

Sexual Abuse

INSTRUCTOR LED TRAINING

PARTICIPANT MANUAL



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

Funding Sources



This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, 2025

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With additional Subject Matter Expertise

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Introduction

We are pleased to welcome you to **Sexual Abuse 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 with the goal of revolutionizing the way people work to ensure the world is a healthier place. Our services integrate culturally responsive and recovery-oriented practices into our daily work to promote healing and healthy relationships. Providing around 70,000 learning experiences to health and human service professionals annually, the Academy provides a variety of workforce development solutions in Southern California and beyond. With five programs, three divisions and over 100 staff, the Academy's mission is to provide exceptional learning and development experiences for the transformation of individuals, organizations and communities.

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.

APSWI partners with state and national organizations and experts in the older adult and adults with disabilities professions to empower APS professionals and those they serve to live safely, peacefully and in a world that is free from abuse and neglect.

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)
- California's Curriculum Advisory Committee (CAC) and NAPSA's Supervisor Curriculum Advisory Committee (SCAC)

Partner Organizations

Dawn Gibbons-McWayne, Program Director, APSWI

Academy for Professional Excellence

<https://theacademy.sdsu.edu/programs/apswi/>

Kat Preston-Wager, Workforce Development Supervisor, APSWI

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Jennifer Spoeri, Executive Director, National Adult Protective Services Association (NAPSA)

<https://www.napsa-now.org/>

Paul Needham, Chair, NAPSA Education Committee

<https://www.napsa-now.org/>

James Treggiari, Adult Protective Services Liaison, Adult Protective Services Division

California Department of Public Social Services

<https://www.cdss.ca.gov/adult-protective-services>

Emily Nicholl and Allison Kokonas, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association (PSOC)

<https://www.cwda.org/about-cwda>

Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and line staff across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. Content includes adaptations from National Adult Protective Services Training Center (NATC eLearning). APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division

National Adult Protective Services Association

National Adult Protective Services Training Center

Committees

California's Curriculum Advisory Committee

Southern California's Training Planning Committee

National Adult Protective Services Association (NAPSA) Education & Development Committee

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Table of Contents

Funding Sources 1

Introduction 2

Partner Organizations 3

Acknowledgements..... 4

Table of Contents..... 5

Executive Summary..... 6

Course Outline..... 8

Handout: Summary of Linda’s Story 19

Handout: Coded vs. Clear Disclosures 22

Handout: Linda’s Service Plan 28

Handout: Sexual Abuse Recovery Resource Mapping Worksheet 30

Executive Summary

Sexual Abuse

This training equips APS professionals with the knowledge and skills to recognize, assess, and respond to sexual abuse of older adults and adults with disabilities. The course blends training engagement opportunities to deepen participants' understanding of trauma, disclosure dynamics, and evidence-informed interviewing strategies. By emphasizing trauma-informed, person-directed approaches, the training seeks to reduce barriers to disclosure and promote consistent responses across APS programs.

Participants will learn to define sexual abuse in its many forms, identify signs and symptoms, including indirect or "coded" disclosures, and apply trauma-informed interviewing techniques. The training also guides APS professionals through intervention planning, collaboration with law enforcement and community partners, and the use of supportive resources to enhance client well-being. By the end of the workshop, participants will be prepared to translate these skills into practice, strengthening their ability to deliver services grounded in empathy and respect.

Instructor Led Training

This course was developed to be delivered either in-person or virtually. The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion and case studies); question/answer periods; video demonstrations, PowerPoint slides; participant guide) to assess knowledge and skill acquisition and how these translate into practice while conducting interviews and investigations.

Participants should have access to their participant manual, either in printed form or as a digital copy. For virtual training, they will need a computer with video conferencing capabilities and the ability to connect to the designated virtual platform. Using a headset or earbuds with a microphone, along with a video camera, is strongly encouraged.

Course Requirements

Familiarity with Adult Protective Services program, policies, and procedures.

Intended Audience

Newer APS professionals (line staff, case workers, investigators) who investigate and assess allegations of sexual abuse. Experienced APS professionals and allied partners may benefit from this workshop as well.

Learning Objectives:

Upon completion of this training, participants will be able to:

- Identify sexual abuse and its various forms.
- Recognize common barriers to reporting and disclosure.
- Demonstrate person-directed strategies and trauma-informed interviewing techniques.
- Utilize intervention strategies to develop service plans that prioritize safety, autonomy, and access to resources.

