make a living as an artist, with little success. Sometimes he does house painting. Jake has a Substance Use Disorder and his employment is impacted when he relapses and he is often in and out of jobs. So, he turns to his mother, Regina, for financial help. In the beginning, Jake claimed that the money Regina gave him were loans, and that he would pay her back as soon as he “got onto his feet.” But the loans were never repaid. Now Jake is saying that if only he could take another art course, his paintings would finally begin to sell. He wants Regina to take out a reverse mortgage on her house, so he can have \$10,000 for his art studies.

Regina, who is 75 years old, has advanced macular degeneration and relies on a private pay aide to help her with housework and to drive her to appointments. She is reluctant to mortgage her home. As a woman who immigrated to the United States, she is very proud that she owns her own home free and clear. Also, her mother lived to be 101, and Regina is worried that if she cashes in on her home now, she will outlive the income provided by the reverse mortgage. She is also concerned that she will be unable to continue to pay for the increasing levels of assistance she will need to cope with her vision loss. But she also wants to support Jake’s dream of being a painter. He has sold an occasional picture, and she believes that he has real talent.

Jake is getting impatient with his mother. He claims that if she really loved him, she would help him out. Yesterday he barged into her house and kicked Bootsy, Regina’s small dog. Regina started to cry, and begged Jake not to hurt the dog. She promised him that she would find the money “somehow.” Jake replied, “You better find it.” Before he left, Jake took the ATM card from Regina’s wallet without her knowledge. He had helped her use it previously as her sight was failing, so he knew the PIN. That day and the next he made two withdrawals totaling \$1,000.

Questions for Assessing Abuse Activity

- Did any type(s) of abuse occur? IF so, what type(s) of abuse?
- What were the indicators that led you to identify that type(s) of abuse?
- Who was the victim?
- Who was the alleged perpetrator(s)?
- Were there multiple: victims/ alleged perpetrator(s)/types of abuse?
- What is the nature of the relationship between the victim and alleged perpetrator(s)?
- What are the cultural, religious, racial, other considerations to take into account?

Questions for Identifying APS' Role Activity

- What is APS' role in this case (assume Regina is eligible for APS services in your state)?
- What steps should the APS professional take initially to promote the victim's safety and to begin the investigation?
- What other agencies should APS collaborate with?
- What is APS' role with regard to the alleged perpetrator, if any?

Slide #13: Activity Report Out & Debrief

Activity Debrief

- Takeaways?
- Challenges?
- Easiest type of abuse to identify?
- Other thoughts?



Ask for each group lead to provide a few takeaways from their activity.

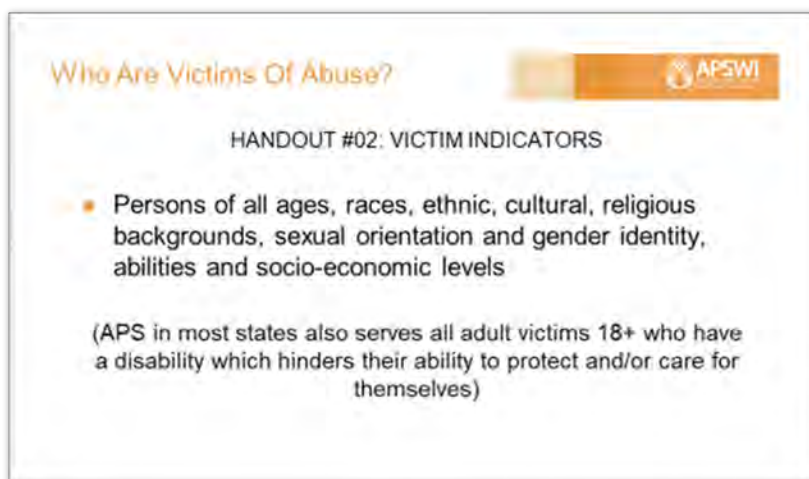
Allow other groups to share their thoughts if time allows.


Ask any of the following questions and solicit reactions from 3-5 participants:

- What did you find most shocking in your scenario?
- What was the most difficult piece of information to read?
- Which question was the easiest to answer and why?
- Which question was the most challenging to answer and why?
- Were there group disagreements?

VICTIMS AND ABUSERS
Time Allotted: 20 minutes

Slide #14: Who are Victims of Abuse?



Who Are Victims Of Abuse? 

HANDOUT #02: VICTIM INDICATORS

- Persons of all ages, races, ethnic, cultural, religious backgrounds, sexual orientation and gender identity, abilities and socio-economic levels

(APS in most states also serves all adult victims 18+ who have a disability which hinders their ability to protect and/or care for themselves)

Refer participants to **Handout #02- Victim Indicators/Signs and Symptoms of Abuse** in their manuals. **Allow** time to look over.

It is important that participants understand that anyone can be the victim of abuse, regardless of age, race/ethnicity, abilities, education, sexual orientation and gender identity, socioeconomic status, and support system. There are also populations that have higher rates of victimization.

HANDOUT #02- VICTIM INDICATORS/SIGNS AND SYMPTOMS OF ABUSE

(adapted from National Center on Elder Abuse (NCEA) and National Clearinghouse on Abuse in Later Life (NCALL))

If an older adult or adult with disabilities is displaying some of the signs listed below, investigate further to determine if abuse, neglect, or exploitation is occurring. Pay particular attention to reported changes in their behavior.

GENERAL BEHAVIORAL INDICATORS

Victim signs can include but are not limited to:

- Suddenly withdraws from routine activities.
- Is afraid to speak in the presence of the suspect or looks to the suspect to answer questions.
- Is confined (e.g. tied to furniture or locked in a room).
- Is isolated.
- Denies, minimizes, or blames self for what has happened, is hesitant to discuss, or gives “coded” disclosures such as “my son has a temper.”
- Unexplainable changes in behavior,
- Waits or fails to seek out help or medical treatment, misses appointments, or frequently changes doctors or hospitals.
- Visits hospital or physician with vague complaints such as anxiety, headaches, or digestive problems.
- Provides implausible or inconsistent explanations about what has occurred.
- Appears afraid, embarrassed, ashamed, withdrawn, or depressed.
- A victim’s report of being abuse neglected or exploited.

PHYSICAL ABUSE

- bruises, black eyes, welts, lacerations, and rope marks
- bone fractures, broken bones, and skull fractures
- open wounds, cuts, punctures, untreated injuries in various stages of healing
- sprains, dislocations, and internal injuries/bleeding
- broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- laboratory findings of medication overdose or underutilization of prescribed drugs
- a victim’s report of being hit, slapped, kicked, or mistreated
 - includes report of caregiver’s refusal to allow visitors to see person alone
- a victim’s sudden change in behavior
- strangulation- petechial or hoarse voice
- burn marks

SEXUAL ABUSE

- bruises around the breasts or genital area

- unexplained venereal disease or genital infections
- unexplained vaginal or anal bleeding
- torn, stained, or bloody underclothing
- a victim's report of being sexually assaulted or raped
 - Includes report of being forced to watch pornography on television and/or computer
- a victim's report of coerced nudity

EMOTIONAL or PSYCHOLOGICAL ABUSE

- being emotionally upset or agitated
- being extremely withdrawn and non communicative or non responsive
- unusual behavior usually attributed to neurocognitive disorders(e.g., sucking, biting, rocking)
- an older adult's report of being verbally or emotionally mistreated

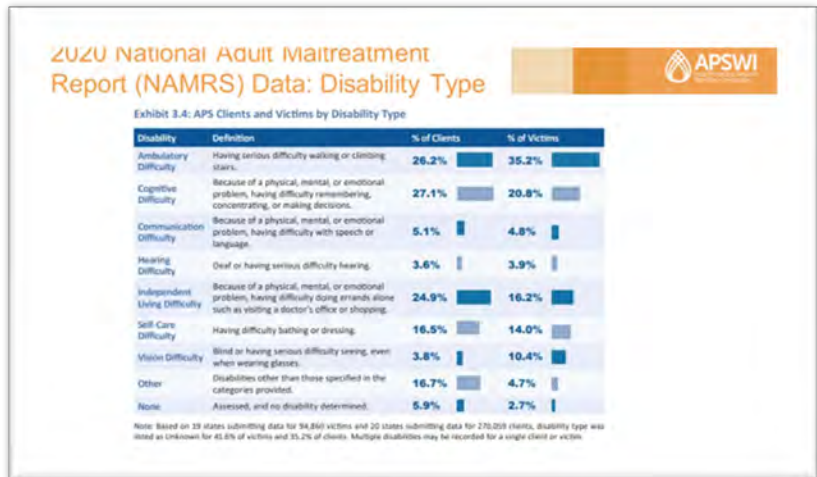
NEGLECTING

- dehydration, malnutrition, untreated bed sores, and poor personal hygiene;
- unattended or untreated health problems
- hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water)
- unsanitary and unclean living conditions (e.g. dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)
- an older adult's report of being mistreated

FINANCIAL or MATERIAL EXPLOITATION

- sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the older adult
- the inclusion of additional names on an older adult's bank signature card
- unauthorized withdrawal of the older adult's funds using the older adult's ATM card
- abrupt changes in a will or other financial documents
- unexplained disappearance of funds or valuable possessions
- substandard care being provided or bills unpaid despite the availability of adequate financial resources
- discovery of an older adult's signature being forged for financial transactions or for the titles of their possessions
- sudden appearance of previously uninvolved relatives claiming their rights to an older adult's affairs and possessions
- unexplained sudden transfer of assets to a family member or someone outside the family;
- the provision of services that are not necessary
- an older adults' report of financial exploitation

Slide #15: 2020 National Adult Maltreatment Report (NAMRS) Data: Disability Type



This data slide shows types of abuse by identified disability. This data is based on reporting from 20 states in the data gathered in the 2020 National Adult Maltreatment Report and it is noted that there may be more than one type of disability identified for each victim.

Ask: “What does this data mean you as an APS professional and your work?”

Slide #16: Who Abuses?

Who Abuses?

APSWI

HANDOUT #03: ABUSER INDICATORS

- Partners
- Family members
- Paid and unpaid caregivers
- Persons who are financially and/or emotionally dependent on the victim
- Professionals such as attorneys, investment counselors, clergy
- Neighbors, new "best friends" & "sweethearts"

While many older adults and adults with disabilities fear that they may be victimized by strangers, the unfortunate reality is that abuse, exploitation, and neglect are more likely to be committed by:

- Intimate partners, including LGBTQIA+ partners
- Family members
- Caregivers
- Friends (including "new best friends")
- Persons in positions of trust or authority such as guardians, attorneys, and clergy
- Persons who are financially and/or emotionally dependent on the victim
- Dating relationships

Research has shown that alleged perpetrators are most likely to be:

- adult children or spouses,
- more likely to be male,
- have history of past or current substance abuse
- have mental or physical health problems,
- have history of trouble with the police,
- be socially isolated,
- unemployed or have financial problems, and
- experiencing major stress. (Lachs, M., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373, 1947–56. doi: 10.1056/NEJMra1404688)

Share the following data:

- In a study of financial abuse of older adults, out of 4,156 older adults victims, family members were the most common alleged perpetrators of financial exploitation (57.9%), followed by friends and neighbors (16.9%), followed by

Continued

home care aides (14.9%). (Peterson, J., Burnes, D., Caccamise, P., Mason, A., Henderson, C., Wells, M., & Lachs, M. (2014). Financial exploitation of older adults: a population-based prevalence study. *Journal of General Internal Medicine*, 29(12), 1615–23. doi: 10.1007/s11606-014-2946-2)

- In a sample of 5,777 older adults 60 or above, when comparing across types of mistreatment, a higher proportion of alleged perpetrators of physical mistreatment (compared to emotional and sexual mistreatment) had problems with police, received psychological treatment, were using substances at the time of the incident, lived with the victim, and were related to the victim. (Amstadter, A., Cisler, J., McCauley, J., Hernandez, M., Muzzy, W., & Acierno, R. (2011). Do incident and alleged perpetrator characteristics of elder mistreatment differ by gender of the victim? results from the national elder mistreatment study. *Journal of Elder Abuse & Neglect*, 23, 43–57. doi: 10.1080/08946566.2011.534707

Ask participants, given this research, what do you think this means for you as an APS professional? How do you see this research impacting your work?

Explain that in some situations, the older adult is befriended by someone known to them, such as a person who mows the lawn, a waitress, or a cleaning person. The abuser gradually wins over the victim by providing extra services and/or attention, so that eventually, the older adult thinks of this person as a “new best friend,” and comes to trust them. The grateful older person may give the abuser gifts or money in order to maintain and strengthen the relationship. Gradually the abuser may become more demanding and, if the demands are not met, more threatening.

Ask participants to review **Handout #03- Abuser Indicators** on their own.

HANDOUT #03

ABUSER INDICATORS OF ABUSE, NEGLECT, AND EXPLOITATION

Signs that a person is an abuser can include, but are not limited to:



Provide inconsistent or conflicting explanations about the victim's injuries
Isolates the victim from family, friends, and social activities
Belittles, threatens, or insults the victim
Ignores the victim's need for assistance or is reluctant to help the person
Does not speak to or provide companionship to the victim, and isolates them from the outside world, friends, or relatives
Controls and dominates the victim and their activities, is always present when anyone talks with the victim, speaks for them, and is overly protective or defensive
Handles the victim roughly
Abuses the victim's pets, including service animals
Portrays self as victim or the only caring person in victim's life
May be charming and helpful towards professionals and the victim while others are present
Justifies and minimizes own actions
Has a past history of being abusive

APS INVOLVEMENT
Time Allotted: 55 minutes

Slide #17: What is the Role of APS?

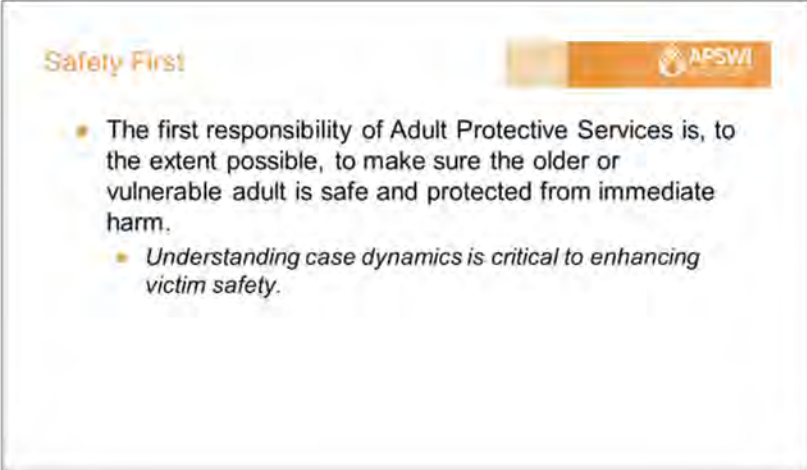
What is the Role Of APS

- Respond and investigate while working with the adult to address their needs and to prevent further abuse
- Overlap/conflict with other first responders, work collaboratively



- APS caseworkers have a primary responsibility to respond to reports of abuse, exploitation and neglect of older adults and adults with disabilities; to investigate the allegations and to work with the adult to address their needs and to prevent further abuse.
- Sometimes, the APS responsibilities or interventions may overlap or conflict with the roles of other first-responders, such as law enforcement and long-term care ombudsman. Knowing your professional role, and working collaboratively with others, will greatly enhance the safety of the people you serve. Being engaged in ongoing multi-disciplinary efforts to help resolve these issues is imperative.
- Other NAPSA Core Competencies explore APS' various roles and responsibilities in depth, but the following slides will provide some information.

Slide #18: Safety First

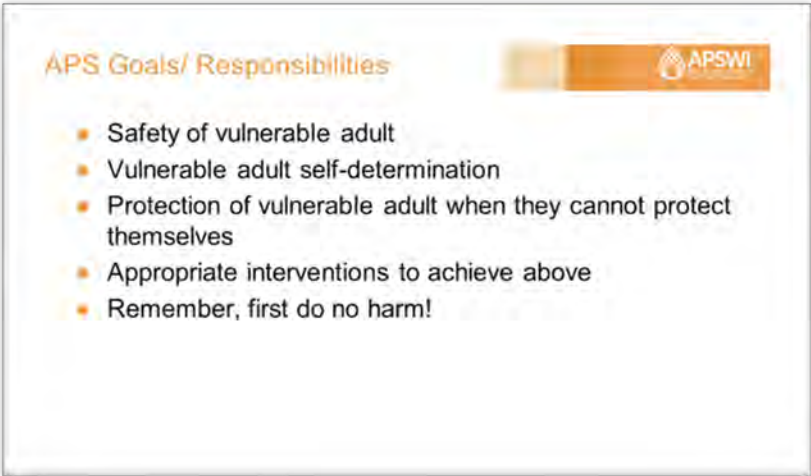


The slide is titled "Safety First" in orange text. In the top right corner, there is an orange rectangular box containing the APSWI logo. The main content consists of two bullet points:

- The first responsibility of Adult Protective Services is, to the extent possible, to make sure the older or vulnerable adult is safe and protected from immediate harm.
- *Understanding case dynamics is critical to enhancing victim safety.*

- The first responsibility of APS is to make sure that the victim is safe and protected from immediate harm to the extent possible. This may involve any of the following:
 - Safety planning with them or with their advocate/support system
 - Exploring ideas for safe shelter if they are willing to leave the situation, or
 - As a last resort, seeking protection orders or guardianship/conservatorship if they lack decision-making capacity, with the legal authority of a court or your state's APS statute. It may also mean requesting assistance from law enforcement to intervene with the alleged perpetrator.
- Understanding why abuse happens is a process that occurs over time and requires a thorough APS investigation, involving multiple contacts with the vulnerable adult, the alleged perpetrator, when safe to do so, and others.

Slide #19: APS Goals/Responsibilities



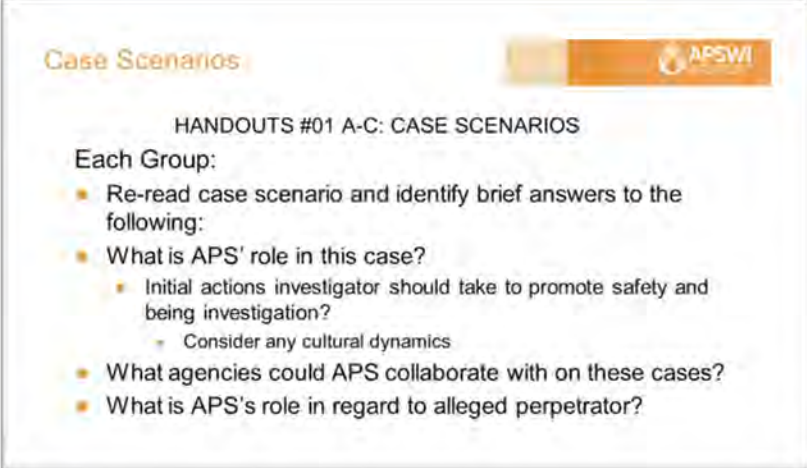
APS Goals/ Responsibilities

- Safety of vulnerable adult
- Vulnerable adult self-determination
- Protection of vulnerable adult when they cannot protect themselves
- Appropriate interventions to achieve above
- Remember, first do no harm!

