

Transfer of Learning (TOL): *NATC Physical & Emotional Abuse* eLearning

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Transfer of Learning (TOL): NATC Physical and Emotional Abuse eLearning

Objective:

This Transfer of Learning (TOL) is designed as a supplemental learning tool to complement the [NATC Physical & Emotional Abuse eLearning](#). It can be utilized to improve the learning experience for APS professionals by allowing them to practice key takeaways through scenarios and discussion.

The learning activities presented in this TOL represent the following eLearning concepts:

1. [Defining Physical and Emotional Abuse](#)
2. [Recognizing the Dynamics of Physical and Emotional Abuse](#)
3. [Identifying Signs of Physical and Emotional Abuse and Attributes of Injuries Indicative of Physical Abuse](#)
4. [Recognizing the Impact of Trauma on People who have Experienced Physical and/or Emotional Abuse](#)

How to Use:

- There are multiple ways you can utilize this TOL:
 - Trainers, supervisors, or learning facilitators can use this TOL as an instructor-led training (virtual or in-person), in unit meetings, individual supervision, and coaching sessions.
 - Supervisors or learning facilitators can assign individual activities to newer APS professionals to complete on their own. Then during one-on-one or group meetings can discuss/review the answers and discussion questions.
- There are four learning activities, each with questions that foster open-ended discussions to enhance critical thinking and decision-making skills regarding complex cases that involve physical and emotional abuse.
 - Each learning activity has individual estimated timeframes noted in each activity. The **TOTAL** estimated timeframe to participate in all four learning activities is **95 minutes**.
- Each activity has a [Facilitator Support](#) section, located at the end, which provides information and guidance to help support the facilitator.

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Questions and discussion may activate feelings based on personal or professional experiences, including vicarious trauma. We encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

Language Difference:

The NATC eLearning uses vulnerable adult as part of their definition of physical and emotional abuse. In this Transfer of Learning (TOL) we will use vulnerable adult when referencing any definitions used from the eLearning. Otherwise, we will refer to APS clients as older and dependent adults to adopt a more person-centered approach.

Defining Physical and Emotional Abuse

Activity #1: Review definitions and forms of Physical & Emotional Abuse (15 Minutes)

Large Group Review, Individual Work

Instructions:

Review **physical abuse** as defined in the eLearning: "the use of physical force which results or could result in physical injury to a vulnerable adult."

Review **emotional abuse** as defined in the eLearning: "the misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results or could result in the mental anguish or emotional distress of a vulnerable adult."

1. Compare these definitions with your state statutes.

2. List at least seven examples of physical and emotional abuse according to your state statutes.

Recognizing Physical and Emotional Abuse

When abuse occurs, there may often be visible indicators or signs of that abuse. This is most often true with physical abuse. However, with emotional abuse, these visible indicators are not often present. It is important to understand that emotional abuse may affect a person's mental health *and* physical health. Therefore, it is necessary to consider both visible and non-visible indicators, as both can have short and long-term consequences. It is also important to remember that emotional abuse can be as impactful as physical abuse.

Activity #2: Marisol Scenario (25 minutes) ***Small Group Discussion, Individual Work***

Instructions For Facilitator:

Divide learners into groups of three or four. Each group will read the scenario either out loud or silently and then engage in a discussion about each question below.

Individual Work:

If you are working on this individually, read the scenario and record your answers to each question below to discuss with your supervisor at a later time.

Scenario

You receive a referral for a 74-year-old Filipina American woman named Marisol. Her son Joseph is the reporting party. He reported a concern that he has not been able to see or get in touch with his mother in over a month. He explained that Marisol lives alone due to his father's recent passing and that his sister Teresa moved in to take care of Marisol. He says that ever since Teresa moved in, neither him nor other family members have been able to get in touch with Marisol. He also reported that he suspects Teresa may have taken over his mother's finances and that Marisol may have undiagnosed memory impairment.