Course Outline

CONTENT	MATERIALS	TIME
Introduction	Slides 1-9	Total: 25 mins
Welcome, Land Acknowledgement, and Housekeeping		
Learning Objectives		
Content Warning		
Terminology		
Introduction to Sexual Abuse		
<i>Activity: Assessing Comfort Level</i>		5 minutes
Defining Sexual Abuse	Slides 10-20	Total: 75 minutes
Sexual Abuse Definitions		
CA Matrix Determining Findings		
Sexual Trauma Impact on the Brain		
<i>Activity: Sexual Assault & the Brain in Six Minutes</i>		15 minutes
Acknowledging Neurocognitive Disorders and Cognitive Impairments		
Commonalities about Perpetrators		

CONTENT	MATERIALS	TIME
Reasons Sexual Abuse goes Unrecognized		
Commonalities About People who have been Abused		
<i>Activity: Linda's Story</i>	Handout: Case Vignette Summary	20-25 minutes
Summary and Grounding Exercise <i>Activity: Pause, Breathe, and Release</i>		3-5 minutes
Identifying Sexual Abuse	Slides 21-24	Total: 30 mins
Poll: APS Reports		
Signs and Symptoms		
<i>Activity: Coded Disclosures</i>	Handout: Coded vs. Clear Disclosures	10-15 minutes
Identifying Abuse Through Various Channels		
Interviewing Skills	Slides 25-34	Total: 80 mins
Trauma-Informed Principles		
Preparation/Before the Interview <i>Activity: Small Choices with Big Impact</i>		5-7 minutes
Interviewing Approach and Considerations:		

CONTENT	MATERIALS	TIME
Working with Law Enforcement		
Interviewing Approach and Considerations: Start of the Interview		
Interviewing Approach and Considerations: Throughout the Interview <i>Activity: Practicing Open-Ended Questions in Sexual Abuse Cases</i>		12-15 minutes
Laying the Groundwork for Trauma-Informed Conversations		
Reactions & Responding to Disclosures		
Practice <i>Activity: Tammy's Video</i>		20 minutes
Self-Care While Interviewing and Documenting Sexual Assault Cases <i>Activity: Self-Care Moment</i>		3-5 minutes
Intervention Strategies	Slides 35-41	Total: 60 Mins
Understanding Impact of Trauma		

CONTENT	MATERIALS	TIME
Comprehensive Case Planning Introduction (Part 1)		
Comprehensive Case Planning Introduction (Part 2)		
<i>Activity: Comprehensive Service Planning</i>		15 minutes
Sexual Abuse Service Planning: Immediate & Follow-Up Resources		
Specialized Interventions <i>Activity: Resources Mapping</i>	Handout: Sexual Abuse Recovery Resource Map Worksheet	10-15 minutes
Self-Care Strategies for APS Professionals	Slides 42-44	Total: 15 minutes
Self-Care		
Vicarious Trauma, Neutrality, Resilience		
Strategies for Self-Care		
Wrap-Up	Slides 45-47	Total: 15 mins
Summary		
Summary (Continued)		
Activity: P.I.E.		3-5 minutes
Evaluation		
TOTAL (Excluding Breaks)		5 hours



Sexual Abuse



Instructor-Led Training

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






About the Academy & APSWI

The Academy is a project of San Diego State's 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.



San Diego State University

APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.

ACADEMY PROGRAMS










Purpose of Land Acknowledgement



The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in its meaning. It shows respect to the people of the land, to the land itself and to their relationship to one another. They are statements that recognize the dispossession from the land, the harm brought by colonial practices, beliefs and policies. They validate and recognize the continued presence of Indigenous peoples everywhere. Lastly, when offered in earnest and with sincerity, they are the first steps in reconciliation and healing.





Land Acknowledgement National Deliveries

For millennia, hundreds of Tribal nations have been a part of this land. This land has nourished, healed, protected, and embraced them for many generations in a relationship of balance and harmony.

As members of the Academy community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land and it's original inhabitants of this Nation.

Making a statement isn't enough. It is important that we share ways people can take action to support Native American people and land back efforts.

<https://native-land.ca/>



Housekeeping & Introductions

-  **Technology**
-  **Agenda**
-  **Agreements**



Learning Objectives

- Identify sexual abuse and its various forms.
- Recognize common barriers to reporting and disclosure.
- Demonstrate person-directed strategies and trauma-informed interviewing techniques.
- Utilize intervention strategies to develop service plans that prioritize safety, autonomy, and access to resources.





Content Warning

Terminology

- **Survivors:** those who have experienced sexual abuse
 - May self-identify as a victim, survivor, thriver, person who experienced sexual assault, or someone who was sexually assaulted by someone else
 - We may call this person our "client"
- **Victim:** may be used by your region or state as the person who has experienced sexual abuse or whom the abuser abused
- **Abuser/suspected abuser/alleged perpetrator:** those who perpetrate or have been alleged to perpetrate abuse

Introduction to Sexual Abuse

Sexual abuse is sensitive and often misunderstood	60% never disclose; 94% never seek help	Abuse is 2x as common in long-term care settings	Biases and myths lead to underreporting and missed interventions
Survivors may face shame, dependence or cognitive barriers	APS professionals play a key role in recognizing, believing, and responding with care	Challenging myths ensures empathy, respect & effective support	

Introduction to Sexual Abuse: Poll



On a scale of 1 to 5, with 1 being most uncomfortable and 5 being comfortable, select the number that represents your comfort level.



