

Sexual Abuse

Instructor Led Training

TRAINER 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.

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Introduction

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

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 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) and the National Adult Protective Services Training Center (NATC)
- 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) Committee 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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Academy for Professional Excellence

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

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<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

cdss.ca.gov/Adult-Protective-Service

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

Curriculum Developer

Michelle Gayette, LAC/MMGT (2025)

Additional Expertise

Christa Tipton, LCSW

How to Use This Manual

This curriculum was developed as a virtual **4 hour and 30 minutes workshop, not including breaks**, using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in person by modifying activity and engagement prompts as necessary. When possible, virtual and in-person prompts are given.

The Participant Manual should be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

- Actions which the trainer takes during the training are written in **bold**
- *Trainer notes are italicized*

Use of language: Throughout the manual, APS professional is used to denote individual staff who may go by various titles. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

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

Customizing the Power Point:

This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide. **Hide a slide instructions:**
1. On the Slides tab in normal view, select the slide you want to hide.

On the Slide Show menu, click Hide Slide. The slide number will have a line through it to show you have hidden it.

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

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

Trainer Guidelines

It is recommended that the trainer have a strong background in working with older adults, adults with disabilities, and/or survivors of sexual abuse. The trainer should have a deep understanding of abuse dynamics and demonstrate commitment to providing trauma-informed, inclusive education, including the ability to support learners who may be activated during training. Co-facilitation with an APS trainer or supervisor is encouraged.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 25-30 participants.

<p>Teaching Strategies</p>	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none"> ○ Lecture segments ○ Interactive exercises (e.g., breakout groups, chat box discussion, video demonstration, polling activities) ○ Question/answer periods ○ PowerPoint Slides
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Materials and Equipment	The following materials are provided and/or recommended: <ul style="list-style-type: none">○ Trainer Manual○ Participant Manual (fillable PDF)○ PowerPoint Slides○ Headset with microphone Computer
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Virtual Training Tips

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

- Assume nothing.
 - Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
 - Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
 - The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
 - "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
 - This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
 - Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
 - As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's

- important to up your enthusiasm, voice, and presence in order to engage with attendees.
- Be mindful of your space.
 - Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
 - It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.

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 a 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

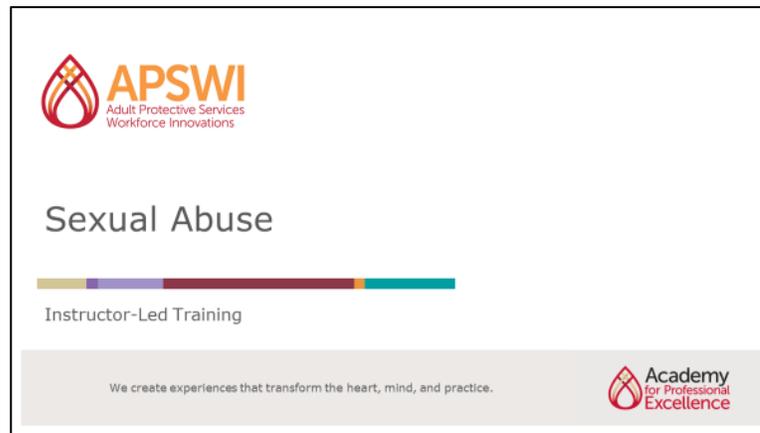
Welcome, Introductions and Course Overview

Time Allotted: 25 Minutes

Associated Objective(s): NA

Method: Lecture, discussion, and chat (if virtual)

Slide #1: Sexual Abuse



Welcome participants and allow everyone to settle in.

Ask participants to introduce their names, titles, and counties.

Slide #2: About the Academy and APSWI




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.

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.



San Diego State University

ACADEMY PROGRAMS








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

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

Slide #3 & 4: Land Acknowledgment Slides

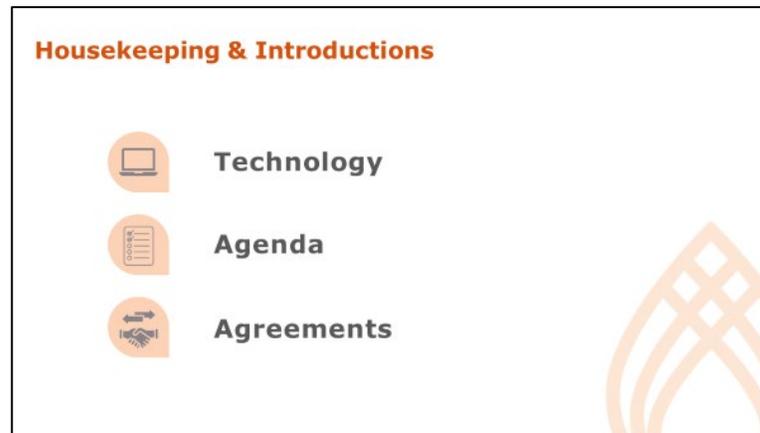


Trainer note: These slides incorporate a national land acknowledgment to honor the land that anyone who accesses the materials is on. When training, insert the land you're training from.

Share:

- Slide #3- The purpose of a land acknowledgment 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.
- Slide #4- 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; the land of the original inhabitants of this Nation. Find the tribe(s) in your area: <https://native-land.ca/>

Slide #5: Housekeeping



Cover any housekeeping items, including virtual technology if needed. Some items may include:

- Length of course
- Breaks
- Expectations and agreements of participation, timeliness, supporting each other as learners and APS professionals
- Location of restroom, etc.

Slide #6: Learning Objectives

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.

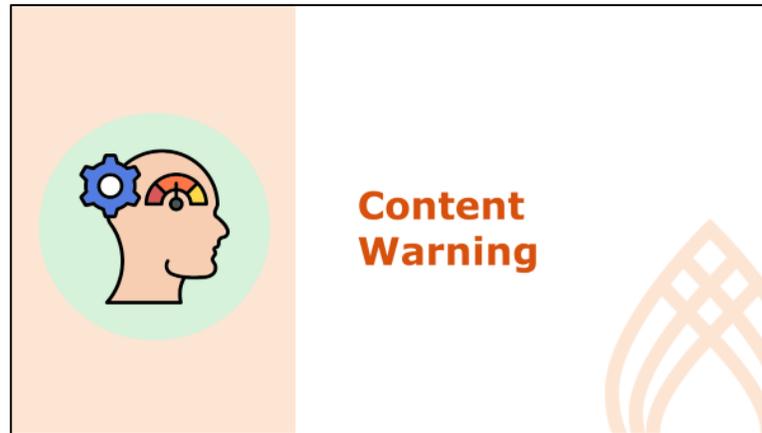


Share the following learning objectives and overview of the day:

- 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.

Share that the workshop consists of short lectures, case examples, and activities to help APS professionals recognize and respond to sexual abuse of older adults and adults with disabilities. Participants will take part in discussions and small-group exercises to practice trauma-informed interviewing, responding to coded disclosures, and developing client-directed service plans. Brief self-care and reflection moments are included to model wellness strategies during emotionally challenging work.

Slide #7: Content Warning



Share that 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.

- Content and discussion around sexual abuse today may activate feelings based on personal or professional experiences, including secondary and/or vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in the training today.
- Our goal is to create a safe, respectful learning environment where we can engage in these challenging but necessary conversations while honoring the emotional needs of all participants.

Slide #8: Terminology

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

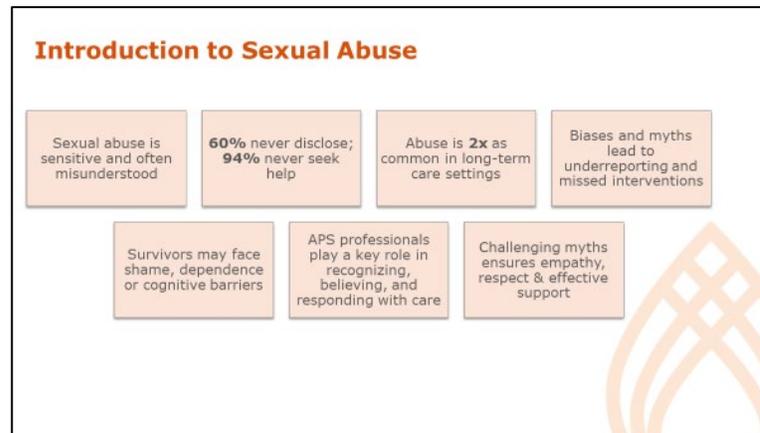


Introduce yourself and share your take on the importance of addressing sexual abuse in APS work.

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

- Survivors will be used in this training to identify those who have experienced sexual abuse.
 - Keep in mind that individuals may self-identify as a victim, survivor, thriver, person who experienced sexual assault, or someone who was sexually assaulted by someone else.
 - Typically in APS, we call this person our client.
- Victim is one that is commonly used and may be used by your region or state as the person who has experienced sexual abuse or whom the abuser abused.
 - Typically, this is the terminology that Law Enforcement will use.
- Abuser, suspected abuser, or alleged perpetrator will be used to identify those who perpetrate or have been alleged to perpetrate abuse.

Slide #9: Introduction to Sexual Abuse



Acknowledge that sexual abuse is a deeply sensitive and complex topic. Many of us come into this work with beliefs shaped by our culture, media, and personal experiences. Throughout this training, we'll gently challenge some of those beliefs, especially those that may unintentionally silence or discredit survivors.

Share the following context and statistics from the National Center on Elder Abuse (NCEA)'s 2025 research brief on older adult sexual abuse to frame the session:

- Sexual abuse of older adults is a public health epidemic and a human rights violation, yet it remains one of the least recognized and reported forms of elder mistreatment.
- Studies show that up to 60% of elder sexual abuse survivors never disclose their experiences, and 94% never seek formal help.
- In long-term care settings, the prevalence of sexual abuse is estimated to be twice as high as in the community, yet detection and reporting remain low.
- Ageist and sexist beliefs, such as the assumption that older adults are asexual or unlikely victims, contribute to underreporting and inadequate professional responses.
- Survivors may experience shame, dependency on the perpetrator, or cognitive impairments that make disclosure difficult.
- As APS professionals, we have a critical role in recognizing signs, listening without assumptions, and responding with trauma-informed care.

Share that throughout the training, we'll be debunking several common myths about sexual abuse in later life.

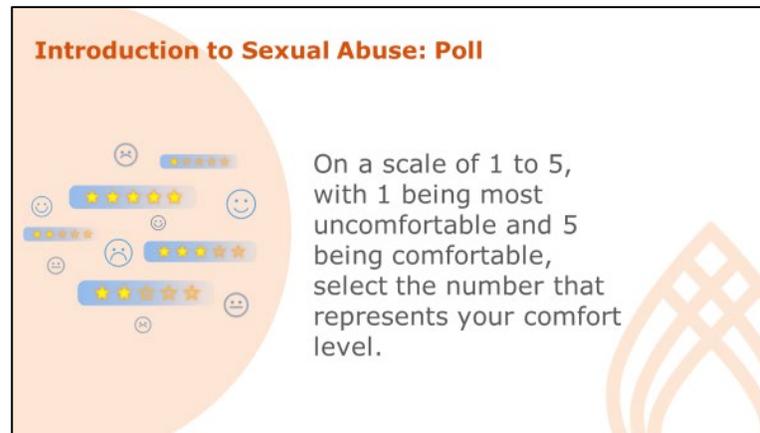
Myths:

- Shape how survivors are perceived and if or how cases are investigated.
- Are rooted in ageism, ableism, and cultural misconceptions.

