Educating Persons with Disabilities on Recognizing, Reporting and Responding to Abuse

National Trainer Guide and Curriculum

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**IN MEMORY OF**

Craig Smith was taken from us by cancer on May 27, 2010. Craig was a very special person who loved life, loved helping people and was loved by everyone who knew him. Craig lived self-advocacy. One of Craig’s main goals was to make the world a better place for all people with disabilities. He enjoyed his life as a trainer of support staff as well as self-advocates and was looking forward to continuing this role. He was a founder of Massachusetts Advocates Standing Strong (MASS), its first Chairperson and a true leader in many ways. Craig cherished his family and friends and will fondly be remembered by all.

*Written by Anne Fracht, Self Advocate*
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Message from the Building Partnerships Initiative

The Building Partnerships for the Protection of Persons with Disabilities Initiative (BPI) was established over ten years ago in 1999 to effectively and efficiently address abuse and crimes committed against persons with disabilities. BPI is a statewide Massachusetts initiative that links law enforcement, adult protection, human services, self-advocates and others to address violence committed against persons with disabilities using a coordinated, multidisciplinary approach.

Over the past ten years, BPI has provided training to thousands of providers, law enforcement, medical personnel, court personnel, adult protective services, investigators and other professionals. The initiative has clearly changed the way professionals address violence committed against persons with disabilities within the Commonwealth of Massachusetts. It has afforded persons with disabilities the same protections and rights as the public at large by ensuring that suspected criminal activity is investigated and prosecuted by trained law enforcement. There is no doubt that the training, statutory changes, policy development and multidisciplinary approach enhance the safety and well-being of persons with disabilities and provide the groundwork for effective prevention strategies.

However, a key missing component of BPI was training to educate persons with disabilities, the potential victims themselves, on recognizing, reporting and responding to abuse. While reports of abuse to the Disabled Persons Protection Commission (DPPC) have increased significantly, many situations of abuse continue to go unrecognized and unreported. To illustrate the need for special attention to persons with disabilities, it is reported that only three percent (3%) of sexual abuse cases involving people with developmental disabilities will ever be reported\(^1\). Careful and sensitive training, done by trusted individuals with disabilities, will be the first step in breaking down the barriers to reporting abuse.

To address this key missing component, DPPC in partnership with BPI, through funding from the Office for Victims of Crime, Office of Justice Programs, United States Department of Justice, created a training curriculum and accompanying video to educate persons with disabilities on recognizing, reporting and responding to abuse. The unique focus of this much-needed project was the hiring of persons with disabilities to work with others to create the curriculum and video. For the past three years, through the guided efforts of Massachusetts Advocates Standing Strong (MASS), five regional teams comprised of persons with disabilities and others, met locally and statewide to develop the Awareness and Action Curriculum, Trainer Guide, Participant Workbook, PowerPoint Presentation and Video. Following the development of the pilot curriculum, training was provided to persons with disabilities by persons with disabilities through the regional teams across the state.

The DPPC and BPI are deeply grateful that this long missing component to educate persons with disabilities to Recognize, Report and Respond to Abuse is now available. It is our hope that persons with disabilities and others in Massachusetts and across the country will benefit from the training.

Very truly yours,

Elizabeth D. Scheibel
Northwestern District Attorney
BPI Co-Chair

Nancy A. Alterio
DPPC Executive Director
BPI Co-Chair
"Educating persons with disabilities on recognizing, reporting and responding to abuse"
Dear Trainers of the Awareness and Action Training:

Welcome to a very exciting and unique project: “Educating Persons with Disabilities to Recognize, Report and Respond to Abuse.” You have made a great decision to actively teach people with disabilities, direct support staff, family members, and professional staff how to recognize, report and respond to abuse. Teaching people to learn and use these important skills will make a difference in people’s lives and the communities in which they live. The Awareness and Action Trainer Guide will prepare you for this challenging and rewarding task.

In preparing to use the Awareness and Action Training Curriculum, it is important to remember there are key principles that guide this work. These principles help us to ensure that the training is taught in a consistent framework throughout your community and that each participant learns the skills necessary to recognize, report and respond to abuse. The most important principles to teach this training curriculum are:

- People with disabilities are training people with disabilities and others
- Everyone is invited to attend
- Common language is used
- Information is presented to support a person’s learning style; seeing, hearing and participating in activities
- People First Language is used
- Understanding confidentiality and being clear that trainers are mandated reporters
- The training is interactive and asks participants to work in small and large groups
- Everyone leaves the workshop with learning material that can be used outside of the workshop to continue their learning and
- Community resources regarding abuse, who to report to, and how self advocacy can be helpful are provided to participants

The Awareness and Action Trainer Guide provides the trainer with:

- Training tips and preparation guidelines,
- Skill content such as asking questions, communication and listening,
- An understanding that this topic can be emotional and affects both trainers and participants, and
- Information on facilitation.

We thank you for taking this important journey to educate people with disabilities and others to recognize, report and respond to abuse.

Sincerely,

Colleen E. Ryan
Awareness and Action Executive Committee
A. INTRODUCTION

The Awareness and Action Trainer Guide is an important part of the Awareness and Action Training Curriculum, PowerPoint Presentation, Video and the Awareness and Action Participant Workbook. Together they provide the foundation for educating persons with disabilities and others to recognize, report and respond to abuse.

The purpose of the Trainer Guide is to provide trainers with the necessary skills, attitudes and knowledge to teach people with disabilities, support staff, families, and other interested people in recognizing, reporting and responding to abuse. This challenging topic requires a team of trainers to work together. Every training team includes people with disabilities and others to teach the curriculum content, support participants as needed, and provide community resources. Each Training Team includes a support trainer.

The training material is linked together by content, skills and attitudes needed and teaching methods used. The Awareness and Action Training Curriculum contains detailed information in sections. Each section is organized to guide the trainers when presenting. The training includes:

- Lectures guided by PowerPoint presentation
- Question/answer opportunities
- Participatory/interactive activities
- Video presentations

B. TEACHING METHODS AND TOOLS

The Curriculum identifies the most important information to be taught. It provides a consistency of information being presented and helps the trainer stay focused and get back on track when needed.

Trainer Instructions guide the trainer to make sure that the training flows from section to section. Trainer Instructions provide a framework for maximum participation. They also help the trainer stay focused. The instructions guide the trainer on when to use the audio visual equipment, when to show the videos, what questions to ask, how to set up the skits, and as a reminder when to give out handouts.

Video Stories are used in the training to enhance discussion with participants, provide a visual description of recognizing, reporting and responding to abuse, and give the trainer a different way to present the information to be learned.

A Slide Presentation, using Microsoft software PowerPoint, is used during the training to provide a visual presentation of the information discussed and to ensure the most important information is shared. It also helps the trainer stay on track.
Activities are used in the training to emphasize learning the most important topics. They encourage active participation and maximum learning by participants being involved in the training. Activities include small and large group discussion, skits and worksheets.

Red and Green Reporting Flags are used during certain activities. If flags are not available, use red and green paper. Participants raise the green or red flag to respond to questions about trusted persons and abuse or not abuse.

Trust and Reporting Cards and Key Chains are discussed and distributed during the training. These take-home products provide information on trusted persons, reporting abuse and mandated reporters.

