

Dynamics of Abusive Relationships

Instructor-Led Training (Virtual or In-Person)

PARTICIPANT 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)

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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 **Dynamics of Abusive Relationships Participant 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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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>		
DEFINING ABUSE		65 minutes
<i>Activity #01: Defining Abuse (Large Group)</i>		
<i>Activity #02- Assessing for Abuse (Small Groups)</i>	Handout #01 A-C	
BREAK		15 minutes
VICTIMS AND ABUSERS		20 minutes
<i>Who are the Victims?</i>	Handout #02	
<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	
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	
<i>Activity #04- Ruth and Mark Part Two</i>	Abuse and Caregiver Stress Video	
<i>Activity #04- Ruth and Mark Part Three</i>	Abuse and Caregiver Stress Video	
<i>Activity #05- Understanding the Power and Control Wheels Part One</i>	Handout #05- Power and Control Wheels	

Module #8:

Dynamics of Abusive Relationships


PARTICIPANT MANUAL

<i>Activity#05- Understanding The Power and Control Wheels Part Two</i>	Handout #01 A-C	
<i>Activity #06- Identifying Power and Control Dynamics</i>	EAGLE Video Clip	
BREAK		15 minutes
APPRECIATING VICTIMS' EXPERIENCES		50 minutes
<i>Activity #07- Considering Victim's Circumstances</i>	Flip Chart (or blank PPT slide)	
<i>Activity #08- Comings and Goings (Individual/Large Group)</i>	Comings and Goings Materials	
WRAP-UP AND EVALUATIONS		15 minutes
<i>Victim Resiliency</i>	Mary Lou Video Clip	
TOTAL TIME		7 hours



Dynamics of Abusive Relationships

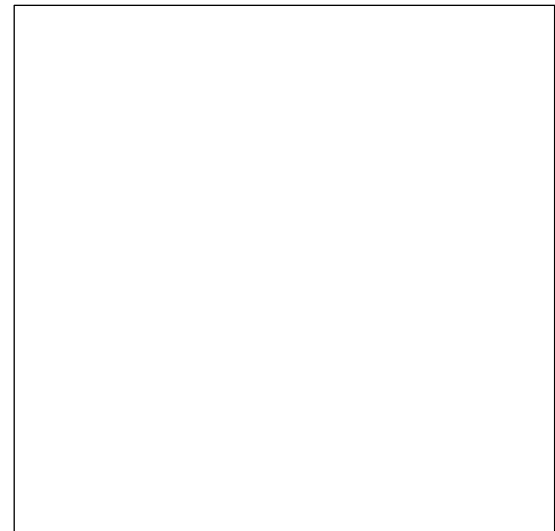
We create experiences that transform the heart, mind, and practice.



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.



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



About APSWI & the Academy

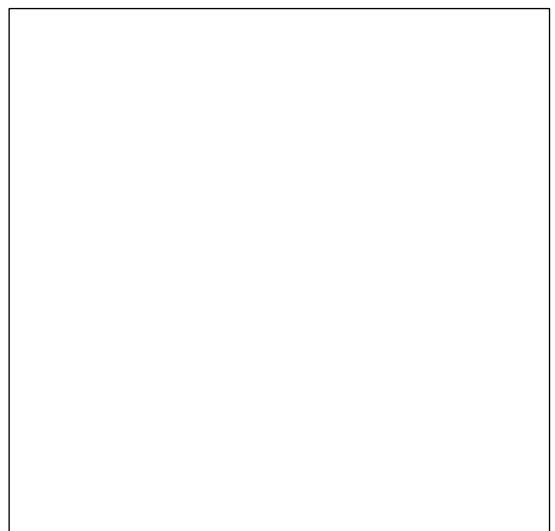



- Adult Protective Services Workforce Innovations (APSWI)
 - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
 - APSWI provides innovative workforce development to APS professionals and their partners.
- The Academy provides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

Academy Programs include:

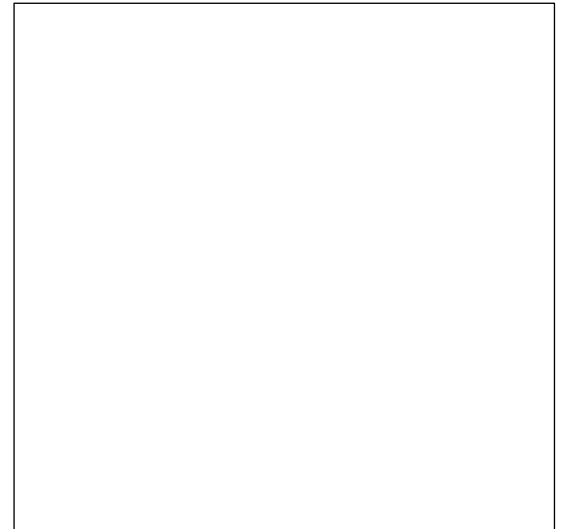



We create experiences that transform the heart, mind, and practice.