- Lead to missed opportunities for intervention.

Share that recognizing and challenging these myths guides how we treat survivors, ensuring they are treated with empathy and trauma-informed care.

Slide #10: Assessing Comfort Levels Poll



Activity: Assessing Comfort Levels (5 minutes)

Polling

Inform participants that they will engage in a quick poll to help prompt reflection on their comfort level around investigating cases that may involve sexual abuse or discussing sexual abuse with clients. Remind participants that their responses to the polling question will be anonymous.

Instructions:

- **Launch** a poll (Zoom, Mentimeter, Poll Everywhere, etc.) with the following question:
 - *On a scale of 1 to 5, with 1 being extremely uncomfortable and 5 being very comfortable, select the number that represents your comfort level.*
- **Debrief** percentages of those reporting each number to help normalize discomfort and emphasize the importance of the training

Acknowledge that today's topic on sexual abuse is difficult and may bring up a range of feelings.

- It is normal to feel uncomfortable or even activated when discussing this subject.
- It's a sensitive, often painful subject that may touch on our own beliefs or experiences.
- Confronting this discomfort is essential to protecting those we serve.

By creating a respectful, trauma-informed learning environment, we acknowledge the difficulty of these conversations while also equipping ourselves with the knowledge and skills needed to recognize abuse, support survivors, and respond with compassion and professionalism.

Defining Sexual Abuse

Time Allotted: 75 Minutes

Associated Objective(s): Identify sexual abuse and its various forms.

Method: Lecture, Large Group Discussion and Debrief, Video, Small Group Discussion, and Individual Practice

Slide #11: Sexual Abuse Definitions

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.



Share that those untrained in sexual abuse often think that sexual abuse only involves the vaginal rape of a female perpetrated by a male. There is a broad range of behaviors that constitute sexual abuse. APS professionals must be alert for all forms of potential sexual abuse. The following definitions are from the National Adult Protective Services Training Center (NATC) eLearning on Sexual Abuse.

Explain that sexual abuse is defined as "contact or interaction of a sexual nature involving a vulnerable adult without their informed consent."

Review the following definitions:

- Sexual abuse involves any form of sexual interaction that occurs without mutual consent.
- Engaging in sexual activity with individuals who are unable to provide informed consent is also considered sexual abuse.
- 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.

Explain that additionally, according to NCEA, other sexual abuse includes "hands off" abuse, including exhibitionism, voyeurism, sexual comments, and exposure.

Share that we will next explore the CA APS Standards for Consistency in Determining Findings Matrix, otherwise known as the "matrix" from here on out.

Slide #12: CA APS Standards for Consistency in Determining Finding Matrix

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 W&IC 156249.3(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 coerced nudity • Sexually explicit photographing • Forced exposure to pornography • Unwanted sexual relations with a spouse, partner, significant other or anyone else. 	1. Evidence 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 indicators, if any, that the client is lying or has been: <ul style="list-style-type: none"> ◦ Touched in an unwanted fashion ◦ Raped, sodomized, or forced to take off his/her clothes ◦ Photographed in a sexually explicit way ◦ Forced to look at pornography ◦ 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 so, 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 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 • Bruising on external genitalia or inner thighs • Difficulty walking or sitting • Torn, stained or bloody underclothing • Client's intimate body parts are treated roughly while receiving care, 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 opinion support the report of sexual assault • The dependent adult is pregnant • Sudden, marked change in personality or demeanor

Trainer note: if training outside of California, replace with your state and program statutes or definitions.

Introduce the CA APS Standards for Consistency in Determining Findings Matrix, or “The Matrix”.

Explain that the purpose of the matrix is so that all APS programs in CA have the same framework to use when investigating and assessing allegations and determining case findings. It includes the Welfare and Institutions Code (W&IC), Operational Definition, Essential Defining Elements, Evidentiary Issues to Consider and Signs of Abuse per abuse or neglect category.

Share that it is one of the most important references you can use in your APS work. The more consistency we have around definitions and issues to consider, the more consistency we will have across programs and the state. Thus, people are being served by APS with a consistent framework.

Ask participants to locate the Sexual Abuse category in the Matrix. **Provide** participants with 2-3 minutes to review the Operational Definition for Sexual Abuse, as this is what they will need to keep in mind when assessing for interviewing around sexual abuse allegations.

Slide #13: Sexual Trauma Impact on the Brain

Sexual Trauma Impact on the Brain

Sexual trauma triggers survival mode

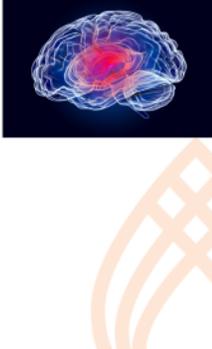
- Memory may be fragmented or incomplete
- May recall only pieces, share details out of order or struggle to explain

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"



Introduce that sexual trauma activates the brain's survival mechanisms, which can significantly alter how memories are formed and recalled when someone experiences a traumatic event, especially one involving threat or violation, their brain may not encode the experience in a linear or complete way (Cortese et al., 2025). Instead, memories may be fragmented, disorganized, or missing altogether. APS professionals must understand that survivors may:

- Recall only pieces of the event
- Share details out of order
- Struggle to describe what happened
- Seem inconsistent or contradictory

Remind participants that none of these are a sign of dishonesty, they are a normal neurobiological response to trauma. Remembering these facts, allows APS professionals to use trauma-informed interviewing skills to create a safe, respectful space.

Explain how stress impairs retrieval by:

- Activating the amygdala, which heightens fear and vigilance ("fight, flight, freeze, fawn")
 - Fawning is a survival response where a person tries to appease, placate, or comply with the person harming them in order to stay safe. This can look like being overly agreeable, minimizing the abuse, or trying to keep the peace (Guy-Evans, 2025).
- Suppressing the prefrontal cortex, which governs reasoning and sequencing
- Disrupting the hippocampus, which encodes memory and context
- Causing fragmented recall, where sensory details (smells, sounds, images) may be vivid, but the timeline is unclear

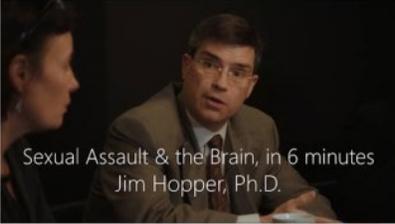
- Making later recall (e.g., during interviews or investigations) even harder, especially if the survivor feels unsafe or overwhelmed

Trainer note: Emphasize that APS professionals should never pressure survivors to "get the story straight." Instead, they should validate the survivor's experience, and understand that memory gaps, inconsistencies, and delayed disclosures are common and expected.

Slide #14: Sexual Assault & the Brain in Six Minutes

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?



Sexual Assault & the Brain, in 6 minutes
Jim Hopper, Ph.D.

Activity: Sexual Assault & the Brain in Six Minutes (15 Minutes)

Video and Large Group Discussion

Instructions:

- **Let** participants know they will be watching a [6-minute video](#) that explores how sexual trauma affects the brain.
- **Share** that this video is intended to deepen their understanding of how trauma impacts memory, behavior, and communication, especially during interviews, so they can avoid re-traumatization, and recognize that these neurobiological responses occur across all ages, including older adults.
- **Watch** the 6-minute video.
- After watching the video, **facilitate** a large group discussion asking the following questions:
 - *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?*

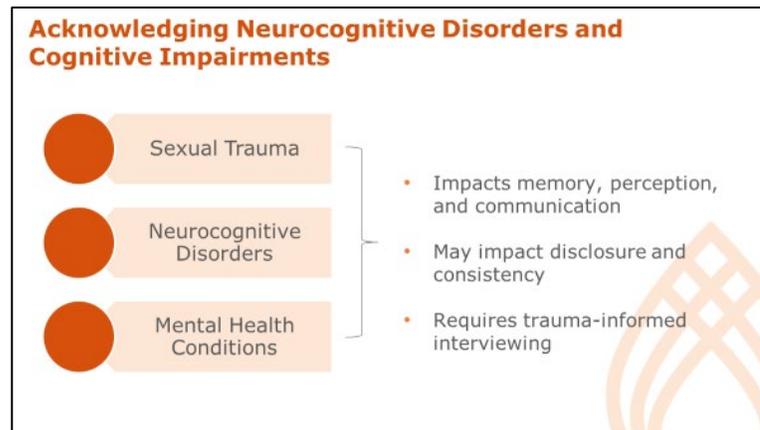
Share the following video recap on the brain response to threat:

- The brain's defense circuitry activates during threatening situations, including sexual assault
- This activation shifts clients' attention to only focus on threats
- The prefrontal cortex (the reasoning center) can be impaired or "taken offline" within seconds
- Memory formation during trauma:
 - Attention becomes highly selective, leading to fragmentary memories
 - Certain sensory details get "burned in" while others aren't encoded at all

- Sequencing of events is often disrupted
- Stress during later recall (like during police questioning) further impairs memory retrieval

Emphasize how all of this can greatly impact someone's ability to share their experience or answer questions. These are important factors to consider when conducting interviews and assessments.

Slide #15: Acknowledging Neurocognitive Disorders and Cognitive Impairments



Share there are many factors that can impact how the brain works, how memories are formed, and how information is recalled. These include sexual trauma, cognitive decline, brain diseases such as neurocognitive disorders (e.g., Alzheimer’s disease, vascular neurocognitive impairment), and mental health conditions like depression, anxiety, and post-traumatic stress disorder.

Explain that for many clients served by APS, these factors do not occur in isolation. A person may be experiencing two, three, or even all of them at the same time. This combination can influence how they:

- Remember and describe what happened
- Communicate information to APS professionals

Share that understanding this overlap is key and will help us approach interviews and assessments with patience and a trauma-informed lens. We also need to avoid making assumptions about accuracy or credibility based solely on difficulty retrieving information, or communication challenges.

Slide #16: Prevalence

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



Explain the prevalence of underreporting sexual abuse among older adults and adults with disabilities, and why these populations are at increased risk using the following key points summarized from the National Center on Elder Abuse (NCEA) research brief on elder sexual abuse:

- Sexual abuse of older adults is frequently underreported and undetected, resulting in inaccurate and vastly understated prevalence estimates.
 - Within community settings, one study found that 0.9% of older adults experienced sexual abuse, while another reported a prior year prevalence rate of 1.7%.
 - Within long-term care facilities, 1.9% of older residents in care facilities experienced sexual abuse.
 - Given the low reported frequency, sexual abuse of older adults is considered the least prevalent and substantiated form of mistreatment for this population.
- **Share:** few older adults divulge sexual violence or seek professional help.
 - One study found that up to 60% of these survivors never disclosed their experiences and 94% never sought formal help. Disclosure, if made, often occurs decades after the event.