An Evaluation is completed as part of the training by everyone who attends. The evaluation gives the trainers important information on what the participants have learned and how to make the training better. Support is provided if participants need help completing the evaluation.

C. TOOLS TO USE AFTER THE TRAINING

Backpack: At the end of the training each participant takes home a set of learning materials. These materials help the participant to continue their learning on how to recognize, report and respond to abuse.

The “Backpack” includes:

- DVD of Abuse Stories
- Participant Workbook which includes a list of National Resources

The Participant Workbook is given to each participant at the end of the training. The Workbook includes the most important information being presented in the training. It includes follow up training activities that the participant can do at home to reinforce learning. Using the Workbook in combination with the abuse video stories at home helps the learner learn more about recognizing, reporting and responding to abuse. It is recommended that participants complete the workbook activities at home with someone they trust.
D. SUGGESTIONS FOR LEARNING ENVIRONMENT: To Help Each Person Learn

The training is designed to involve participants, persons with various abilities, in the most active learning process possible. It includes many types of instructional aids geared to reach persons with a variety of learning styles and abilities. The curriculum is designed to be accessible to and understood by all participants even if they are not able to actively participate.

The time allotted for this training is three hours which can be done in one or multiple sessions. There is time to teach only the basic principles of recognizing, reporting and responding to abuse. While participants should always be encouraged to question and actively participate in learning, do not share personal abuse stories about self or others in the training and outside of the training.

Trainers provide effective learning environments by:

- Working as a team to support each other
- Working as a team to give participants the best opportunity to learn
- Arriving early to set up, making sure all equipment works, and making sure there is a team of trainers ready to train
- Beginning and ending the session on time (including taking and ending breaks when specified)
- Talking with participants on a personal level, using eye contact and calling them by name
- Presenting instructions slowly and clearly, and repeating as needed
- Acknowledging and confirming each participant response as a part of the learning process
- Completing the training in one or multiple sessions to accommodate the learning needs of participants

Space

- Make sure space is accessible, there is plenty of room to move around to talk with participants, and that people using wheelchairs have enough space to feel comfortable.
- Space should be private to avoid distractions.
- Make sure there is enough room for small group work, audio visual equipment, easels, and chart paper.
- Providing food is discouraged, as it can be distracting and take up needed training space. If desired, water can be provided.
- Private space is available.
Number of Participants

- The training is open to persons with disabilities, support staff and families. The size of the training is ideal at 10 to 20 participants including support staff. This number gives an opportunity for each participant to be actively involved in the training.

- People who attend this training are welcome to bring a significant person in their life; someone that they are comfortable with and they trust.

Supporters

- Persons with disabilities can choose to attend the training alone or bring support.
- Trainers welcome support staff, family members, friends and others who attend the training.
- Supporters help and encourage the participant to be involved in the training by reading, explaining, writing, helping the participant answer questions, or assisting the participant as needed.
- Trainers encourage support staff and others to be active participants without ignoring the participants they are helping.
- Supporters help the participant share their information but do not speak for the participant.

E. LIMITATIONS OF TRAINING

- Not all aspects of abuse will be discussed.
- Trainers are not trained to solve individual problems.
- The support trainers are available to direct participants to a private space, as needed, and can direct participants to a resource that may help.
- The training is not a place for personal abuse stories.

F. CONFIDENTIALITY EXPECTATIONS

- Guidelines regarding confidentiality need to be followed in the training.
- During the training all trainers are mandated reporters – trainers must assure that, if an abusive situation is disclosed, it is reported to the appropriate protective service agency in their community/state.
- Participants should not share other people’s information in the training or outside of the training. The trainers assist the participants as needed to maintain confidentiality.
• Please be careful not to disclose information about someone else. It is okay to talk about a situation, but not the person.

G. WARNING – SUBJECT MATTER

The subject matter of abuse can be difficult to talk about. Some participants may have an emotional reaction. There are support trainers to assist participants to a private space.

Some of the language that is being used is very explicit – trainers are sensitive to this issue but some language cannot be avoided, especially regarding sexual abuse.

The trainers will acknowledge:
• Participants’ uneasiness with the subject of abuse
• The difficult and sensitive nature of the material being discussed
• The possibility that participants may have been abused
• The possibility that the training may trouble some participants
• That some participants may need to further process thoughts and concerns raised by the training
• That a private space is available for anyone who needs it

H. RESPONDING TO PARTICIPANTS WHO HAVE DIFFICULTY WITH THE SUBJECT MATTER

The diversity of learning and responding capabilities, coupled with a topic that can elicit strong emotional responses, requires each Training Team to consider what they will do when issues arise. The support trainer who has been identified for that day’s training is the primary helper.

It is recognized that the topic of abuse might create strong emotional and even physical responses. Behavior is always communication, and how we respond to it has value. What we want to communicate is support, acceptance of the individual’s need for something, and a refocusing back to meaningful participation.

The Training Team should make arrangements with their local adult protective service (APS) agency and sexual assault/domestic violence provider to have a trauma specialist available at the training. If a trauma specialist is not available, when possible, make arrangements with staff at the training site to be available to address a participant’s needs in response to the subject matter. National resources are provided in the training and include information on adult protective services, domestic violence, sexual assault and rape crisis services and Sexual Assault Nurse Examiners (SANE).
Make sure a private space is available for an individual to go to if they need to leave the training. If an individual needs to go to the private space during the training, the adult protective service (APS) staff, trauma specialist, agency staff, or support trainer should accompany the individual to the private space. The APS staff, trauma specialist, agency staff or support trainer should remain with the individual until they are ready to return to the training.

I. REPORTING ABUSE

As trainers are mandated reporters, if a participant discloses that he or she is being abused, the trainer must report the abuse to their Adult Protective Services (APS) agency.

Locating the Adult Protective Services (APS) Agency in Your State

- To find the name and phone number of the Adult Protective Service (APS) agency in your state, contact the National Adult Protective Services Association (NAPSA) during regular business hours at 1-217-523-4431.
- You can also locate your local APS agency phone number 24 hours a day, seven days a week, through NAPSA’s website at www.apsnetwork.org. Go to “Report Abuse” and click on your state to find the number.

APS Reporting Cards

Using the APS Reporting Card template, included in the Curriculum Handouts, write or type the name of the Adult Protective Service Agency and phone number on the APS Reporting Card. Distribute the Reporting Cards to participants during the Reporting Abuse section of the training.
The trainer should let the participant know that they are filing a report. In all instances, the support trainer should provide the participant with information on state and local resources. Refer to the flowchart below for reporting abuse:

**Participant Disclosure and Reporting**

1. Participant discloses abuse to trainer
2. • Escort participant to private space for discussion and comfort
   • Establish who, what, where, when details of abuse
3. Abuse disclosed
4. • Mandatory reporting required
   • Call Adult Protective Services
5. Is the participant currently safe?
6. • APS assesses the need for emergency protective services
   • Trainer provides list of state and local resources
J. BREATHING EXERCISE

In the training the Breathing Exercise is done to help participants:

- Stay calm, relaxed and focused to learn.
- Understand that our breath has power. It is with our breath that we say NO to abuse.

The Breathing Exercise is a two trainer activity. One trainer says the steps to the exercise, and the other trainer shows participants how to breathe.