Welcome and Overview 


- **Training Guidelines**
 - Breaks
 - Lunch
 - Cell phones
- **Intros**
 - Choose one of the following:
 - “What keeps you doing this work?”
 - “How do you ground yourself when needed?”
 - “What feels supportive from colleagues when doing this work?”



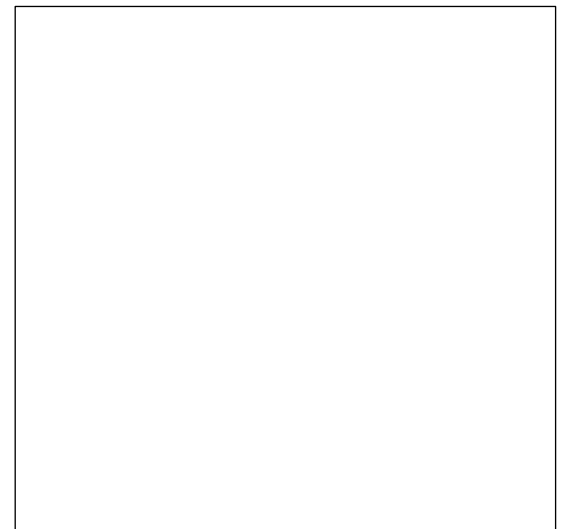
Terminology 

- **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



Today's Training Goal 

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



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

Updating Our Understanding



Early research in APS:

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

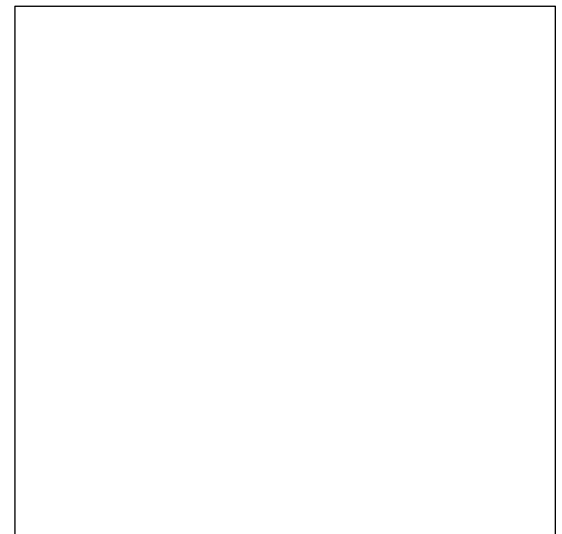
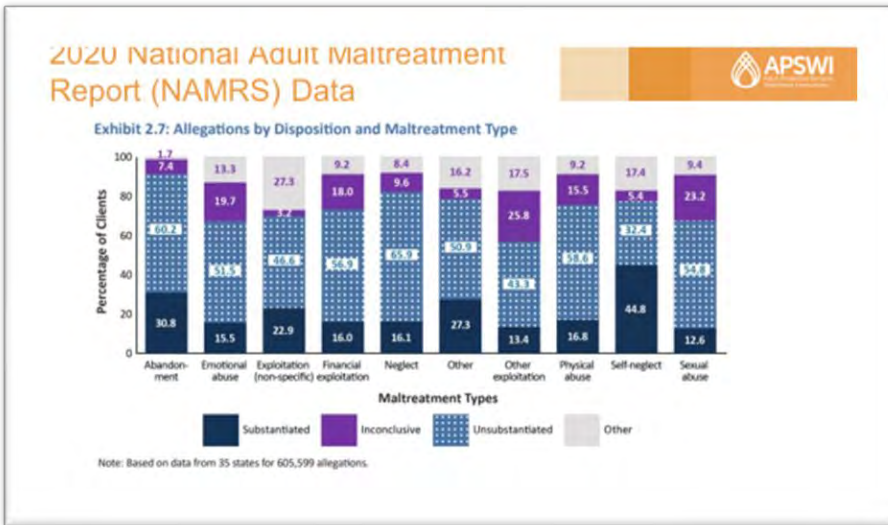
Updated research as the field grew:

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

Types of Abuse



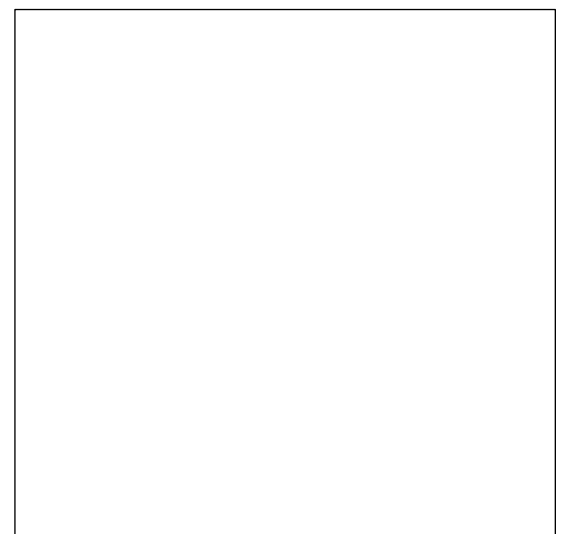
- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect by caregiver
- Financial exploitation
- Self neglect
- Any other type defined by state



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



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

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?