APSWI

- Assuring the immediate safety of the victim is the APS professionals' first responsibility. While protecting the victim, we must also consider their right to self-determination. *Finding a balance between victim safety and self-determination is the most difficult challenge faced by APS professionals.* Any intervention needs to take both of these issues into consideration. The adult's cognitive decision-making ability and decision-making capacity must be addressed in this process.
- When conducting an investigation, the APS professional investigates what happened, who is involved, and how and possibly why the abuse occurred. During this process, the focus must remain on the victim's safety. APS should always collaborate with other community agencies to bring the most resources and alternatives to the victim.

Slide #20: Case Scenarios



Case Scenarios

HANDOUTS #01 A-C: CASE SCENARIOS

Each Group:

- Re-read case scenario and identify brief answers to the following:
 - What is APS' role in this case?
 - Initial actions investigator should take to promote safety and being investigation?
 - Consider any cultural dynamics
 - What agencies could APS collaborate with on these cases?
 - What is APS's role in regard to alleged perpetrator?

Activity #03: Identifying APS' Role
Small Groups (45 minutes)

Revisit HANDOUTS 1A through 1C

The purpose of this exercise is to help participants to identify APS' role in their case scenario.

Explain that participants in their groups will briefly review their group's case scenario again and answer (briefly) the Questions: Identifying APS' Role about each case. When participants report back, limit responses to 2-3 examples per group or individual.

If training virtually, **assign** breakout rooms or **discuss** one scenario as a large group. Remind groups to assign a note taker and a group lead who will report out. **Encourage** that these roles be different than previously done in the first activity.

After 15 minutes, the small groups are asked to report their findings back to the large group. **Ask** reporters not to repeat items already mentioned by someone else. If more than one group discussed a particular case, and their findings do not agree, **encourage** a general discussion about why they disagree, and whether and how their differences might be resolved.

Questions and Answers for Identifying APS' Role Activity

#1A TONI and JOSEPHINA

- What is APS's role in this case?
 - *Investigate and determine findings (e.g.: confirm/substantiate, inconclusive, etc.) allegations of abuse, neglect, or exploitation.*

Continued

- *Develop service plan with the client to the extent she can participate, and with the client's representatives (son, residential care setting) to reduce risk and to improve her safety.*
- *Other information and referrals.*
- What steps should the APS professional take initially to promote the victim's safety and to begin the investigation? (Consider any cultural dynamics)
 - *Talk to the victim alone – without alleged abuser present*
 - *Ask questions and listen*
 - *Work with the victim and/or advocate/support system to discuss desired outcomes*
 - *Offer information and referrals*
 - *Work with victim, the home and her son to create a safety plan*
 - *Collect the evidence needed, including information from other people and record reviews, to support the determination of findings*
 - *Document what is learned through the investigation*
 - *Collaborate with other professionals as appropriate*
- What other agencies should APS collaborate with? Consider:
 - *Sexual assault response programs*
 - *Domestic violence intervention programs*
 - *Law enforcement*
 - *Restraining order*
 - *Health care including physical and mental health care*
- What is the APS' role in regard with the alleged perpetrator, if any?
 - *In your state our county, would APS report the case to law enforcement?*
 - *Would APS interview the abuser? If yes, would APS try to influence their behavior in order to protect the victim? If so, how?*

#1B ROSIE and HER PARENTS

- What is APS' role in this case?
 - *Investigate and determine findings for the allegations of abuse, neglect, or exploitation*
 - *Develop a service plan with the clients to the extent they can participate to reduce risk and to improve safety*
 - *Offer information and referrals*
- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
 - *Talk to all the parties alone*
 - *Ask questions and listen*
 - *Learn what Frank and Betsy want to have happen*
 - *Work with the victims, Rosie, the in-home aide and others to create a safety plan to provide protection and assistance to the parents and support services and education to Rosie*
 - *Collect the evidence needed, including information from other people and record reviews, to support the determination of findings*
 - *Document what is learned through the investigation*
 - *Offer information and referrals*

Continued

- *Collaborate with other professionals as appropriate*
- What other agencies should APS collaborate with? Consider:
 - *Home health agency which provides aide*
 - *Aging network services providers*
 - *Physicians, therapists, etc.*
 - *Disability advocacy agencies for collaboration*
- What is APS' role in regard with the alleged perpetrator, if any?
 - *In your state or county, how would APS work with Rosie? Would Rosie be considered the client as well as her parents?*

#1C JAKE and REGINA

- What is APS's role in this case (assume Regina is eligible for APS services in your state)?
 - *Investigate and determine findings for the allegations of abuse, neglect, or exploitation*
 - *Develop service plan with the client to reduce risk and to improve safety.*
 - *Offer information and referrals.*
- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
 - *Talk to the victim alone – without alleged abuser present*
 - *Ask questions and listen*
 - *Learn what victim wants to have happen*
 - *Work with the victim to create a safety plan*
 - *Collect the evidence needed, including information from other people and record reviews, to support the determination of findings*
 - *Document what is learned through the investigation*
 - *Collaborate with other professionals as appropriate*
 - *Provide information and referrals; help client determine if she is eligible for services (e.g. senior transportation; in-home help)*
- What other agencies should APS collaborate with? Consider:
 - *Aging network service providers*
 - *Disability and assistive devices agencies for the visually impaired*
 - *Bank/money management service/financial advisor to protect Regina's assets*
 - *Legal system – law enforcement and/or an attorney to seek a restraining order*
- What is APS' role in regard with the alleged perpetrator, if any?
 - *In your state or county; how would APS work with Jake?*
 - *Would APS report this case to law enforcement given the threats, unpaid loans and missing money from the victim's account? Would the case be reported if Regina didn't participate in the investigation?*
 - *Would APS interview the alleged perpetrator? If yes, would APS try to influence the behavior in order to protect the victim? If so, how?*

Continued

Make sure during the discussion, to clearly **identify** abusers who may also have cognitive impairments (case scenario ROSIE and HER PARENTS) and those who had self-interested motivations for their behavior. The types of actions recommended relative to each type of alleged perpetrator should be very different.

- For abusers who have neurocognitive disorders (previously referred to as dementia), have a developmental disability or are otherwise clearly incapable of caring for others due to factors beyond their control, services, and need help for the victim, and often for the abuser as well, are appropriate responses.
- For those who abuse out of their own self-interest, holding them accountable, and seeing through their “smoke screens” is extremely important. The following slides apply.

Inform participants we will discuss abuser justifications/defenses (Handout #04) in the next section.

Note: Accountability is not clear cut and can defined in various ways.

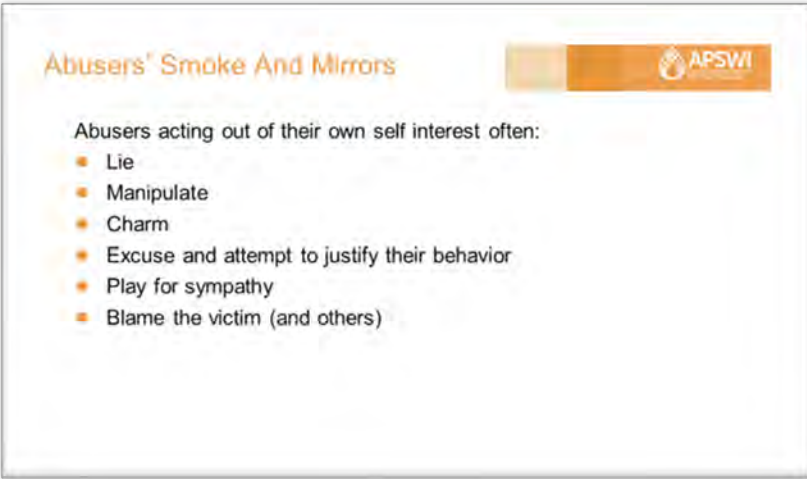
- Often times, especially in cases of certain types of abuse of older adults or adults with disabilities like sexual assault, financial exploitation or criminal neglect, that means criminal justice interventions.
- In other cases, it means accountability could come in many different forms, such as:
 - Assurance to the victim they are not to blame and the abuse is wrong
 - Abuser admitting wrongdoing and apologizing to victim
 - Culturally accountability may be:
 - Religious interventions
 - Financial compensation the victim or family members receive
 - Family holding abuser accountable by bringing the abuse to light and not shying away from letting abuser know family and others are involved and are monitoring
- In other cases, where the abuser lacks decisional or physical capacity, or perhaps the actions or neglect are not clearly criminal in nature, other forms of accountability may apply.
 - It is important the abuser be told, unequivocally that the abusive or neglectful actions are wrong and must stop.
 - Alternative methods for achieving results should be taught; one example would be on how to transfer a person without resorting to overly rough handling. A written contract with an abuser may be effective, wherein the person is a critical component of accountability. The victim’s situation and the abuser’s actions should be regularly checked, and other persons coming in and out of the home (other family members; in-home aides, etc.) should be asked to keep an eye on things and to report any problems observed to APS.

Continued

- Furthermore, the victim should be assured that the abuse is wrong, that they are not to blame for it, and that many other older persons are in similar situations.
- Alleged perpetrators may present as suffering from caregiver stress, as “doing their best” and may blame the victim for the abuse they themselves are perpetrating. The following slides discuss the ways in which abusers may deny, minimize or try to justify their abusive behaviors and provide information on how APS should respond in ways that will maximize victim safety and abuser accountability.
- It is important for APS to distinguish between abusers who may lack decisional or physical capacity, lack resources or have different cultural/societal norms and those who are using power and control to advance their own self-interest.

ABUSE DYNAMICS
Time Allotted: 90 minutes

Slide #21: Abusers' Smoke and Mirrors



Abusers' Smoke And Mirrors

Abusers acting out of their own self interest often:


- Lie
- Manipulate
- Charm
- Excuse and attempt to justify their behavior
- Play for sympathy
- Blame the victim (and others)

APSWA

Like good magicians, abusers use “smoke and mirrors” to deceive others about their behavior.

- They use rationales and excuses such as caregiver stress to deflect responsibility from themselves, and to convince investigators not to hold them accountable for their actions.
- Abusers often will lie and try to manipulate investigators by using the same strategies that have been effective with the victim, friends, and family, demonstrating the same power and control dynamics
- Many abusers are charming and helpful to professionals.
- Less often, they act angry and belligerent, especially if they are being held accountable, for fear that the victim will be offered help or be removed from their control.
- In other cases, abusers may be willing to talk about their behavior believing that if they explain it, others will buy into their reasons for why the abuse was unavoidable.


Slide #22: Tactics Used by Abusers



The slide is titled "Tactics Used by Abusers" in orange text. In the top right corner, there is an orange rectangular box containing the APSWI logo, which consists of a stylized water drop icon and the text "APSWI" above "ADVANCING PROTECTIVE SERVICES". Below the title, there is a bulleted list of three tactics: "Silent Treatment", "Threats", and "Manipulation". To the right of the list is a photograph of a woman with short brown hair and glasses, looking distressed and crying, with a man in a blue shirt standing behind her, looking on with a serious expression.

Tactics Used by Abusers

- Silent Treatment
- Threats
- Manipulation



Abusers use a wide range of tactics to control their victims. Some, such as giving the victim the “silent treatment,” are quite subtle. Others, such as threatening to kill a beloved pet, or waving a weapon, are overt. All of these tactics make up a pattern of behavior designed to manipulate and control the victim.

Slide #23: Common Abuser JustificationsThe image shows a slide titled "Common Abuser Justifications" with the APSWI logo in the top right corner. Below the title is the subtitle "HANDOUT #04: ABUSER JUSTIFICATIONS". A bulleted list of six common justifications is provided, each with an orange square bullet point.

Common Abuser Justifications

HANDOUT #04: ABUSER JUSTIFICATIONS

- She's clumsy / He fell (accident)
- He didn't do what I said / She doesn't cooperate (victim is uncooperative)
- She started it / He hit me first (mutual blaming)
- He is too hard to care for / He bruises easily (victim blaming)
- I'm doing the best I can (caregiver stress)
- It was a gift / I'll pay her back (entitlement)

Abusers often use excuses or justifications to explain away their abusive behavior to avoid accountability. Some explanations focus on blaming the victim, saying, or implying that it is the victim's difficult behavior that causes the abuse.

APS needs to listen for these explanations, not just accept them at face value and ask clarifying questions.

Review HANDOUT #04- Abuser Justifications and Defenses/ APS Considerations.

HANDOUT #04²
ABUSER JUSTIFICATIONS AND DEFENSES/ APS CONSIDERATIONS

Form of Abuse	Justification/Defense	Investigation Considerations
Physical	“She fell.”	Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?
	“He’s just clumsy.”	Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?
	“I was just trying to help.”	Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?
	“She bruises easily.”	Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events? Is the victim taking medication that can cause a person to bruise easily?
	“It was an accident.”	Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?
	“He has Alzheimer’s disease or he’s crazy	Do the medical history and/or mental health experts support this assertion? What are your observations of victim/suspect/witness at different periods of time?
	“I was defending myself.”	Is there a sign of a defensive injury? Who is the predominant (or primary) physical aggressor?
Neglect	“She has always lived like this, She’s not a good housekeeper.”	Are there sufficient resources to provide for the victim’s needs? Has the victim’s capacity or ability changed over time? Is there a caregiver?

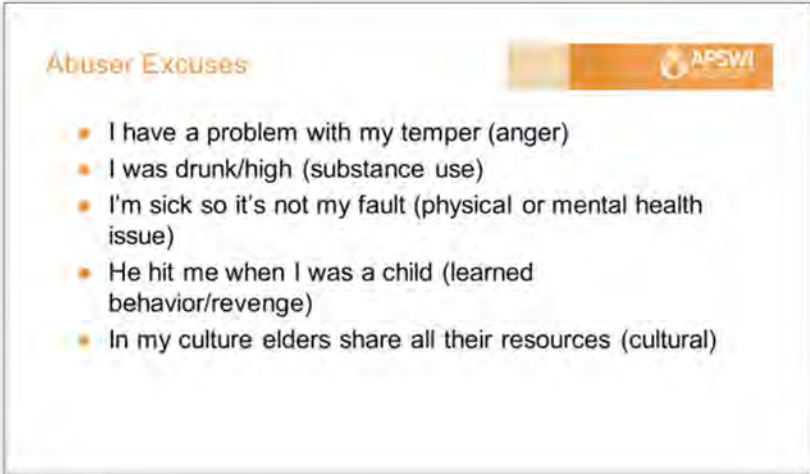
		Do friends or family members support this statement?
	“I’m doing the best I can. Taking care of him is very difficult.”	Does the victim have sufficient capacity to make informed decisions about care, including refusing to accept care, or treatment?
	“He doesn’t want medication/medical treatment. I’m honoring his wishes.”	<p>Does the victim have a history of refusing help?</p> <p>Does the suspect have a duty to provide care?</p> <p>Has the caregiver been instructed on the victim’s condition, care needs and how to provide care?</p> <p>Does caregiver have any social training in providing care?</p> <p>Are the victim’s care needs obvious and would be apparent to the average person?</p> <p>Is there documentation of person’s wishes (for example, a do not resuscitate order [DNR])?</p> <p>What is the victim’s decisional capacity, as documented by a trained professional?</p> <p>Are there historical statements of intent or the desires of the victim?</p>
	“She refused to eat.”	What is the health history of the person’s condition?
	“I didn’t know how sick she was or what she needed.”	Is there a medical history indicating how often victim was taken to a doctor and what was told to the caregiver about the patient’s condition?

	"I'm just doing what she (the victim) wants."	Do wills or advanced directives describing what the victim wants actually exist?
Sexual	"She wants to have sex with me." Or "She likes watching pornographic movies with me." (Suspect is trying to show consent.)	If the victim has decisional capacity, what is the victim's account of what happened? If the victim does not have decisional capacity or was incapacitated, the victim cannot consent.
	"She's my wife/girlfriend."	If the victim has decisional capacity, what is the victim's account of what happened? If the victim does not have decisional capacity, or was incapacitated the victim cannot consent.
	"I was just cleaning or bathing him. This is not sexual abuse."	What does a health care provider say about whether appropriate caregiving techniques were being used?
	"She came on to me."	If the victim has decisional capacity, what is the victim's account of what happened? If the victim does not have decisional capacity or was incapacitated, the victim cannot consent.
	"We're consenting adults." "She acted like she liked it."	If the victim has decisional capacity, what is the victim's account of what happened? If the victim does not have decisional capacity or was incapacitated, the victim cannot consent.
Financial Exploitation	Loan	What is the decisional capacity of lender? Is there written proof of the loan including the amount and period of loan and were other loans made? What are the terms of repayment and were any repayments made?
	Gift for self or children	What is the decisional capacity of the donor? What is the value of the gift?

		<p>What is relationship between donor & victim?</p> <p>Is there evidence of donor’s intent to make a gift?</p> <p>Why was a gift made? (Any promises or other inducements?)</p>
	Services Provided	<p>What is the decisional capacity of the person seeking the services?</p> <p>What were the services; were they needed; how often were services provided; how well performed; were supplies provided?</p> <p>What is the value of services vs. amount paid for them?</p>
	Permission	<p>What is the decisional capacity of the victim?</p> <p>Is there evidence of actual permission?</p> <p>Were there promises or other inducements to get permission?</p> <p>Who benefited?</p> <p>How often was permission used?</p> <p>What is the value of items obtained?</p> <p>Did victim understand what permission was used to do?</p>
Financial Exploitation	Quid Pro Quo (“She lets me live with her in exchange for helping with errands.”)	<p>What is the decisional capacity of the victim?</p> <p>Are there any suspect misrepresentations?</p>
	Favor (“She freely gave me use of her car as a favor to me.”)	<p>What is the decisional capacity of the victim?</p>

		<p>Who benefits from the favor; what did victim receive in return; is the benefit reasonable?</p> <p>How does it fit prior financial planning and actions of the victim?</p> <p>Did suspect receive payment to provide care?</p> <p>What is victim’s relationship to business or person?</p>
	Lack of Knowledge (“But I do not know her PIN.”)	<p>What is the contrary evidence?</p> <p>Did the suspect have access to the information?</p> <p>Were there other acts for same goal? (e.g. forged signature to get an ATM card in victim’s name)</p>
	Legal authority	<p>What is the decisional capacity of the victim?</p> <p>Is there legal authority in writing?</p> <p>What does the legal authority cover and expressed or implied limitations?</p>
	Victim is crazy	<p>Is there a medical opinion of victim’s mental health?</p> <p>Are there statements from friends and family about victims behavior prior to and after suspect came into life?</p> <p>Does the victim take any medications?</p> <p>What was the victim’s behavior around time of questioned events? Is this conduct consistent with earlier times?</p>
Financial Exploitation	“I’m the real victim.”	Who is benefitting financially?
	<p>“We’re in love”</p> <p>“married/in a relationship”</p> <p>“We’re family”</p>	<p>Who is benefitting financially?</p> <p>What is true nature of relationship?</p>

	<p>“She’s like a mother to me” Therefore, we share resources</p>	<p>What are the cultural norms to consider?</p> <p>Does suspect have other relationships or marriage licenses?</p> <p>Does suspect have other income or debts?</p> <p>Are victim's basic needs met?</p>
	<p>Purchase made as part of care</p>	<p>Is there evidence of purchase being used to provide care?</p> <p>Is there purchase necessary for care?</p>

Slide #24: Abuser Excuses

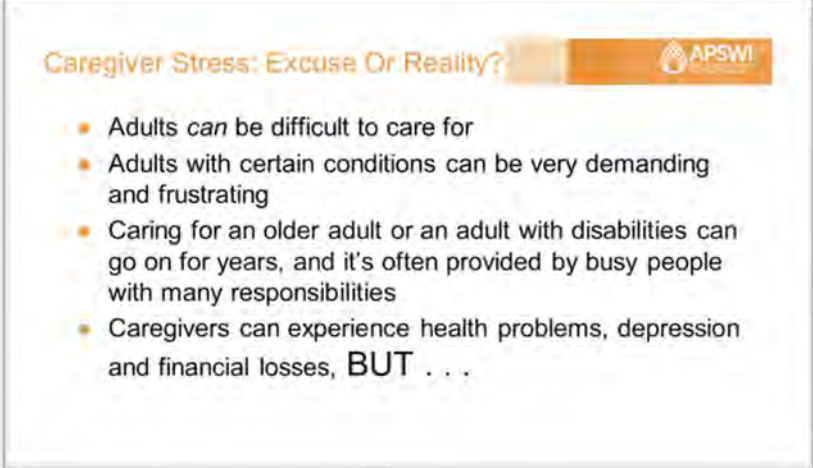
The slide is titled "Abuser Excuses" and features a list of five common excuses used by abusers. The list is preceded by a blue arrow icon. In the top right corner, there is an orange rectangular box containing the APSWI logo.