When you arrive at the home, you find that Marisol has been sitting alone in the living room in darkness and in silence. You inquire why she's sitting without the lights on and if this is a frequent occurrence

for her. Marisol explains that she's left alone every day until Teresa comes home from work. She tells you she forgot how to turn on the lights and she doesn't know how to work the TV remote. Every time she asks her daughter for permission to watch TV or to show her how to work the remote, Teresa gets angry and yells at her. Marisol tells you she's very lonely and feels sad. She also tells you she hasn't spoken to other family members in months and can't understand why no one will visit her. When you ask why she hasn't spoken to her family; she explains that she's embarrassed and doesn't have a phone. When you inquire further, Marisol tells you that Teresa took her phone and never gave it back.

Marisol tells you that she doesn't like the way her daughter takes care of her. But she asks you not to say anything because she doesn't want her daughter to put her in a "nursing home".

Discussion Questions:

1. What engagement cues and techniques might you use to build rapport with Marisol?
2. What signs of emotional abuse may be evident in this scenario?
3. What questions might you ask to assess whether Marisol is also experiencing physical abuse by her daughter?
4. How would you proceed? (What resources might be beneficial or helpful for Marisol?)
5. What are your agency protocols around reaching out to collateral contacts? Who would you attempt to contact and why?

For additional practice, please view the ["Assessing for Physical Abuse"](#) APSWI video. Refer to the ["Assessing for Physical Abuse"](#) discussion guide to accompany the video. Both the video and discussion guide can be found: <https://theacademy.sdsu.edu/> > APSWI > APSWI Videos > APSWI Videos Home & Discussion Guides.

Identifying Signs of Physical and Emotional Abuse and Attributes of Injuries Indicative of Physical Abuse

There are physical signs and behavioral indicators of physical abuse. It's important to approach these allegations with sensitivity and awareness of how someone's cultural and personal contexts impact their behaviors and understanding of abuse. Some signs of physical abuse can include: disclosing the abuse, bruising at various stages of healing, recurring injuries, and/or scarring. Some behavioral indicators may include fear, anxiety, expression of pain and/or depression. It's important to note that these can be similar with emotional abuse.

Activity #3: Judy Scenario (25 minutes)

Role Play Activity, Paired Work, Individual Work

We have provided three options for this activity. If you would like to engage in the role play, we suggest the facilitator take the role of Judy and ask for volunteers to play the role of the APS professional. We recognize that role playing may not be a preferred or comfortable learning experience for all learners, and we want to respect individual preferences and comfort levels. Please engage with your group of learners to assess if role playing would indeed be a beneficial learning activity.

Instructions:

- **Role Play Activity:** With the facilitator playing the part of Judy, ask for volunteers to play the role of the APS Professional. After reading the scenario below, role play the potential interaction between the APS professional and Judy. Once finished, as a larger group, discuss notable moments, takeaways or ways to improve/modify the interaction. Then review and discuss the below questions.
- **Paired Work:** Pair up with a partner. After reading the scenario below, discuss all the questions and answer them collaboratively.
- **Individual Work:** If completing this activity individually, skip the role-playing activity and complete the discussion questions. Record your answer to discuss with your supervisor later.

Scenario

You receive a referral for a 62-year-old African American trans woman named Judy who lives with her partner, Regina, in a living community for older adults. There was a report of domestic violence two days ago from a neighbor who called the police. When Law Enforcement (LE) arrived, both Regina and Judy denied any altercation. Judy was annoyed and made the

comment that the neighbors should “mind their business.” LE surveyed the scene and found evidence of a struggle which included light markings on Judy’s right eye and what appeared to be an injury on her arm. They arrested Regina.

With Regina in jail, you arrive at their home to interview her two days later. You politely ask for Judy’s pronouns. Judy tells you “she/her.” As you begin your assessment, Judy tells you that her health has recently started declining and she is becoming more dependent on Regina’s help. You notice she’s wearing a back brace, sunglasses and a long sleeve shirt. You gently inquire about her sunglasses, noting that she is wearing them indoors. When she feels comfortable enough to remove them, you notice a black eye. With sensitivity, you ask if she has any other injuries. After a short hesitation, she starts to lift her sleeves. You see her wince as she lifts her sleeves, exposing bruises on her upper arm. You ask Judy how she got the injuries. She hesitates, but does share that two days ago, Regina put her hands on her. You mention that the police report stated that both of them denied any altercation and you ask if she wants to talk about why she denied at the time. Judy explains that she not only relies on Regina’s help, but Regina is the only family she has. Judy shares that she is estranged from her family because of their beliefs regarding her gender and sexuality. Judy also explains that in her past experience, LE does not take Domestic Violence (DV) claims from same sex partners seriously. Judy reveals that Regina has physically assaulted her in the past, and due to not receiving help before, she feels uncertain about getting support now.