For example the Breathing Exercise looks like this:
(Karen is Trainer One and Michelle is Trainer Two)

Karen: “Michelle take a deep breath in through your nose.”
Karen: “Michelle hold your breath for four counts – slowly say 1-2-3-4.”
Karen: “Michelle breathe out through your mouth for four counts – slowly say 1-2-3-4.”
Karen: “Now let’s do it together.”

Karen: “Everyone take a deep breath in through your nose.”
Karen: “Everyone hold your breath for four counts – slowly say 1-2-3-4.”
Karen: “Everyone breathe out through your mouth for four counts – slowly say 1-2-3-4.”
Karen: “Everyone do it one more time – Michelle will continue to show how it is done.”

Karen: “Everyone take a deep breath in through your nose.”
Karen: “Everyone hold your breath for four counts – slowly say 1-2-3-4.”
Karen: “Everyone breathe out through your mouth for four counts – slowly say 1-2-3-4.”

The Breathing Exercise works best when we remember:

- Learning how to recognize, report and respond to abuse can be difficult for participants.
- Breathing helps us to stay calm and relaxed, and it is with our breath that we say NO when someone tries to hurt us.
- Trainers are standing in the front of the room so that participants can see.
- Participants should stay seated.
- To get the best benefit from the Breathing Exercise it is important to breathe in through your nose and breathe out through your mouth.
- It is important to show participants the Breathing Exercise before doing it as a group.
- While holding the breath, it helps to slowly count out 1-2-3-4 so participants know they are doing okay.
• The Breathing Exercise is done four times in the training. It is important to do it the same way each time.

“If you are able to breathe, you can report, because you have power within you, because you are breathing.” Karen Norton

K. TIPS FOR A SUCCESSFUL TRAINING

The following nine successful tips provide the most important information for trainers. It is not intended to be an exhaustive list but one that starts the trainer on a journey of success. For additional information on becoming a better trainer refer to the Trainer Resources list.

1. Having the Right Philosophy (Skills, Attitude and Knowledge)

   I believe and know:

   • Abuse of people with disabilities is a real problem which occurs way too often and it must be stopped.

   • People with disabilities and others are the trainers of the Awareness and Action Training Curriculum. The trainers work together – lead trainer, co-trainer and support trainer.

   • All people are invited to attend this training and trainers adjust their teaching style to meet participants’ learning styles (auditory, visual, physical). This gives participants the best opportunity to learn about recognizing, reporting and responding to abuse.

   • A variety of teaching methods give participants the best opportunity to learn – video stories, skits, group discussion, reflection, group activities, take-home materials.

   • Words are expressed in People First Language and each participant is treated with respect and dignity while attending the training.

   Examples of People First Language:
   o people with disabilities – instead of the disabled
   o a person who has autism – not the autistic
   o a person with different skills – not the “low functioning”

2. Preparation

   Rule of thumb – it takes three hours of preparation for each hour of teaching.

   Remember to breathe, relax and be kind to yourself: Knowledge, attitude and skills will come over time. The Awareness and Action Training Curriculum is designed with
a specific outline for the trainers to follow. It is a *script* for the trainers. It helps the trainers stay focused. Key points for preparation:

- **Have the right equipment and materials**
  
  Materials, handouts and equipment are essential to help the trainer be successful. A Preparation Checklist is provided at the end of the Trainer Guide.

- **Being organized**
  
  - Trainers have different tools to use while teaching: PowerPoint, videos, skits, and activities. Training materials need to be kept in a folder, in the right order and brought to each training. Follow along with the training curriculum and PowerPoint as you train. Realize at some point you will lose your place in the training and these tools will help you get back on track. Don’t panic! It is something that just happens.
  
  - Trainers need to arrive to the training location one hour before the training starts.

- **Accessibility and Accommodations**
  
  - Assure training site is wheelchair and bathroom accessible prior to the training.
  
  - Assure driving and public transportation directions are correct ahead of the training.
  
  - Make sure requests for reasonable accommodations have been addressed, such as interpreters or large print.
  
  - Make sure the room is set up to support the training, including audio visual equipment, tables, chairs, lighting, temperature, etc…
  
  - Make sure the trainers have enough space to move around the room easily.
  
  - Arrange for a private space for participants to go if they become too emotional to stay in the class.
  
  - Arrange for water to be available for trainers and participants.

3. **Practice – Practice – Practice**

- **Important things to think about when you practice:**
  
  - Breathe – practice breathing because sometimes when we talk we forget to breathe. It will help you stay on track and remind you to pause to see if a participant has a question.
  
  - Eye contact – practice looking at people eye to eye, but be sensitive to not get too close. Look for friendly faces in the audience.
  
  - Speak clearly and loudly – practice listening to yourself by using a tape recorder. The trick is to speak loudly so the
participant in the back row can hear you and the participant in the front row doesn’t think you are shouting.

- Facial expressions and gestures – practice in front of a mirror or with a video camera so you can make sure you are smiling (not frowning), not pointing at participants, folding your arms in front of you, or putting your hands on your hips.

- Positioning yourself – practice moving around to see what position works best for you when training. For examples:
  - If you use a wheelchair, make sure you have enough room to move around so you can see all the participants and have access to your training material.
  - If you use crutches or a walker, know when is the best time to stand and sit. You don’t want to expend all your energy in the first hour of the class.
  - If you use an augmentative communication device, make sure it is working, you have extra batteries if necessary, and if appropriate, key words are programmed in prior to class.
  - If you use sign language and/or gestures, make sure you have interpreters.

- Remember, our stamina affects our breath which affects our voice which affects our tone.

- Remember to practice People First Language!

- Remember, when a participant has a visual impairment the trainer needs to describe the pictures and the videos. This can also be done by a support person sitting next to the participant.

### Being Confident – Tips to Prevent Stage Fright

- Practice in front of someone you trust
- Practice in front of the mirror
- Be early for the training (one hour before)
- Eat something before the training but not too much
- Take deep breaths
- Dress in light clothes to prevent sweating (wear layers for easy removal if you get too hot and have a sweater/light jacket if you get too cold)
- Get enough sleep the night before
- Make sure your cell phone is off
- Ask participants questions or have participants ask questions
- Don’t be afraid to admit that you forgot what you were going to say
- Don’t be afraid if you do not know the answer

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2 Modified from the Speaking in Front of Groups Curriculum, Blue Tower Training Center, 2007
o If people you know are attending the training, know whether they will be supportive or not
o Create a mantra – say to yourself:
  ▪ I’m glad I’m here
  ▪ I’m glad they’re here
  ▪ I know what I know
  ▪ I care about them
o Think positive and smile
o Remember it is not what the trainer says but what the participants hear

4. Trainer Roles

The Training Team is comprised of three to five trainers with diverse professional and training backgrounds. For example, a four person training team includes two trainers who have disabilities. Trainers with disabilities can be lead, co-trainer or support trainers. The trainers:

- Identify team roles prior to the training so trainers are prepared
- Are knowledgeable about each role and able to step in to help out on short notice
- Present the challenging topic of abuse
- Provide a high level of interaction with the participants
- Work with the emotions of both the trainers and the participants that may occur during the training

There are three trainer roles for the Awareness and Action Training Curriculum. They are:

- **Lead Trainer** is the main trainer and takes responsibility to:
  - Train all sections of the curriculum
  - Set the tone for the training
  - Make sure the equipment works
  - Address issues of confidentiality
  - Facilitate small group work
  - Answer questions as needed
  - Move the agenda forward
  - Make decisions within the training as needed
  - Assume other tasks as decided by the trainers in preparation for the training
• **Co-Trainer** assists the lead trainer and takes responsibility to:
  o Train all sections of the curriculum
  o Handle registration assisting people to sign in and get a name tag
  o Help the lead trainer if they get stuck on a topic or lose their train of thought
  o Facilitate small group work
  o Monitor time
  o Write on the chart paper
  o Pass out handouts
  o Support participants with the course content should they need the help

• **Support Trainer** takes responsibility to support participants who:
  o Become emotional in the training
  o Want to talk all the time
  o Need support to leave the room
  o Need to file an abuse report with Adult Protective Services
  o Need to learn about community resources that can help

The Awareness and Action training will be attended by a diverse population of learners. For some participants their life experiences offer unique learning challenges and can make active participation a challenge. Having a support trainer dedicated to helping participants with emotional challenges gives everyone the best opportunity to learn.

NOTE: Important National Resource information is located at the end of the Trainer Guide and Participant Workbook. Trainers should gather state and local resources and distribute to participants.

5. **Dress For Success**

It is important to dress well and have good hygiene during all training sessions. Trainers should:
• Get plenty of sleep the night before
• Take a bath or shower
• Have a clean shaven face or neat and trimmed mustache or beard
• Brush teeth
• Wash and comb hair
• Use deodorant
• Eat healthy
• Wear comfortable shoes
• Stay home if sick
• Check yourself in front of the mirror before leaving the house

“You never have a second chance to make a first impression.”
6. **Time is of the Essence**

Each training takes three hours and can be completed in one or multiple sessions. Time has a way of going by really fast. Trainers are always saying, “Where does the time go?” Several key points trainers need to do regarding time are:

- Make sure you have a ride, good directions, and listen to local radio or TV stations for traffic reports and weather.
- Be one hour early for the training.
- Assign a trainer as the timekeeper and a signal to let the trainer know when it is time to move to the next subject.
- Create a signal with a co-trainer to get back on track.
- Practice the material so you know how long each activity, skit or video takes.
- Plan for breaks in the training so participants can take the time to stretch, go to the restroom or relax a bit.

7. **PowerPoint Whiz**

PowerPoint is used in the training to provide a visual presentation of the key information discussed. The equipment lets the trainer project this information in a large way, usually on a screen or a white wall. This can make it easier for some participants to see and follow along. PowerPoint uses slides to show the information. It is displayed in an outline format. It is not recommended to give participants a copy of the PowerPoint slide presentation.

PowerPoint helps the trainer stay on track. At some point in the training the discussion will take the trainer away from the topic. The PowerPoint outline redirects trainers and participants back to the topic.

There are two key points when using PowerPoint:

- **First** is setting up the equipment. To use a PowerPoint presentation, the trainer needs:
  - Laptop computer
  - LCD Projector
  - Speakers for sound
  - Table
  - Clear wall or screen
  - Extension cord
  - Power strip
Remote control to change the slides (optional – as you can use the arrow keys on the laptop to advance the slides)

Use PowerPoint during practice sessions to become comfortable with setting it up. Set up the equipment so that the trainers or participants are not tripping over the electrical cords.

Second is teaching with PowerPoint. The biggest challenge to teaching with PowerPoint is that the trainers tend to look at the slides on the wall and not at the participants.

- A trainer should avoid turning their back to the participants. Participants will have a difficult time hearing the trainer. This takes a lot of practice.
- It’s okay to look at your slide before speaking but do not read the slide with your back to the participants. If you need to look at the slide, refer to the slide shown in the curriculum or on the laptop screen.
- You can change your slides using the remote control or the arrow keys on the laptop.
- Having the slides printed out and in front of the trainer for use also helps. The trainer can use the Trainer Instructions described in the curriculum for guidance.

PRACTICE PRACTICE PRACTICE

8. Facilitation

- Connecting with your audience
  - Each audience will be different. Some participants will be talkative or more outspoken than others. For some participants it may take a while to get comfortable. The topic of abuse may also impact audience participation. It helps to introduce yourself before the training and in the beginning. Chat with participants during the breaks.
  - Move around while training. Do not stand behind a table or podium. Stand while training and sit only as necessary. Acknowledge what a participant is saying by making eye contact and nodding your head. Avoid turning your back to participants.
  - It is encouraged that a participant brings a significant person or someone they are comfortable with to the training. This person also becomes a participant in the training. A trainer needs to use their expertise to make sure the support person does not speak for the participant but helps the participant be an active learner.

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3 Modified from the Taking Charge: Responding to Abuse, Neglect, and Financial Exploitation” Curriculum developed by the Institute on Disability and Human Development, Department of Disability and Human Development University of Illinois at Chicago, 2002.
• Asking Questions

Questions are a way to have participants more involved in the training. When asking questions, give the participants time to answer. Keep questions short and open-ended. An open-ended question usually starts with who, what, when, where, how and tell me. Avoid why questions until you get really good.

Examples:

- “What are the common types of abuse?”
- “How do you notice things around you?”

Participants process information in different ways. You can:

- Ask the question, write it on chart paper and show a picture of what you are asking. Remember, when using pictures, describe it or have a participant describe it so everyone knows what they are looking at.
- Repeat the question, but do so only once. Don’t wait too long though.
- Ask a co-trainer to help out.
- Provide an answer and ask for a show of hands for those who agree or disagree with the answer.

• Answering Questions

- Encourage participants to ask questions. When answering questions, try to answer by using the material from the Awareness and Action Training Curriculum. It provides a nice consistency for everyone to get the same message. It’s okay if you do not know the answer. **However, do not make up an answer.**

- Ask a co-trainer or another participant to help. If no one knows the answer let the participant know that you will get the answer and contact them in a few days. During the break make sure you get the participant’s name and phone number or email address and find out the best way to connect.

- When answering the question, make sure other participants know the question and repeat if needed. Make eye contact with the person asking the question. If you do not understand the question, ask the participant to repeat it or ask if someone in the audience or a co-trainer can help out.

Examples:

- “I’m not sure I understand the question. Could you ask it again in a different way?”
- “I’m sorry, I don’t understand. Could someone help me understand the question?”

- Be careful of questions asked when the participant disagrees with your answer or the participant says “I have a question” but states an opinion instead of a question. Again, stay with the training curriculum information. Try not to engage in a lengthy discussion because other participants lose interest and time is ticking away from other important topics. It is okay to say, “That is a
difficult question; let’s talk more about it during the break.” Remember, do not
tell participants what they should do. A trainer does not have all of the
information to be making decisions.

- **Facilitating A Discussion: Expect the Unexpected!**

Facilitating a discussion among participants and trainers can be difficult. The
purpose of facilitation is to keep the conversation going to deepen the participants
understanding of the topic. The trainer will become better at facilitation with
practice, confidence and knowledge of the topic. The following are some
facilitating techniques:

- Listen to the comments of the participant. Restate the comments to make sure
everyone heard what was said.