Continue

- 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?

Continue

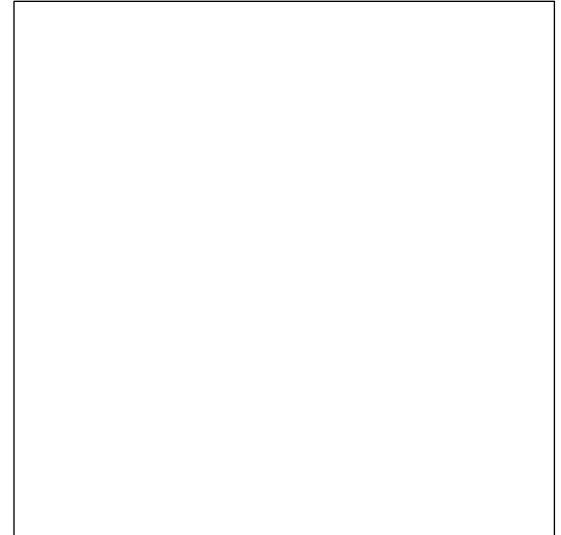
Questions for Identifying APS' Role Activity

- 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?

Activity Debrief



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



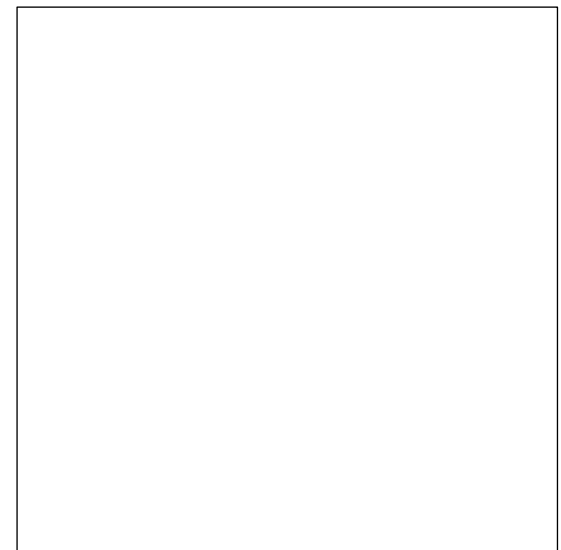
Who Are Victims Of Abuse?



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)



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

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



Exhibit 3.4: APS Clients and Victims by Disability Type

Disability	Definition	% of Clients	% of Victims
Ambulatory Difficulty	Having serious difficulty walking or climbing stairs.	26.2%	35.2%
Cognitive Difficulty	Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.	27.1%	20.8%
Communication Difficulty	Because of a physical, mental, or emotional problem, having difficulty with speech or language.	5.1%	4.8%
Hearing Difficulty	Deaf or having serious difficulty hearing.	3.6%	3.9%
Independent Living Difficulty	Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.	24.9%	16.2%
Self-Care Difficulty	Having difficulty bathing or dressing.	16.5%	14.0%
Vision Difficulty	Blind or having serious difficulty seeing, even when wearing glasses.	3.8%	10.4%
Other	Disabilities other than those specified in the categories provided.	16.7%	4.7%
None	Assessed, and no disability determined.	5.9%	2.7%

Note: Based on 19 states submitting data for 94,860 victims and 20 states submitting data for 270,059 clients, disability type was listed as Unknown for 41.4% of victims and 35.2% of clients. Multiple disabilities may be recorded for a single client or victim.

Disability	Definition	% of Clients	% of Victims
Ambulatory Difficulty	Having serious difficulty walking or climbing stairs.	26.2%	35.2%
Cognitive Difficulty	Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.	27.1%	20.8%
Communication Difficulty	Because of a physical, mental, or emotional problem, having difficulty with speech or language.	5.1%	4.8%
Hearing Difficulty	Deaf or having serious difficulty hearing.	3.6%	3.9%
Independent Living Difficulty	Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.	24.9%	16.2%
Self-Care Difficulty	Having difficulty bathing or dressing.	16.5%	14.0%
Vision Difficulty	Blind or having serious difficulty seeing, even when wearing glasses.	3.8%	10.4%
Other	Disabilities other than those specified in the categories provided.	16.7%	4.7%
None	Assessed, and no disability determined.	5.9%	2.7%

Note: Based on 19 states submitting data for 94,860 victims and 20 states submitting data for 270,059 clients, disability type was

Who Abuses?



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"

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

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



Safety First



- 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.*

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!

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?

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)

Tactics Used by Abusers



- Silent Treatment
- Threats
- Manipulation



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)

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?