Discussion Questions:

1. What protocols and resources does your agency have for consulting with law enforcement (LE) before visits to learn about LE’s experiences with the address?
2. If able to research APS case history for this address prior to the is home visit, what information would you have searched for?
3. How might you assess Judy’s safety?
4. How would you document Judy’s injuries?
5. What steps would you take to ensure Judy’s emotional safety is addressed after this visit?

Recognizing the Impact of Trauma on People who have Experienced Physical and/or Emotional Abuse

When investigating physical and emotional abuse, we should be aware that older and dependent adults who have experienced these types of maltreatment may be reluctant to report or disclose the abuse for various reasons. Additionally, several health problems have been linked to emotional abuse, including depression, anxiety, substance use disorder, and chronic pain; none of which are easy to discuss.

Investigating physical and emotional abuse can be challenging and demands significant skill and patience. You must always focus your work on conducting thorough investigations and facilitating client-centered service options that provide safety and meets the needs and desires of those who experiencing physical and/or emotional abuse.

Activity #4: Reflection and Discussion (30 minutes)

Writing Activity w/ large group discussion, Individual Work

Use the scenarios from Activity #2 or Activity #3 (Marisol or Judy).

Instructions:

- **Reflect and journal** on how reading those scenarios made you feel? What feelings initially came up for you? Why do you think they came up? Use the [feelings wheel](#) if you need a starting point. *Optional* Share with the large group one feeling that came up.
- **Large Group Discussion:** Spend about 10 minutes, individually writing your responses to the questions below. As a large group, discuss your answers.
- **Individual Work:** If completing this activity individually, record your feelings regarding the scenario's and to the questions below. Review your responses with your supervisor. Remember to share only what feels comfortable.

Discussion Questions:

1. How can you as an APS professional be culturally responsive to trauma?
2. Why should you as an APS professional be mindful of cultural contexts/backgrounds?

3. How might the client's cultures affect their disclosure of the trauma?
4. How does being trauma-informed help APS provide better services?
5. What signs of physical and/or emotional abuse did the client exhibit?
6. What are some takeaways to share with the larger group? What did you learn? Any new techniques?

Activity Facilitator Support

Activity #1:

What are some examples of physical and/or emotional abuse?

- Physical Abuse
 - Acts of violence such as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning
 - Inappropriate use of drugs and physical restraints
 - Force-feeding
 - Physical punishment of any kind
- Emotional Abuse
 - Verbal assaults, insults
 - Threats, intimidation
 - Humiliation
 - Harassment
 - Isolation, giving the silent treatment

Activity #2: Marisol Scenario:

1. What engagement cues and techniques might you use to build rapport with Marisol?
 - Observe Marisol's eye contact and body language. Is she looking at you while speaking or is she looking away? Are her arms folded in front of her, is her body facing away from you? Ask if there is something that would make her more comfortable to be able to talk to you.
 - Use sensitive and supportive engagement techniques. Validate her feelings, ask open-ended, person centered and trauma-informed questions while offering encouragement and support.
2. What signs of emotional abuse may be evident in this scenario?
 - Marisol reports feeling afraid to express that she doesn't like Teresa taking care of her, for fear that Teresa will move her into a "nursing home".
 - Marisol reports that Teresa yells at her.
 - Marisol reports feeling "very lonely and feels sad".

3. What questions might you ask to assess whether Marisol is also experiencing physical abuse by her daughter?
 - You should always assess for both physical and emotional abuse in all investigations.
 - Observe if there are any visible bruising or sores on any exposed body parts. If the client alludes or divulges physical harm or injuries, ask for permission to view the injuries.
 - Asking open-ended questions at first about physical abuse allows the client to tell their story. Moving to more direct questions later allows you to get additional information. For example, starting with, "How is your relationship with Teresa?" and, "You mentioned don't like the way Teresa takes care of you, can you share more or give me examples?" And then move to, "Has Teresa ever hurt you in other ways?" and "Has Teresa ever done anything that caused you physical harm or threatened physical harm?"