- I have a problem with my temper (anger)
- I was drunk/high (substance use)
- I'm sick so it's not my fault (physical or mental health issue)
- He hit me when I was a child (learned behavior/vengeance)
- In my culture elders share all their resources (cultural)

When an abuser does admit to committing abuse, it is often tied to an excuse that the abuser was not really responsible for the abusive incident. Either the abuser claims that they were not “themselves” when the abuse was committed, or that outside forces such as family dysfunction caused the behavior.

Abuse is never the victim's fault. Anger, caregiver stress, and alcohol or other drug use may co-exist with the abusive behavior, but these issues do not cause the abuse.

Offenders *intentionally* choose to use abusive tactics to get what they want.


Slides #25: Caregiver Stress: Excuse or Reality?

Caregiver Stress: Excuse Or Reality? APSWI

- Adults *can* be difficult to care for
- Adults with certain conditions can be very demanding and frustrating
- Caring for an older adult or an adult with disabilities can go on for years, and it's often provided by busy people with many responsibilities
- Caregivers can experience health problems, depression and financial losses, **BUT . . .**

- One of the most common excuses given for abuse of older adults or adults with disabilities is “caregiver stress.” Unfortunately, early research into abuse of older adults and adults with disabilities concluded that caregiver stress was the primary cause of the problem. It suggested that an overwhelmed, stressed caregiver providing assistance to a frail older person might sometimes unintentionally “snap” and become abusive or neglectful.
- This conclusion was reached because some initial studies of abuse of older adults and adults with disabilities were based on interviews with the abusers, who blamed the stress of caregiving for their behaviors. The researchers failed to take into account the fact that many abusers, as we have just seen, lie, manipulate, justify their behaviors and blame their victims. This early research had significant influence on the early work of APS work in the field.

Slide #26: Current Research

 APSWI

Current Research

- Early research finding caregiver stress causes elder abuse is no longer considered valid
- All caregivers experience stress, but most never abuse, neglect or exploit the adult they are caring for
- Abusers often target only the victim
- Abuse is not an isolated event, but a pattern of abusive behavior over time
- We do not tolerate similar abuse of children or pets!
- Abusers can use this as an excuse and to justify their behavior

- More recent and reliable research found that abuse is more closely related to the characteristics of the abuser than to the care needs of the victim. While caregiving is often stressful, most caregivers do not abuse the care receiver. Instead, they provide loving and lifesaving care, often for many years, and frequently with significant costs to their own health and well-being.
- Caregiver stress describes emotions and feelings that some caregivers experience while assisting a person with medical needs or disabilities. Some caregivers feel overwhelming stress, isolation and possible resentment.

REMINDE class you are not saying caregiving isn't stressful, it can be overwhelming and may cause distress. Signs of caregiver distress may include overeating, lack of sleep, depression, substance use, etc. It would NOT involve abuse.

- If any behavior would not be tolerated when used toward a child or pet, it should never be tolerated or excused when used against an older person or person with disability.
- Reframing the relationship between caregiver stress and abuse of older adults and adults with disabilities can lead to a better understanding of the dynamics present in abusive relationships.
 - Everyone experiences stress – yet most do not abuse, neglect or exploit someone as a result of stress
 - Abusers target the older adult or person with disabilities
 - Unfortunately, some abusers use caregiver stress as an excuse so they will not be held accountable and to receive sympathy (manipulating the APS professional).

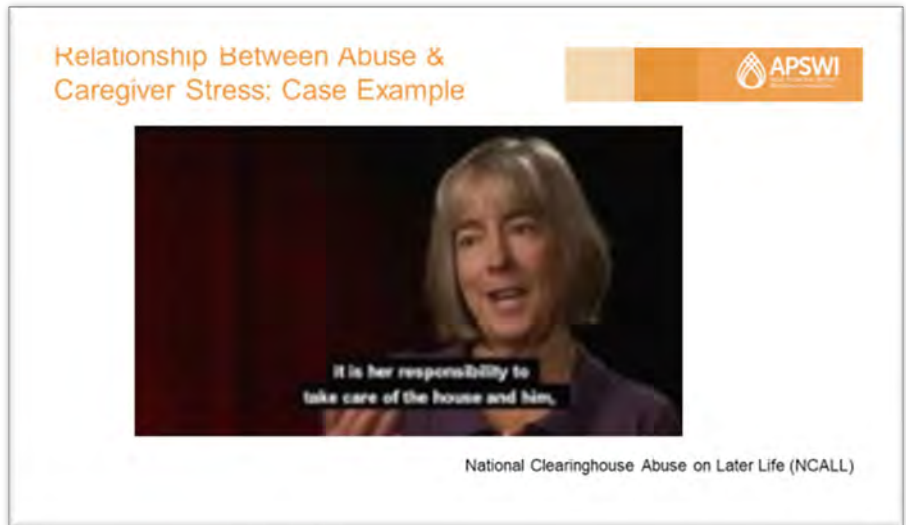
Current research does not support caregiver stress as a primary cause of abuse of older adults or adults with disabilities.

APS professionals should always remember that many abusers are charming and convincing, so the “I’m doing the best I can, but I’m overwhelmed” excuse from caregiver who is not clearly incapable of providing care must always be investigated further. APS

professionals should remember that while this may be true that the caregiver is feeling overwhelmed and doing the best they think they can, there is probably also underlying dynamics of power and control.

Slide #27: Video – “Relationship Between Abuse and Caregiver Stress: Case Example”

Trainer Note: The Ruth and Mark Activity is conducted in three parts. The total time of this activity is 20 minutes.



Activity #04: Ruth and Mark Part One
Large Group (3 minutes)

Explain that you will first read the following intake report alleging Ruth Doe is in danger and then will show a brief clip of Bonnie explaining the case and describing what Mark, the alleged perpetrator states.

Read the following intake report and then **play** the video up to 1:49 and **pause** it.

Video: <https://www.youtube.com/watch?v=dTJvNIDOpfo>

If training virtually, **ensure** to “share sound” and prepare to summarize video for participants who could not view/hear the whole clip.

INTAKE REPORT: Ruth (for Trainer only)

CLIENT INFORMATION

NAME: Ruth Doe	AGE: 70	ADDRESS: W. Elm St. USA
CONDITION: inability to care for self due to stroke; frail; incontinent; poor mobility		

ALLEGED ABUSER INFORMATION

NAME: Mark Doe	AGE: 72	ADDRESS: SAME
CONDITION: no known conditions		

REPORTER INFORMATION

NAME: Betty Johnson	AGE: 68	ADDRESS: Next Street Over, USA
REPORTER TYPE: friend		

Continued

REPORT

A long-time friend and church member, Betty, visits Ruth regularly.

She said she saw bruises on Ruth when she recently helped her to the bathroom.

Ruth's husband, Mark, is her primary caregiver.

Betty asked Mark about the bruises, Mark said it was an episode and Ruth cannot take care of herself or him. Mark spoke about how difficult Ruth is to care for now.

Mark has been discouraging Betty's visits recently, saying his wife is too tired after she leaves.

Betty said she has delayed making this report because Mark is a church going man and appears to be a loving husband.

Activity #04: Ruth and Mark Part Two (10 minutes)**Large Group**

Pause the video and **ask** the group for their initial impression of the situation.

- Mark presents as a well-dressed and well-educated middle-class white man. He stresses how much he loves Ruth and his commitment to care for her after her stroke. Mark makes a statement about how difficult his wife is to care for and how much stress he was under.

Do they find the intake report plausible?

- The intake report alleges physical and emotional abuse by Mark against his wife. New APS professionals may find it hard to believe that a person presenting as Mark does could be an abuser.

What are some questions they would ask Mark's wife on their first visit?

The purpose of asking this is to see if the participants would ask about the alleged physical abuse, not to elicit specific investigation questions.

Examples of those are provided below.

Possible Responses:

- Tell me what a typical day is like for you.
- Is the care you receive adequate?
- Do you feel safe living here and being cared for by your husband?
- Have you ever been threatened by or physically harmed in any way? If yes, by whom?
- Are you afraid of anyone?
- We are concerned that you have bruises. Do you know how you got them?

Continued

- Do you get to see friends and family? Do people visit?

What are some questions they would ask Mark on their first visit? (*This may not apply if participants do not regularly interviewing alleged perpetrators or if they feel doing so will put victim at greater risk*).

Possible Responses:

- Tell me about a typical day caring for your wife.
- Have you ever felt out of control when caring for your wife? What did you do?
- What do you do or who do you tell when you are feeling stressed?
- We had a report about the bruises on your wife, do you know how she got them?
- Some people find it difficult to care for a person with your wife's condition. Do you?
- Sometimes providing care for a family member is challenging. Do you ever feel like you will lose control?
- What measures have you taken to look after your own health and well-being?
- Have you asked anyone for help?

Activity #04: Ruth and Mark Part Three

Large Group (8 minutes)

Show the remaining part of the video, again double clicking on the picture.

Once finished, **ask** the group:

- Given what you now know about Mark, would you change anything you said in the previous discussion?
- Did you suspect serious physical abuse when you first met Mark?
- Do you think some investigators might initially believe that he was a stressed caregiver?

Highlight that providing in-home help to Mark would not likely protect his wife from the abuse.

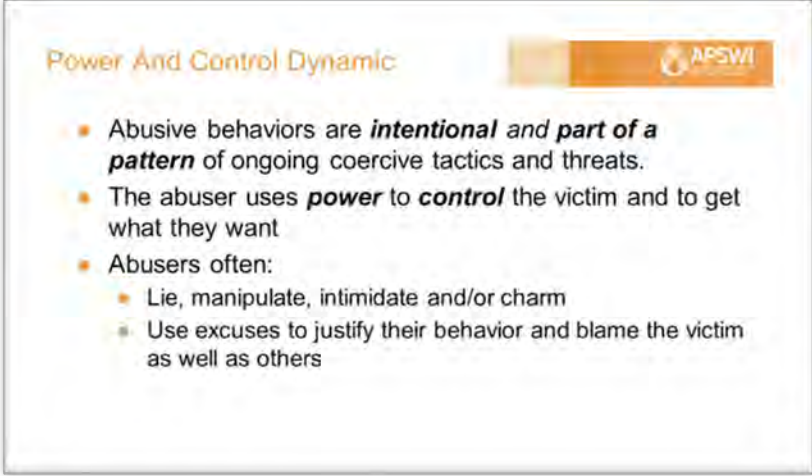
What lessons can you take away from this?

- The obvious lesson is that appearances are often deceiving.
- The trainer should remind participants that abusers are manipulative and in control. APS investigators need to keep this in mind when caregivers or other abusers tell them how hard their lives are because of all the care needs of the victim.

What interventions would have been appropriate for Mark as his wife's caregiver? How should Mark be held accountable?

Continued

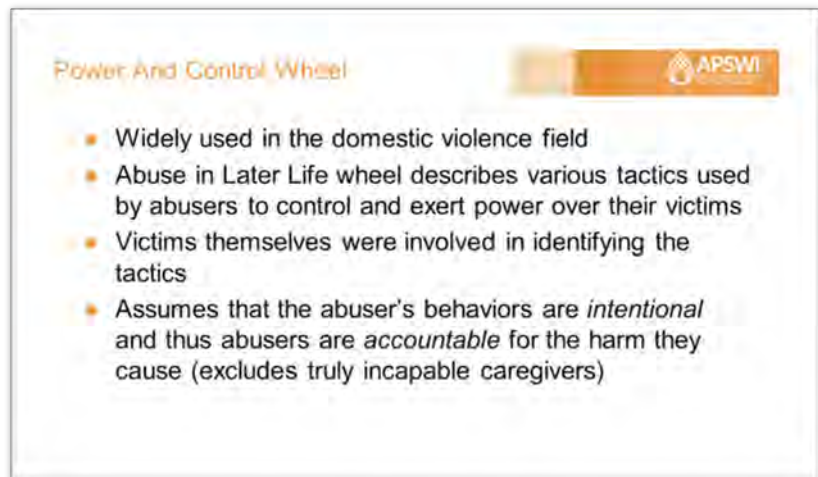
- Mark is abusing his wife. The case should be referred to law enforcement for investigation and possible prosecution. APS' responsibility would be to work with Ruth to ensure that she understands the situation, to explain the importance of Mark being held accountable in whatever way that means to Ruth, to provide her with as much control as possible, and to help ensure that she had access to good care and support under the circumstances.

Slide #28: Power and Control Dynamic

Power And Control Dynamic

- Abusive behaviors are **intentional and part of a pattern** of ongoing coercive tactics and threats.
- The abuser uses **power to control** the victim and to get what they want
- Abusers often:
 - Lie, manipulate, intimidate and/or charm
 - Use excuses to justify their behavior and blame the victim as well as others

- Abuse of in ongoing, familiar relationships often involve a pattern of coercive tactics used to gain and maintain power and control.
- While physical and/or sexual violence may be present, some victims are controlled through intimidation, threats, emotional and psychological abuse, neglect, and isolation – no physical abuse is necessary.
- In an abusive relationship, one party fears the other and may often attempt to comply with other's wishes to avoid harm.
- APS professionals should be familiar with these tactics and alert to the possibility that they may be at work in any case. APS professionals should determine if power and control tactics are being used to manipulate and/or coerce the victim.

Slide #29: Power and Control Wheels

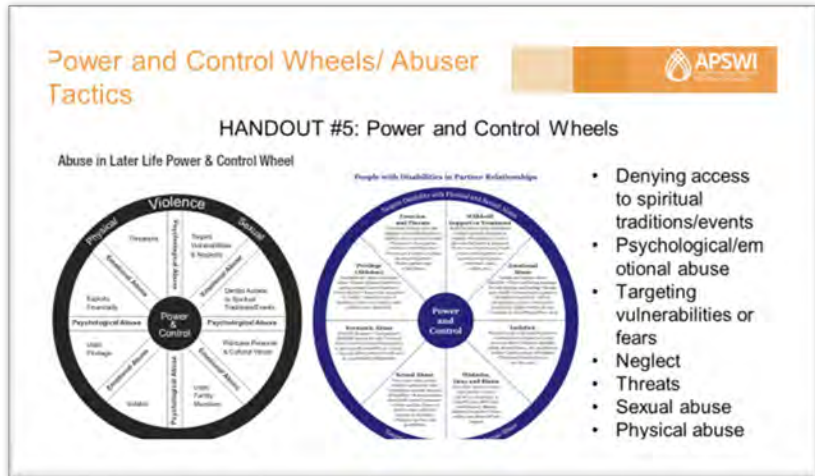
Power And Control Wheel

- Widely used in the domestic violence field
- Abuse in Later Life wheel describes various tactics used by abusers to control and exert power over their victims
- Victims themselves were involved in identifying the tactics
- Assumes that the abuser's behaviors are *intentional* and thus abusers are *accountable* for the harm they cause (excludes truly incapable caregivers)

The Power and Control Wheel:

- It is a tool widely used in the intimate partner violence field to describe tactics used by abusers to gain control over their victims.
- Was adapted by NCALL from the Power and Control Wheel developed by the Duluth Domestic Abuse Intervention Project in 1980, to specifically address abuse in later life.
 - Versions have been adapted for various populations such as youth, adults with disabilities and LGBTQIA+ folks.
 - Many versions of the Power and Control Wheel can be found here: http://www.ncdsv.org/publications_wheel.html
- Older victims themselves were involved in identifying the tactics that are commonly used, and how each tactic included emotional and psychological abuse they experienced in their relationships.

Slide #30: Power and Control Wheels/Abuser Tactics

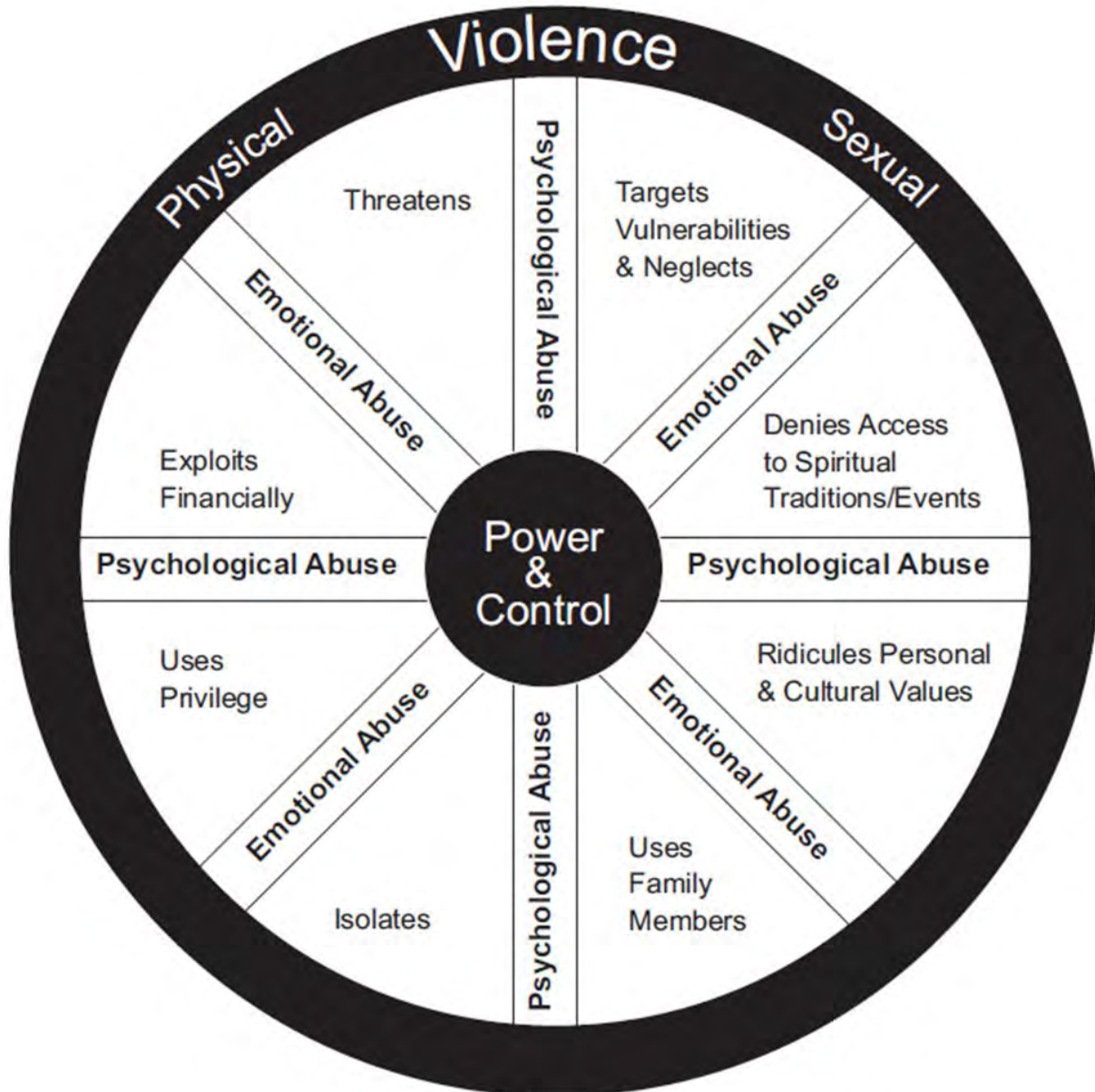


Refer participants to **Handout #05- Power and Control Wheels** in their manuals.