- Provide feedback on how the comment relates to the topic of recognizing,
reporting and responding to abuse.

- **Example:** “That’s a really good example of when to call 911.”

- Trainer asks a related question: “Are there other examples of when to call 911?”

- Trainer asks another related question: “When does a person call APS and/or
911?”

- Trainer may need to stop the discussion because of time or moving away from
the original discussion:

  - “There was a lot of great discussion and examples of when to call 911 and
APS. Thank you all for sharing your ideas.”

  - “What we are talking about is important but it is getting away from the
topic. We need to stay on schedule so we can cover all the important
material. Perhaps the discussion can continue during the break.”

- Trainer needs to be aware of participants who are not involved in the discussion
and determine if they are paying attention, do not understand what is being
discussed, or if others are talking too much.

- During discussion a co-trainer writes ideas or answers on the chart paper.

- **Difficult Situations: Expect the Unexpected!**

Sometimes participants disagree with each other and there is tension in the air. The
content can be explicit and difficult for participants to hear, especially issues of
sexual and physical abuse. Sometimes participants say things that are offensive to
others, a participant may be struggling emotionally with their own abuse or the
abuse of a friend, or, a participant has a comment for everything. The following
tips may help:

- Remember to breathe and stay calm.

- Acknowledge the participant’s point of view without agreeing.

  - For example: “I can appreciate your frustration on how the program
manager does not listen. It must be tough for you. However, we need to
keep focused on the topic. We do have a private space if you would like to
go there with a support trainer. Or if you would like to stay you may learn some ways to become more empowered to address your issues.”

- For example: “Everyone has different ideas and experiences. I’m pleased you are willing to share your thoughts. As a matter of fact, we want everyone to share his or her ideas. But it is important that we do it in a way that is respectful of one another.”

- For example: “You’re right, there are several ways of looking at the same situation. In this workshop, we want to emphasize how important it is to believe the person when he or she says she has been abused.”

**Brainstorming: Expect the Unexpected!**

- Brainstorming is a common way for participants to participate in a discussion but it occurs in a short period of time.

- Brainstorming is a group process technique to generate a variety of information and gives participants an opportunity to get involved with the learning activities of the training.

- Brainstorming gives the trainer some idea of what a participant may know, how a participant communicates, and if a participant may need support throughout the training.

- Trainer or co-trainer writes what each participant shares and *does not correct participants’ answers while brainstorming.*

- Trainer clarifies information, if needed, at the end of the activity and makes sure key points have been identified.

9. **Getting Better All The Time**

- **Practicing**
  The trainer continually strives to be the best teacher possible. This takes lots of practice. *Practicing* gives a trainer a level of knowledge and comfort with the topic. One should not worry about practicing too much. But practicing is only the **first** step in the process of **getting better all the time.**

- **Sharing Knowledge**
  The **second** step in the process is for the trainer to **share** that knowledge with participants in a class or workshop framework. Training isn’t about what the trainer says. It is about:

  - What the audience hears
  - What the audience practices in class
  - How the audience acts in everyday life in recognizing, reporting and responding to abuse
• **Participant Feedback**

The **third** step in the process is **feedback** from each of the participants. In the Awareness and Action Training Curriculum, the trainer receives feedback from the participants:

- **Informally** the participants will let the trainer know how the training went, if skills were learned, and how the trainer could get better.

- **Evaluation** is completed by the participants at the end of the session. Specific questions are asked to let the trainers know how well the participants grasped the content of the training, knowledge of the trainer, and comfort of the training location.

  The evaluation is a very important part of the training. It is not a test. The evaluation information is important for the trainers to know what participants are learning, for trainers to strengthen their training skills, and for the trainers to modify the training content.

  Everyone who attends the training completes an evaluation. This includes support staff, family members, or other guests. Trainers and support staff can help participants complete the evaluation by reading, explaining and circling the answer the participant gives, but they cannot answer the questions for the participant or change their answers.

  An evaluation form is handed out to each participant. Each evaluation question is shown on the PowerPoint slide and is read by a trainer giving participants enough time to answer.

These are all important ways to determine the value and effectiveness of the training and the trainers.

• **Trainer Feedback**

The **fourth** step in the process is **feedback** from each of the trainers. Trainers work together to strengthen the training team. A review is done of the three trainer roles: lead trainer, co-trainer and support trainer. As a team of trainers, there is a need to provide feedback to each other on:

- How well the training went
- What worked
- What didn’t work
- What are one or two things a trainer can do to improve for the next session

This feedback process occurs a few days after the training and should include the informal information, evaluation results, and trainer discussions on how the trainers can improve for the next session. A trainer feedback form is included at the end of the Trainer Guide.
“When people make changes in their lives in a certain area (recognize abuse), they may start by changing the way they talk about the subject, how they act about it (report abuse), their attitude toward it (respond to abuse), or an underlying decision concerning it (stop abuse).”

Jane Illsley Clark
(modified)
## Preparation Checklist

Training Date: _______________________  Training Team: ____________________________  Training Location: ______________________________________________________________

<table>
<thead>
<tr>
<th>PREPARATION</th>
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# Awareness & Action Pilot Training
## Registration/Sign-In Log

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*Trainer Guide Resources: Registration/Sign In Log*
Trainer Feedback Form

Date of the training: ________________  Training Location: ___________________________

Trainers: ______________________________________________________________________

Overall comments on the training:

Questionnaire/Evaluation results and comments:

Trainer Role Feedback:

• Lead Trainer Role:

• Co-Trainer Role:

• Support Trainer Role:

What are one or two actions to take to improve the next training?

“Whatever you think you can do or believe you can do, begin it. Action has magic, grace and power in it.” Van Goethe
Trainer Resources

To become a better trainer, it is recommended that you review the following resources.

- Awareness and Action Participant Workbook, Building Partnerships Initiative, c/o DPPC, 300 Granite Street, Suite 404, Braintree, MA 02184  OVC Grant 2007-VF-GX-K035

- Awareness and Action Training Curriculum, Building Partnerships Initiative, c/o DPPC, 300 Granite Street, Suite 404, Braintree, MA 02184  OVC Grant 2007-VF-GX-K035

- How To Speak and Listen Effectively, Harvey A. Robbins, 1992, AMACOM, New York, NY

- Protect, Report, Preserve: Abuse Against Persons with Disabilities A training video and manual on reporting suspected abuse against persons with disabilities, DPPC, 2006


- Taking Charge: Responding to Abuse, Neglect, and Financial Exploitation, University of Illinois, Chicago, Institute on Disability and Human Development, funded by a grant from the National Institute on Disability and Rehabilitation Research #H133G970124, 2002

Community resources for this training are an essential component to assure that persons who have been abused receive all the help they can. Each training team develops and shares resources that assist participants as locally as possible.