	“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.”	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.
Sexual	“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	<p>What is the decisional capacity of lender?</p> <p>Is there written proof of the loan including the amount and period of loan and were other loans made?</p> <p>What are the terms of repayment and were any repayments made?</p>
	Gift for self or children	<p>What is the decisional capacity of the donor?</p> <p>What is the value of the gift?</p> <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>

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		<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	<p>Quid Pro Quo (“She lets me live with her in exchange for helping with errands.”)</p>	<p>What is the decisional capacity of the victim?</p> <p>Are there any suspect misrepresentations?</p>
	<p>Favor (“She freely gave me use of her car as a favor to me.”)</p>	<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>
	<p>Lack of Knowledge (“But I do not know her PIN.”)</p>	<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>
	<p>Legal authority</p>	<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>
	<p>Victim is crazy</p>	<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>
	<p>"I'm the real victim." "We're in love" "married/in a relationship" "We're family" "She's like a mother to me" Therefore, we share resources</p>	<p>Who is benefitting financially?</p> <p>What is true nature of relationship?</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>

	Purchase made as part of care	Is there evidence of purchase being used to provide care? Is there purchase necessary for care?
--	-------------------------------	--

Abuser Excuses



- 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/revenge)
- In my culture elders share all their resources (cultural)

Caregiver Stress: Excuse Or Reality?



- 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 . . .**

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

Relationship Between Abuse & Caregiver Stress: Case Example



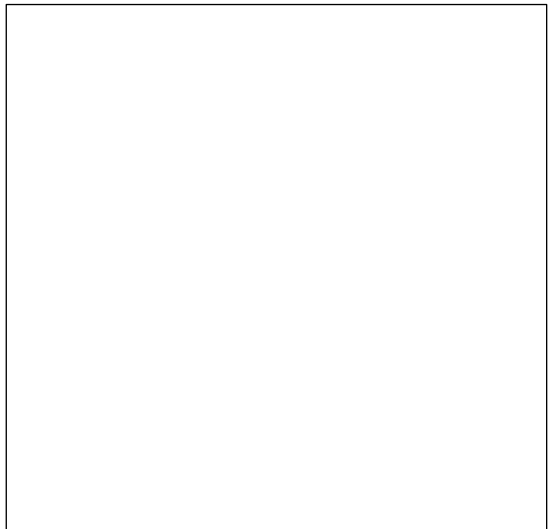
National Clearinghouse Abuse on Later Life (NCALL)



Power And Control Dynamic



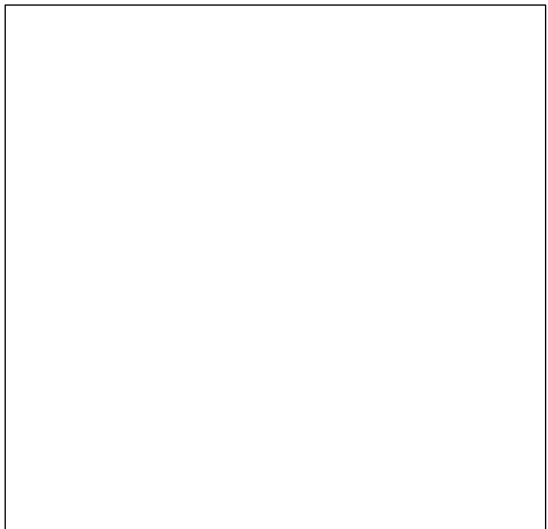
- Abusive behaviors are **intentional** and **part of a pattern** of ongoing coercive tactics and threats.
- The abuser uses **power** to **control** the victim and to get what they want
- Abusers often:
 - Lie, manipulate, intimidate and/or charm
 - Use excuses to justify their behavior and blame the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