4. How would you proceed? (What resources might be beneficial or helpful for Marisol?)
 - Ask Marisol if she receives any additional services from outside resources (In-Home Supportive Services for caregiving, senior social programs, food banks, support groups.) Regardless of whether Marisol does receive all, some, or other services, using a client centered, trauma-informed approach, inquire if Marisol would be interested in any of those services or services she has heard of and may be interested in. Remember to request consent before making any referrals.
 - Ask Marisol what her wishes might be for her care (where she wants to live and/or who she wants as her primary caretaker).
 - Ask Marisol if she would like resources to evict her daughter.
 - Offer Marisol financial resources to manage her money.
 - Contact collaterals to help determine who would be willing to assist in caring for Marisol.
 - Collaborate with Marisol in developing a service plan. Provide information to Marisol about local resources or partners that may assist her and ask if she would be willing to participate in them. Offer to connect her with an agency who works with survivors of domestic violence. Also ask permission to make referrals to these resources on her behalf.
 - Discuss options of restraining orders.

5. What are your agency protocols around reaching out to collateral contacts? Who would you attempt to contact and why?
 - Interviews with collateral contacts, including other family, can be very important in observing Marisol's situation. Follow any program policy around confidentiality. Collateral contacts may be a great source of information and can shed light on how long the alleged abuse has been occurring and how Marisol's life was prior to coming in contact with her alleged abuser. Keep in mind, emotional abuse can start suddenly or may have a long-standing presence in relationships. Contacting the bank to review bank records, if allowed, can be another source of information.

Keep in mind that Marisol is an active partner in the service plan, whether it involves making a referral or creating a strategy together.

Activity #3: Judy Scenario

1. What protocols and resources does your agency have for consulting with law enforcement (LE) before visits to learn about LE's experiences with the address?
 - Review your agencies policies and/or protocol with your supervisor.
 - Gathering this information is important and can help develop a plan to keep yourself and your client safe.
2. If able to research APS' case history for this address prior to this home visit, what information would you have searched for?
 - Are there any registered weapons belonging to the occupants, or is there firsthand knowledge of weapons in the home?
 - Is there a record of the alleged perpetrator's physical and behavioral descriptions?
 - Consider an APS professional that mirrors the clients gender identity, race, sexual orientation etc. that may make the client more comfortable during a home visit/investigation.
 - Are there any past Domestic Violence (DV) history (patterns, reports, arrests)?
 - Does the alleged perpetrator have a criminal history?

- Collect/review the client's medical & behavioral history.

3. How might you assess Judy's safety?

- Find out who currently lives in the home with her.
- Confirm if there are weapons in the home.
- Ask Judy if the alleged perpetrator (AP) has returned and what her plan is if she does (help her develop a safety plan if she doesn't have one).
- Inquire if Judy is aware about other services such as domestic violence advocacy and legal resources that may provide additional assistance or protection for her. Determine if she would be interested in any assistance with filing protective order such as a Temporary Restraining Order (TRO) or Permanent Restraining Order (PRO).
- Ask Judy if she has a plan if this happens in the future and support her in creating a plan that feels empowering and safe for her.
- Check in with Judy to see if she needs/wants medical attention. If so, find out whether she has medical insurance or if she would be interested in a referral to an LGBTQIA+ community health clinic or medical provider, Domestic Violence (DV) clinic/organization, LGBTQIA+ organization/support services, LGBTQIA+ support groups, LGBTQIA+ counseling or other resources.

4. How would you document Judy's injuries?

- Document that LE did report seeing marks on Judy's eye and arm during the initial investigation, even though both Judy and Regina denied any altercation. During your home visit two days later, you confirmed both areas on the eye and arm, had developed bruising.
- Ask for permission to take a picture of the injuries. Once permission is granted, take a full body picture, mid distance picture then a close-up picture (you could use an object in the picture next to the injury to get an idea of the size. If you choose to use an object for size comparison, select one with a standard size, such as a specific coin or a ruler for measurement).
- Inquire about Judy's level of pain with each injury. You may also want to consider using a number system. Explain that the number ten would be very painful and the number one being a pain that is very minor and does not interrupt any daily activities or motions.