Sexual Abuse Definitions

“Contact or interaction of a sexual nature involving a vulnerable adult without their informed consent.”

- Sexual abuse is characterized as non-consensual sexual contact of any kind.
- Sexual abuse involves any form of sexual interaction that occurs without mutual consent.
- This type of abuse can include a range of actions such as sexual assault, rape, sodomy, forced nudity, inappropriate touching, and taking sexually explicit photos without consent.



CA APS Standards for Consistency in Determining Finding Matrix

APS Guidelines to Supplement Regulations | 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
Sexual Abuse 15630.69 (c)	Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: <ul style="list-style-type: none"> • Unwanted touching • All types of sexual assault or battery such as rape, sodomy, and forced nudity • Sexually explicit photographing • Forced exposure to pornography • Unwanted sexual relations with a spouse, partner, significant other or anyone else. 	1. Evidence of a sexual incident(s) or situation(s) occurred and 2. The incident or situation is unwanted or non-consensual in nature.	Examples include, but are not limited to: <p>General Considerations</p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> o Touched in an unwanted fashion o Raped, sodomized, or forced to take off his/her clothes o Photographed in a sexually explicit way o Forced to look at pornography o Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else. • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are this client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)? <p>Client Considerations</p> <ul style="list-style-type: none"> • Is the client able to consent to sexual activity? If no, did the client consent? Was the client coerced or pressured into the sexual act? • Does the client have family or friends to provide emotional support or to advocate on his/her behalf? • Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? 	Examples include, but are not limited to: <ul style="list-style-type: none"> • Genital or anal pain, irritation or bleeding • Swelling on external genitalia or inner thighs • Difficulty walking or sitting • Torn, stained or bloody underclothing • Client's intimate body parts are treated roughly while reasoning tests, such as when being cleaned or dressed. • Client forced to watch pornography on the television and/or computer • Client is newly diagnosed with a sexually transmitted disease • Medical assessment and lab work, including a medical/ob/gyn report support the report of sexual assault. • The dependent adult is pregnant • Sudden, marked change in personality or demeanor



Sexual Trauma Impact on the Brain

Sexual trauma triggers survival mode

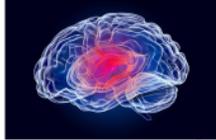
- *Memory may be fragmented or incomplete*
- *May recall only pieces, share details out of order or struggle to explain*

Brain under stress

- *Amygdala activates "fight, flight, freeze, fawn"*
- *Prefrontal cortex suppresses reasoning and sequencing*
- *Hippocampus experiences disruptions in context and timeline*

Experience vivid sensory fragments but sequence is unclear

APS role is to validate and never pressure to "get the story straight"




Sexual Assault & the Brain in Six Minutes

- Why might older adults who experienced sexual abuse present with seemingly contradictory behaviors or inconsistent accounts?
- Have you ever supported a client during an APS interview where their story felt disorganized or fragmented?




Acknowledging Neurocognitive Disorders and Cognitive Impairments

- Sexual Trauma
- Neurocognitive Disorders
- Mental Health Conditions

- Impacts memory, perception, and communication
- May impact disclosure and consistency
- Requires trauma-informed interviewing



Prevalence

Sexual abuse of older adults is vastly underreported and undetected

- Results in inaccurate and understated estimates
- **0.9%** of older adults in the community
- **1.9%** in long-term care settings
- **60%** never disclose and **94%** never seek help

Increased risk for people with disabilities

- Over **3x** more likely to experience sexual assault; risk grows with multiple disabilities
- Children with mental health or intellectual disabilities are **5x** more likely to be abused

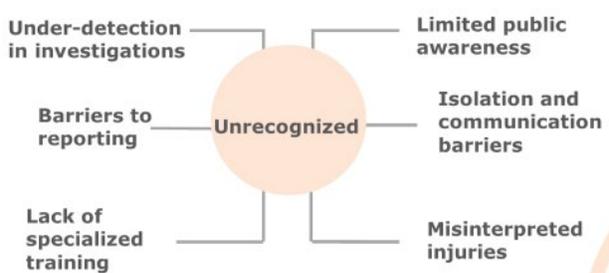


Commonalities About Perpetrators

- Perpetrators can be any gender
- Abusers span all age groups
- Access often through relationships or roles
- Family members may be responsible
- Facility abuse often involves residents
- Community-based caregivers can be abusers
- Prosecution is rare