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National Resources

Americans with Disabilities Act Information Line
For information and technical assistance about the Americans with Disabilities Act (ADA) contact the ADA Information Line.
U.S. Department of Justice
1-800-514-0301 (TDD: 1-800-514-0383)
www.ada.gov

National Adult Protective Services Association (NAPSA)
The mission of NAPSA is to improve the quality and availability of protective services for adults with disabilities and elders who are abused, neglected, or exploited and are unable to protect their own interests. To find the name and phone number of the Adult Protective Service agency in your state, contact NAPSA.
217-523-4431
www.apsnetwork.org

Office of Civil Rights
Office of Justice Programs
U.S. department of Justice
www.ojp.usdoj.gov/about/offices/ocr.htm

Blindness
American Council for the Blind
1-800-424-866
www.acb.org

American Foundation for the Blind
1-800-232-5463
www.afb.org

Deafness
Alexander Graham Bell Association for the Deaf and Hard of Hearing
1-866-337-5220 (TDD: 202-337-5221)
www.agbell.org

National Association of the Deaf
301-587-1788 (TDD: 1-800-621-0394)
www.nad.org

National Institute on Deafness and Other Communication Disorders
National Institute of Health, U.S. Department of Health and Human Services
1-800-241-1044 (TDD: 1-800-241-1055)
www.nidcd.nih.gov
Registry of Interpreters for the Deaf  
703-838-0030 (TDD: 703-838-0459)  
www.rid.org

Telecommunications Relay Services  
711

**Developmental and Intellectual Disabilities**  
American Association on Intellectual and Developmental Disabilities  
1-800-424-3688  
www.aamr.org

ARC of the U.S.  
1-800-433-5225  
www.thearc.org

National Association of Developmental Disabilities Councils  
http://www.naddc.org

National Down Syndrome Congress  
1-800-232-6372  
www.ndsccenter.org

Self Advocates Becoming Empowered  
National Self Advocacy Organization  
www.sabeusa.org  
SABEnational@gmail.com

**Mental Health**  
Depression and Bipolar Support Alliance  
1-800-826-3632  
www.dbsalliance.org

National Alliance on Mental Illness  
1-800-969-6642 (TDD: 703-516-7227)  
www.nami.org

Mental Health America Help Desk  
1-800-969-6642 (TDD: 1-800-433-5959)  
www.nmha.org/infoctr/index.cfm

The National Institute of Mental Health  
http://www.nimh.nih.gov/

National Suicide Prevention Hotline  
1-800-273-8255 (TDD: 1-800-799-4889)  
www.suicidepreventionlifeline.org
Treatment Advocacy Center  
703-294-6001; 703-294-6002  
www.psychlaws.org

Older Persons 
Eldercare Locator, Administration on Aging  
U.S. Department of Health and Human Services  
1-800-677-1116  
www.eldercare.gov

National Association of Area Agencies on Aging  
202-872-0888  
www.n4a.org

Sexual Assault 
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
1-800-232-4636 (TDD: 1-888-232-6348)  
www.cdc.gov/std

National Sexual Assault Hotline 
Rape Abuse Incest National Network  
1-800-656-HOPE  
www.rainn.org

National Center for Victims of Crime  
202-467-8700  
www.ncvc.org

National Sexual Violence Resource Center  
1-877-739-3895 (TDD: 717-909-0715)  
www.nsvrc.org

Other National Victim Service Providers and Resources 
Bureau of Justice Assistance  
Office of Justice Programs  
U.S. Department of Justice  
202-616-6500  
www.ojp.usdoj.gov/BJA

COPS Office Response Center  
Office of Community Oriented Policing Services  
U.S. Department of Justice  
1-800- 421-6770  
www.cops.usdoj.gov
Families and Friends of Violent Crime Victims  
1-800-346-7555 (TDD: 425-355-6962)  
www.fnfvcv.org

Federal Trade Commission (FTC) – Identity Theft Hotline  
1-877-IDTHEFT (1-877-438-4338)  
www.ftc.gov/idtheft

National Council on Disability  
Phone Number: 202-272-2004 Voice; 202-272-2074 TTY  
www.ncd.gov

National Council on Independent Living  
www.ncil.org

National Criminal Justice Reference Service  
1-800-851-3420 (TDD: 1-877-712-9279)  
www.ncjrs.gov

National Fraud Information Center/Internet Fraud Watch  
National Consumers League  
1-800-879-7060  
www.fraud.org

National Organization for Victims Assistance  
1-800-879-6682  
www.try-nova.org

National Organization on Disability  
http://www.nod.org

Office of the Inspector General – Social Security Fraud Hotline  
1-800-269-0271 (TTY: 1-866-501-2101)  
www.ssa.gov/oig/guidelin.htm

Office for Victims of Crime  
Office of Justice Programs  
U.S. Department of Justice  
202-307-5983 (TDD: 202-514-7908)  
www.ovc.gov

Office for Victims of Crime Resource Center  
Office of Justice Programs  
U.S. Department of Justice  
1-800-851-3420 (TDD: 1-877-712-9279)  
www.ovc.gov/ovcres
Office for Victims of Crime Training and Technical Center
Office of Justice Programs
U.S. Department of Justice
1-866-682-8822 (TDD: 1-866-682-8880)
www.ovcttac.gov

Office on Violence Against Women
U.S. Department of Justice
www.usdoj.gov/ovw

United Cerebral Palsy
1-800-872-5872
www.ucp.org

The U.S. Department of Health and Human Services Office on Disability (HHS)
1-877-696-6775
www.hhs.gov/od
Key Terms

Key terms are not definitions but broad descriptions of key words. Descriptions of words were used instead of definitions as states and agencies use different definitions for many of these words.

**Abuse:** when a person with a disability is wrongfully physically or emotionally hurt by another person.

**Bullying:** when a person is mean to another person over a long period of time and hurts that person physically (hitting or kicking) or emotionally (name calling or telling lies about the person). Usually the person is unable to protect themselves. The bully uses his or her power over another person. Bullying is abuse.

**Caregiver Abuse:** when a staff person, personal care attendant, or other person who is responsible for helping the person with a disability hurts them or takes advantage of them. Caregiver abuse can happen to anyone and in any place. *Hughes, Celia M., MPA, Stop the Violence, Break the Silence Training Guide, edited by Abramson, Wendie H., LMSW, SafePlace, Morgan Printing Austin, Texas, 2000 151-152*

**Caretaker (caregiver/support person):** any individual responsible for the health and welfare of a person with a disability by providing for or directly providing assistance in meeting a daily living need regardless of the location within which such assistance occurs. *Taken from DPPC MGL Chapter 19C*

**Confidentiality:** keeping information private.

**Crime:** an act which is against the law.

**Cyber-bullying:** when a person hurts another person with words or pictures when using technology devises such as cell phones, email/internet, and chat rooms or blogging. A cyber-bully can hide his or her real identity so the person does not know who he or she is talking or texting with.

**Denial:** not letting yourself think about things that are upsetting, sad, or unpleasant. A person who is in denial might think the maltreatment (abuse) is not really that bad. *University of Illinois, Chicago, Institute on Disability and Human Development, Taking Charge: Responding to Abuse, Neglect, and Financial Exploitation, funded by a grant from the National Institute on Disability and Rehabilitation Research #H133G970124, 2002*

**Emergency:** a situation involving the presence of imminent serious physical or serious emotional injury or both to a person with a disability that requires an immediate response to protect the individual with a disability from serious injury. *Taken from DPPC MGL Chapter 19C*
Evidence: things such as a physical mark or a bruise on a person’s body, the person’s clothing that may be covered with bodily fluids, or anything that can be seen that helps the person get medical treatment and shows that a crime or abuse has been committed.