Discuss the increased risk for people with disabilities (Thompson et al., 2021):

- People with disabilities are over 3X more likely to experience violent crimes, including rape and sexual assault. The risk increases with multiple disabilities.
- Children with mental health issues or intellectual disabilities are nearly 5X times more likely to be sexually abused than their peers without disabilities.

Slide #17: Commonalities about Perpetrators



Commonalities About Perpetrators

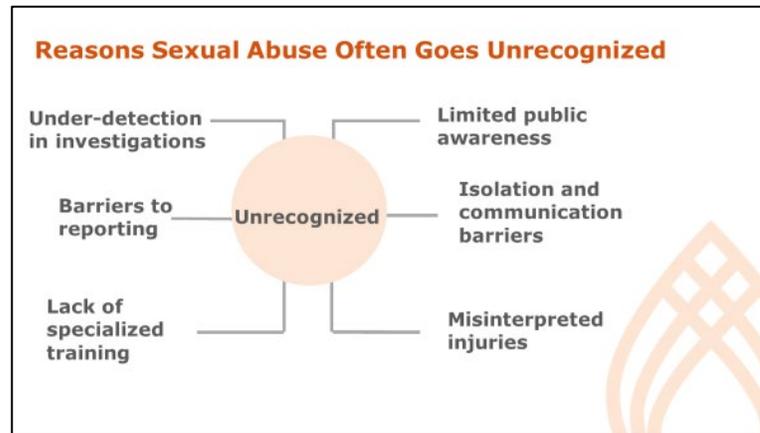
- Perpetrators can be any gender
- Abusers span all age groups
- Access often through relationships or roles
- Family members may be responsible
- Facility abuse often involves residents
- Community-based caregivers can be abusers
- Prosecution is rare

Share the following facts about sexual abuse perpetrators from data about sexual abuse shared in the NATC eLearning on Sexual Abuse:

- While most individuals who commit sexual abuse are male, women have also been identified as perpetrators in APS cases.
- Offenders can be of any age, from adolescents to older adults.
- Many perpetrators gain access to people they victimize through personal relationships, professional roles, or community involvement.
- Family members, including children, grandchildren, and other relatives, can also be responsible for sexual abuse in the home.
- In facility settings, staff are frequently named as alleged abusers. However, research shows that other residents are often the ones substantiated in APS investigations.
- Individuals providing care in community-based settings may also be responsible for abuse.
- Criminal prosecution of sexual abuse perpetrators is uncommon, and many perpetrators are never held accountable through the justice system.

Trainer note: When training in CA, note that some of these facts are important to keep in mind when reviewing suspected abuser considerations in the Matrix.

Slide #18: Reasons that Sexual Abuse Goes Unrecognized



Share that there are several reasons why sexual abuse of older adults and people with disabilities is often unrecognized.

Review the following reasons referenced in the NATC eLearning on Sexual Abuse:

- Lack of Awareness:
 - This type of crime is rarely discussed, leading to assumptions it doesn't happen, especially APS population.
- Social Isolation and Communication Barriers:
 - Many have little social contact beyond a caregiver or provider, and impairments can make it hard to communicate or seek help.
- Misinterpreted Injuries:
 - Physical signs are often overlooked or blamed on other causes, making abuse hard to detect.
- Insufficient Professional Training:
 - Professionals often lack training to recognize and respond to sexual abuse in these populations.
- Bias in Response:
 - Biases can lead to reports being dismissed or not taken seriously.
- Barriers to Reporting:
 - Survivors may not report abuse due to fear, shame, dependence on the perpetrator, or belief they won't be believed or helped.

Even when survivors want to report there may be other factors at play like those of under-detection (when abuse is not recognized, reported, or investigated). These include missed signs, lack of training, indirect disclosures, bias, and inadequate screening.

Slide #19: Commonalities About People who have been Abused



Commonalities About People who have been Abused

- 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

Share that although anyone can experience sexual abuse, research has identified some commonalities among those who do. **Discuss** the following introduced in NATC's eLearning on Sexual Abuse:

- Females are more often identified as survivors, but males are also impacted.
- Sexual abuse can occur at any age.
- It often happens alongside other forms of abuse or neglect.
- Cognitive or physical limitations can make reporting difficult.
- Fear of retaliation or ties to the abuser may prevent disclosure.
- Reports are often met with disbelief, discouraging others from reporting.
- Past trauma can resurface and complicate survivors' responses.

Slide #20: Linda's Story

Linda's Story

Content Warning

1. Watch the video
2. Small group discussions

SEE HANDOUT

3. Large group debrief



Explain that you'll be showing a video which will bring to life many of the themes we will discuss in the training; trauma, disclosure, barriers to reporting, and the importance of a trauma-informed APS response.

Let participants know that while Linda's experience may be activating or upsetting, it's presented to them to understand the complex realities survivors face and prepare them for what they will hear in casework. **Encourage** participants to use grounding techniques or take a break if they need to.

Activity: Linda's Story (20-25 minutes)

Small Group Discussion and Large Group Debrief

Instructions:

- **Watch** the video [Linda: Sexual Assault by a Neighbor](#) from the National Clearinghouse on Abuse Later in Life (NCALL) until the 8:54 mark.
- **Tell** participants they can use the **Handout: Summary of Linda's Story** for their discussions.
- After the video clip, **share** that following the investigation, Linda's perpetrator was convicted and sentenced. **Remind** participants that Linda called 911 and disclosed immediately after the assault. She was able to clearly describe what had happened to her and who she suspected. Her physical injuries and the evidence supported her account.
- **Debrief** the following questions after watching the video:
 - Linda's experience meets all of the elements in the definition of sexual abuse-it seems very clear and there is no doubt. What role does clarity of disclosure and physical evidence play in how sexual assault is defined and responded to in APS investigations?

- **Inform** participants they will discuss the following questions in their groups, which are also located on their handout:
 - 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?
- **Break** participants into small groups of 3-4 people for a 7-minute discussion.
- **Bring** participants back to the main group and facilitate the following large group reflection discussion. **Remind** participants that Linda was clear, able to give details of what offender was wearing and who he may be. Evidence matched her verbal account. **Ask** participants:
 - What if she struggled with memory recall?
 - What if she had a neurocognitive disorder that impaired her memory?

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?

Slide #21: Summary and Grounding Exercise

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



Summarize the following key takeaways:

- Abuse can affect anyone. Older adults and individuals with disabilities are especially vulnerable, and in most cases, the perpetrator is someone known to the survivor.
- It's important to listen without making assumptions. Trauma, cognitive decline, brain disease, and mental health conditions can all influence how someone recalls and communicates their experiences. Even fragmented memories can still be accurate.
- APS professionals play a vital role in identifying signs of abuse, reducing barriers to disclosure, and responding with consistent, trauma-informed care.

Remind participants it's ok to feel a range of emotions when talking about sexual abuse, especially in the context of the work we do.

Explain that participants will do a brief grounding exercise because the topics we're covering today are intense and can bring up strong emotions.

Acknowledge that APS professionals are often exposed to stories of trauma, abuse, and loss on a regular basis, and these exposures can take a toll on them. Taking a few minutes to pause, breathe, and ground helps regulate stress, improve focus, and create space for learning. We are taking the time to do this in training in hopes they'll continue this effort in their casework.

Activity: Pause, Breathe, and Release (3-5 minutes)

Individual practice

Share with participants that this activity offers them a brief opportunity to regulate their nervous systems and transition from emotionally intense content.

Over the course of 3–5 minutes, participants will engage in simple grounding techniques, such as deep breathing, posture awareness, and gentle movement, to help release tension, restore focus, and prepare for the next section of the training.

Trainer note: the trainer can choose to find a mindfulness or body scanning resource or use the script below to guide one.

Instructions for sample exercise:

- **Invite** participants to sit comfortably with their hands resting loosely in their lap or on the table.
- **Encourage** them to relax their shoulders.
- **Ask** participants to close their eyes if they feel safe doing so, or soften their gaze.
- **Guide** them through the following breathing pattern:
 - Inhale slowly through the nose.
 - Hold the breath briefly.
 - Exhale slowly through the mouth.
- **Repeat** this breathing cycle two more times.
- **Prompt** participants to notice any tension in their body and allow it to soften with each breath.
- **Guide** a gentle body scan:
 - **Ask** participants to mentally scan their body from head to toe.
 - **Invite** them to notice where they feel grounded and where they may still be holding tension.
 - **Remind** them there's no need to change anything—just observe.
- **Close** the activity by saying something like:
 - "As we move into the next section, carry with you a sense of calm and presence. You are doing important work, and it's okay to take care of yourself along the way."
- **Invite** participants to gently open their eyes or bring their attention back to the room.
- **Ask** if anyone noticed changes in their body or breathing before and after the exercise.
- **Ask** participants to share if they noticed any changes in their body or breathing before and after the exercise.

Identifying Sexual Abuse

Time Allotted: 30 minutes

Associated Objective(s): Identify sexual abuse and its various forms.

Method: Polling, Individual and Large Group Discussion,

Slide #22: Poll: APS Reports



**Poll:
APS Reports**



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

Share that this next section, we will outline the ways sexual abuse allegations may surface. Due to frequent underreporting and lack of recognition, APS professionals must remain alert to potential signs of abuse in investigations.

Activity: Polling (3-5 minutes)

Poll

Instructions:

- **Create** a poll and **ask** participants: In your experience, in what ways does APS become aware of possible sexual abuse allegations in your work?
 - Survivor directly sharing during interview
 - Intake report
 - Law enforcement cross report
 - Indirect or “coded disclosures” while discussing other allegations
- **Share and discuss** poll results and **highlight** that there are several ways that APS professionals might learn that someone has been sexually abused (NATC):
 - Initial allegation:
 - Sexual abuse can be the main reason for an investigation.
 - Emerging during other investigations:
 - Signs of sexual abuse may surface during investigations of other abuse types.
 - Disclosure during interviews:
 - A client may disclose sexual abuse during interviews about other maltreatment.
 - Vague or incomplete reports:

- Reports may lack specific details if the person can't clearly describe the abuse.
- Indirect or "Coded" Disclosures:
 - Clients may hint at abuse indirectly, requiring careful attention and interpretation.

Slide #23: Signs & Symptoms

Signs & Symptoms

Physical Symptoms	Psychosocial 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> 	<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)



Refer participants to the CA Matrix to review signs of sexual abuse:

- Genital or 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.
- Forced to watch pornography on the television and/or computer
- Newly diagnosed with a sexually transmitted disease
- Medical assessment and lab work, including a medical opinion support the report of sexual assault
- The dependent adult is pregnant
- Sudden, marked change in personality or demeanor

Trainer note: If you are training outside CA, replace with local policy/statute.