Reasons Sexual Abuse Often Goes Unrecognized



- Under-detection in investigations
- Barriers to reporting
- Lack of specialized training
- Limited public awareness
- Isolation and communication barriers
- Misinterpreted injuries



<p>Commonalities About People who have been Abused</p>	<ul style="list-style-type: none">• Female, but males are also impacted• Sexual abuse occurs at any age• Happens with other forms of abuse or neglect• Cognitive/physical limitations make reporting difficult• Fear of retaliation/ties to abuser prevent disclosure• Reports are met with disbelief• Past trauma can resurface and complicate responses	
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<p>Linda's Story</p> <p>Content Warning</p> <ol style="list-style-type: none">1. Watch the video2. Small group discussions <p> SEE HANDOUT</p> <ol style="list-style-type: none">3. Large group debrief		
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Handout: Summary of Linda's Story

***Content warning:** The following case vignette includes a detailed account of sexual assault involving an older adult. It may evoke strong emotional responses or activate personal experiences. Please take care of yourself while reading, and feel free to pause, step away, or seek support as needed.

The following is a summary of the NCALL video [Linda: Sexual Assault by a Neighbor](#).

Linda (she/her), age 67, was sexually assaulted in her home by a male neighbor who entered while she was sleeping. She awoke to find him standing in her doorway with a gun pointed at her. When she screamed, he threatened to shoot her if she made another sound. He covered her head with a pillowcase, repeatedly assaulted her, and forced her into the bathtub to wash her between assaults. He left visible injuries including bite marks and bruises. Throughout the ordeal, Linda relied on her faith to endure. After he threatened her family and left, she immediately called 911, provided a detailed description, and suspected her neighbor. Police found substantial evidence including footprints in the snow and recovered the weapon (a pellet gun). During her forensic exam a few hours later, Linda used humor to cope. The perpetrator later accepted a guilty plea despite claiming memory loss and received 27 years imprisonment with lifetime sex offender registration. Linda spoke openly to media, saying "I have nothing to be ashamed of," and became an advocate for other older sexual assault survivors.

Discussion Questions:

- How might neurocognitive challenges or trauma responses affect a survivor's ability to describe what happened?
- How do gender and societal expectations influence how sexual assault is defined and responded to, especially if the survivor is male?

Why might older adults hesitate to report sexual assault when the perpetrator is someone they know, such as a family member or caregiver?

Summary and Grounding Exercise

- Abuse can affect anyone
- Listen without making assumptions
- APS role:
 - Identify signs of abuse
 - Reduce barriers to disclosure
 - Respond with trauma-informed care



Activity: Pause, Breathe, and Release



Poll: APS Reports

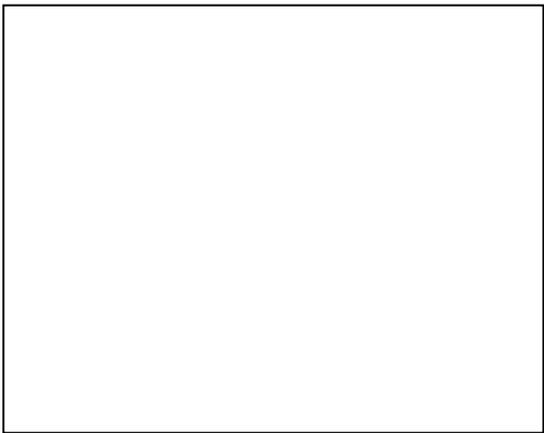


In your experience, in what ways does APS become aware of possible sexual abuse allegations in your work?