Family Violence: is violence or abuse that happens in a family. The person doing the hurting may be a relative like a brother, sister, mother, father, son, daughter, grandparent, aunt, uncle, or cousin. Or the person doing the hurting may be a boyfriend, girlfriend, partner, husband, wife, or even a roommate. The person could also be a guardian. Taken from “Stop the Violence, Break the Silence”

Fear of Retaliation: being afraid that something bad will happen to you if you tell on a perpetrator. Taken from “Taking Charge: Responding to abuse, neglect, and financial exploitation”

Financial Abuse ($): forging someone else’s signature for financial gain, cashing someone else’s checks for personal use, obtaining and misusing someone else’s bank book/card, misleading someone by providing false information about their living expenses, withholding someone’s funds, taking someone’s items such as jewelry, furniture, credit cards or other items without their permission and stealing someone’s identity for financial gain.

Mandated Reporter: is any person who in his/her professional capacity shall have reasonable cause to believe that a person with a disability is suffering from a reportable condition. Employees of state and private agencies providing services to people with disabilities are mandated reporters. Personal care attendants (PCAs), caregivers, case managers, service coordinators, support staff, police officers, doctors, nurses, dentists and teachers are some examples of mandated reporters. They are required by law to report suspected abuse, committed against persons with disabilities, to Adult Protective Services. Most states, but not all, have identified certain professionals that are required to report suspected abuse. Taken from DPPC MGL Chapter 19C

Manipulation: to make a person do something that the person does not want to do or feels uncomfortable doing. To control a person’s actions to the other person’s advantage.

Neglect: when someone does not have enough food to eat or drink and is malnourished and/or dehydrated, does not bathe regularly or have clean clothes to wear, dresses incorrectly for the weather, does not have necessary supervision or assistance, lives in unsafe housing conditions, does not receive needed medical attention or have necessary items – dentures, eyeglasses, hearing aids, walker, wheelchair, TTY (telephone communication for people who are deaf or hard of hearing) or communication board.

Perpetrator: a person who commits a crime or hurts another person. Perpetrators are often not strangers but rather support staff or someone who is close to the person with a disability. Taken from “Taking Charge: Responding to abuse, neglect, and financial exploitation”

Physical Abuse: when someone hits, kicks, punches you which may leave marks on your skin, grabs your arms, face or shoulders hard and leaves bruises, pushes you causing you to fall and break a bone, bites you, burns you with a cigarette/iron or uses an object to puncture your skin.
Power of the Perpetrator: perpetrator has a lot of control or power over the life of the victim and uses that control to meet his or her own needs. Perpetrators often have all of the power in relation to a person with a disability. Perpetrators count on the fact that the victim will not be seen as a believable witness.  *Taken from “Taking Charge: Responding to abuse, neglect, and financial exploitation”*

Preserve Evidence: keeping items so that they are not destroyed. For example: to preserve evidence a person should not bathe and should not wash their clothes if sexually abused and should take pictures of physical injuries such as marks or bruises on the body. Evidence is given to a trusted person such as a support worker, a nurse or a police officer. Evidence can help show that a crime has been committed.

Rape (Massachusetts legal definition): (C265,S.22) Whoever has sexual intercourse or unnatural sexual intercourse with a person and compels such person to submit by force and against his will or compels such person to submit by threat of bodily injury, shall be punished by imprisonment in the state prison.

Includes three criteria:
- Any vaginal, anal or oral penetration by a penis, or other body part, or object.
- Lack of consent: may be communicated by any verbal or physical sign of resistance. Is present when victim is unable to give consent due to age, mental status (i.e. incapacitation resulting from drug or alcohol intoxication, unconsciousness, and severe mental handicap).
- Threat or actual use of force.

Massachusetts Law amended 1974
New law includes: Both genders

Self Blame: blaming yourself for something that has happened. Remember abuse is not your fault. *Taken from “Taking Charge: Responding to abuse, neglect, and financial exploitation”*

Sexual Abuse: when someone touches/hurts you in a private place (breast, vagina, penis, buttocks) on your body without your permission, asks you to touch them in a private place on their body, threatens to do something bad to you or to someone you care about if you don’t do what they want or promises to give you things (like money or candy or gifts) if you do what they want (penetration, molestation, exploitation).

Survivor: a person who has been hurt by violence or abuse and has lived through it. A survivor can go on to live a full and happy life. *Taken from “Stop the Violence, Break the Silence”*

Trust: rely upon or place confidence in someone that makes you feel comfortable. To feel confident that someone will believe you when you tell them something.

Verbal Abuse: when someone screams, shouts or yells at you, calls you names and makes you feel bad, threatens to hurt you, teases you about your disability, makes fun of you, threatens to take away food, shelter, care, clothes, possessions or necessary equipment such as a communication board, or tries to make you feel bad in front of others.

Victim: a person who has been hurt by violence or abuse. Anyone can be a victim of violence or abuse. Sometimes the person doing the abuse is a stranger. But it is usually a person you know.
He or she can be a friend, neighbor, family member, support staff, van driver, teacher, etc.  
*Taken from “Stop the Violence, Break the Silence”*

**Violence:** when someone hurts another person on purpose. The person may be hurt a little bit or very badly. *Taken from “Stop the Violence, Break the Silence”*

**Warning sign:** a message that something may be wrong and that action may need to be taken.  
*A red flag!* Regarding abuse there are physical, verbal and behavioral warning signs that a person may be abused. Examples are:  
Physical – wounds, bruises, bleeding or bite marks  
Verbal – name calling, screaming, teasing  
Behavioral – crying, difficulty sleeping, weight gain or weight loss

**Wrongfully:** a person is not treated right, fairly or justly.
"Educating persons with disabilities on recognizing, reporting and responding to abuse"

CURRICULUM

Grant No. 2007-VF-GX-K035 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position of the U.S. Department of Justice.
Learner Outcomes:
In this training participants will learn:
- What is abuse
- The five common types of abuse
- How to recognize the warning signs of abuse for yourself and others
- The importance of having people in your life that you can trust
- Who to report abuse to and why it is important to report
- How to respond in an abusive situation for yourself and others

Training Materials to be used in Section 1:
- Laptop, LCD Projector, and PowerPoint Presentation
- Easel, chart paper, markers
- Name tags
- Popcorn skit video or Popcorn skit props – 2 chairs, Styrofoam popcorn and containers, 1 umbrella, 4 actors
The purpose of the Awareness and Action Training is to educate persons with disabilities and others to recognize, report and respond to abuse. People with disabilities and others will have a better opportunity to be safer and more active in their communities when they learn the skills to recognize, report and respond to abuse.

**Introduction**

Introduction Training Time: 15 minutes

**Trainer:**

- Welcome participants to the Awareness and Action Training, a training to educate persons with disabilities and others to Recognize, Report and Respond to abuse.
- Inform participants that this training was developed by persons with disabilities in partnership with professionals who respond to abuse.

**Trainer:**

- The introduction activity should take about five minutes.
- Introduce yourselves to the participants.
- Make sure all participants have picked up their name tags at the registration table and are wearing them.
- Ask all participants to wear their name tags throughout the training.
- After introducing yourselves, ask each participant to say his/her name and something they like to do.
Trainer:
- Ask participants to please turn phones and beepers off or put on vibrate.
- Point out the location of bathrooms and room exits.
- Tell participants when and where breaks will be held.