Share with participants that psychosocial symptoms may include (this list is not all encompassing):

- Anxiety, agitation, and PTSD
- Attempt to flee
- Fear
- Depression
- Nightmares and insomnia
- Withdrawal from social activities or relationships
- Dissociation such as numbness or detachment

Explain to participants that people who experience sexual abuse are frequently also abused in other ways. **Remind** them that for this reason we should always ask about sexual abuse in every investigation.

Ask participants to share their responses to the following question, *“What other types of abuse or maltreatment can co-occur with sexual abuse?”*

Slide #24: Coded Disclosures

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



Share information from the NATC eLearning course about what APS professionals are likely to receive in their report on sexual abuse:

- "Occasionally you will investigate a report where there was an eyewitness. More likely, you will get instances of suspicious behavior by alleged perpetrators. This could include inappropriate actions and suggest sexual interest or conduct on the part of that person toward the vulnerable adult. An example is an adult child who sleeps in a bed with an older adult parent with a neurocognitive disorder or an adult who sleeps with an adult sibling with a disability." (NATC eLearning, 2024)

Explain that during the interview, a survivor may provide hints or "coded disclosures" of sexual abuse. **Share** that we can acknowledge that factors such as culture, social norms, generation, and education level may influence the words someone uses to describe abuse. People's upbringing often shapes how they talk about their bodies, body parts, or sexual topics — and these differences can lead to varied forms of coded disclosure. It's important to remember that sexual assault is not the same as sex, and survivors may avoid explicit terms when sharing their experience.

- Make a point of asking for clarification of statements such as "I don't like to be alone with my grandson."
- Coded disclosures are a way for clients to use language that is comfortable to them and possibly acts a defense or coping mechanism.
 - Survivors may internalize the abuse, but minimize it using coded language as a way to work through what someone did to them.
- More gravity should be placed on coded disclosures than outright statements.

Share juxtaposing examples of a clear disclosure vs. a coded disclosure:

- Example of coded, or hinted, indications:
 - “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.”
- Examples of clear disclosure:
 - “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.”

Ask participants to recall Linda’s story and **share** that in Linda’s case there were clear disclosures based on the circumstances. However, in most cases, we may not receive clear disclosures.

Ask participants to think about their cases and provide examples of coded disclosures.

Remind participants not to overshare specifics of a case and provide an activation warning prior to the discussion.

Activity: Coded Disclosure Practice (10-15 minutes)

Individual and Large Group Discussion

- **Using the Handout: Coded vs. Clear Disclosures:**
 - **Read** each coded disclosure to the large group.
 - **Ask** participants to individually identify open-ended follow-up questions they could ask to gently explore what the person means and write it in their handout.
 - **Ask** for a few examples and continue through each statement.
 - **Remind** participants to focus on neutral, non-leading language and offer choice and control to the adult.

Trainer note: Use the following chart as a companion to the participant handout, offering examples of possible responses.

Coded Disclosure (Indirect or vague)	Clear Disclosure (Direct and explicit)	Possible APS Follow-Up Question
"They came into my room at night, and I didn't like it."	"He came into my room at night and touched me sexually."	<i>"Can you tell me more about what happened when they came into your room?"</i>
"He took liberties with me."	"He touched my breasts without my consent."	<i>"When you say 'took liberties,' what does that mean to you?"</i>
"I was made impure."	"Someone forced me to have sex."	<i>"When you say 'made impure,' can you share what happened?"</i>
"They touched me where they shouldn't."	"They touched my genitals without my permission."	<i>"Where did they touch you? You can use any words that feel comfortable."</i>
"They shamed me."	"They exposed my body in front of other people."	<i>"What did they do that made you feel shamed?"</i>
"I don't like when he helps me."	"When he helps me bathe, he touches my private parts inappropriately."	<i>"What happens when he helps you that makes you uncomfortable?"</i>
"It wasn't right, what they did."	"They forced me to perform a sexual act."	<i>"What happened that makes you feel it wasn't right?"</i>
"He's just too friendly."	"He keeps kissing me and grabbing my body when I tell him to stop."	<i>"What does 'too friendly' look like or feel like to you?"</i>
"I can't go back to that room."	"I was sexually assaulted in that room."	<i>"What happened in that room that makes you not want to go back?"</i>
"I'm overreacting, I guess."	"I was raped, but I think people won't believe me."	<i>"What happened that makes you feel you might be overreacting?"</i>

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."	

Slide #25: Identifying abuse through various channels

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

Explain that a thorough assessment is key and APS collects information through various channels; directly and indirectly.

Review the following ways that may identify sexual abuse:

- In-Person Observations:
 - Watch for non-verbal cues
 - Note any visible injuries or note what the person says about injuries (your role is not to conduct a medical examination; that is the role of a SANE)
 - If you need to ask about injuries, seek consent first emphasizing they can say no or choose not to proceed at any time and then clearly communicate why you are asking and how that information will be used
 - Note changes in hygiene or dress (this may be noted by a collateral contact); sudden neglect of grooming, wearing multiple layers indoors, or clothing that is inappropriate for the weather
 - Note changes in engagement with family, friends, or community activities (again something that may be noted by collateral)
 - Look for physical evidence like pornography in the home, ripped or stained clothing, presence of condoms without explanation
 - Observe interactions
- During Assessment:
 - Ask open-ended questions “Can you tell me about a time you felt unsafe recently?”
 - Talk to the adult alone

- Gather collateral information from Adult Day Program staff, home health aides, neighbors, other service providers, or anyone in regular contact with the adult
- Use multiple formats like verbal questions, observation, and functional assessments

Interviewing Skills

Time Allotted: 80 minutes

Associated Objective(s): Demonstrate person-directed strategies and trauma-informed interviewing techniques.

Method: Lecture, Individual and Large Group Discussions, Small Group Discussion, Self Reflection

Slide #26: Trauma-Informed Principles

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

Remind participants that the essence of sexual abuse is a serious breach of autonomy and dignity; behavior imposed without consent. In APS work, we need to ensure informed consent is not only a matter of policy, but a central part of restoring dignity, safety, and trust for survivors. Every action we take — from interviews to service planning — should start with explaining what will happen, asking permission, and respecting the person's choices. This can help to reinforce the survivor's control over their life and support healing.

Discuss how this aligns with the six principles of trauma-informed care:

- Safety:
 - Survivors need the opportunity to provide clear consent before any contact or process to feel safe.
- Trustworthiness & Transparency:
 - Communicate honestly and up front about actions and options to help rebuild trust.
- Peer Support:
 - Offer survivor-to-survivor support options to help to support connections with others.
- 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.

Share that by embedding informed consent into every step of APS work, we are not just following ethical guidelines, we are directly addressing the powerlessness

at the core of abuse and replacing it with safety, respect, and control. **Share** examples that can include:

- Choice of Setting:
 - Ask the adult where they'd feel most comfortable talking—living room, kitchen table, or outside on the porch.
- Check-Ins During the Interview:
 - Pause periodically to ask, "Would you like to keep going or take a break?" or "Is there anything you'd like to change about how we're talking?"
- Explain Each Step Up Front:
 - Before asking sensitive questions, let the adult know why you're asking and what will happen with their answers.
- Offer Control Over Presence of Others:
 - Ask, "Would you like anyone else to be here with you, or would you prefer we speak privately?"
- Flexibility With Timing:
 - Offer options such as, "Would you prefer to do the interview today or schedule another time?"
- Empower With Small Choices:
 - Let the adult choose whether to have the door open or closed, or whether to have a drink of water—small choices build agency.
- Transparency With Notes:
 - Show them what you're writing or typing and explain how it will be used. Inform them they have the option to review prior to you leaving.
- Offer to Stop or Switch Topics:
 - "At any point, we can pause or move to a different topic."

Slide #27: Preparation/Before the Interview

Preparation/Before the Interview

- 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



Highlight the following initial steps to take prior to interviewing a person:

- Review all relevant information to be well-prepared for the discussion.
- Ensure the interview is arranged in a way that prioritizes the safety and confidentiality of the person who may have experienced sexual abuse.
- If the interview is taking place at a facility/hospital/public place, make sure to maintain privacy.
- For interviews conducted in the individual's home, try to coordinate with family members ahead of time and, if possible, obtain the client's consent for others to leave the premises during the interview.
- Schedule the interview for a time when the alleged perpetrator is not present.

Activity Idea: Small Choices with Big Impact (5-7 minutes)

Large Group Discussion

Instructions:

- **Ask** participants to think about all the small ways they make choices during their day. Such as what to wear, where to sit, whether to answer an email, etc. Now imagine if all those choices were taken away.
- **Facilitate** a group brainstorm by inviting participants to share examples of simple choices APS professionals can offer during visits. Encourage responses aloud or in writing (e.g., on sticky notes, flip chart, or handout). Examples may include:
 - Where to sit
 - When to schedule the visit
 - Whether to speak now or later
 - Who should be present during the conversation
- **Discuss** the following:

- How might these 'little' choices feel big for someone who's been abused?
- Which of these could you commit to using in your practice

*Trainer note: the following question prompts are from the [Transfer of Learning: NATC Case First Steps and Professional Safety eLearning \(CA\)](#) section on *Preparing for an Initial Visit*. When asking each question, **ask** participants to think about what they would change if they were preparing for a visit where sexual abuse was alleged.*

Ask:

- What information would you gather prior to leaving for the home visit?
 - *Review APS case history to see information about prior referrals, assessments, services, and interventions. Look for any prior allegations of sexual abuse, related services, protective orders, or law enforcement involvement.*
 - *Check the case history for any information about accessing the adult's residence*
 - *Contact the reporting parties to gather more information about their concerns and current information about the adult's functioning, immediate safety concerns, and whether the alleged perpetrator is present in the home.*
- What safety measures are needed prior to leaving for the home visit?
 - *Enter the home visit information into your shared calendar so that your colleagues and supervisor will know where you are in the community*
 - *Ensure your cell phone is fully charged and important phone numbers are programmed into your phone.*
 - *Work with peers or supervisor to determine a strategy if the alleged perpetrator is in the home.*
- How would you assess environmental safety upon arrival?
 - *Park in a location that allows for safe exit.*
 - *Look for signs of any safety hazards or signs of the alleged perpetrator or any other threats near entry points.*
- What engagement cues would you look for to prepare to build rapport if the client answers the door?
 - *Ensure agency by asking "Where would you feel most comfortable talking?" or "Would you like anyone present with you during this conversation?"*
 - *Use trauma-informed approach: respect personal space, ask before sitting down, sit at eye level if invited in, offer gentle eye contact and follow cues for comfort level of eye contact, offer choices throughout and explain process, and maintain a calm tone.*

- *Check for any items such as color of apartment building, surrounding areas, flowers, decorations, or pets to comment on and build a connection with the client*

Slide #28: Interviewing Approach and Considerations - Working with Law Enforcement

Interviewing Approach and Considerations - Working with Law Enforcement

- 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



Explain there are times when APS must decide whether to interview an adult about sexual abuse before law enforcement becomes involved and when to collaborate closely with law enforcement.

- If possible, check whether law enforcement has already been contacted, if a detective has been assigned, and whether they plan to observe or conduct the interview themselves.