Power And Control Wheel

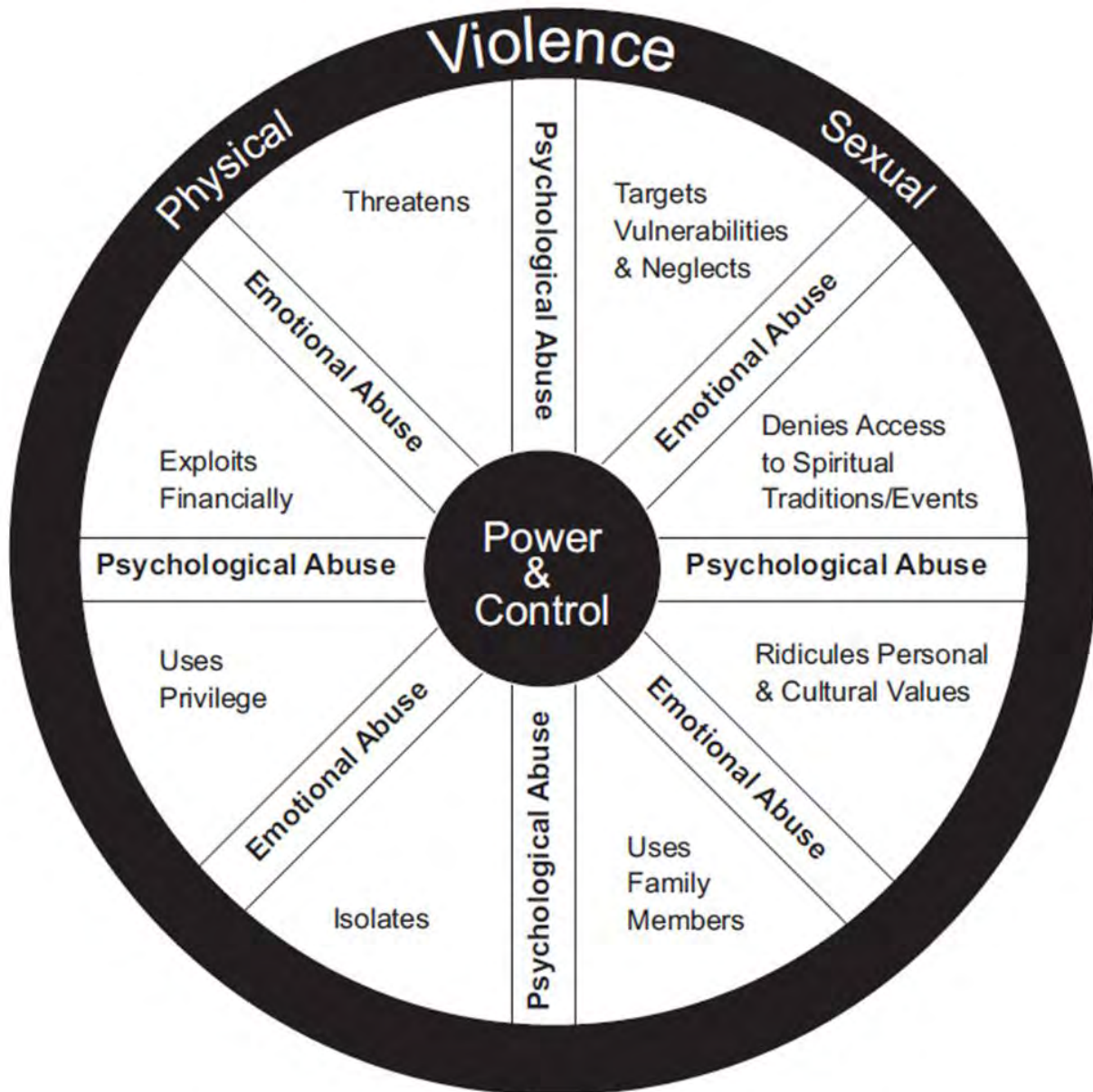


- Widely used in the domestic violence field
- Abuse in Later Life wheel describes various tactics used by abusers to control and exert power over their victims
- Victims themselves were involved in identifying the tactics
- Assumes that the abuser's behaviors are **intentional** and thus abusers are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