Signs & Symptoms

Physical Symptoms <ul style="list-style-type: none">• Genital/anal pain, irritation or bleeding• Bruising on external genitalia or inner thighs• Difficulty walking or sitting• Torn, stained or bloody underclothing• Intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed• <i>Refer to CA Matrix for others</i>	Psychosocial Symptoms <ul style="list-style-type: none">• Anxiety, agitation, PTSD• Attempt to flee• Fear• Depression• Nightmares and insomnia• Withdrawal from social activities or relationships• Dissociation (numbness or detachment)
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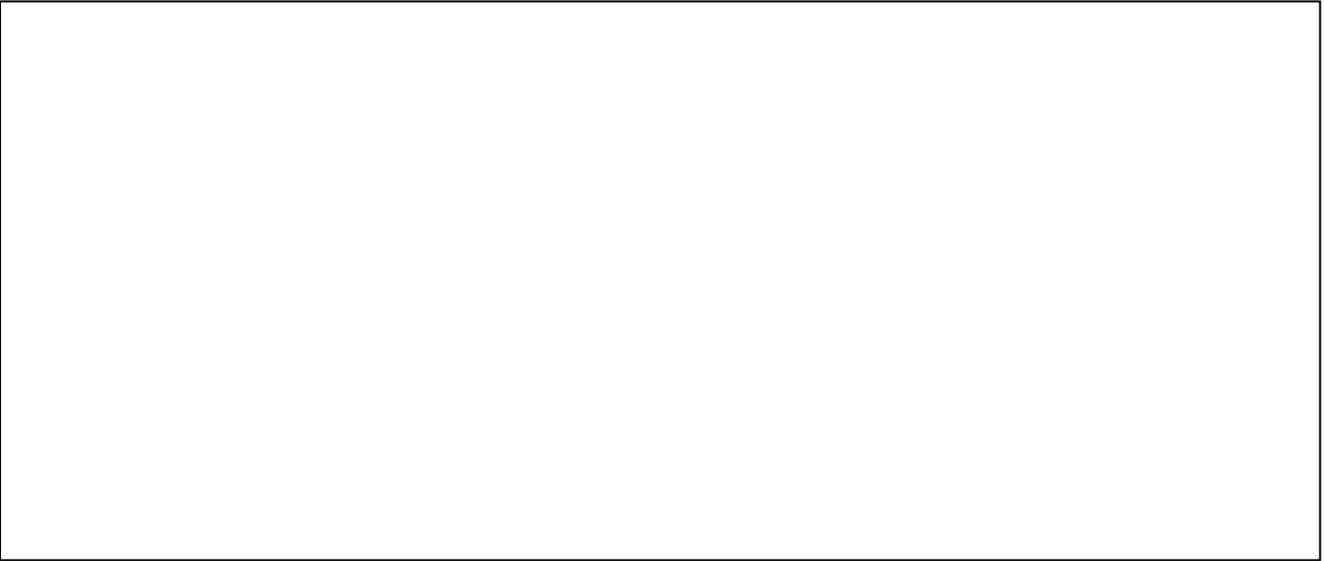


Coded Disclosures

A way for survivor to use language that is comfortable to them

<p>Coded Disclosures</p> <ul style="list-style-type: none"> • "My partner makes me do things I do not want to do." • "They came into my room at night, and I didn't like it." • "I can't go back to that room." • "They touched me where they shouldn't." 	<p>Clear Disclosures</p> <ul style="list-style-type: none"> • "The resident in the next room came in and got into bed with me and molested me." • "They touched my breasts without my consent." • "When they help me bathe, they touch my private parts inappropriately." • "I was sexually assaulted in that room."
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Activity: Coded Disclosure Practice



Identifying Abuse through Various Channels

<p>In Person Observations</p> <ul style="list-style-type: none"> • Watch for nonverbal cues and visible injuries <ul style="list-style-type: none"> ◦ <i>Get consent before asking to see injuries</i> • Note changes in hygiene, clothing, or social engagement • Look for physical evidence (e.g., torn clothing, unexplained items) • Observe interactions closely 	<p>During Assessment</p> <ul style="list-style-type: none"> • Ask open-ended safety questions • Speak with the adult alone • Gather collateral info from those in regular contact • Use multiple approaches such as questions, observation, assessments
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Handout: Coded vs. Clear Disclosures

Coded Disclosure (Indirect or vague)	Possible APS Follow-Up Question
"They came into my room at night, and I didn't like it."	
"He took liberties with me."	
"I was made impure."	
"They touched me where they shouldn't."	
"They shamed me."	
"I don't like when he helps me."	
"It wasn't right, what they did."	
"He's just too friendly."	
"I can't go back to that room."	
"I'm overreacting, I guess."	

Trauma-Informed Principles	
Safety:	• Survivors need the opportunity to provide clear consent before any contact or process to feel safe
Trustworthiness & Transparency:	• Be transparent about actions and options to help rebuild trust
Peer Support:	• Offer survivor-to-survivor support to normalize boundaries and consent
Collaboration & Mutuality:	• Frame your work as a partnership to center the person's voice in decisions
Empowerment, Voice, & Choice:	• Seeking consent at every stage restores autonomy and honors their experience
Cultural, Historical, & Gender Issues:	• Considering culture, history, and identity makes consent approaches more inclusive

Preparation/Before the Interview
<ul style="list-style-type: none">• Review all relevant information beforehand• Prioritize safety, privacy, and confidentiality• Maintain privacy in public or facility settings• Coordinate with family and seek consent for privacy at home• Schedule when the alleged perpetrator is absent
Activity: Small Choices with Big Impact