- **Review** both the Abuse in Later Life and People with Disabilities in Partner Relationships wheels.
 - The outer rim of the wheel defines violence or the threat of violence that is evident in the relationships. *The violence may be frequent or very limited, but fear and threats are always present.* The abuser uses the threats to maintain power and control.
 - Each piece of the pie represents a different tactic an abuser may use.
 - Abusers may use one tactic more often than others, and do not necessarily use all of them.
 - Any combination of tactics may be used to establish and maintain control.
- The Abuse in Later Life wheels make a distinction between emotional and psychological abuse, though your state statute, if applicable, may define differently.
 - Emotional abuse is specific tactics such as name-calling, put-downs, yelling and verbal attacks used to demean the victim.
 - Psychological abuse is the ongoing, manipulative, behavior that becomes an overriding factor in abusive relationships. Sometimes it can be very subtle; in other cases, it is intense and invasive. Victims often will feel like their cognition or memory are declining, even though it's not.
- The center of both wheels represent the goal or outcome of all these behaviors: *power and control over their victim.*
- The theory behind the Abuse in Later Life wheel assumes that:
 - *The abuser's behaviors are intentional, and*
 - *Abusers are responsible for the harm that they cause.*

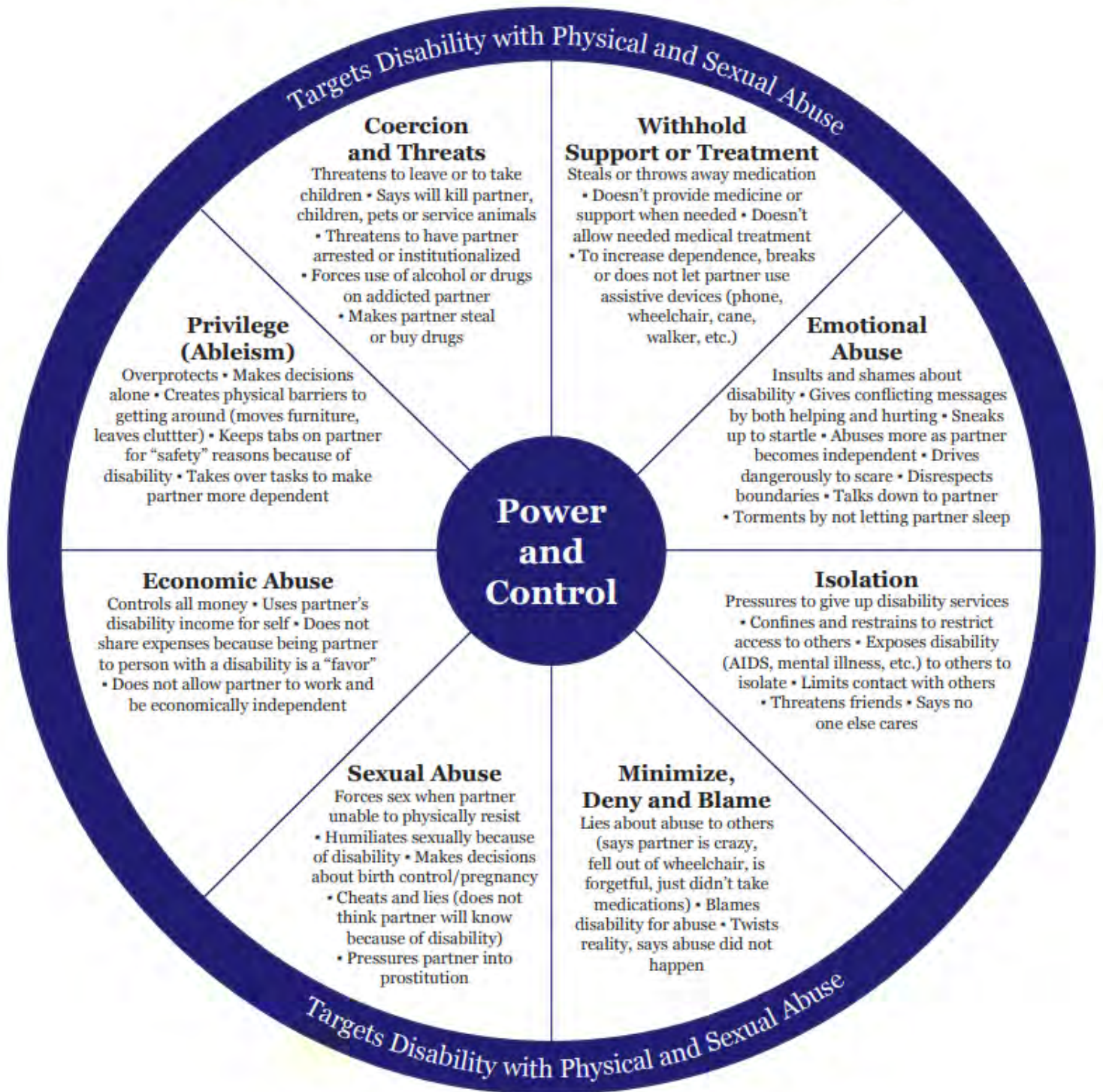
**HANDOUT #05
POWER AND CONTROL WHEELS**

Abuse in Later Life Power & Control Wheel



In 2006, NCALL adapted the Power and Control Wheel, developed by the Domestic Abuse Intervention Project, Duluth, MN. Resource updated, April 2011.

People with Disabilities in Partner Relationships



Slide #31: P&C Wheel Activity Part One

**Power & Control Wheel Activity:
Part One**

Compare/contrast the Abuse in Later Life and People with Disabilities in Partner Relationship Wheels

- What are similarities
- What are differences

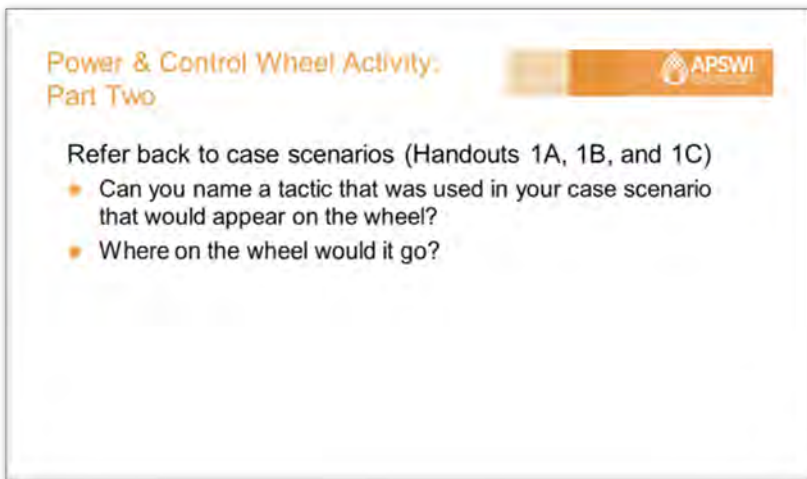
APSWI

Activity #05: Understanding the Power and Control Wheels Part One
Small Group Discussion (10 min)

Break into groups (or use breakout rooms if virtual format allows; if not, may use large group) and **ask** participants to compare/contrast the Abuse in Later Life Wheels and the People with Disabilities in Partner Relationship wheels.

Possible answers include:

- *Similarities*
 - *Power and Control in middle*
 - *Physical and Sexual Abuse in outer rim*
 - *Privilege*
 - *Financial/economic abuse*
 - *Isolation*
 - *Coercion*
- *Differences*
 - *Sexual abuse as tactic*
 - *Withholding treatment*
 - *Denying spiritual/traditional events*
 - *Uses family members*
 - *Minimize, deny and blame*

Slide #32: Power and Control Activity Part Two


Power & Control Wheel Activity: Part Two

Refer back to case scenarios (Handouts 1A, 1B, and 1C)

- Can you name a tactic that was used in your case scenario that would appear on the wheel?
- Where on the wheel would it go?

Activity #05: Understanding the Power and Control Wheel Part Two
Large Group Discussion (15 minutes)

Refer participants to their case scenario Handouts #1A, #1B, and #1C. If training virtually, **use** tools of the virtual format such as raising hands, etc.

Ask the following questions:

- **Can you name a tactic that was used in your case scenario that would appear on the wheel?**
- **Where on the wheel would it go?**

Possible Responses:

#1A TONI and JOSEPHINA

- Son's report that Toni told Josephine "she was stupid and ugly," "no one else would want her," and "lucky she puts up with her" (emotional)
- Threatened to leave (threatens)
- Threw things at her (physical violence)
- Slapped her face (physical violence)
- Threatened to kill her (threats)
- Pushed her down the stairs (physical violence)
- Bruises on her breasts and inner thighs (physical; suspected sexual violence)
- Toni reports "It's nobody's business but ours. She's my wife and I can make love to her whenever I want." (uses privilege)

#1B ROSE and HER PARENTS

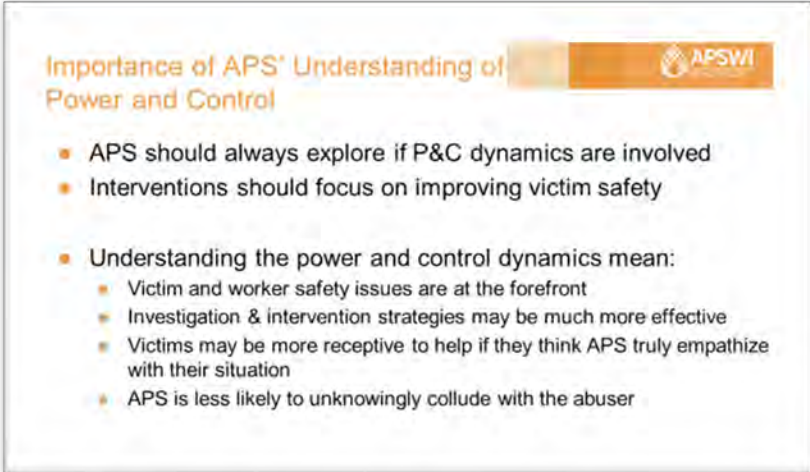
- Roughly jams spoon into father's mouth (physical abuse)
- Broke her father's tooth (physical)
- Mother found on floor unresponsive (neglect)
- Mother has several large ulcers on her left hip and left leg (neglect)

Continued

- Carpeting beneath Betsy' body was badly soiled (neglect)

#1C JAKE and REGINA

- Kicked and threatened her dog to get her to give him money (financially exploits and threatens)
- Accepted loans from his mother that he never paid back (financially exploits)
- Took Regina's ATM card without her permission and made two withdrawals totaling \$1,000 (financially exploits and targets vulnerabilities – she could not see him take the card and had shared her PIN because she needed help to make withdrawals)

Slide #33: Importance of APS' Understanding of Power & Control

Importance of APS' Understanding of Power and Control

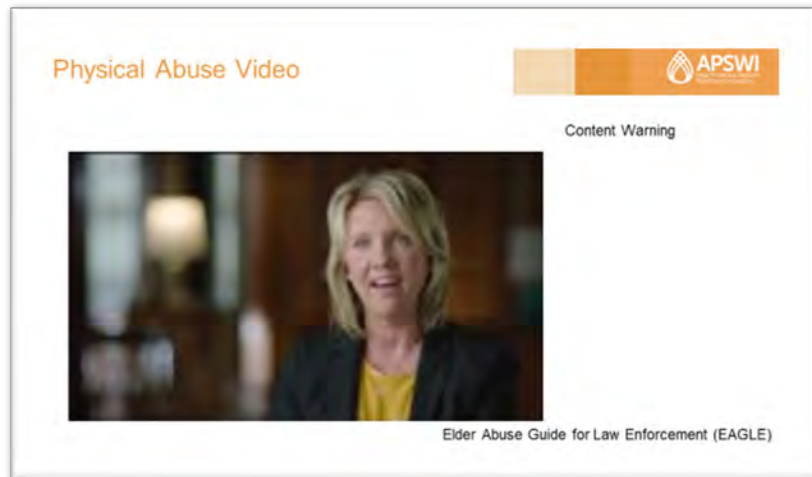
APSWI

- APS should always explore if P&C dynamics are involved
- Interventions should focus on improving victim safety
- Understanding the power and control dynamics mean:
 - Victim and worker safety issues are at the forefront
 - Investigation & intervention strategies may be much more effective
 - Victims may be more receptive to help if they think APS truly empathize with their situation
 - APS is less likely to unknowingly collude with the abuser

- APS investigations should always include determining if power and control tactics are being used to manipulate and/or coerce the victim.
- The abuser excuses and justifications listed above should never be taken at face value but rather need to be considered in the context of the entire investigation.
- Intervention strategies should always focus on improving victim safety to the degree possible, which can only be accomplished if the underlying dynamics of the abuse are understood and taken into account.
- Victim and APS professional safety issues are at the forefront in case planning and intervention. (Violent situations can be very dangerous for both victims and APS professionals).
- Knowing that the APS professional empathizes and is attempting to offer the most appropriate help will make the victim more receptive to the APS involvement.
- The APS professional will be less likely to collude with the abuse by believing the abuser's excuses and focusing on them rather than the victim.

Slide #34: Physical Abuse Video

Trainer Note: Ensure to provide a Content Warning as the video has graphic descriptions and videos. Allow participants to take a moment away if they need to.



Activity #06: Identifying Power and Control Dynamics
Large Group (Time Allotted: 15 minutes)

Explain that you will be showing a clip from Elder Abuse Guide for Law Enforcement (EAGLE) EAGLE's Roll Call Training Video Series. The clip is approx. 5 mins and is graphic in both descriptions and photographic evidence. **Encourage** participants to step away if needed or do what they need to be able to be present and feel safe.

Show the Elder Abuse: Physical Abuse clip (4.57 min). If training virtually, **ensure** to "share sound" and prepare to summarize video for participants who could not view/hear the whole clip.

Clip can be found at:

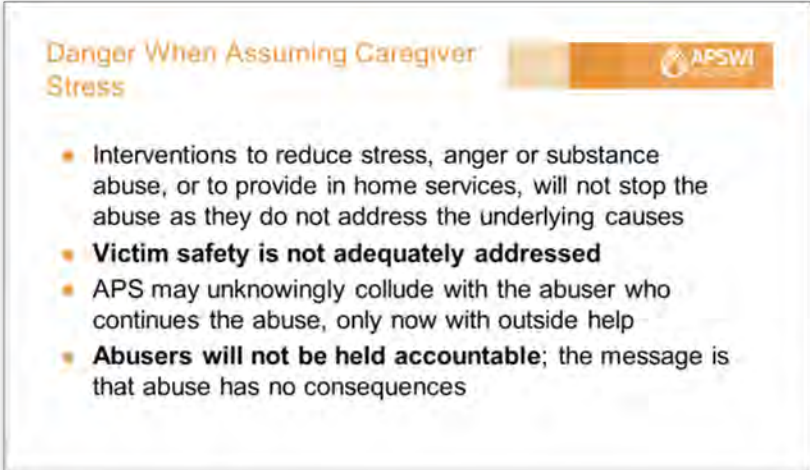
https://www.youtube.com/watch?v=Nqg68_LQ1kA&feature=emb_logo
<https://eagle.usc.edu/roll-call-training-videos/>

Ask participants to respond to the following questions:

- What tactics from the wheel could you pick out in this video?
 - Possible answers:
 - *Physical abuse*
 - *Threatens*
 - *Target vulnerabilities*
 - *Emotional abuse*
- How would being familiar with the wheel or the dynamics of abusive relationships help in investigating a case like this?
 - Possible answers:
 - *Know tactics used by abusers*
 - *Appreciate the lived experiences of victims and what they endure.*

Continued

- *Know that the victim may lie or recant to protect themselves from further abuse*
- *Knowing signs of normal aging and which types of bruises are suspicious*
- What worked well in the response to this report?
 - Possible answers:
 - *Officers had prior information and had done some investigative work prior to going to the home. Based on the report of the wife and the injuries she presented with allowed them to arrest.*
 - *Officers spoke with the adult prior to speaking to the abuser*
- What personal bias might any first responder, including APS, experience in a case like this?
 - Possible answers:
 - *Person of older age would not be abuser*
 - *Husband used a cane to abuse – may perceive him to be unable to do so based on his mobility*
 - *What we consider “normal” aging process*
 - *Domestic violence is generally thought of as a younger person problem and not as a part of a long-term relationship between older adults*
- How APS professionals collaborate with advocates from domestic violence agencies?
 - Possible answers:
 - *Work with an advocate for safety plans or orders of protection*
 - *Advocate may also be able to assist with shelter placement if needed or appropriate as well as victim of crime compensation*
 - *APS often has knowledge on Aging and Disability resources the client may benefit from and Advocates have knowledge of resources victims of abuse may benefit from.*

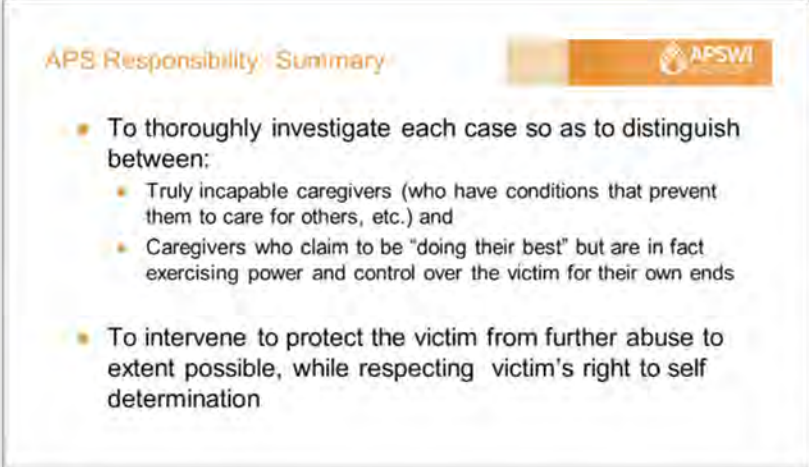
Slide #35: Danger When Assuming Caregiver Stress

Danger When Assuming Caregiver Stress

- Interventions to reduce stress, anger or substance abuse, or to provide in home services, will not stop the abuse as they do not address the underlying causes
- **Victim safety is not adequately addressed**
- APS may unknowingly collude with the abuser who continues the abuse, only now with outside help
- **Abusers will not be held accountable**; the message is that abuse has no consequences

Share that when APS assumes abuse, neglect and exploitation is occurring because of caregiver stress the following can occur:

- Victim (and APS professional) safety is not adequately addressed.
- Remedies to reduce stress, anger, substance use, or to provide in-home services do not address the underlying power and control dynamics (i.e. the causes of the abuse).
- Abuser is not held accountable as described prior. The message is that they can continue to abuse with no consequences; in fact, the interventions provided may actually reinforce abusive behavior.