Share that it may be that APS sits in while detectives lead, or a rape crisis center could be used as a neutral place to bring all professionals together to observe a single interview to reduce re-traumatization.

Share that APS professionals sometimes come in at the middle of the process, after disclosure to law enforcement. **Discuss** that:

- Many law enforcement agencies have the ability to record an interview, minimizing the number of times a survivor has to share their story.
- In these cases, offer them the opportunity to support them and also offer a sexual assault victim's advocate from a local rape and abuse crisis center while bringing in law enforcement.

Discuss that if a client discloses abuse to APS prior to law enforcement involvement, it's important to acknowledge what they've shared and then give them the opportunity to also disclose to law enforcement if they choose.

Explain that APS professionals must follow any mandated reporting requirements.

- While waiting for law enforcement to arrive, prepare the client by asking what would make them most comfortable and offering options for how the conversation could take place.

- You can also share what they might expect during the visit, such as, “Law enforcement may ask you something like this...” This approach helps them feel more prepared to meet with law enforcement.

Slide #29: Interviewing Approach and Considerations: Start of the Interview

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



Share some key things to remember about interviewing before and with law enforcement:

- APS may conduct an initial, limited interview before involving law enforcement when:
 - The report comes to APS first and immediate clarification is needed to determine if the allegations meet statutory definition for sexual abuse. APS professionals should rely on the CA Matrix to help make the determination.
 - APS needs to assess immediate health, safety, or decisional capacity issues (is the person in imminent danger, needs medical care, or lacks ability to make decisions).
 - If the person does not want law enforcement involved initially, APS must respect their autonomy and explain any APS requirements for mandated reporting.
 - Explain that while they may be required to report, the person is not required to participate in an investigation.
 - The alleged harm appears to fall within the scope of APS but may not rise to the level of a crime.

Review the key point that the interviews prior to law enforcement are generally limited to establishing *what happened, who was involved, and whether the client is safe right now* — not a full investigative interview. **Discuss:**

- APS generally becomes a liaison or takes a supportive role (rather than lead investigator) when:
 - A crime is suspected or clearly alleged (rape, sexual assault, child pornography, etc.).

- Evidence collection is time-sensitive (e.g., forensic exams, physical evidence).
- Specialized forensic interviewing skills are required, especially for vulnerable adults.
- The person wants law enforcement involved.
- In these cases, APS should:
 - Support the survivor during the law enforcement interview and collaborate as needed.
 - Coordinate services (medical exams, advocacy, counseling, housing, safety planning).
 - Provide collateral information from case history, service providers, or family.
 - Help ensure the survivor's voice and consent are centered throughout the law enforcement investigation process.

Remind participants that we should use our engagement skills during the interview to build rapport. **Share** that "*engagement is the process of establishing a mutually respectful and trusting relationship with clients, which serves as the foundation for assessment, intervention, and service delivery*" (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2017, *Direct Social Work Practice: Theory and Skills*). Remember to use supportive, non-threatening demeanor and communicate genuine interest in the adult and their experience.

Trainer note: The list below are general guidelines. In part, state law and agency protocols will determine the precise information you provide to vulnerable adults at the beginning of the interviews.

Ask participants if their county or program has any specific required practices.

Share the following things to do at the start of the interview:

- Introduce self
- Explain who we are and the purpose of the visit
- Let the person know how the information that they share will be used
- Explain the limits you have about confidentiality
- Be honest
- Let the person know you may need to turn shared information over to law enforcement
- Adapt to the adult's needs and preferences; for example, we may need to have an interpreter if there is a language difference

Slide #30: Interviewing Approach and Considerations: Throughout the Interview



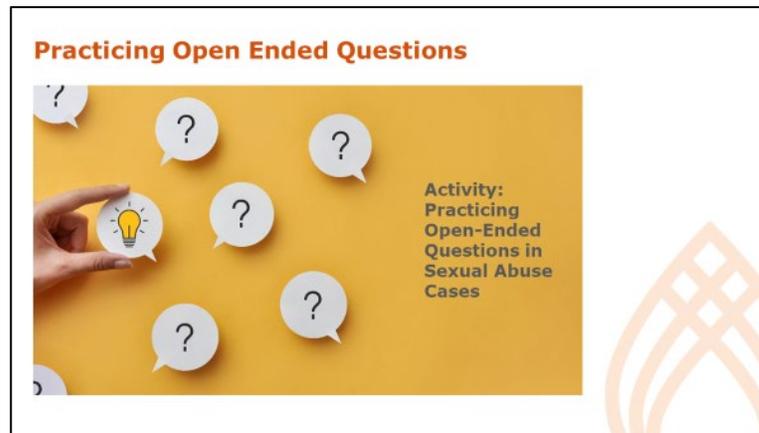
Explain the following things to do throughout the interview:

- Be clear when speaking
- Allow ample time for the person to respond
- Listen attentively and without interruption
- Paraphrase back to check for understanding and clarity
- Use non-threatening conversation at the beginning as you establish trust
- Build up to asking questions about sexual abuse allegations
- Use open-ended questions to encourage sharing
- Progress to specific questions based on the person's responses
- Defer intrusive questions until later in the interview
- Express concerns for safety to build tolerance for difficult questions
- Ask necessary abuse-related questions but avoid aggressive probing

Discuss considerations for how to break the ice and invite the person to discuss their situation. **Share** the following tips to help better navigate these difficult conversations:

- Open-ended questions create opportunities for the adult to share. Adults who have been reported to APS for concerns of other types of abuse may have also experienced sexual abuse. These questions are relevant to all abuse investigations. Always screen for sexual abuse.
- When someone we are interviewing hints or makes statements suggesting they might have been sexually abused, skillfully explore these statements. Reemphasize the use of open-ended questions to draw out more details.

Slide #31: Practicing Open-Ended Questions



Activity: Practicing Open-Ended Questions in Sexual Abuse Cases (12-15 minutes)

Individual and Large Group Discussion

Remind participants that open-ended questions can help to encourage responses, build trust, and avoid any indication we are leading the survivor in their answers.

Instructions:

- **Share** that you'll be reading a brief scenario.
- **After** reading each scenario, **pause** and **give** participants 2-3 minutes to think of an open-ended question to use in that scenario.
- **Ask** participants to share their example after each scenario. Then proceed to **facilitating** a large group discussion using discussion questions below (after the scenarios).
 - Scenario 1: Disclosure in Passing
 - Survivor says: *"Something bad happened at my care home."* What is an example of open-ended questions?
 - Open-ended question examples:
 - *"What happened at your care home?"*
 - *"What do you mean by 'something bad'?"*
 - *"What would you like me to know about what happened?"*
 - Scenario 2: Physical Evidence
 - You notice the client has torn clothing. What is an example of open-ended questions?
 - Open-ended question examples:
 - *"I noticed your shirt is torn, what happened?"*
 - *"What was happening before your shirt became torn?"*
 - *"What was going on when this happened?"*
 - Scenario 3: Emotional State

- Client appears withdrawn and fearful. What is an example of open-ended questions?
 - Open-ended question examples:
 - *"It seems to me that you might be uncomfortable right now. What's going through your mind?"*
 - *"What are some of the things you're worried about?"*
 - *"Who do you feel safe around?"*
 - Scenario 4: Coded Disclosure
 - Survivor says: *"He bothers me at night."* What is an example of open-ended questions?
 - Open-Ended question examples:
 - *"What do you mean when you say he bothers you at night?"*
 - *"What happens when he bothers you at night?"*
 - *"What does 'bothers you at night' look like?"*
- **Facilitate** a large group discussion asking the following:
 - Why are open-ended questions particularly important in sexual abuse cases?
 - *They allow the client to use their own words instead of being led.*
 - *Survivors may not have the language or may use coded disclosures; open-ended questions give them space.*
 - *They reduce the risk of contaminating evidence if law enforcement later becomes involved.*
 - *They build trust by showing respect and curiosity rather than assumption.*
 - How do they help us avoid putting words in the client's mouth?
 - *Closed or leading questions suggest an answer (e.g., "Did he touch you there?"), which can influence or intimidate the survivor.*
 - *Open-ended questions keep the focus on their lived experience. This protects the adult's credibility and reduces the chance of re-traumatization or self-doubt.*
 - *It also ensures APS does not unintentionally shape testimony that law enforcement or the court system may later scrutinize.*
 - What challenges might APS staff face when trying to use open-ended questions?
 - *Survivors may give long or confusing answers, especially if they have memory loss, cognitive decline, or trauma impacts.*

- *APS professionals may feel pressured to get quick "facts" for safety or reporting purposes.*
- *There can be discomfort sitting with silence while waiting for the survivor to respond.*
- *Staff may unconsciously revert to "yes/no" questions under stress.*
- How can practicing these skills improve trauma-informed care and reduce re-traumatization?
 - *Survivors feel heard and respected, which fosters empowerment and safety.*
 - *Giving adults control of their story may help to reduce feelings of helplessness.*
 - *APS staff demonstrate patience and empathy, which can begin to repair trust.*
 - *The process shifts from extracting information to partnering with the survivor, aligning with the six principles of trauma-informed care (safety, trustworthiness, peer support, collaboration, empowerment, cultural/historical/gender issues).*

Slide #32: Laying the Groundwork for a Trauma-Informed Conversations



Share that an APS professional can help reduce anxiety and build trust by being intentional about how they physically and emotionally show up. **Discuss** the following practices:

- Physical Space and Distance:
 - Ask permission: "I'd like to start asking some questions, how does that sound?"
 - Respect personal space: Use the environment to maintain a comfortable distance that supports both safety and connection.
 - Offer choice: Giving the adult control over where you sit helps restore a sense of agency.
 - *Trainer note: Remind participants, agency is the ability to make choices and exert control over one's life. For a survivor, that sense of control has been taken away so any offering of agency, even in small everyday interactions, can help to restore dignity, build trust, and will help you to align with three trauma-informed principles: safety, empowerment, and collaboration.*
- Gaze and Eye Contact:
 - Offer options: "Would you prefer I look at you while we talk, or would it feel better if I looked away sometimes?"
 - Be mindful that some individuals may find direct eye contact intimidating or overstimulating, especially those with trauma histories or neurodivergence.
- Regulating the Nervous System:
 - Check in: "Is there anything you'd like to have with you in the room to feel more at ease?"

- Create calm by using a calming tone, slow pace, and grounding presence to help the person feel safe.
- Normalize breaks by letting them know it's okay to pause or take a break if needed.
- Demonstrate taking a breath when needed.
- Empower Through Choice:
 - Whenever possible, let the adult make choices—about where to sit, how to proceed, or when to stop.
 - Tailor your approach to their communication style, sensory needs, and comfort level.

Share that when sexual abuse has been reported to APS, start by building rapport and explaining your role, then ask about the reported condition.

- Ex, a woman with developmental disabilities who resides in a group home has difficulty walking and reports genital pain following a visit with a relative.
 - The APS professional might ask, "I understand you had a visit with your relative. How did that go?" This open-ended question is a respectful way to screen for all types of abuse, including sexual abuse.
 - Continue the conversation with additional prompts: "I talk to many people who have been through things that are hard to discuss. If you can tell me about these things, we may be able to think together about some solutions."