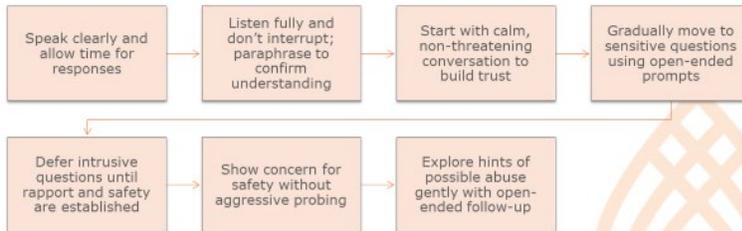
Interviewing Approach and Considerations - Working with Law Enforcement
<ul style="list-style-type: none">• Check if law enforcement been contacted and case assigned• Coordinate early and support a joint interview• If disclosure comes first to APS acknowledge, then offer choice to report to law enforcement• Explain what to expect and ask what would make them most comfortable• If APS joins mid-process respect prior interviews and offer advocacy support• Review all relevant information beforehand

Interviewing Approach and Considerations: Start of the Interview

- Initial APS interviews clarify risk, safety, or statutory criteria
- Respect client autonomy and explain reporting duties but honor their choice
- Focus early questions on what happened, who was involved, and safety now
- When a crime is suspected, shift to a liaison role
- Collaborate on forensic interviews, evidence, and advocacy services
- Use engagement skills and be transparent and respectful
- Introduce yourself, explain purpose, confidentiality limits, and reporting obligations
- Adapt communication to the adult's needs



Interviewing Approach and Considerations: Throughout the Interview



Practicing Open Ended Questions



Laying the Groundwork for a Trauma-Informed Conversations

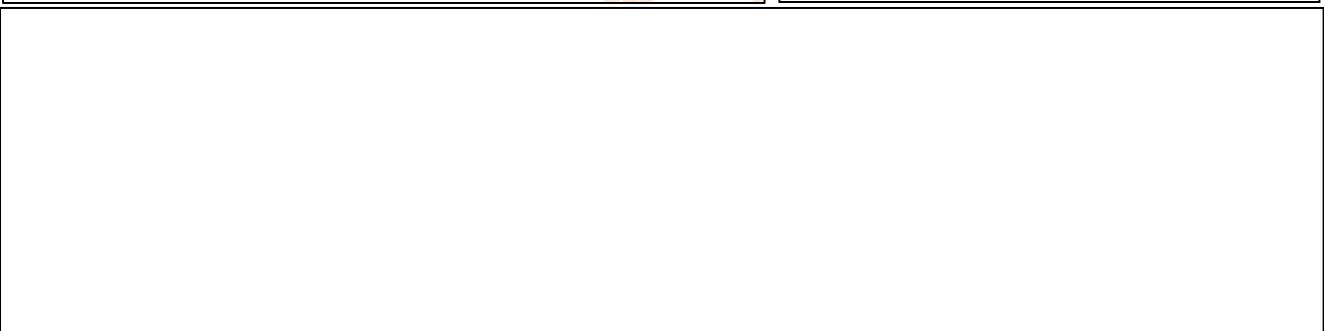
Physical Space & Distance	• Ask permission, respect personal space, and offer choice
Gaze & Eye Contact	• Offer options and be mindful of individuals' comfort with direct eye contact
Regulating the Nervous System	• Check in, create calm, normalize breaks, and demonstrate taking a breath
Empower through Choice	• Whenever possible, let the adult make choices and tailor approach

Reactions & Responding to Disclosures

- There's no single "right" way to respond
- Normalize feelings to reduce shame and isolation
- Be mindful of culture, disability, gender, and generational norms
- Apply APS interviewing techniques that build trust and connection
- Responding with care:
 - Stay calm & avoid shock, disbelief or judgement
 - Maintain a steady, supportive presence
 - Use open-ended questions
 - Assess immediate safety & emotional well-being
 - If needed, create a safety plan together

Practice : Tammy's Story

- Were there any questions you would have wanted to ask Tammy?
- What trauma-informed strategies could you use to make Tammy feel safer or more in control during this interview?



Self-Care While Interviewing and Documenting Sexual Assault Cases

<p>During Interview</p> <ul style="list-style-type: none"> • Ground self before starting • Use a centering statement • Maintain body awareness • Micro pauses • Visual anchor 	<p>During Documentation</p> <ul style="list-style-type: none"> • Step away before writing • Debrief with a peer or supervisor • Set a calm environment • Use soothing physical anchors
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Activity:
Self-Care Moment



Impacts of Sexual Abuse and Trauma

Sexual abuse can result in	<ul style="list-style-type: none"> • Physical effects • Disruption to daily life • Emotional and relational impact • Psychological responses
People with neurocognitive disorders	<ul style="list-style-type: none"> • May struggle to describe abuse, but does not mean the abuse did not have a serious impact • May still experience trauma symptoms
Disclosure is not the only indicator of abuse	<ul style="list-style-type: none"> • Don't minimize concerns or overlook signs of trauma • Pay close attention to behavioral, emotional, and physical indicators