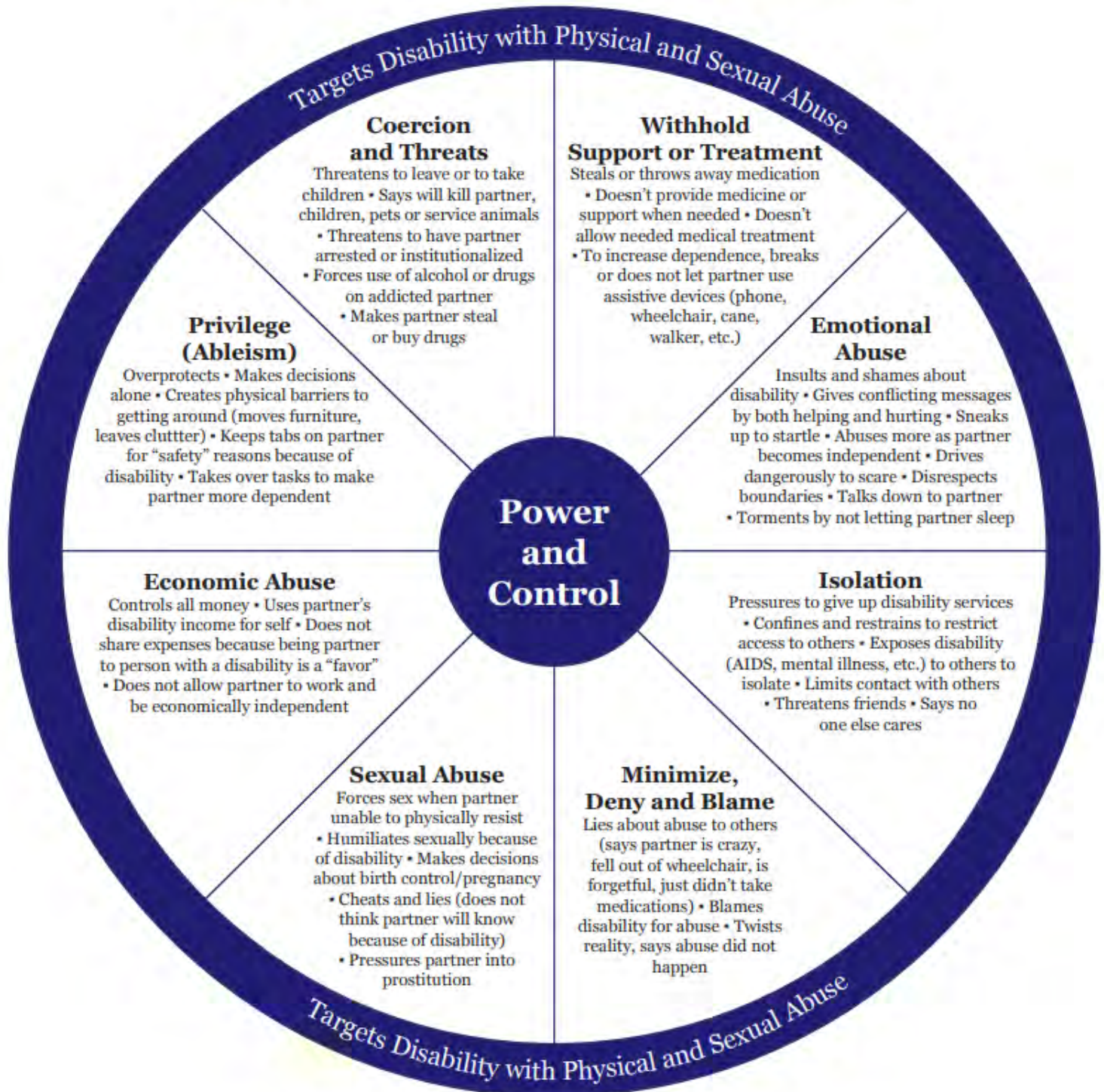
HANDOUT #05- POWER AND CONTROL WHEELS

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

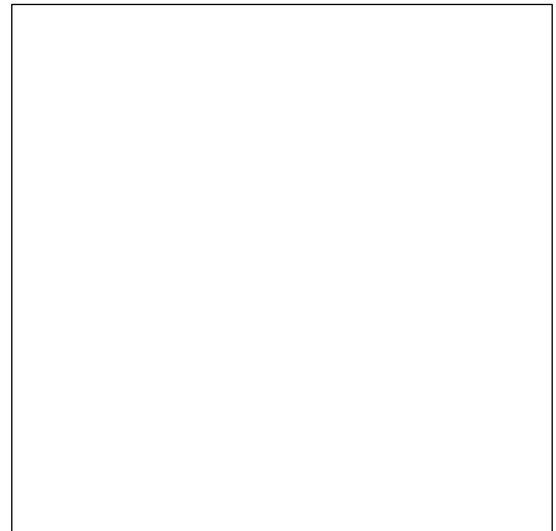


Power & Control Wheel Activity:
Part One



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

- What are similarities
- What are differences

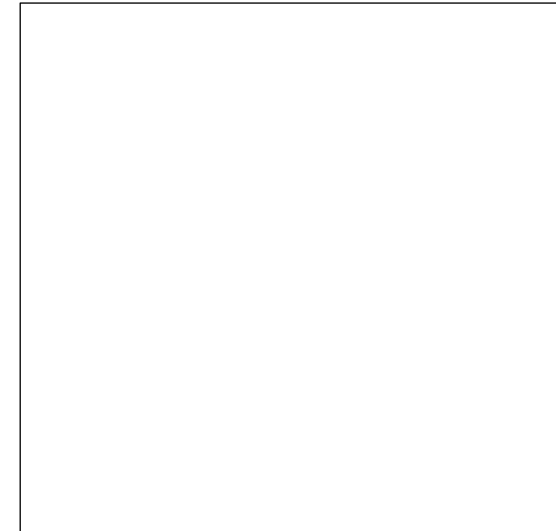


Power & Control Wheel Activity:
Part Two



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?



Importance of APS' Understanding of Power and Control



- 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

Physical Abuse Video



Content Warning



Elder Abuse Guide for Law Enforcement (EAGLE)

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

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

Considering Victims' Circumstances



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?