Slide #33: Reactions & Responding to Disclosures

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



Communicate the following key points:

- Adults with disabilities and older adults may react to sexual abuse in many different ways. There is no single "right" way to respond.
- Some individuals may be able to clearly articulate what happened and welcome the opportunity to talk about it, while others may find it difficult or even impossible to talk about their experience.
- All responses are valid and deserve to be met with empathy and respect.
 - Normalize their response. Let the survivor know whatever they are feeling is a normal response to trauma. This can help to reduce shame and help them feel less isolated.
- APS professionals should approach these situations using trauma-informed methods that prioritize the survivor's emotional safety.
- It's important to allow individuals the time and space they need to share their story at their own pace.
 - Cultural background, disability, gender identity, or generational norms may affect how someone experiences and talks about abuse. Be aware and adapt your approach to each individual.
- Use foundational APS interviewing techniques, especially those that foster trust and connection, to help create a supportive and secure environment.

Recognize that responses can shape whether the individual feels safe continuing the conversation. **Ask** participants to keep in mind:

- Avoid reacting with visible shock, disbelief, or judgment.
- Maintain a calm, steady presence and affirm the person's emotions.
- Use open-ended, non-directive questions to gently encourage further sharing.
- Evaluate the person's immediate safety and emotional state.
- If there is an urgent safety concern, work collaboratively with the individual to create a safety plan.

Slide #34: Practice: Tammy's Story

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?



Share we're about to do an activity and of the key points we're looking for in it are:

- Coded Disclosures
- Clients' memory is going to not be linear
- Using language
- Power and control dynamics
- Trauma responses
- Cultural and identity factors
- Survivor agency

Activity: Tammy's Video Activity (20 minutes)

Large Group Discussion, Small Group Discussion, Self Reflection

Watch the 5 minute and 30 second National Clearinghouse on Abuse in Later Life (NCALL)'s [Tammy video](#) from the Lifting Up Voices Series. **Share** that Tammy's age may disqualify her for APS services, but for the purpose of this training, assume she is 60+.

Ask the group if you were to interview Tammy:

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

Inform participants they will be in groups to answer the following questions:

- Using the CA Matrix Operational Definition, is what Tammy described as sexual abuse? Why or why not? (if training outside of CA, use any tools or policies from local program).
- What were some specific tactics that Tammy's partner used against her? (NCALL, 2019)

- Why might survivors, like Tammy, choose not to contact law enforcement or other criminal or civil justice professionals for help? (NCALL, 2019)
- What are some strategies to work effectively with older victims who have experienced trauma?

Break participants into small groups for approx. 10-15 minutes to discuss:

- What were some specific tactics that Tammy's partner used against her?
 - Potential answers:
 - *Pressured her to engage in sexual activity that she did not want to do.*
 - *Accused her of being uptight.*
 - *Implied if she loved him, she would do what he wanted.*
 - *Stopped a mutual sexual encounter or would withhold sex altogether if she didn't do what he wanted.*
 - *Became "physical," such as twisting her arm behind her back.*
 - *Did not pay for things (for example, utilities) that he had promised.*
- Why might survivors, like Tammy, choose not to contact law enforcement or other criminal or civil justice professionals for help?
 - Possible answers: *Older survivors are often reluctant to contact law enforcement or other justice professionals because they are embarrassed or ashamed. Often, they love or care about the person who is causing them harm. They want the abuse to stop but hope to find a way to maintain the relationship. Victims of sexual abuse, physical violence and coercive control may be especially reluctant to reach out for help because they fear that law enforcement and other professionals will not believe them. Potential reasons sexual abuse victims may be reluctant to reach out for help include:*
 - *Fear that they will not be believed or taken seriously.*
 - *Threats from the perpetrator.*
 - *Fear that the abuser will be arrested and then retaliate.*
 - *Especially for victims of color, whose abuser is a person of color or person with mental illness, fear that the perpetrator may be harmed or killed during a law enforcement intervention.*
 - *Especially for victims with limited economic resources, fear of the financial cost to them and the time required to participate in the investigation and prosecution.*
 - *Fear of losing housing because of police contacts.*
 - *A previous non-helpful or negative experience with professionals.*
 - *Fear of being arrested.*
 - *May not be aware that intimate partner sexual assault or abuse is a crime.*

- What are some strategies to work effectively with older victims who have experienced trauma?
 - *Possible answers: When working with older victims, assume that they have survived multiple forms of trauma in their life.*
 - *Prioritize the victim's need for physical and emotional safety. Discuss safety planning strategies that minimize possibilities for revictimization.*
 - *Understand that it may take time to build rapport and trust with you. Based on lived experience, some victims never trust helping professionals.*
 - *Recognize the impact of trauma on coping and planning strategies. It may be difficult for victims to describe what happened in a linear fashion; remember and follow through with appointments; track life details like getting gas or paying bills on time; and set goals.*
 - *Maximize the older adult's opportunities to choose and control as many aspects of an investigation, prosecution, and service delivery plan as possible.*
 - *Validate the victim's strengths and resilience*

Bring the groups back together. **Ask** participants to spend 2-3 minutes self-reflecting on the following questions:

- What are your takeaways from this section?
- How will you screen for sexual abuse in future cases?

Slide #35: Self-Care While Interviewing and Documenting Sexual Assault Cases

Self-Care While Interviewing and Documenting Sexual Assault Cases

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

Activity:
Self-Care Moment



Share that working with people who have experienced sexual abuse can be emotionally intense even for experienced APS professionals. Taking care of themselves during interviews and then documenting afterwards facilitates personal wellness and maintains the ability to stay present while being objective and compassionate. Small grounding steps during an interview can help APS professionals stay calm and supportive for the adult, while self-care practices before and after documentation can help to reduce the emotional weight of our work.

Share the following tips for self-care during an interview:

- Ground self before starting:
 - Take deep breaths, relax shoulders, remember you are there to support not absorb.
- Use a centering statement:
 - To keep boundaries, remind self “This is their experience, I am here to help”.
- Maintain body awareness:
 - Notice posture, breathing, and tension levels. Take a slow breath to regulate.
- Micro pauses:
 - Use pauses to breathe, relax your body, and stay calm and focused.
- Visual anchor:
 - Focus on a neutral spot briefly to reset.

Share the following tips for self-care during documentation:

- Step away before writing:
 - Pause to stretch, hydrate, or ground self before documenting.

- Debrief with a peer or supervisor:
 - Check in with peers or supervisor to process emotions, validate your approach, and support clear, objective documentation.
- Set a calm environment:
 - Find a quiet, private space to help focus and decompress.
- Use soothing physical anchors:
 - Feel your feet on the ground or hold a calming object (smooth stone, stress ball, etc.).

Activity: Self-Care Moment (3 minutes)

Individual

Share that before moving to the next session, the large group will take another moment for self-care.

Trainer note: feel free to choose another brief self-care moment focused on pausing and centering.

Example Activity **Instructions:**

- **Invite** participants to sit comfortably with their feet flat on the floor and hands relaxed in their lap.
- **Encourage** them to close their eyes if they feel safe doing so or soften their gaze.
- **Guide** them through the following breathing pattern:
 - Inhale slowly through the nose for a count of four.
 - Hold the breath for a count of one.
 - Exhale slowly through the mouth for a count of six.
- **Repeat** this 4-1-6 breathing cycle for four rounds.
- After the final round, **ask** participants to take a moment to notice any release of tension or changes in how they feel.

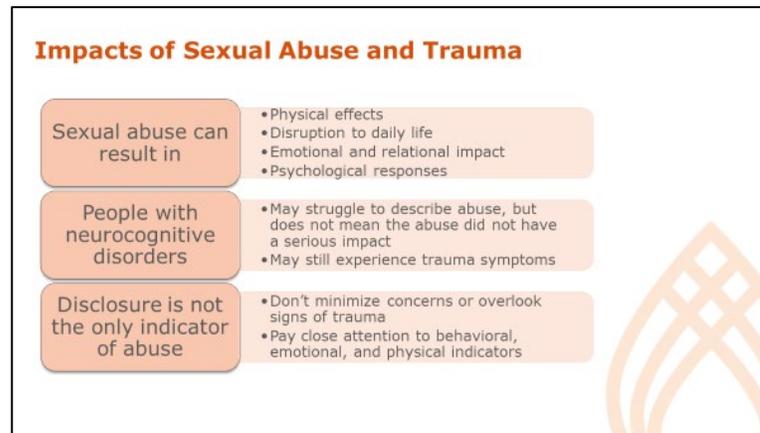
Intervention Strategies

Time Allotted: 60 minutes

Associated Objective(s): Utilize intervention strategies to develop service plans that prioritize safety, autonomy, and access to resources.

Method: Lecture, Small Group Discussions, Individual and Large Group Discussion

Slide #36: Impact of Sexual Abuse and Trauma



Share that sexual abuse can cause profound harm, including physical injuries, psychological and social trauma, and significant disruptions to a person's lifestyle according to the NATC eLearning on Sexual Abuse, sexual abuse can result in:

- Physical effects:
 - Injuries to sensitive areas such as the genitals, mouth, or breasts may be more pronounced in older adults due to age-related changes in skin and tissue.
 - Individuals with disabilities or advanced age may be more likely to require medical care following sexual violence.
 - Age-related factors like reduced skin elasticity and bone fragility can increase vulnerability to physical harm.
 - Not all survivors will show visible signs of injury—absence of physical evidence does not mean abuse did not occur.
- Disruption to daily life:
 - Experiencing sexual abuse can lead to major changes in a person's living situation, such as needing to relocate or losing access to trusted caregivers or family members.
- Emotional and relational impact:
 - When the person causing harm is a relative, like a child or grandchild, the survivor may feel conflicted, ashamed, or responsible, even though they are not at fault.
 - These complex emotions can make it harder to disclose or seek help.
- Psychological responses:
 - Survivors may experience symptoms similar to post-traumatic stress, including:
 - Intrusive memories or flashbacks
 - Heightened anxiety or fear
 - Emotional overwhelm, such as crying or irritability

- These responses may occur even if the survivor cannot fully describe the abuse, especially in cases involving cognitive impairment.

Share that it is important to recognize that a person with a neurocognitive disorder may not be able to clearly describe or verbally recount their abuse, but this does not mean the abuse did not occur or that it has not had a serious impact on them.

- Survivors with neurocognitive conditions may still experience significant trauma symptoms, such as heightened fear or anxiety, changes in behavior, withdrawal, agitation, or sleep disturbances.
- These trauma responses can be just as real and severe as those experienced by individuals who are able to verbally disclose abuse.

Discuss how APS professionals should be reminded that disclosure is not the only indicator of abuse.

- The absence of a verbal account should not lead to minimizing concerns or overlooking signs of trauma.
- Pay close attention to behavioral, emotional, and physical indicators, and to approach the adult with empathy, patience, and trauma-informed care. This includes validating their experiences through attentive observation and respectful support, even when they cannot provide a clear narrative.