Comprehensive Service Planning Introduction (Part 1)

<p>Client</p> <ul style="list-style-type: none"> • What are their wishes • How have they been harmed • Do they remain in danger • What are their needs 	<p>Perpetrator</p> <ul style="list-style-type: none"> • Who is it; what is their relationship to the survivor • Do they pose continued danger to survivor or others • Are they responsible for meeting the needs of the survivor 	<p>Abuse and Urgency</p> <ul style="list-style-type: none"> • How recent was the abuse • What sexually abusive acts occurred • Does the survivor have physical evidence • Did other maltreatment occur
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Comprehensive Service Planning Introduction (Part 2)		
Resources	Ethics	Cultural Considerations
<ul style="list-style-type: none">•What personal supports are available to the survivor•What resources can APS provide•What community resources can be accessed	<ul style="list-style-type: none">•Does it put survivor interests first•Do you have informed consent•Is it maximizing independence and least restrictive•Are there possible unintended consequences•Is it responsive to cultural desires and needs	<ul style="list-style-type: none">•Are the services offered responsive to gender identity and expression•Are cultural backgrounds acknowledged and respected•Is the survivor's age influencing response•Are services accessible and appropriate for ability level



Comprehensive Service Planning Activity	
Handout: Linda's Service Plan	
Create a brief Service Plan <ul style="list-style-type: none">• Trauma-informed supports• Referrals to community resources• Steps to involve the survivor in the process	
Consider barriers and how you would address them	



Handout: Linda's Service Plan

Factors	Considerations for Service Planning
<p>Client Wishes:</p> <p>Decision-making ability</p> <p>What the client states their wishes are</p> <p>Risk factors</p> <p>Resources</p>	
<p>Perpetrator Issues:</p> <p>Relationship</p> <p>Dependency</p> <p>Motives</p> <p>Threat level</p>	
<p>Abuse type and urgency of the situation</p>	
<p>Resources</p>	
<p>Ethical Considerations</p>	
<p>Cultural Considerations</p>	

Sexual Abuse Service Planning: Immediate & Follow-Up Resources

- Immediate focuses on protection, medical care, crisis intervention, and basic necessities
- Long-term needs address ongoing recovery, housing, financial stability, advocacy, and emotional support
- Consider immediate resource needs:
 - Safety & protection
 - Medical care
 - Crisis support
 - Basic needs
 - Medical & therapeutic care
 - Legal & advocacy services
 - Social support & daily living
 - Housing & financial stability
 - Ongoing safety planning



Specialized Interventions



Resource Mapping Activity



- Handout: Sexual Abuse Resource Mapping Worksheet
- Search & consider local, state, and national resources
- Think broadly:
 - Prevention and education
 - Reporting and legal advocacy
 - Medical and forensic services
 - Emotional and mental health support
 - Housing and safety planning
 - Disability-specific services
 - Culturally responsive or identity-affirming supports



Self-Care

- Take time for yourself
- Hearing traumatic stories can bring up strong emotions
- Self-care supports empathy, clarity, and resilience
- Prioritize your well-being to continue showing up effectively for others



Vicarious Trauma, Neutrality, and Resilience

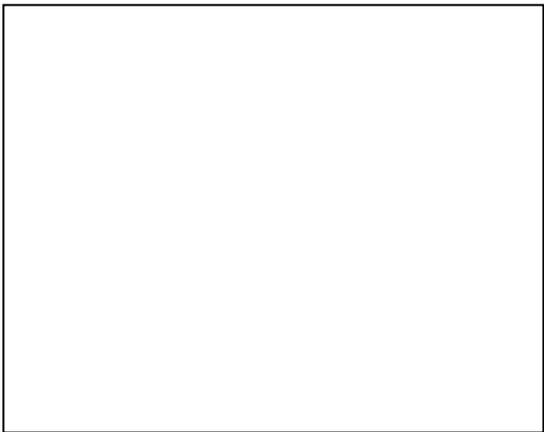
APS professionals often witness deep trauma, which can be emotionally taxing

- **Secondary trauma**
 - Feeling trauma symptoms after hearing others' experiences
- **Vicarious trauma**
 - Over time, worldview shifts and you may feel less safe, more anxious, or withdrawn
- **Vicarious neutrality**
 - Stay balanced and nonjudgmental to ensure fairness, safety, and objectivity
- **Vicarious resilience**
 - Draw strength from witnessing survivors' courage and recovery and it restores hope and purpose



Strategies for Self-Care

- Pause & breathe
- Check in with peers
- Debrief with supervisor
- Consider supportive practices
- Monitor warning signs
- Remember **YOU** matter and the work you do matters