5. What steps would you take to ensure Judy's emotional safety is addressed during and after this visit?
- Discuss the availability of counseling and mental health services, as well as domestic violence resources and support systems, focusing on LGBTQIA+ providers.
 - Inquire about any friends or family members, religious or spiritual personnel, hobbies and activities that may provide her with some companionship and support.
 - Check in with Judy in a few days, if possible, to see if she's had a chance to use her resources. Ask her if she needs any additional help or support.

Activity #4: Reflection and Discussion

Allow for the flexibility of answering the questions or starting a discussion using the questions as a starting point.

1. How can you as an APS professional be culturally responsive to trauma?
 - Attend trainings or research the specific subject matter (if available). Reference [APSWI's Ethics, Values and Cultural Responsiveness in APS](#) and/or *NATC's Power and Control Dynamics* (or similar) eLearning's or trainings.
 - During visits, with empathy and sensitivity, inquire about the client's cultural backgrounds and family history, especially regarding any experiences with trauma and what that all means to them.
 - Review the case history for any cultural, religious or language references so you can be better prepared for a home visit. Some examples may be, knowing if you need to remove your shoes before entering the home. If you feel any hesitation or resistance from your client when answering any questions, contemplate if this may be attributed to their cultural, generational or gendered behaviors and values.
2. Why should you as an APS professional be mindful of cultural contexts and backgrounds?

- Being culturally responsive allows you to provide the highest level of service. Knowing that there are intricacies and subtleties of client's cultures that impact their responses to APS inquiries helps you respond with empathy and curiosity.
- This may also help building rapport by providing a safe space for clients to provide detailed information.
- Being culturally responsive also allows you to determine appropriate recommendation for services, support, and resources.
- Asking things like a person's pronouns, shows respect and that you are knowledgeable and sensitive to the client's cultures.

3. How might the client's cultures affect their disclosure of the trauma?

- Marisol scenario: Marisol did mention she was embarrassed to tell her family the details of her current situation. She also did not want the APS professional to speak to her daughter for fear of being placed into a "nursing home". As the APS professional, you will want to explore all possible reasons for her responses.
- Judy scenario: As APS professionals, it is important to understand that Judy navigates intersectionality of cultures that hold biases against her race, gender identity and sexual orientation. Given your client's past experience with law enforcement, where her initial report was not supported, responded to, or validated, Judy felt uncomfortable disclosing the alleged abuse by Regina. Which may have led to her skepticism and mistrust that LE would and could help her. In Judy's case and one's that are similar, it is imperative to have an empathetic approach. Acknowledge her past experience with LE, encourage her that you are there to help and support her and provide welcoming and accepting resources in her community. Discuss how you can be a liaison between she and law enforcement.

4. How does being trauma-informed help APS provide better services?

- Being trauma-informed allows you, the APS professional, to provide person centered services and also helps determine which resources may be appropriate for your clients. It can also help with building rapport and keeping your client safe.

5. What signs of physical and/or emotional abuse did Marisol or Judy exhibit?
 - Marisol: It appears that she has been isolated from family members. She reported feeling embarrassed, which you should explore further. Marisol's statements of feeling lonely, sad and not liking the way her daughter is taking care of her are firsthand accounts of what Marisol is thinking and feeling.
 - Judy: She had multiple places on her person where you witnessed bruising. She denied any abuse when interviewed by LE. As the APS professional, it is important to try to uncover if Judy is fearful or if there is any other reason for denying the abuse to LE. Judy exhibited signs of pain as she cringed when lifting her sleeve.

6. What are some takeaways to share with the larger group? What did you learn? Any new techniques?
 - Subjective responses
 - Allow time for learners to think and respond
 - After allowing time/silence for learners to respond and no one is comfortable responding, consider as the facilitator, lead or supervisor, sharing your answer to 'break the ice' or start a discussion.

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OUR WHY:

REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
THE WORLD IS A
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