Slide #37: Comprehensive Service Planning Introduction (Part 1)

Comprehensive Service Planning Introduction (Part 1)		
Client	Perpetrator	Abuse and Urgency
<ul style="list-style-type: none"> •What are their wishes •How have they been harmed •Do they remain in danger •What are their needs 	<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 	<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

Trainer's note: Depending on participants' skills, you can provide the following information briefly or omit and move to the activity on the next page.

Discuss the following considerations for comprehensive service planning:

- The client:
 - What are the person's wishes? Remember they need voice and choice in these situations.
 - How has the person been harmed?
 - Does the person remain in danger of continued abuse of any type?
 - What are the person's needs?
- The perpetrator:
 - Who is the perpetrator?
 - What, if any, is the perpetrator's relationship to the person who has been sexually abused?
 - Does the perpetrator continue to pose a danger to the person who has been sexually abused?
 - Does the perpetrator pose a danger to other people?
 - Has the perpetrator held responsibility for meeting the needs of the person who has been sexually abused?
- The abuse and urgency:
 - How recent was the sexual abuse?
 - What sexually abusive acts occurred?
 - Does the client have physical evidence that would influence interventions?
 - Did other maltreatment also occur?

Slide #38: Comprehensive Service Planning Introduction (Part 2)

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

- Resources
 - What personal supports are available to enhance the client's safety?
 - What resources can the APS professional provide?
 - What community resources can be accessed?
- Ethics:
 - Does it put the interest of the client first?
 - Do you have informed consent?
 - Does the intervention fully maximize the client's independence and choice possible?
 - Is it the least restrictive intervention?
 - Are there possible unintended, harmful consequences?
 - Is the intervention responsive to the client's cultural desires and needs?
- Cultural Considerations:
 - Are the services being offered responsive to the individual's gender identify and expression?
 - Are cultural backgrounds being acknowledged and respected in the intervention plan?
 - Is the person's age influencing how they perceive and respond to services?
 - Are services accessible and appropriate for the person's ability level?

Emphasize that the goal of an APS investigation is not criminal prosecution, but to stop the abuse and ensure the safety of the survivor, who may simply want protection rather than legal action against the abuser. Service plan interventions should consider several issues including: the client, the alleged perpetrator, the abuse, resources, ethics, and cultural issues. Follow internal documentation guidelines.

Slide #39: Comprehensive Service Planning Activity

Comprehensive Service Planning Activity

- Handout: Linda's Service Plan
- Create a brief Service Plan
 - Trauma-informed supports
 - Referrals to community resources
 - Steps to involve the survivor in the process
- Consider barriers and how you would address them

Activity: Comprehensive Service Planning (15-20 minutes)

Small Group Discussions

Instructions:

- **Inform** participants they will be in small groups and will use Linda's story from earlier.
 - In groups, discuss Linda's' immediate safety needs, strengths, and risks. Together, create a brief service plan that outlines trauma-informed and person-directed supports, referrals to community resources, and steps to involve the adult in decision-making. Consider any barriers you might face and how you would address them.
 - Note this information on **Handout: Linda's Service Plan.**
- **Break** participants into groups for approx. 15 minutes.

Trainer note: refer to the following table for sample answers.

Remind participants real-life cases rarely stay static; new information, delays, or unexpected circumstances can change the whole picture. Service planning is a living process. The goal is to be ready to adjust our approach while still centering safety, autonomy, and trauma-informed care.

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><i>Possible answers: Linda appears to have decision making ability, Linda wanted him to be caught, she wanted her voice heard, he threatened to hurt her if she told, but risk for him to return is unknown, wanted all visible reminders of the attack removed and needed help with bills</i></p>
<p>Perpetrator Issues</p> <p>Relationship</p> <p>Dependency</p> <p>Motives</p> <p>Threat level</p>	<p><i>Possible answers: Perpetrator was a neighbor with no dependency and no relationship. Threat level is low to mid. His motives were unknown.</i></p>
<p>Abuse type and urgency of the situation</p>	<p><i>Possible answers: sexual abuse by neighbor, she was in need of immediate care due to physical injuries</i></p>
<p>Resources</p>	<p><i>Possible answers: Linda has a support system and personal strengths such as her humor</i></p>
<p>Ethical Considerations</p>	<p><i>Possible answers: respecting her autonomy and her decisions, ensuring fair access to supports, balancing confidentiality with mandatory reporting, etc.</i></p>
<p>Cultural Considerations</p>	<p><i>Possible answers: Linda described the importance of her faith during the assault and as part of her healing</i></p>

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>	

Slide #40: Sexual Abuse Service Planning: Immediate & Follow-Up Resources

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



Share with participants that in their comprehensive service planning, they will need to consider the immediate resources needed, in addition to the follow-up resources that can be provided.

Discuss how safety planning in sexual abuse cases is a core responsibility of APS professionals, and it requires balancing immediate protection with respect for the survivor's autonomy.

- The first step is always to establish whether the adult is in urgent danger. If so, APS should act quickly in partnership with law enforcement or medical providers to secure immediate safety—such as relocation, emergency medical care, or protective orders.
- When the threat is not imminent, APS should work with the survivor to identify safe spaces, supportive people, and strategies that help them regain a sense of control.
- Importantly, safety plans should be tailored to each person's abilities, circumstances, and cultural context, with the survivor directing and actively involved in all decisions.

Share that beyond physical safety, APS must also account for emotional well-being.

- Sexual abuse survivors may experience fear, shame, or difficulty disclosing details, especially if they are older adults or people with disabilities.
- Safety planning should therefore include coping strategies for triggers, resources for trauma-informed counseling, and reassurance that their reactions are valid.
- When APS is the first to receive disclosure, staff may conduct initial trauma-informed interviews, but if law enforcement becomes the lead investigator,

APS shifts into a liaison and advocacy role—ensuring the survivor has ongoing support and that interventions remain survivor-centered.

- Every safety plan should reflect the principles of trauma-informed care: promoting safety, empowerment, trust, peer support, and collaboration, recognizing cultural, historical, and gender issues, while giving the individual as much choice and agency as possible.

Consider immediate needs and follow up resources.

- Include both immediate safety needs and long-term supports that will promote healing, stability, and empowerment.
 - Immediate needs often focus on protection, medical care, crisis intervention, and meeting basic necessities.
 - Long-term needs, on the other hand, address ongoing recovery, housing, financial stability, advocacy, and emotional support.
- By taking time to assess and respond to both, APS ensures that survivors are not only safe in the moment but also supported in rebuilding their lives over time.

Review the following immediate resource needs:

Safety and Protection:

- Safe housing or emergency shelter (especially if the abuser lives with the adult).
- Emergency protective orders (with support from law enforcement or legal advocates).

Medical Care:

- Immediate injury treatment.
- Sexual Assault Nurse Examiner (SANE) exam (if within appropriate timeframe and survivor consents).
- STI testing and prophylaxis.

Crisis Support:

- 24/7 crisis hotline (local sexual assault centers, national hotlines).
- On-call APS staff or emergency responder.

Basic Needs:

- Food, clothing, hygiene products (especially if belongings are damaged, withheld, or evidence).
- Transportation to safe location or services.
- Long-term resource needs.

Medical & Therapeutic Care:

- Ongoing counseling/therapy with a trauma-informed provider.
- Specialized therapy for older adults or those with cognitive/communication differences.
- Long-term health monitoring (for untreated injuries, chronic conditions, or trauma-related health issues).

Legal & Advocacy Services:

- Legal aid for restraining orders, guardianship disputes, or other related matters.
- Victim advocacy organizations to help navigate the justice system.

Social Support & Daily Living:

- Case management to coordinate services.
- Peer or survivor support groups.
- Adult day programs, community centers, or faith-based supports that foster social connection.

Housing & Financial Stability:

- Long-term safe housing options.
- Financial supports (public benefits, victim compensation, disability benefits).

Ongoing Safety Planning:

- Regularly updated safety strategies as life circumstances change.
- Building a circle of trusted support people who can check in and respond if concerns arise.

Remind APS professionals they cannot meet all of these needs directly, but they can assess risks, make referrals, coordinate across systems, and work to ensure the survivor's voice and choice guides every decision.

Slide #41: Specialized Interventions



Explain that when APS professionals encounter cases of suspected sexual abuse, it is important to understand the range of community partners, processes, and resources that can support the safety and healing of the adult. These include:

- Options for forensic exams, which are time-sensitive and critical for evidence collection. Medical care is also addressed
- Civil court orders of protection, which may increase safety through legal measures; and
- Law enforcement collaboration, where APS roles may shift from investigator to liaison, or advocate.
- Sexual abuse victim advocates play a vital role in supporting survivors through medical exams, criminal justice proceedings, and recovery services.

Together, these interventions reflect a coordinated, trauma-informed response that prioritizes the survivor's safety, dignity, and empowerment.

Discuss the following:

- Forensic Exams:
 - Forensic exams should be offered when there is reason to suspect sexual assault, whether or not there was penetration—confirmed finding of abuse is not required beforehand.
 - Delaying the exam until after an investigation can result in lost forensic evidence due to time sensitivity.
 - When there is a desire for an exam, an independent, professional forensic examination should be conducted.
 - Research by Dr. Holly Ramsey-Klawnsnik shows that in many facility-based cases, victims were not examined or only received brief visual inspections by facility staff.
 - When possible, refer to healthcare providers trained in forensic sexual assault exams, such as:

- SANE nurses (Sexual Assault Nurse Examiners), who are RNs with specialized training to perform pelvic exams and collect forensic evidence.
 - Local rape crisis centers and sexual assault coalitions can help identify where and how to access forensic exams and provide an advocate who can accompany the survivor if they choose
- Civil Court Orders of Protection:
 - Intervention may involve helping people to access court orders designed to increase safety.
 - APS supervisors and agency attorneys can assist APS professionals in understanding and accessing locally available civil court orders to increase the adult's safety.
- Law Enforcement:
 - Talk to your supervisor about when to report to law enforcement and how to collaborate with them in their investigation.
 - Also, find out about your agency's policy on providing support to the older adult during criminal justice proceedings.
- Sexual Abuse Victim's Advocates:
 - Advocates are available through local rape crisis and sexual assault centers.
 - Advocates are skilled in supporting people during forensic exams and steps in the criminal justice system.
 - They can also provide counseling in the aftermath of sexual abuse.
 - They also can help work with clients to apply for victim compensation.

Slide #42: Resource Mapping

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

Activity: Resource Mapping (15 minutes)

Individual and Large Group Discussion

Explain that participants will first identify resources individually, then share and discuss as a group. The goal is to build a collective understanding of available supports and how APS professionals can connect clients to them.

Instruction:

- **Ask** participants to individually brainstorm and search for local, state, and national resources that support survivors of sexual abuse. Encourage them to think broadly and include:
 - 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
- Instruct participants to record their findings on the **Handout: Sexual Abuse Resource Mapping Worksheet**.
- **Bring** everyone back together and invite volunteers to share 2-3 key resources they identified. Encourage participants to add new resources to their list.