Slide #36: APS Responsibility: Summary


APS Responsibility: Summary

- To thoroughly investigate each case so as to distinguish between:
 - Truly incapable caregivers (who have conditions that prevent them to care for others, etc.) and
 - Caregivers who claim to be "doing their best" but are in fact exercising power and control over the victim for their own ends
- To intervene to protect the victim from further abuse to extent possible, while respecting victim's right to self determination

In conducting an APS investigation, always consider the following (not in order of priority):

- Is the abuse the result of power & control?
- What were the abuser's explanations/excuses/justifications? What words do you listen for?
- Was undue influence (threats, intimidation, etc.) used?
- What does the victim want?
- What do resolutions or "successful outcomes" look like?
- What provides the greatest measure of safety for the victim?
- What roles do victim and abuser decision-making ability and decision-making capacity play?
- What other agencies/collaborators can provide information and assistance?

The focus of any APS intervention is to make sure, to the extent possible, and while protecting the person's rights, including that of autonomy, that the victim does not suffer additional abuse, neglect, or exploitation.

A complete APS investigation requires skill, patience, and time. In order to determine what happened, who did what and why, the APS professional needs to gather a wealth of information. The NAPSA Core Competencies for APS caseworkers will provide valuable material for conducting abuse investigations. (Refer to APWSI website for most current list of core competencies: <https://theacademy.sdsu.edu/programs/apswi/core-competency-areas>).

APPRECIATING VICTIMS' EXPERIENCES
Time Allotted: 50 minutes

Slide #37: Considering Victim's Circumstances

Considering Victims' Circumstances APSWI

What makes it hard for a victim to leave an abusive relationship, or why may they return?

- Does it make a difference if the abuser is an adult child? A partner? A paid caregiver?
- How do the victim's actions affect the investigation?
- Is it frustrating for APS when victims wish to continue the relationships or are unable to follow through on interventions/recommendations?

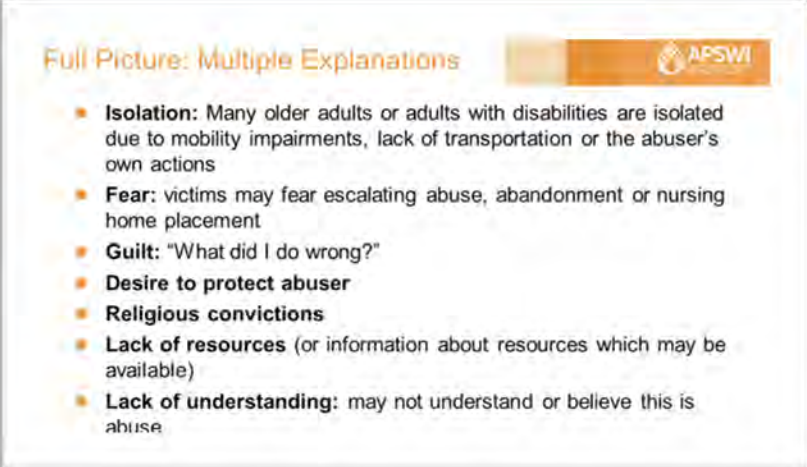
Activity #07: Considering Victim's Circumstances
Large Group (Time Allotted: 10 minutes)


Ask participants to respond to the following questions. Briefly note responses on flip chart or board or on blank slide if training virtually.

- **What makes it hard for a victim who is an older adult or adult with disability to leave an abusive relationship, or why may they return to one(s)?**
 - All relationships where there is love, trust, or an expectation of trust may be difficult to end. Often the victim wants the abuse to stop but also wants to maintain the relationship. Victims may engage in behaviors that protect the abuser, such as not giving accurate information or recanting. There may be something that abuser provides that the victim doesn't feel they can get from someone/somewhere else. There is shame involved, loyalty, cultural/religious reasons. They may not feel "it's bad enough".
- **Does it make a difference if the abuser is an adult child? A partner? A paid caregiver?**
 - For victims abused by adult children, it can be very difficult or impossible to report abuse. Most victims will want to protect their children and try to continue to have contact with them in a way that is safe. Victims cannot divorce their children and often continue to hope that they will change.
 - For victims of intimate partner violence, many older victims have been in relationships for 40, 50, or 60 years. They may not believe in divorce and may be unwilling to end the relationship. Other victims may have been in shorter relationships and still may not be willing to end a relationship. But there are victims who are willing to consider divorce or separation.
 - When the abuser is a paid caregiver, often there is a fear of a new caregiver being worse or that there will not be a caregiver at all. Many older persons fear nursing home placement more than anything else.

Continued

- **How do the victim's actions affect the investigation?**
 - Victims may choose not to tell the investigator everything or anything.
 - Victims may recant.
 - Victims may seem to work harder to protect the abuser than themselves.
 - Victims may refuse to accept any services or interventions.
 - Victims who have cognitive impairments may be especially confused and uncertain about what to do or what they have previously agreed to do
 - Older persons may be more concerned with preserving their independence than their safety.
- **Is it frustrating for APS when victims wish to continue the relationships or are unable to follow through on service plan or intervention recommendations?**
 - It can be frustrating for APS professionals who do not understand the dynamics of abusive relationships from a victim's point of view or the many losses and concerns that can be associated with major life changes. Making decisions is often a process of small steps forwards and backwards. Remind participants each case is unique. The dynamics and the struggles that each person faces must be at the forefront of our minds when assisting them. Be cognizant of personal biases and of feeling like each case is the same and nothing is different. Be aware of the tactics used to gain power and control of the older adult or adult with disabilities.

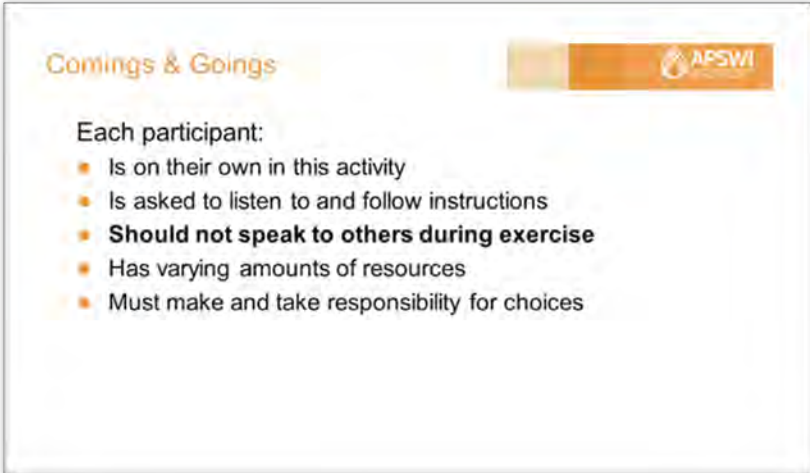
Slide #38: Full Picture: Multiple Explanations

Full Picture: Multiple Explanations 

- **Isolation:** Many older adults or adults with disabilities are isolated due to mobility impairments, lack of transportation or the abuser's own actions
- **Fear:** victims may fear escalating abuse, abandonment or nursing home placement
- **Guilt:** "What did I do wrong?"
- **Desire to protect abuser**
- **Religious convictions**
- **Lack of resources** (or information about resources which may be available)
- **Lack of understanding:** may not understand or believe this is abuse

Display slide and briefly point out any reasons not already discussed:

- Isolation
- Fear
- Guilt
 - "What did I do wrong?"
- Desire to protect abuser
 - Including immigration status
 - Jail terms for an abuser
- Religious convictions
- Lack of resources
- Lack of understanding
 - May not understand or believe this is abuse - historical/intergenerational trauma

Slide #39: Comings & Goings


Comings & Goings

Each participant:

- Is on their own in this activity
- Is asked to listen to and follow instructions
- **Should not speak to others during exercise**
- Has varying amounts of resources
- Must make and take responsibility for choices

Activity #08: Comings & Goings
Individual/Large Group (35 minutes)

(Adapted from NCALL activity: https://s3-us-east-2.amazonaws.com/ncall/wp-content/uploads/2019/02/08161143/ComingsGoings_Final_gender.pdf)

This exercise is designed to give participants a sense of the limited alternatives available to many older/vulnerable victims, and to demonstrate that each alternative often carries a significant cost in terms of either money or the goodwill of others.

Take into account these considerations:

- **CONTENT WARNING:**
 - This activity can feel very personal and poses a risk for activating feelings from participants who have experienced domestic violence themselves. **Provide** a Content Warning and **allow** participants to take time away from this activity if they need to.
- **ACCESSIBILITY:**
 - If anyone in the room is unable to move to a various location throughout the room, or if they cannot see the signs or hear the directions, you must **provide** them with the information in a format accessible to them, e.g. by giving them the map, and allow them to make their choices verbally and to pay you directly with the money and goodwill slips.
- **VIRTUAL TRAINING:**
 - If training virtually, **check** if your format allows participants to edit and place objects/icons on a slide to demonstrate where they would go (e.g. using the annotate feature in Zoom).

Materials:

- Masking tape, paper clips, small boxes, or manila envelopes

Continued

- Location signs
- Play money & goodwill slips divided into packets. There must be one packet for each participant. **Each packet should contain varying amount of money (from one to six bills in each) and goodwill slips (from one to four in each). These are also in the Participant Manuals, but should be dismissed if training virtually.**
 - If training virtually, ask participants to cut them out from their Participant Manual. Provide an “amount” for each participant and explain you trust they will be honest.
 - To provide an amount, you can inform participants who had the Toni and Josephina Case Scenario they have six \$20 bills and 8 Gold Good Will slips. Those who had the Rosie and her parents Case Scenario have four \$20 bills and 3 Gold Good Will slips. Those who had the Jake and Regina Case Scenario have two \$20 bills and 6 Gold Good Will Slips.
- A bell, whistle, clicker or other noisemaker (if not available, the trainer can clap or whistle).

Before the Training:

- Print out the signs found in **Trainer Handout #09-Coming and Going Activity** in the appendices, in color if possible, as follows:
 - One each of the six location signs;
 - Two of the “closed” sign;
 - Multiple pages of the fake money and goodwill slips, depending on the size of your group
 - After printing, cut into individual pieces and divide into packets with one to six bills in each and from one to four goodwill slips in each clipped together.
 - For virtual training: create a slide with the options for participants to “move” to and practice putting a “closed” sign on certain ones.

Over the Lunch Break:

- Put up the signs provided in **Trainer’s Handout #09** in different locations around the room (home: relative’s home; motel, apartment; domestic violence shelter; and nursing home). Make sure there is room for at least several people to stand near each sign.
 - For virtual training: Use the provided roadmap on a slide the participants can edit using annotate or like feature.
- Place small boxes, buckets, or manila envelopes under/near each sign for participants to place their payments.
 - If training virtually, remind participants to be honest about the amount of each they have.
- Give each participant a packet containing both money and goodwill slips.
 - If training virtually, you can be send to participants prior training or assign virtually.

Continued

Note to Facilitator: If training in person and in a larger room, you will benefit from using a microphone so that everyone can hear the scenarios. You may need to remind participants of their options and how much each option costs money or goodwill to others a few times at the beginning of the exercise. Be sure to pause between scenarios to give participants time to think and move. At the same time, keep the activity moving to keep the energy high. If participants start chatting, feel free to ask them to hold their comments until the debrief discussion so that everyone can hear. Some participants may try to go to the nursing home early or become homeless by refusing to go to any of the posters, especially if they are out of resources. Feel free to allow for some creativity during the exercise and to bring up these experiences during the discussion. Finally, keep in mind that you may have survivors of abuse walking through this activity, and it may raise memories of their lived experience. Sometimes survivors share their lived experience during the discussion. Be sure to check in with anyone who seems especially moved by this activity.

To begin this activity **read** these instructions to the group:

- We are now going to do an activity called “Comings and Goings.” In this activity, each of you will be in the role of an older victim. During this activity, I will read a scenario describing what is happening to you over time. Please do this exercise in silence and do not talk to your neighbors. This can feel very personal and was designed to do so on purpose. I encourage you to go “in character” as much as you feel safe to do so.
- After I have described the circumstances, I will ask what you would do in that situation, and you will choose one of the housing locations represented on the posters (or game board if training virtually). You have the choice of several locations including:
 - staying or returning home
 - going to a hotel,
 - going to your adult child’s home,
 - going to the domestic violence emergency shelter, or
 - renting an apartment.
 - If you are eligible, you can go to the nursing home. The nursing home is only open if you have a long-term condition requiring ongoing nursing care.
- **If training in person read:** For those who are willing and able to participate by moving around the room, I will ask you to move to stand by the poster of where you would go. If you choose to remain at your seat, use the Comings and Goings Game Board in your handouts and mark where you would go.
- **If training virtually read:** Use the Comings and Goings Game Board on the screen to annotate or like feature and mark where you would go.
- Deciding to leave will cost you either financially and/or a sense of “goodwill” for asking for assistance. At the end of each scenario, I will tell you the cost of your decisions. Costs are also written on the posters.
 - Green slips (or play money) represent a financial cost.

Continued

- Yellow slips represent the impact on relationships of asking for assistance. We all know that no one can repeatedly ask for help without risk of being turned away. This “wearing out your welcome” is a consideration for victims when asking for help.
- If you decide to leave home, deposit your slips by the location you move to. It is always free to stay or return home.
- Additionally, periodically, I will be ringing the bell or clapping. When I ring the bell/clap, you must either pay again or move to another location. If you run out of resources to use any of the available options, you must return home for the duration of the activity.
- As in real life, each one of you received a different amount of money and goodwill slips in your packet. If you run out of the resources, you must return home.
- Each of you will be a 54-year-old woman facing a number of choices. *Please do not speak to each other during exercise. You are a woman alone facing your own choices.*
- We will discuss the exercise after we are done with all the scenarios. Please remain silent during the exercise so everyone can hear the directions. Are there any questions?

Note: You may have to repeat one or more of these directions throughout the exercise, especially “please be silent” and the reminder of why!

Activity Script:

Remind participants that this activity can evoke strong emotions and to please do what they need to, even if that means taking a moment away from the training, to feel safe.

Read the following:

“Everyone, please now move to “HOME” (or if training virtually, annotate with a stamp that you are at “HOME”) and you will hear the first part of the case scenario.

Read scenario: You are 58-year-old woman who was in an accident five years ago which caused a Traumatic Brain Injury (TBI). You also have asthma. You have been married to your husband, who is 70 years old, for 29 years. You are active in your community and church and enjoy time with your grandchildren. You have lived in your current home for 23 years. You tend a beautiful garden in the backyard and love your service dog whom you’ve had for about 4 years since the accident.

Read to EVERYONE:

#1: Every Tuesday you go to book club with your friends. This Tuesday as you prepare to leave, your husband starts to yell at you. He is so upset you call your friends and cancel your plans. You are concerned about your husband’s increasingly controlling behavior. What do you and your dog do?

Note to Facilitator: *Describe the options available and the cost. Pause to give participants time to move.*

Read to those at HOME:

#2: A few weeks later you have plans to go to the annual community picnic. Your husband is not feeling well but you decide to go anyway. Your husband becomes angry, grabs you hard by the arm, and pushes you into the living room wall. You think he may have bruised your arm. What do you do?

Note to Facilitator: *Describe the options available and the cost. Pause to give participants time to move.*

Read to those at HOME:

#3: A few months later you go shopping with your husband. He is unhappy because he feels you wasted money on an air purifier that your doctor recommended to help with your asthma. You argue with him on the way to the car and he intentionally slams your hand in the car door. What do you do?

Note to Facilitator: *Describe the options available and the cost. Pause to give participants time to move.*

Read to those NOT at HOME

#4: You left quickly so you need to buy some new clothes. When you go to pay for the clothing, you find that your husband has canceled your debit and

Continued

credit cards. If you want new clothes, it will cost you one green slip. What do you do?

RING BELL/CLAP HANDS Remember, whenever the bell is rung or I clap, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.

Note to Facilitator: While participants are deciding about whether or not to buy new clothes, **ring the bell/clap** to keep the exercise moving.

Now everyone needs to decide about clothes and pay up if they want to stay somewhere other than home.

Pause and give participants time to move.

Read to those at HOME (If anyone remains at home or has returned – skip if no one is at home)

#5: Several months later, your husband is angry that dinner is not ready precisely at 5 p.m. He pushes you and you fall down the stairs and break two of your ribs. You go to the hospital. He threatens to take your name off his company's provided insurance if you don't return home. Without insurance, leaving the hospital costs three green slips out of pocket so you can get your medication. What do you do?

Note to Facilitator: Pause to give participants time to move.

Read to EVERYONE

#6: You decide to get a divorce but find you have too many resources for free legal help. Do you get an attorney? If yes, it costs you five green slips.

Note to Facilitator: Pause to give participants time to move.

Read to those NOT at HOME

#7: You decide to talk to your pastor. Your pastor reminds you that you made a promise before God to stay in this marriage for better or for worse. What do you do?

RING BELL/CLAP HANDS Remember, whenever the bell is rung or I clap, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.

Note to Facilitator: While participants are deciding if the pastor's words impact their decisions, ring the bell/clap to keep the exercise moving. Now pay up if they want to stay somewhere other than home. Remind participants that if they are out of options, they must go home for the remainder of the exercise. Pause to give participants time to move.

Continued

Read to those at HOME (If anyone remains at home or has returned – skip if no one is at home)

#8: You have returned home from the hospital. Your husband now acts thoughtful, caring, and supportive. Someone has called adult protective services. A worker comes to the home and offers to help you. The worker recommends family counseling and respite care for your husband. Accepting help costs one yellow slip. What do you do?