Full Picture: Multiple Explanations



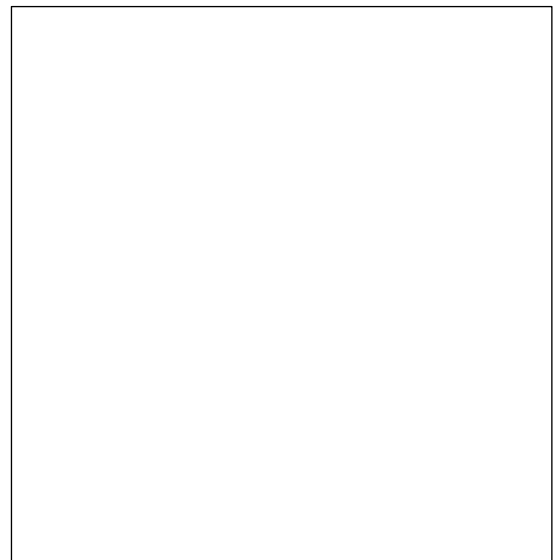
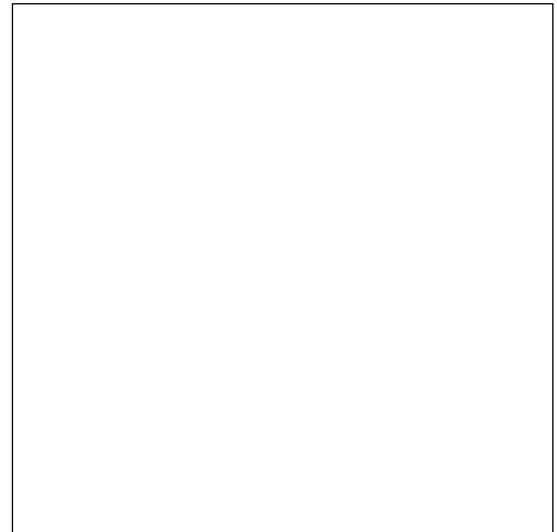
- **Isolation:** Many older adults or adults with disabilities are isolated due to mobility impairments, lack of transportation or the abuser's own actions
- **Fear:** victims may fear escalating abuse, abandonment or nursing home placement
- **Guilt:** "What did I do wrong?"
- **Desire to protect abuser**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

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



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.

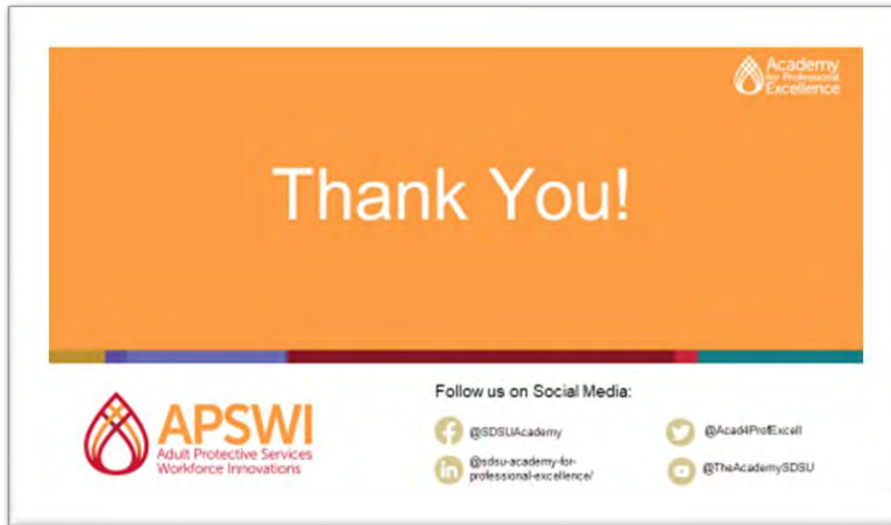
Module 8 Summary and Evaluations



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






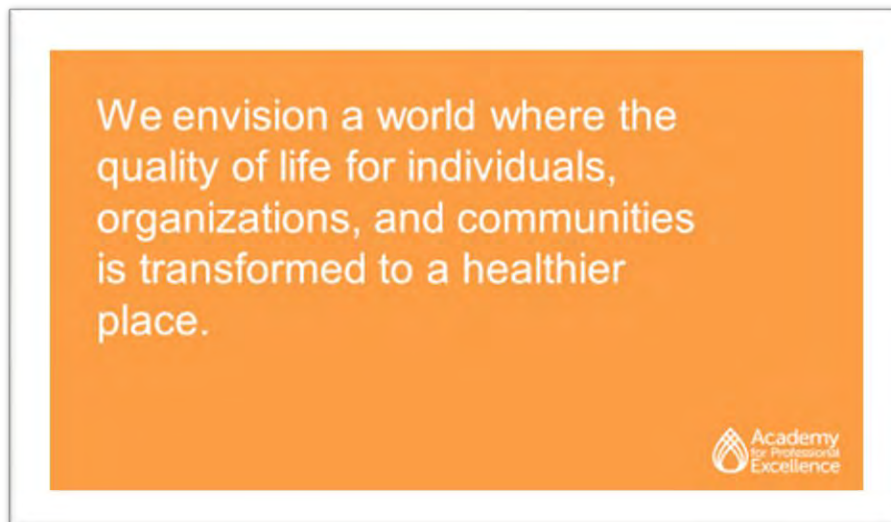
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TRANSFER OF LEARNING PACKET