Review key takeaways:

- Supporting survivors of sexual abuse requires a multi-system response—no single agency can meet all needs.
- APS professionals play a critical role in connecting clients to both public and private supports.

- Knowing the limitations and strengths of each resource helps tailor referrals to the client's needs and preferences.
- Building a local resource list is essential for effective, person-directed service planning.

Trainer note: the following are possible answers including Sexual Assault Resource Team (SART), ValorUS, Peace Over Violence, VOCA, Safe at Home, specific county hotlines, SANEs, Survivors Healing Center, 1in6 (for male survivors), RAINN, NSVRC, etc.

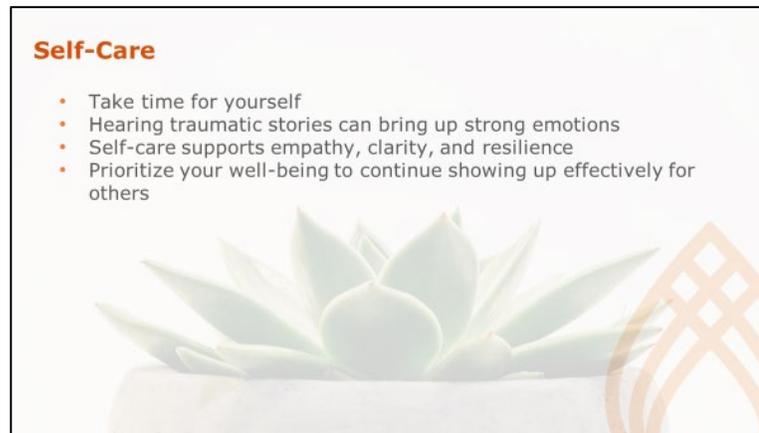
Self-Care Strategies

Time Allotted: 15 minutes

Associated Objective(s): Demonstrate person-directed strategies and trauma-informed interviewing techniques.

Method: Lecture

Slide #43: Self-Care



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

The slide features a background image of a succulent plant in a white pot, with a faint orange geometric pattern on the right side.

Remind participants that it is important to take time to focus on themselves. Working with cases of sexual assault (or any APS case that is traumatic for you as an APS professional), especially involving older adults or adults with disabilities, is often emotionally and physically draining. Hearing these stories in our work, or even in training, can bring up strong emotions. Practicing self-care is not just about personal well-being, it also can help us to maintain empathy, clarity, and resilience required in our work as APS professionals.

Slide #44: Vicarious Trauma, Neutrality, and Resilience

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



Validate that APS professionals investigating sexual abuse cases often bear witness to deeply traumatic experiences. While we are not the direct victims, the emotional toll of hearing, documenting, and responding to these stories can be profound. To support both our effectiveness and well-being, it's essential to understand the emotional dynamics that can arise from this work.

Explain that "secondary trauma" can happen when someone hears about other's traumatic experiences and is so deeply affected that they start to experience symptoms that may reflect those seen in the person who experienced the trauma firsthand. This can happen quickly (e.g. with the first case) or overtime. (Academy for Professional Excellence, 2025)

Explain that "vicarious trauma" can happen when hearing about or witnessing other's traumatic experiences. Over time this can result in a shift in the helper's worldview. The psychological impact of trauma changes their beliefs and sense of safety. They can begin to feel less safe or more anxious. They might notice changes in beliefs and feel more vulnerable and less trusting. They may experience emotional strain and feelings of anxiety, sadness, or even anger. They may also withdraw from social activities or avoid certain situations. (Academy for Professional Excellence, 2025)

Explain that "vicarious neutrality" is the intentional practice of maintaining a balanced, nonjudgmental stance while engaging with both victims and alleged perpetrators. In APS work, especially in cases involving family members or caregivers, neutrality helps ensure that:

- Investigations remain fair and objective
- Clients feel safe and heard
- Personal biases do not interfere with professional responsibilities

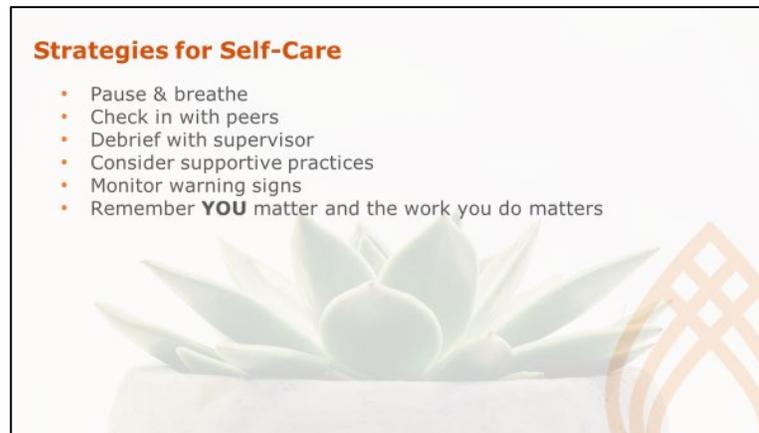
Explain that "vicarious resilience" is the positive transformation that occurs when professionals witness the strength, courage, and recovery of those they serve.

Recognizing and reflecting on these moments can help counterbalance the emotional weight of the work and reinforce a sense of purpose and hope. An APS professional may experience vicarious resilience when they:

- Support a client who reclaims their autonomy after years of coercive control by a caregiver.
- Witness a survivor speak out for the first time about their abuse and begin accessing services.

Ask participants for examples of times they experienced vicarious resilience?

Slide #45: Strategies for Self-Care



Remind APS Professionals to take care of themselves before and after difficult home visits and cases. **Discuss** some simple strategies for self-care:

- Pause and breathe: before entering or upon leaving a home visit; take 3-5 deep breaths to reset.
- Check in with peers: regularly connect with your coworkers to share some of the emotional load.
- Debrief with supervisor: supervision doesn't just have to be for case strategy; you can also use it for emotional support.
- Consider supportive practices: counseling or peer support groups, engage in physical activities, journal, find other creative outlets, etc.
- Monitor warning signs: pay attention to symptoms that may indicate secondary or vicarious trauma. If you note them, seek more support.
- Remember you matter and the work you do matters.

Suggest APS professionals consider practicing the following self-care ritual ideally at the end of each workday, but at least one day a week:

- Write down three things you accomplished during the day (no matter how small).
- Do a physical grounding exercise (stand up and stretch, feel the chair beneath you, have an object at hand you can hold for grounding, etc.).
- Identify one thing you'll do for yourself after work (call a friend, take a bath, read a book, rest, etc.).

Summary and Evaluation

Time Allotted:

Associated Objective(s): N/A

Method: Lecture, Individual and Large Group Discussions, Evals

Slide #46: Summary

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

Summarize the learning objectives and key takeaways.

Let participants know that by completing this training they should now have a deeper understanding of how to identify and describe sexual abuse and its various forms, recognize barriers to reporting and disclosures, and apply person-centered, trauma-informed approaches to interviewing and supporting survivors. They've also practiced using these skills to develop intervention strategies and service plans that emphasize safety, autonomy, and access to resources. By integrating these practices into their work, they can strengthen their ability to protect vulnerable adults, respond compassionately to disclosures, and promote dignity and empowerment in every case they handle.

Review the following takeaways:

- Prevalence and underreporting:
 - Sexual abuse of older adults and adults with disabilities is significantly underreported.
 - Survivors often face barriers such as shame, fear of disbelief, communication challenges, or dependency on the abuser.
- Unique risk factors:
 - Age-related cognitive decline, disabilities, and dependency on caregivers can increase vulnerability.
 - People with disabilities are at substantially higher risk of sexual abuse.
- Trauma and disclosure:
 - Survivors may disclose abuse directly, indirectly, or through "coded" language.
 - Trauma affects memory and behavior; survivors may show emotional, cognitive, or psychosocial symptoms rather than clear verbal disclosures.
- APS role and best practices

- APS professionals must balance interviewing with collaboration (sometimes leading vs. sometimes supporting law enforcement).
- All engagement should be trauma-informed, emphasizing safety, empowerment, choice, and respect.
- Ensuring informed consent is central—APS must give clients agency and avoid replicating dynamics of powerlessness.

Slide #47: Summary (Continued)



- Assessment and evidence:
 - Forensic exams should be offered promptly when there is suspicion of abuse.
 - Collateral sources (staff, neighbors, day programs) and physical evidence (clothing, environment) can provide important clues.
- Safety planning and case management:
 - Plans should address both immediate safety (removing threats, medical care, safe housing) and long-term needs (mental health support, advocacy, victim compensation).
 - Collaboration with advocates, healthcare, legal resources, and law enforcement strengthens protection and recovery.
- Self-care for APS professionals:
 - Working with sexual abuse cases is emotionally taxing.
 - Incorporating rituals, team support, and personal self-care strategies help prevent burnout and supports resilience.

Slide #48: P-I-E Activity

P-I-E



- **P** - Priceless piece of information
 - What has been the most important piece of information to you today?
- **I** - Item to implement
 - What is something you intend to implement from our time together today?
- **E** - Encouragement you received
 - What is something that you already are doing and were encouraged to keep doing?



Activity #8: P-I-E (4 minutes total)

Individual, Large Group Discussion

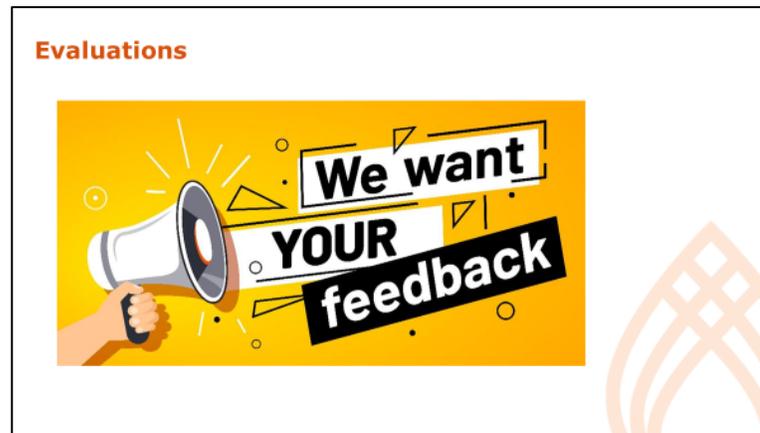
Explain that PIE stands for:

- **P** - Priceless piece of information
- **I** - Item to implement
- **E** - Encouragement I received

Ask the participants for volunteers to share their key personal takeaways (slices of PIE) from the training:

1. **P** - Priceless piece of information. What has been the most important piece of information you received today?
2. **I** - Item to implement. What is something you intend to implement from our time today.
3. **E** - Encouragement received. What is something that I am already doing that I was encouraged to keep doing?

Slide #49: Evaluations



Provide information on how to complete evaluations.

Thank participants for taking time out of their day for their own professional development and dedication to support older adults and adults with disabilities.

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OUR WHY:

REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
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