Note to Facilitator: *Pause to give participants time to move.*

Read to those NOT at HOME

#9: Your husband begins to stalk you. You see his car when you are shopping. You find footprints up to your bedroom window. You file for an order of protection/restraining order.

For those staying at your adult child's home, one night you overhear their spouse talking to your adult child about asking you to leave because they are afraid that your husband might hurt your grandchildren. What do you do?

RING BELL/CLAP HANDS Remember, whenever the bell is rung or I clap my hands, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.

Note to Facilitator: *Pause to give participants time to move.*

For those with an attorney, your attorney has interviewed all the necessary parties and now needs two more green slips to file any papers. What do you do?

Note to Facilitator: *Pause to give participants time to move.*

Read to those at HOME (If anyone remains at home or has returned – skip if no one is at home)

#10: Your husband is angry that you talked to “the government” who is now meddling in your personal business. On Friday night, your husband takes the shotgun out of the closet, lays it on the kitchen table, starts drinking, and threatens to kill you. What do you do?

Note to Facilitator: *Pause briefly to give participants time to move.*

Continued

#11: You hide the gun. Your husband finds it, loads it, and comes after you.

You call 911. The sheriff comes, removes the shotgun shells from the gun and the home, and tells your husband to settle down. The sheriff tells you that jail is no place for an older person so he will not arrest your husband. What do you do?

Note to Facilitator: Pause to give participants time to move.

Read to those NOT at HOME

#12: Your son says you can no longer stay with them. The shelter says your time is up and you must leave. What do you do?

Note to Facilitator: Put the red CLOSED signs on the adult child's HOME and DV SHELTER posters (with a little masking tape on the back or if training virtually, annotate a red X) to remind everyone these options are no longer available throughout the exercise and then

RING BELL/CLAP HANDS.

Remind participants that whenever the bell is rung or you clap your hands, they must pay again or move to another location. If they run out of resources, they must return home for the rest of the exercise.

Read to those at HOME (If anyone remains at home or has returned – skip if no one is at home)

#13: At breakfast, you can't find your dog, who supports you with certain tasks throughout the day. Your husband laughs and says, "We are better off without that Popsicle." Later that morning you find your dog, barely alive, in your freezer. What do you do?

Note to Facilitator: Pause to give participants time to move.

Read to those NOT at HOME

#14: The increased stress has taken its toll and your asthma and symptoms related to your TBI now require on-going daily medical assistance from skilled nurses.

You cannot stay with relatives or at the shelter.

You could stay in the hotel for two green slips or move to an apartment and pay three green slips and one yellow slip for medical help if you have the resources.

You could go to the nursing home, without your husband and get the medical help you need, but your dog would need to acclimate to the new environment.

You could remain at home and have in-home services and your husband's "help".

Note to Facilitator: After describing the options above, **RING BELL/CLAP HANDS.**

Pause to give participants time to move.

Conclude the exercise by **asking** everyone to return to their seats or come back together and **ask** them how they felt as they were "coming and going" through their choices.

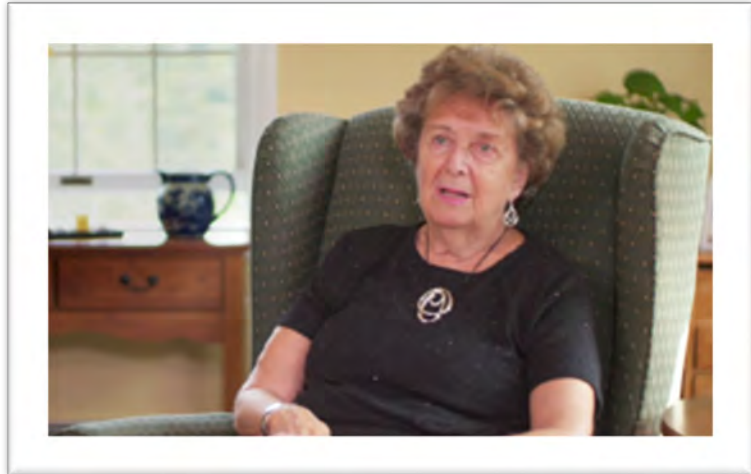
- Were they frustrated?
- Why did they make the choices they did?
- Did anyone try to cheat or steal; what happens with individuals APS works with who do that?
- Did anyone want to retaliate?

AND:

- What did this tell them about the choices victims have and make?
- What did this tell them about the importance of collaboration in dealing with cases of abuse of older adults and adults with disabilities?

WRAP UP AND EVALUATIONS
Time Allotted: 15 minutes

Slide #40: Video – Mary Lou



Explain that you will be showing a video to wrap up this training highlighting both the fact that victims of domestic violence are resilient and can become survivors and thrivers and the importance of working with others, especially those involved in Domestic Violence Agencies which often include access to advocacy, shelter, legal and safety planning, often times at free or low cost.

This video shows an older victim who had been in an abusive relationship. Mary Lou discusses making decisions about whether to stay with her husband or to leave and how it felt admitting for the first time this relationship was abusive. Note that even though in many states Mary Lou would not be eligible to be an APS client, there are many valuable lessons to be learned from her situation.

Provide a content warning and **encourage** and **allow** participants to do what they need to take care of themselves. **Explain** that it is a 10 min video clip.

Ask participants to answer these questions, silently, as they watch the video: (note, possible answers are in italics for the facilitator)

- **What factors may have played into Mary Lou’s decisions on staying or leaving? Refer** back to slides “Understanding from a Victim’s View.” Power & Control wheels & abuser tactics hand-out.
 - *Fear*
 - *Denial*
 - *Economic issues, including access to health insurance, her retirement*
 - *Lack of family to turn to*
 - *Hope that things would get better*
- **Would Mary Lou be an APS client in your state/county?**

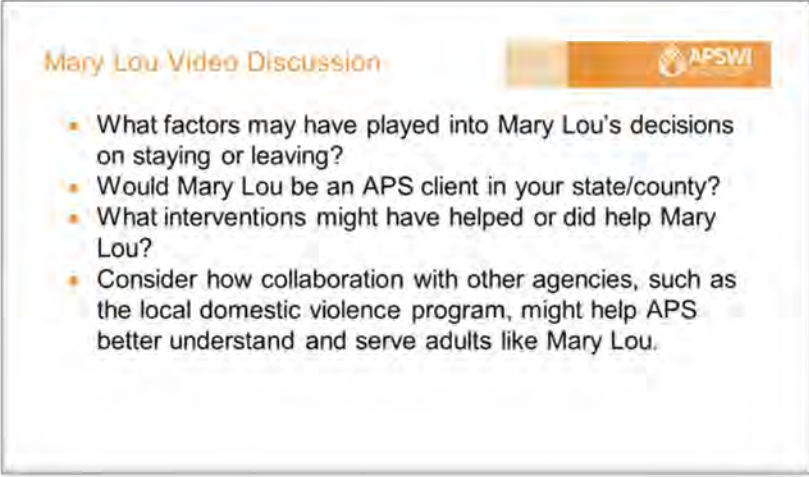
Continued

- *If not, the APS intake staff should know to refer her to the local domestic violence program, aging services programs, etc.*
- **What interventions might have helped or did help Mary Lou?**
 - *Support group with other older survivors of domestic violence, especially those geared towards older adults.*
 - *Peer counseling*
 - *Legal advocacy*
 - *Benefits counseling re Medicare, Medicaid, Social Security, etc.*
- **Consider how collaboration with other agencies, such as the local domestic violence program, might help APS better understand and serve adults like Mary Lou.**

Play the 10.16 min video clip from NCALL “Mary Lou’s Story”

[https://ncall-luv-videos.s3.us-east-2.amazonaws.com/Mary+Lou+Cut+8+FINAL+\(1920x1080\)_English_OC.mp4](https://ncall-luv-videos.s3.us-east-2.amazonaws.com/Mary+Lou+Cut+8+FINAL+(1920x1080)_English_OC.mp4)

Slide #41: Mary Lou- Video Discussion

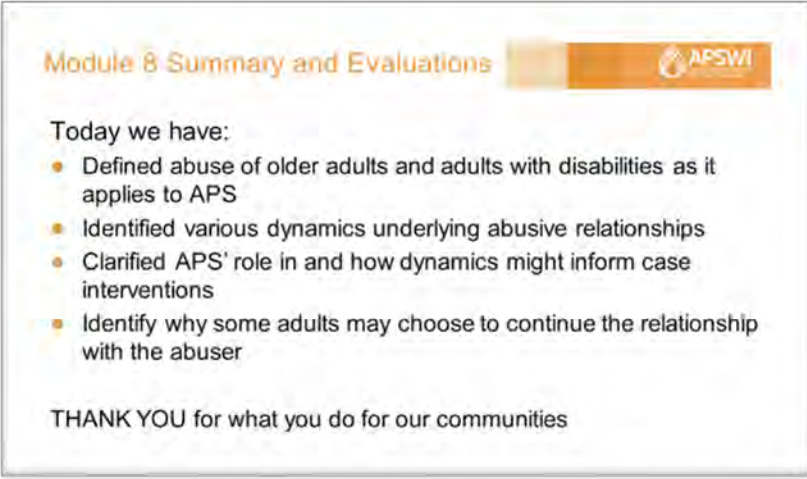


Mary Lou Video Discussion

- What factors may have played into Mary Lou's decisions on staying or leaving?
- Would Mary Lou be an APS client in your state/county?
- What interventions might have helped or did help Mary Lou?
- Consider how collaboration with other agencies, such as the local domestic violence program, might help APS better understand and serve adults like Mary Lou.

After the video **allow** 2-3 minutes for people to share their reactions if time permits.

Slide #42: Module 8 Summary



Module 8 Summary and Evaluations

Today we have:

- Defined abuse of older adults and adults with disabilities as it applies to APS
- Identified various dynamics underlying abusive relationships
- Clarified APS' role in and how dynamics might inform case interventions
- Identify why some adults may choose to continue the relationship with the abuser

THANK YOU for what you do for our communities

Review the training objectives on the slide.

Ask if there are any final questions or comments on this training.

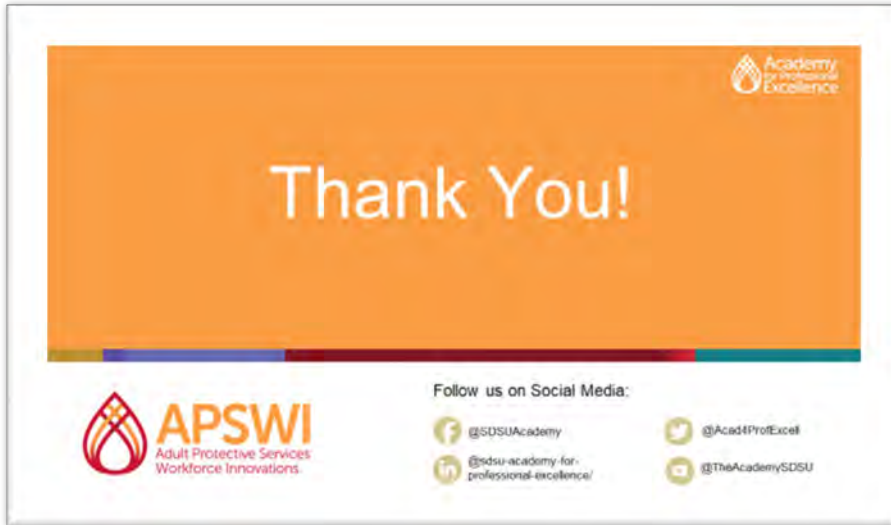
Thank the participants for being present for this training, for being vulnerable and open to hearing some difficult information.

Challenge each participant to research local domestic violence agencies in their areas and keep for reference for the future. **Encourage** participants to review the Transfer of Learning Packet in the manuals with a colleague or Supervisor. There are various activities they can complete at different times to continue the conversations from this workshop. Extra copies can be found on APSWI's website: <https://theacademy.sdsu.edu/programs/apswi/>

Provide information on evaluation (if applicable) and **allow** time for completion of evaluations.

Offer more information about NAPSA's Core Competency Modules through the APSWI website: <https://theacademy.sdsu.edu/programs/apswi/>

Wish the participants well in their APS work and **state** how valuable their work is.



Thank You!

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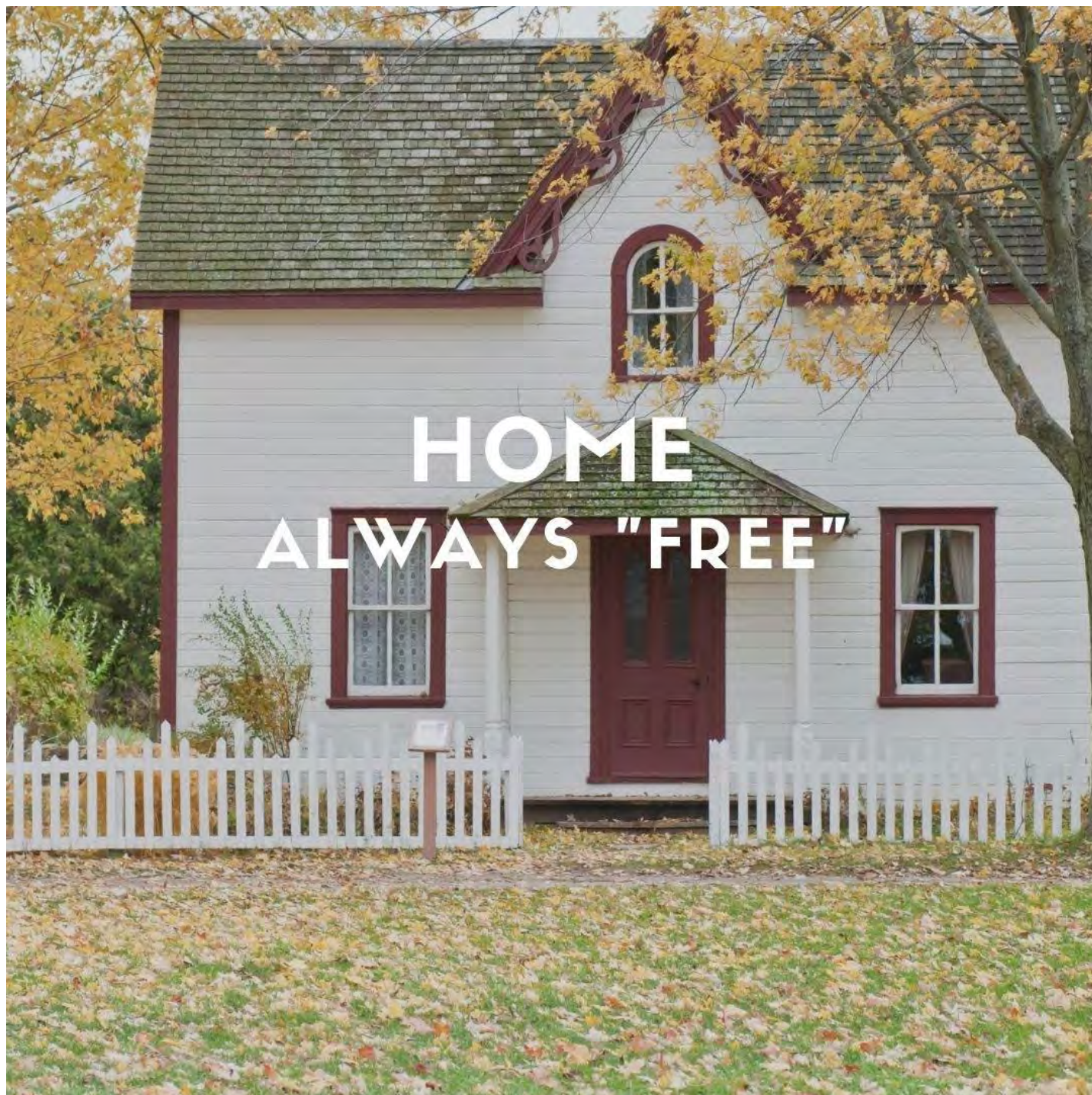
We envision a world where the quality of life for individuals, organizations, and communities is transformed to a healthier place.

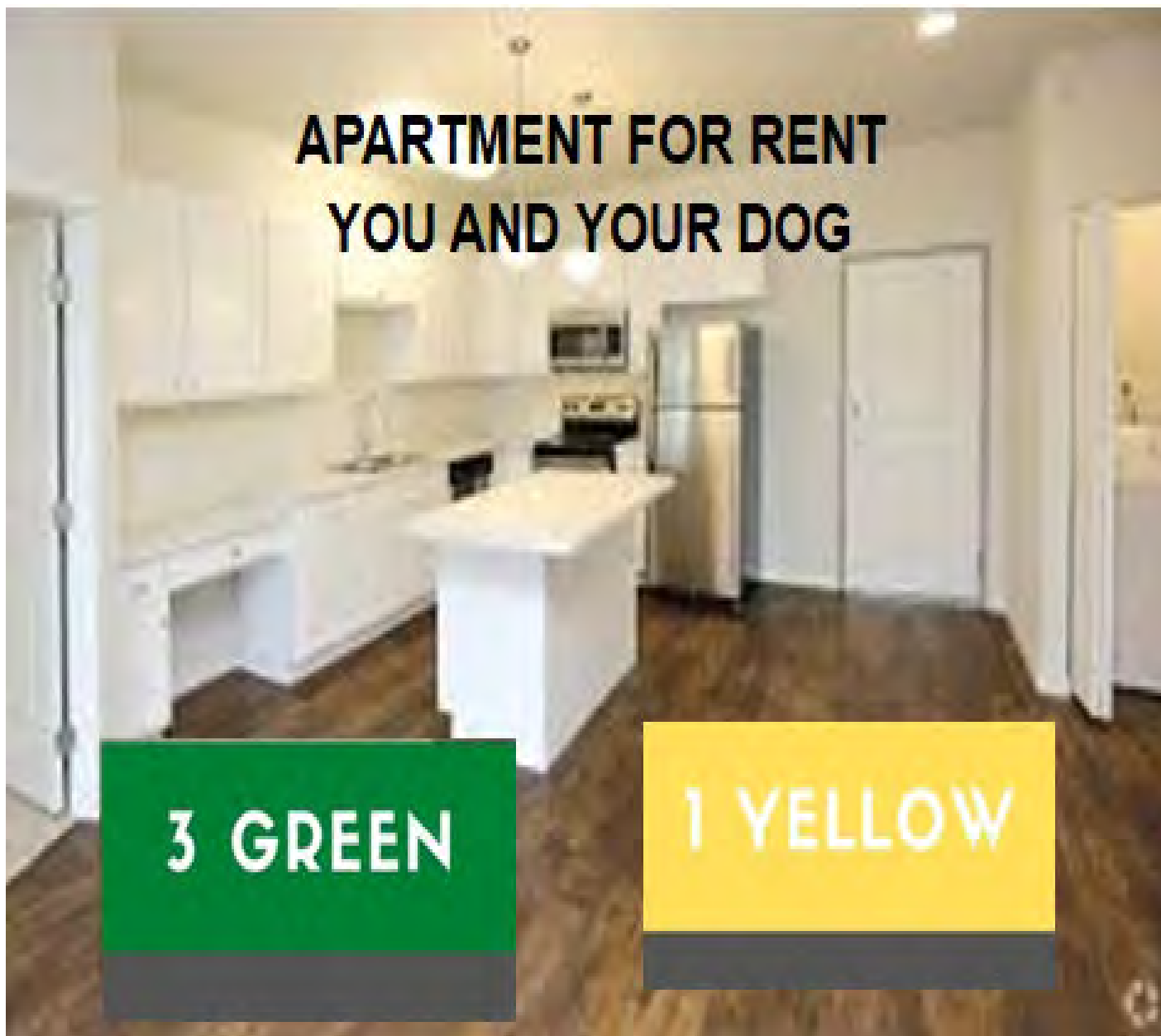
Academy for Professional Excellence

APPENDIX**TRAINER'S HANDOUT #09 (FOR TRAINER ONLY)
COMINGS AND GOINGS
LARGE GROUP EXERCISE**

Includes:

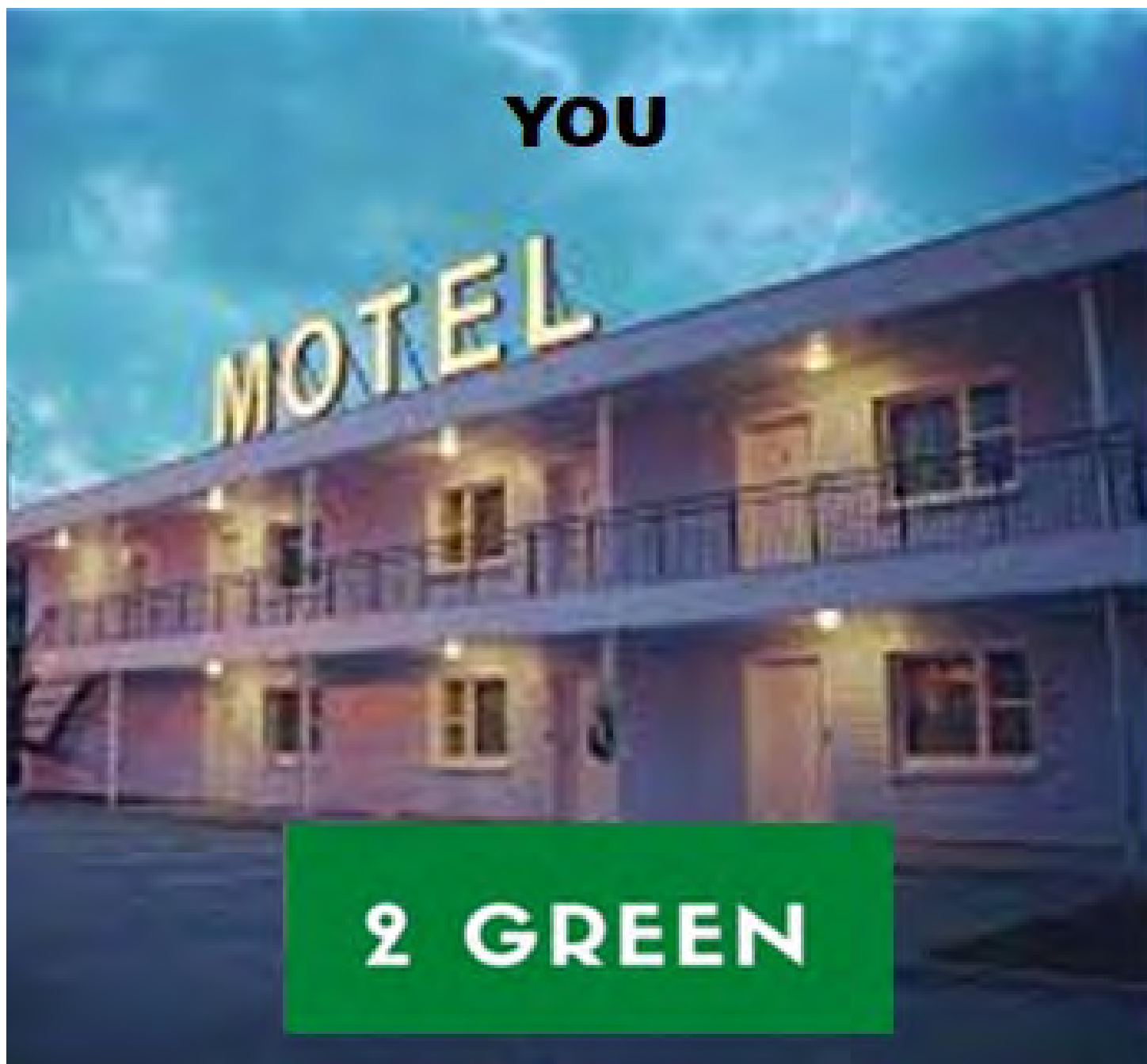
- 6 location signs:
 - Home
 - Apartment
 - Adult Child's Home
 - Motel
 - Domestic Violence Shelter
 - Nursing Home
- 1 CLOSED sign (PRINT 2 copies)
- 1 page of fake \$20 bills (PRINT multiple pages and cut into individual pieces)
- 1 page of goodwill chits (treasure chest Clipart) (PRINT multiple pages and cut into individual pieces)
- If training virtually, use game board on a slide that can be "annotated" or like feature or send electronically along with the money and chits.





ADULT CHILD'S HOME YOU AND YOUR DOG

1 YELLOW

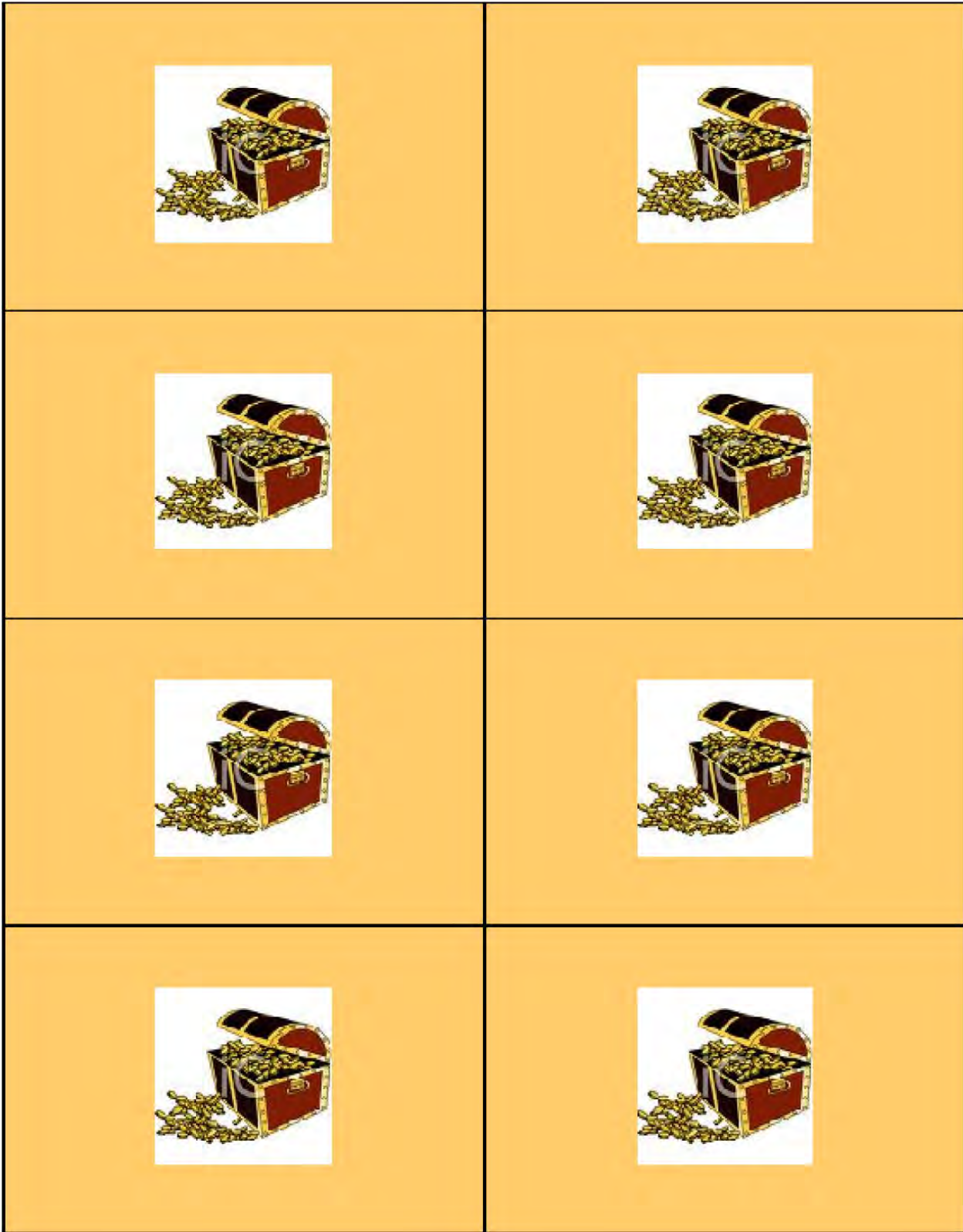












Comings and Goings Game Board



TRANSFER OF LEARNING PACKET

Dynamics of Abusive Relationship Transfer of Learning Packet



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Dynamics of Abusive Relationships TOL

How to Use:

This Transfer of Learning (TOL) Packet is designed as a companion to NAPSA Core Competency Module 8: Dynamics of Abusive Relationships, both eLearning and ILT modalities.

This TOL packet can be used in a variety of settings to include:

- Instructor-Led Training (virtual or in-person) with support from a facilitator
- During supervision when coaching staff around the skills of identifying dynamics of abusive relationships and how APS can best support survivors of this type of abuse
- Unit Meeting as a group activity with guidance from a Supervisor or Lead Staff

There are three activities available, independent of each other. Each activity has its own learning objectives. Facilitators and Supervisors are encouraged to complete the activities that support their staff's development needs most.

- Facilitator's Guide provides possible answers to support Facilitators and Supervisors when utilizing this packet can be found on pages 17-21.

Instructions:

1. Participants will first view a video clip of Jewell, an older adult who is a survivor of intimate partner violence. This clip is provided by NCALL and requires those who access it to complete a short demographics survey.
2. To access the video, visit <https://www.liftingupvoices.net/>, fill out the demographics and click on Jewell: Intimate Partner Violence Including Economic Abuse clip.
3. Complete the questions provided for each activity that is desired for completion. Discuss additional possible answers, similarities, and discrepancies.

Content Warning and Trauma-Informed Practice:

The video clip used for these activities shares real-life experiences from Jewell and can activate memories from participants' own lived experiences, past or current. It's imperative that psychological safety is in place prior to completing these activities. Group/pair trust, knowing what is expected, freedom of choice and validation are just a few ways to promote psychological safety. Facilitators and Supervisors should ensure a Content Warning is provided before watching the video and discussing answers. Encourage and allow participants to do what they need to in order to feel safe during these activities.

Activity One: Identifying Power and Control Dynamics

Learning Objectives:

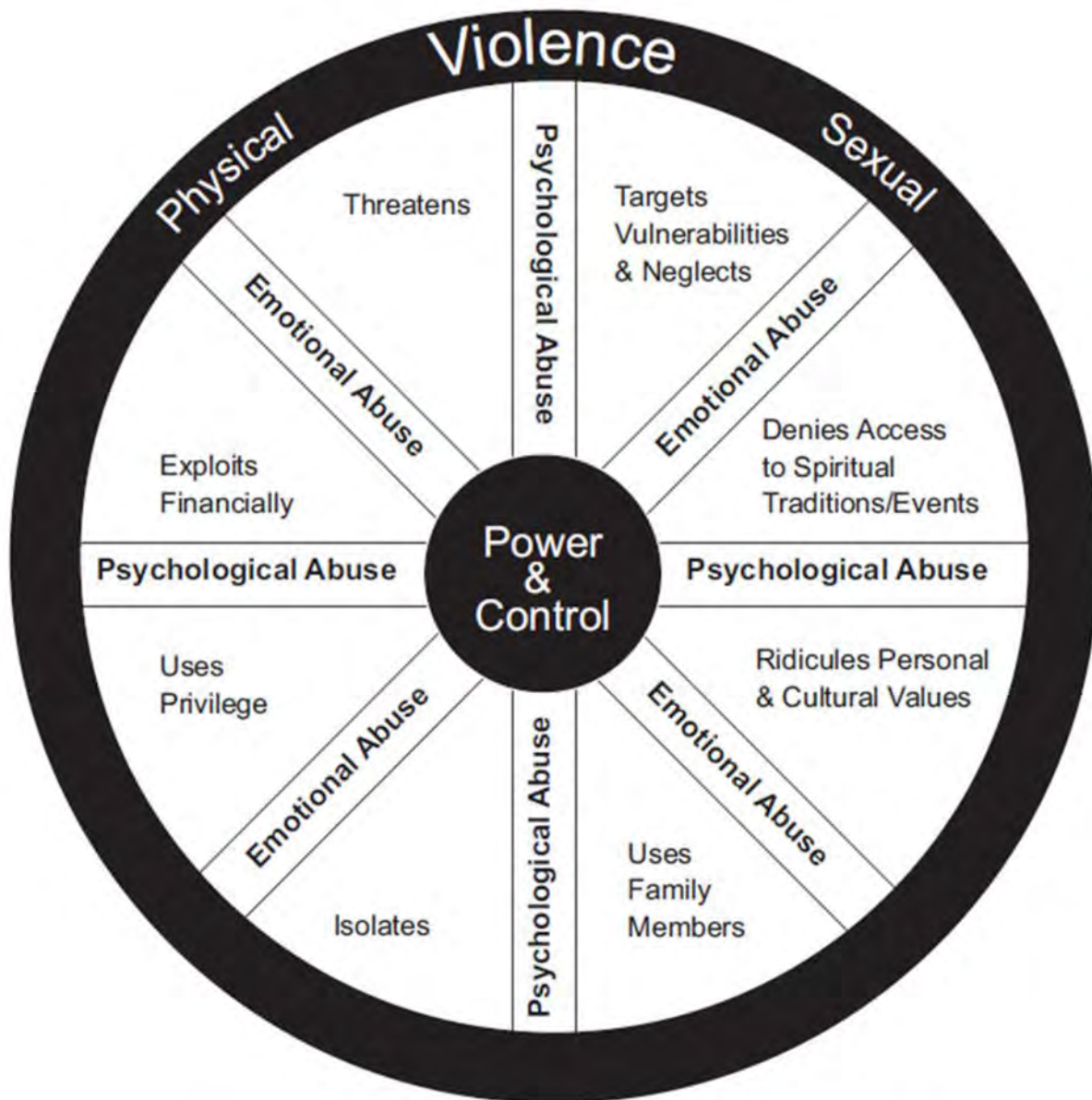
- Identify specific power and control tactics and provide evidentiary examples from video.
- Explain how being able to identify power and control dynamics is beneficial to APS investigations.

Instructions:

- Review the NCALL Abuse in Later Life Power and Control Wheel on page 3.
- Watch the Jewell: Intimate Partner Violence Including Economic Abuse clip.
- Remember the theory behind the Abuse in Later Life Wheel assumes that the abuser's behaviors are intentional and they are responsible for the harm that they cause.
- Using the wheel and the video, **identify** the following:
 - What tactics (e.g. sexual, emotional, physical, uses privilege) from the wheel could you pick out in this video? List examples from the video for each tactic.
 - How would being familiar with the wheel or the dynamics of abusive relationships help in investigating a case like this?
 - What personal bias might any first responder, including APS, experience in a case like this?
 - How can APS professionals collaborate with advocates from domestic violence agencies?

Remember ideally, all APS investigations include determining if power and control tactics are being used to manipulate and/or coerce the victim. Any intervention strategies should focus on improving victim safety to the degree possible, which can only be accomplished if the underlying dynamics of the abuse are understood and taken into account.

Abuse in Later Life Power & Control Wheel



In 2006, NCALL adapted the Power and Control Wheel, developed by the Domestic Abuse Intervention Project, Duluth, MN. Resource updated, April 2011.

Activity Two: Identifying APS's Role

Learning Objectives:

- Determine indicators of abuse as seen in video.
- Explain what APS would be able to do in this case, including collaborative efforts and identify appropriate referrals.

Instructions:

- Watch the Jewell: Intimate Partner Violence Including Economic Abuse clip.
- Answer the following:
 - Did any type of abuse occur? If so, what type(s) of abuse?
 - What were the indicators that led you to identify that type of abuse?
 - What is the nature of the relationship between the victim and alleged perpetrator(s)?
 - What are the cultural, religious, racial, other considerations to take into account?
 - What is APS' role in this case (assume Jewel is eligible for APS services in your state)?
 - What steps should the APS professional take initially to promote Jewel's safety and to begin the investigation?
 - What other agencies should APS collaborate with?
 - Consider non-conventional options including community-specific shelters, faith-based options, neighborhood groups, etc.
 - What is APS' role with regard to the alleged perpetrator, if any?

Activity Three: Safety Planning

Learning Objectives:

- Summarize Safety Planning Guidelines and Tips as it applies to those APS serves
- Identify APS's role in safety planning and clarify when additional support from other agencies may be needed

Reminder: Participants learned in the Dynamics of Abusive Relationship module, APS should focus on safety of the victim. Sometimes, the APS responsibilities or interventions may overlap or conflict with the roles of other first-responders, such as law enforcement and Long-Term Care Ombudsman. Knowing our professional role, and working collaboratively with others, will greatly enhance the safety of the people you serve.

- As participants complete this activity, ask them to *remember and have an understanding as to why Jewel may choose to stay and why she may choose to leave and how these decisions may impact services offered.*
- Intervention strategies should always focus on improving victim safety to the degree possible, which can only be accomplished if the underlying dynamics of the abuse are understood and taken into account.
- Victim and APS professional safety issues are at the forefront in case planning and intervention. Violent situations can be very dangerous for both victims and APS professionals.
- When conducting an investigation, the APS professional investigates what happened, who is involved, and how and possibly why the abuse occurred. During this process, the focus must remain on the victim's safety. APS should always collaborate with other community agencies to bring the most resources and alternatives to these victims. Keep in mind that traditional Domestic Violence resources may not be equipped for those who APS typically serves. Look at community-specific shelters or placement, faith based options, neighborhood groups, etc.

Instructions:

- Review the Key Considerations for Professionals Working With Older Adults of Abuse and Safety Planning documents on pages 7-16.
- Watch the Jewell: Intimate Partner Violence Including Economic Abuse clip.
- Answer the following:
 - What is APS' role in safety planning? (assume Jewel is eligible for APS services in your state)?

- What could the APS professional do or what questions could they ask to help facilitate safety planning?
- What should the APS professional consider for themselves in situations where an abusive relationship is present?



Victim-Centered Safety Planning: Key Considerations for Professionals Working with Older Survivors of Abuse

What is Safety Planning?

Safety planning is a process where a worker and a victim jointly create a plan to enhance the individual's personal safety. The safety plan is victim driven and centered. It is based on the victim's goals, not the professional's opinions and recommendations.