Summary	
Prevalence & Underreporting	<ul style="list-style-type: none">• Significantly underreported• Survivors often face barriers
Unique Risk Factors	<ul style="list-style-type: none">• Age-related cognitive decline, disabilities, and dependency on caregivers can increase vulnerability• People with disabilities are at substantially higher risk of sexual abuse
Trauma & Disclosure	<ul style="list-style-type: none">• Disclosure may be direct, indirect, or "coded" language• Trauma affects memory and behavior
APS Role & Best Practices	<ul style="list-style-type: none">• Balance interviewing with collaboration• Engagement should be trauma-informed and ensure informed consent

Summary Continued	
Assessment & Evidence	<ul style="list-style-type: none">• Forensic exams should be offered promptly• Collateral sources and physical evidence can provide important clues
Safety Planning & Case Management	<ul style="list-style-type: none">• Plans should address both immediate safety and long-term needs• Collaboration strengthens protection and recovery
Self-Care	<ul style="list-style-type: none">• Cases are emotionally taxing• Incorporate things to help prevent burnout and supports resilience

P-I-E	
	<ul style="list-style-type: none">• Priceless piece of information<ul style="list-style-type: none">◦ What has been the most important piece of information to you today?• Item to implement<ul style="list-style-type: none">◦ What is something you intend to implement from our time together today?• Encouragement you received<ul style="list-style-type: none">◦ What is something that you already are doing and were encouraged to keep doing?

Evaluations



A graphic on a yellow background featuring a hand holding a megaphone. A banner across the megaphone reads "We want YOUR feedback". The word "YOUR" is in a larger, bold font. There are decorative geometric shapes like triangles and circles around the text.



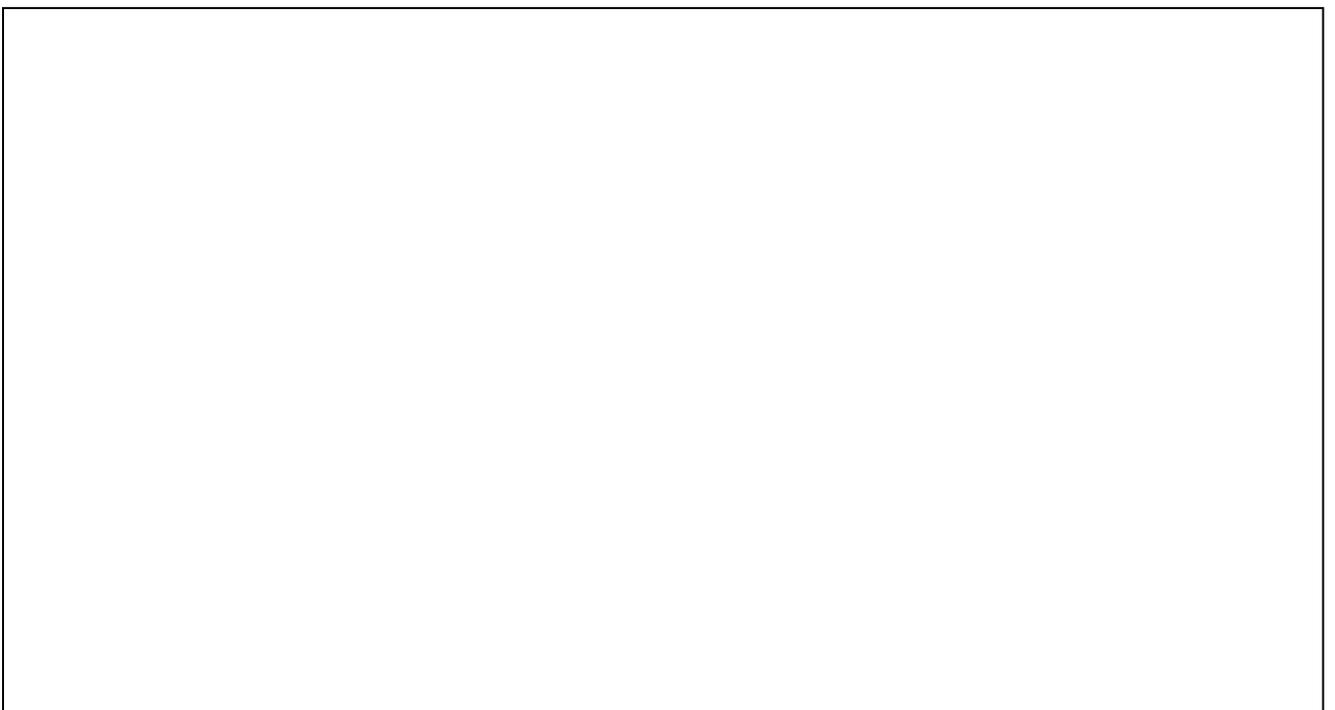
Thank You!

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

APSWI
Adult Protective Services
Workforce Innovations

Academy for Professional Excellence

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