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:

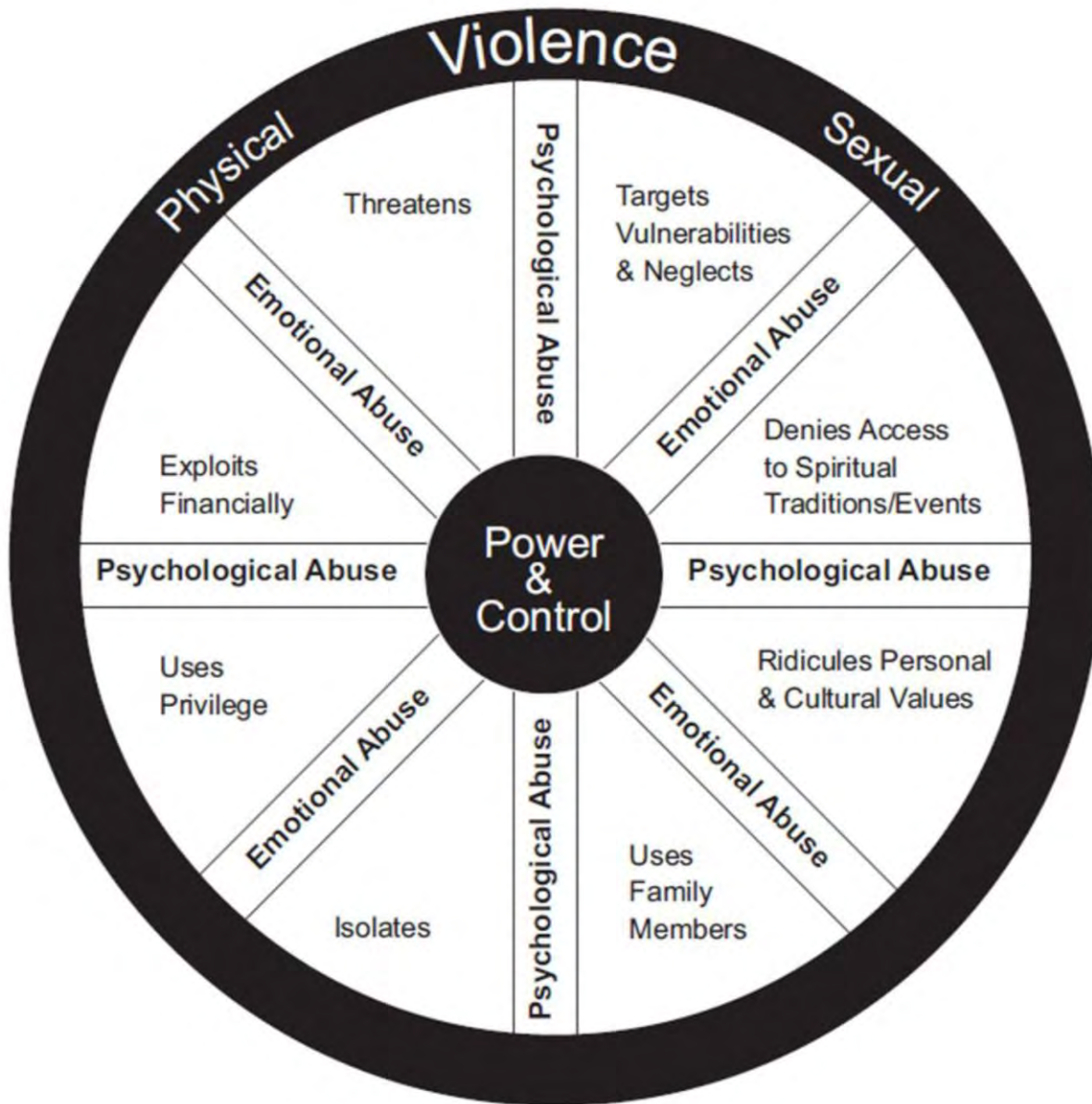
- Identify specific power and control tactics and provide evidentiary examples from video.
- Explain how being able to identify power and control dynamics is beneficial to APS investigations.

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

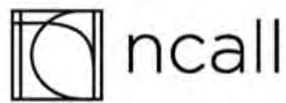
Reminder: Participants learned in the Dynamics of Abusive Relationship module, APS should focus on safety of the victim. Sometimes, the APS responsibilities or interventions may overlap or conflict with the roles of other first-responders, such as law enforcement and Long-Term Care Ombudsman. Knowing 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 227, Madison, Wisconsin 53703
Phone: 608-255-0539 • Fax/TTY: 608-255-3560 • www.nccall.us • www.endabusewi.org

- 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 batterers 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.

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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.

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- 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.thehotline.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.

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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.

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- **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.

OUR WHY: REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
THE WORLD IS A
HEALTHIER PLACE.



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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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