Who Can Benefit from Safety Planning?

Safety planning can benefit a victim who is living in fear or being physically or sexually abused. Some victims who are being financially exploited or neglected may find safety planning useful while others may need other case management remedies to address their situation. The process can provide useful strategies for victims who choose to maintain relationships with abusers; those who leave and return to abusers, or those who end the relationship permanently.

Remember that a safety plan, regardless of how well thought out, is not a guarantee of safety.

Guiding Principles

- Respect the integrity and authority of victims to make their own life choices.
- Hold perpetrators, not victims, accountable for the abuse and for stopping their behavior. Avoid victim blaming questions and statements.
- Take into consideration victims' concepts of what safety and quality of life mean.

National Clearinghouse on Abuse in Later Life (NCALL)
A project of End Domestic Abuse Wisconsin
1400 E. Washington Ave., Suite 297, Madison, Wisconsin 53703
Phone: 608-255-0539 • Fax/TTY: 608-255-3560 • www.ncall.us • www.enddomesticabuse.org

Safety Planning with Older Survivors
Page | 2

- Recognize resilience and honor the strategies that victims have used in the past to protect themselves.
- Redefine success—success is defined by the victim; not what professionals think is right or safe.

Evaluating Risks

When safety planning with survivors of abuse, consider both batterer-generated risks and life-generated. These forms of risk will impact the choices survivors will feel are available to them.

- Batterer-generated risks are the tactics abusive individuals use to control victims. Batterer-generated risks may include: 1) physical injury; 2) psychological harm; 3) health risks; 4) financial harm; 5) risk to or about family and friends; 6) loss of relationship; and 7) risks involving arrest or legal status.
- Life-generated risks are aspects of a victim's life that a person may have little control over. "These can include financial, home location, physical and mental health, inadequate responses by major social institutions, and discrimination based on race, ethnicity, gender, sexual orientation or other bias."

For more information about evaluating risks and how to create safety plans based on this type of risk assessment, see "Safety Planning with Battered Women: Complex Lives/Difficult Choices" by Jill Davies, Eleanor Lyon and Diane Monti-Cantania (1998).

Increased Danger for Victims Who End Relationships

Ending a relationship or leaving an abuser can increase the possibility of serious injury due to retaliation or death. Indicators of potential danger may include weapons in the home, a history of or escalation of violence, or suicidal comments by abuser. Offenders who fear they are losing control over their victims' lives and resources may become more dangerous.

Additional Considerations

General Issues

- Ask if the victim has any needs to be met or responsibility for caretaking.
- Determine if culture, language, religion, sexual orientation, or legal status is preventing the victim from accepting help or accessing resources.
- Ask if the individual resides in congregate living. If yes, are staff a resource or source of potential retaliation?
- Is the victim willing to consider staying at a domestic violence shelter? Are the domestic violence shelters accessible? Are they willing to accept victims who do not have children, or may be parenting grandchildren rather than birth children? Can they accommodate persons with medical needs or with a caregiver?

**Assistance
must not and
cannot be
forced upon an
individual.**

Cultural Considerations

Cultural values impact safety planning. Learn about cultural norms in various communities to work effectively with older adults who will bring their own perspective to the safety planning process.

A cultural guide may be a helpful way to learn more about cultures in your community. Try to find someone who is from the community is willing to assist the victim in the process, understands the dynamics of abuse and is aware of the importance of the confidentiality. Using a friend or family member can be dangerous, as they may, whether intentional or not, pass information on to the abusive individual.

Safety Planning with Older Survivors
Page | 4

Victim Mobility

Victims with mobility issues may need to discuss additional accommodations when safety planning. Some issues to consider:

- Consider how the abuser may use a person's physical limitations against him or her as an abusive tactic.
- Can the victim carry a cell phone at all times to call 911 in an emergency? Does the DV program offer free 911 phones?
- What accommodations and medical/assistive equipment will the victim need if not living at home?
- Consider adaptations to the individual's home that might make it safer and easier to escape from in a dangerous incident.
- Keep in mind issues such as spare batteries and backup assistive devices and food for service animals will need to be considered for some victims.

Key Messages for Victims

- **No one deserves to be abused.**
- **I am concerned about you.**
- **You are not alone.**
- **Help is available.**

For more information about safety planning visit NCALL's website www.ncall.us. Also visit the Washington State Coalition Against Domestic Violence website for "[Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities](#)" at www.wscadv.org.

Safety Planning with Older Survivors
Page | 5

Victim Capacity

During the intake and safety planning process, consider the victim's capacity to create and follow the steps of a safety plan. The worker should presume capacity, but if it seems possible that the older adult may not be able to track information, contact health care providers who may be able to assist with a capacity assessment. When working with persons who have capacity limitations to create a safety plan, consider the following:

- Follow the victim's wishes as much as possible.
- Consider if the victim can follow a simplified plan with one or two steps such as "If I am afraid, I will call my sister Sara at _____"
- Consider whether the victim has a support network of family, friends, or paid staff who can assist with developing and implementing the safety plan.
- Consider whether a written plan or one with pictures is more effective.
- If offering a cell phone, be sure the person knows how to charge and use the phone. Consider having the phone programmed to 911.
- Safety planning may take more time with a person with cognitive limitations. A person's ability to track the plan may change over time and may need frequent updating.

For more information, see "Safety Planning: How You Can Help" at www.ncall.us

Technology and Safety Planning

Technology can be a useful tool for survivors of domestic & sexual violence; however, it is important to consider how technology might be misused. If an abusive individual seems to know too many details regarding the victim's whereabouts, it is possible that phone, computer, email, or other activities are being monitored.

- Work with survivors on how to use technology safely.

Safety Planning with Older Survivors
Page | 6

- Have emergency cell phones available for survivors to use in case of emergency and make sure an older victim is comfortable using a cell phone.
- Consider preprogramming the cell phone to call 911.
- Assure the cell phone works in the area where the victim lives.

For more information regarding technology and safety planning, see the publication from the National Network to End Domestic Violence, "[Technology Safety Planning with Survivors](https://nnedv.org/mdocs-posts/technology-safety-planing-with-survivors/)" available on their website at: <https://nnedv.org/mdocs-posts/technology-safety-planing-with-survivors/>.

Worker Issues

- Be aware, alert, and wary. Plan for your own safety when you enter someone's home.
- Be sure other staff knows your location. Keep your cell phone handy.
- If you are concerned about your personal safety, contact law enforcement to accompany you on the home visit.
- Avoid colluding with charming or sympathetic abusers. Focus on victim safety.

Success is:

- listening and having the speaker feel heard
- offering non-judgmental support and information
- providing resources to enhance a sustainable safety net
- seeing victims find their way so they trust and use their abilities to build peaceful lives

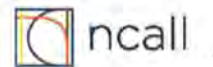
Safety Planning Tips

Safety planning is a process to help victims think through options prior to a dangerous incident so they can plan their next steps. These safety planning tips provide information about things to consider when creating a safety plan and items to pack in advance to leave quickly. For more information about safety planning, contact a local domestic violence program.

During a Violent or Dangerous Incident

- Plan a safe place to go if you have to leave suddenly.
- Plan a primary and backup escape route out of your home.
- Practice getting out of your home safely.
- Try to avoid rooms that have only one exit like bathrooms, or that have no phone or cell phone to call for help.
- Be aware of items in your home that could be used as weapons, such as guns, knives, even cords used for strangulation.
- If you are being attacked, curl up and protect your head and heart.
- Arrange a signal with a trusted friend or neighbor for when you need help.
- If you have a disability that impacts your mobility, plan how best to escape or who to call for help.
- Keep your purse or wallet ready to leave suddenly.
- Consider getting a first call alert system that you can use if you are feeling threatened or unsafe.

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Preparing to Leave (Temporarily or Permanently)

- Hide an overnight bag packed with your identification, important documents, medication and a change of clothes. Be sure to include things like glasses, hearing aids, dentures, or canes.
- Make copies of all your important documents and hide them in a safe place. Tell someone you trust the location of the hiding place.
- If you have a car, back into your driveway so you can quickly drive away. Keep the gas tank full. Hide a spare set of keys.
- Open your own checking and/or savings account. Have a credit card in your name only. Be sure to use a password your abuser will not guess.
- Contact Social Security or pension programs if you need to change how you currently receive payments. If you have representative payee, be sure this person is aware of your situation. If the representative payee is someone you no longer trust, change representative payees.
- Get a Post Office Box so your abuser cannot track you by where you have your personal mail forwarded.
- If you are 60 years of age or older, contact your local aging or tribal program about assistance with emergency housing, health care benefits, or financial assistance you might need or want.
- Call your local domestic violence program for assistance with safety planning and information about counseling and legal services. You can also call the [National Domestic Violence Hotline](https://www.nvhw.org/) at 1-800-799-7233 (SAFE) or 1-800-787-3224 (TTY).
- Be aware that your abuser can discover your plans or location by monitoring your phone, cell phone, TTY, your email or computer searches, and your car. Your abuser can place a locator device in your personal belongings or your car. Also, many cell phones have a GPS device inside. Ask for help if you need assistance if any of these actions have been taken.
- Consider getting a domestic violence stay away or restraining order. If you are a person over 60 years of age you may qualify for additional protections in some states. Your local domestic violence program can assist you with these orders.
- If you are concerned about your immigration status, speak with an immigration expert. You may qualify for special protection and consideration under the Violence Against Women Act.

2

After You Have Left or Separated From a Former Spouse, Partner, Family Member, or Caregiver

- If you are still in the family home, change the lock. Add security devices such as motion activated exterior lights, a metal security door or gate, or an alarm system.
- If you haven't already done so, get Post Office Box for forwarding your mail and for deliveries. Open your new bank accounts and be sure to use a password no one will guess.
- Consider getting caller ID and an unlisted phone number. Many domestic violence programs can assist you with obtaining cell phone to call 911.
- Keep your Restraining Order with you. Make several copies. Keep one on your person, one in your car, and give a copy to a trusted friend or family member. If you haven't already gotten a restraining order, consider getting one now. Your local domestic violence program or adult protective services can often help you to obtain the court order.
- Let your neighbors or facility staff know about anyone who is no longer welcome on the premises. Ask them to call you and the police if they see that person(s) entering or loitering around your property.
- Let your co-workers or persons you volunteer with know about your situation. Ask them to screen your calls, walk you to and from your car, and keep a copy of your restraining order in your desk. Your employer may want to want to obtain a work-place restraining order.
- Avoid the stores, banks, and pharmacies you used previously. Establish new services or tell your previously used services who you are avoiding. They may be willing to help you avoid a situation that could become dangerous.

Improving Your Current Living Space

- Phones: Have a charged cell phone that you carry everywhere with you.
- Handrails: Have grab bars and handrails installed (e.g., bath tub, stairs) so you have something to hold on to if you lose your balance.
- Lighting: Increase the wattage of light bulbs and ensure that closets, stairs, entrances, and walkways are well lit. Add motion lights outside your home so you will know if someone is outside.

3

- **Hearing:** If needed, increase the volume on the phones. If needed, use a smoke detector with strobe lights.
- **Mobility:** Keep floors clutter free and electric cords out of the way. Use slip resistant area rugs.

Protecting Your Emotional Health and Safety

- Get counseling, attend workshops, or support groups. Do whatever you can to build a supportive network of friends and family to support you.
- If you are thinking of returning to your abuser have a friend, family member, or counselor you can call to support you.
- If you must communicate with your abuser, consider ways to do so safely. Meet in a public place, take a friend for support, or call the abuser from a phone other than your own.
- Leaving an abusive situation is a process; it does not happen in one day. There may be many times when you are tempted to contact your abuser 'just to talk,' to handle unfinished business, or to discuss how hurt or angry you are. Call a trusted friend or counselor first. Once you have aired your thoughts with a trusted friend or counselor, you may be able to eliminate your need to call your abuser all together.

Activity One **Facilitator's Guide**

- What tactics (e.g. sexual, emotional, physical, uses privilege) from the wheel could you pick out in this video? List examples from the video for each tactic.
 - *Possible answers:*
 - Physical Abuse: Pushing, shoving, "getting in her face"
 - Threatens/psychological abuse: Intimidation, telling Jewel his friends would harm her
 - Emotional abuse: "You are stupid"
 - Financially Exploits: Not paying rent or helping with utilities, accessing her benefits card
 - Targets Vulnerabilities: Stealing her pain medications and risking her housing by using drugs
- How would being familiar with the wheel or the dynamics of abusive relationships help in investigating a case like this?
 - *Possible answers:*
 - Know tactics used by abusers
 - Appreciate the lived experiences of victims, like Jewel, and what they endure
 - Know that victims like Jewel may lie or recant to protect themselves from further abuse or to protect the abuser
 - Knowing signs of normal aging and which types of bruises are suspicious
- What personal bias might any first responder, including APS, experience in a case like this?
 - *Possible answers:*
 - Persons of color in an environment like Jewel described may be seen as engaging in the same behavior and not be believed
 - Domestic violence is generally thought of as a younger person problem and not as a part of a long-term relationship between older adults
- How APS professionals collaborate with advocates from domestic violence agencies?
 - *Possible answers:*
 - Work with an advocate for safety plans or orders of protection
 - Advocate may also be able to assist with shelter placement if needed or appropriate as well as victim of crime compensation
 - APS often has knowledge on Aging and Disability resources Jewel may benefit from and Advocates have knowledge of resources domestic violence victims may benefit from.

Activity Two **Facilitator's Guide**

- Did any type of abuse occur? If so, what type(s) of abuse?
 - Possible answers:
 - Physical and financial/economic abuse – intimate partner violence
- What were the indicators that led you to identify that type of abuse?
 - Possible answers:
 - Ernesto played on her emotions to move in with her
 - He pushed her up against the wall; "body slammed me"
 - "Getting in her face"
 - Threats of harm from his friends, "they'll do what I tell them to do"
 - Stealing her pain medications; put them away to hide them from him
 - Living in her home without helping to cover costs
 - Taking money from her purse
 - Using/selling drugs in her house put her housing at risk
- What is the nature of the relationship between the victim and alleged perpetrator(s)?
 - Intimate partner
- What are the cultural, religious, racial, other considerations to take into account?
 - Possible answers:
 - Fear of being harmed if she involves the authorities
 - Fear of losing housing
 - Threats of harm from his friends
 - Still feel love for him. "I don't think he was bad."
 - Consider also the state of racial tension between law enforcement and Black, Indigenous, People of Color (BIPOC) and the possibility of significant harm, she may fear for Ernesto's and/or her life if authorities are involved. Jewel may also fear being arrested herself for being involved with Ernesto.
- What is APS' role in this case (assume Jewel is eligible for APS services in your state)?
 - Possible answers:
 - Investigate and determine findings for the allegations of abuse, neglect, or exploitation

- *Develop a service plan with Jewel, to the extent she can participate, to reduce risk and to improve safety*
- *Offer information and referrals*
- What steps should the APS professional take initially to promote Jewel's safety and to begin the investigation?
 - *Possible answers:*
 - *Talk to Jewel alone – without Ernesto present*
 - *Ask questions and listen*
 - *Work with Jewel and/or advocate/support system to discuss desired outcomes*
 - *Offer information and referrals*
 - *Work with Jewel to create a safety plan; consider her animals*
 - *Collect the evidence needed, including information from other people and record reviews, to support the determination of findings*
 - *Document what is learned through the investigation*
 - *Collaborate with other professionals as appropriate*
- What other agencies should APS collaborate with?
 - *Possible answers:*
 - *Domestic violence intervention program*
 - *Therapist*
 - *Aging network service providers*
 - *Legal system – law enforcement and/or an attorney to seek a restraining order if desired*
- What is APS' role with regard to the alleged perpetrator, if any?
 - *Possible answers:*
 - *Review state law and note if reporting to law enforcement is required due to threats and incident with the gun.*
 - *Discuss ways in which you would talk to Jewel about your requirement, if any, to report to law enforcement and her choices to participate or not.*
 - *If appropriate, necessary, and allowed; interview the abuser. If working with law enforcement, coordinate this interview.*

Activity Three **Facilitator's Guide**

- What is APS' role in safety planning? (assume Jewel is eligible for APS services in your state)?
 - Possible answers:
 - *Talk to Jewel alone – without Ernesto present*
 - *Develop a service plan with Jewel, to the extent she can participate, to reduce risk and to improve safety; remember her animals*
 - *Offer services and referrals*
 - *Work collaboratively with partners such as domestic violence intervention programs who can assist in safety planning that will enhance the service plan created with Jewel*
 - *Respect Jewel's choices and support her decisions while offering services that can assist*
 - *If Jewel requires assistance with daily care, service plan may need to reflect the need for a secure environment that also allows for care providers*
 - *Remember cultural, religious, racial and other considerations that should be taken into account.*
 - Jewel fears being harmed if she involves the authorities
 - Fears losing housing due to his drug use
 - Has received threats of harm from Ernesto where he says his friends will "do what I tell them to do",
 - Jewel still feels love for him. Also, Jewel continues to say, "I don't think he was bad."
 - Consider also the state of racial tension between law enforcement and Black, Indigenous, People of Color (BIPOC) and the possibility of significant harm, she may fear for Ernesto's and/or her life if authorities are involved. Jewel may also fear being arrested herself for being involved with Ernesto.
 - *Remember that Jewel may be more concerned about her independence and her home than her safety.*
- What could the APS professional do or what questions could they ask to help facilitate safety planning?
 - Possible answers:
 - *Collaborate with other professionals as appropriate (e.g. Victim advocates, animal services, law enforcement).*
 - *If doing a joint visit with another agency or law enforcement, coordinate and plan prior to going to the home*
 - *Talk to Jewel alone – without alleged abuser present*

- *Ask questions to help Jewel identify potential risks*
 - *Ask questions to help identify Jewel's suicide risk at the time of the visit as she has been open about her prior attempt*
 - *Assist Jewel in connecting to resources that can alleviate some of the concerns with finances or insurance*
 - *Refer to agencies that may help to make Jewel's home safer (locks, technology, etc.)*
 - *Use investigative tools to determine Jewel's needs if she were to leave the situation*
 - *Consider what resources could provide the greatest measure of safety for Jewel.*
 - *Explore ideas for safe shelter if Jewel wishes to leave her home*
 - *Collect the evidence needed, including information from other people and record reviews, to support the determination of findings*
 - *Use cognitive screening tools as needed*
- What should the APS professional consider for themselves in situations where an abusive relationship is present?
 - *Possible answers:*
 - *Remember worker safety; be alert and aware of your surroundings*
 - *Have a plan for safe exit if needed*
 - *Update calendar and check in with coworkers, or take coworker with you*
 - *Keep your cellphone handy in case of emergency*
 - *Focus on Jewel and remember lessons learned about abuser tactics*
 - *Do research (e.g. look up street view on Google Maps, review any records on suspected abuser) before going to the home and if you fear for your safety, have law enforcement accompany you on the visit.*

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WORK TO ENSURE
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This Transfer of Learning Packet was developed by Michelle Gayette, LCAC/MMGT, in collaboration with CA's Curriculum Advisory Committee. Feb 2022. Contact apstraining@sdsu.edu for any questions or feedback.

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