Trainer:
- Explain that today we will be discussing a very important issue — Abuse.
- Introduce the agenda by explaining that the training will be taught in five sections.
- Let participants know that the first section is on Introduction to Abuse.

Trainer:
- Tell participants the second section is about Recognizing Abuse.
**Trainer:**

- Let participants know that they will learn about Reporting Abuse in the third section.

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**Trainer:**

- Let participants know that during the fourth section they will learn about Responding to Abuse.
- Let participants know that they will receive resources to help them address this difficult topic both in the training and at the end of the training to take home for further study and to share with others.

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**Trainer:**

- Let participants know that the fifth and final section is the Training Summary where the trainers will conduct a brief overview of the training. The participants will also complete an evaluation, receive a certificate of attendance and be given a number of handouts, including a backpack and video to take home.
Inform participants that as a result of this training, participants will learn:

- What is abuse?
- Five common types of abuse
- To recognize the signs of abuse for yourself and others
- Who are people you can trust
- Who to report abuse to
- How to respond to abuse for yourself and others

Tell participants they are learning how to Recognize, Report and Respond to abuse.
Popcorn Skit

Popcorn Skit Training Time: 2 minutes

The primary purpose of the Popcorn Skit is to establish the importance of being prepared to deal with abuse. The skit uses humor to introduce a difficult topic and to immediately engage and capture the audience.

Well before the day of the training, the training team needs to decide whether it will perform the skit live or show the video clip. If a live skit is performed, the team should practice the skit in advance for maximum effect. There is no substitute for practice! Trainers should practice this skit several times before performing it live and have the room set up to conduct the skit prior to the start of the training. The Popcorn Skit takes about two minutes to complete.

Trainer:

- Explain to the participants that they are going to see a live skit (or video clip if the skit will not be done in person) that will show them why it is important to learn and know about abuse.
- If a live skit is performed, refer to the Popcorn Skit directions below. After the live skit is performed, press the ‘SKIP’ icon on the screen to advance to the next slide.
- If a training team chooses not to perform the live skit, press the ‘PLAY’ icon on the screen to show the skit through the video clip.

Popcorn Skit—Why Learn About Abuse?

Introduction and setting:

In this skit, two people (Actor 1 and Actor 2) are sitting in chairs angled towards each other and facing the audience talking about the importance of being prepared to deal with abuse. Actor 1 argues that people need to be prepared to handle abuse. Actor 2 thinks that being prepared for abuse is a big waste of time – that abuse to persons with disabilities is NOT a problem at all. Actor 3 and Actor 4 are standing behind Actor 1 and Actor 2 pretending to be eating popcorn.
(use Styrofoam packing material) out of large popcorn containers. Actor 1 and Actor 2 are not aware of the two people standing directly behind them eating popcorn. Actor 1 has an umbrella in his/her lap (ready to open). As the debate over the need to be prepared for dealing with abuse rages and escalates between Actor 1 and Actor 2, Actor 1 slowly raises an umbrella over his/her head. As the debate reaches a peak or high point (symbolized by Actor 2 loudly stating that there is no need to prepare for abuse) both people standing behind the actors slowly pour the popcorn over the heads of Actor 1 and Actor 2. Actor 1 (who made the ‘being prepared’ argument) is protected by the umbrella, while Actor 2 (who argued no need for preparation) gets popcorn dumped on his/her head. The trainer illustrates the point that people need to be prepared for abuse!

**Needed props:**
- Two (2) chairs
- One (1) umbrella
- Two (2) large popcorn containers filled with Styrofoam packing materials
- Four (4) actors: Two (2) actors with speaking roles and two (2) silent popcorn pourers – timing is important!

**Skit Script:**
Actor 1: “We have been talking a lot about the topic of abuse to persons with disabilities lately – how abuse is a big problem and how we all need to be ready to recognize, report and respond to abuse if abuse happens. What do you think about all that?

Actor 2: (with sarcasm in his/her voice) “Yeah, yeah, we’ve been talking about abuse. But I think its all been just a big waste of time!! Abuse isn’t a problem. Why waste our time being prepared for it?

Actor 1: (with emphasis) “Not a problem? A waste of time? You must be kidding me! Abuse is a BIG problem! People with disabilities are abused and they are abused more than people without disabilities. You’re wrong – abuse is a big problem, and we need to be ready to deal with abuse if abuse happens!”

Actor 2: “Like I said, as far as I’m concerned, there is simply no need to be ready to deal with abuse – it’s NOT a big problem. It’s a big waste of time. Abuse won’t happen to me. I can’t imagine why we would waste our time talking about this subject. What a waste of time ….”

When Actor 2 says, “What a waste of time,” Actor 1 raises the umbrella over his/her head. As that happens, Actor 3 and Actor 4 pour the popcorn (or Styrofoam) over the heads of Actors 1 and 2. Actor 1’s head is protected by the umbrella whereas Actor 2 gets popcorn (or Styrofoam) on his/her head – and is obviously not prepared or ready to deal with abuse.

Upon completion of the Popcorn Skit, the team members should clean up the ‘stage’ and spilled Styrofoam (popcorn) while the lead trainer steps forward to discuss the purpose of the skit.
Trainer:
- State that although the skit was funny and trainers are pleased the participants enjoyed it, it is important to remember the point of the skit – to be prepared for dealing with abuse.
- Explain that abuse of persons with disabilities is a very real and very serious topic.
- Emphasize that Actor 1 (use name) was correct. People do need to be ready to deal with abuse – whether it happens to yourself or your friends.
- Explain how the skit shows us why it is important that everybody needs to be ready to recognize, report and respond to abuse and this is what will be covered in the training.
- Let participants know that they have the right to be safe and not be abused.

Trainer:
- Explain that everyone is vulnerable to abuse but persons with disabilities are more likely than others to be abused.
- Explain that according to one study nine out of ten persons with developmental disabilities will be physically or sexually abused at some point in their lives.

Trainer:
- Explain that the study also states that five out of nine people will be abused 10 or more times.
- Explain that providing participants with knowledge about abuse may help individuals with disabilities and others to recognize abuse earlier, plan for safety and stop it.

*Awareness and Action Curriculum: Section 1 – Introduction to Abuse*
**Trainer:**

The subject matter of abuse can be difficult to talk about and some participants may have an emotional reaction. In advance of the training, the training coordinator must ensure that a ‘private space’ is available for participants who need to leave the training. The language used will be explicit – body parts will be named such as penis for a man and vagina for a woman when speaking about sexual abuse. When name calling is described, uncomfortable words will be said to explain how they can be abusive. If a participant becomes upset during the training, he or she may go to a private space.

- Tell participants that abuse is a difficult topic – it can be scary and hard to talk to other people about.
- Explain that:
  - Words, pictures, videos and stories used in the training may be upsetting.
  - The videos may be difficult to watch.
  - The individuals in the videos are actors and no one was hurt during the making of the video.
  - No participant is required to stay if the training becomes too uncomfortable or they need to share personal information.
  - If a participant becomes upset, he or she may go to a private space.
  - If a person is abused, they should not blame themselves, and it is NOT their fault.
  - Resources are available to take home.

**Trainer:**

- Tell participants:
  - Trainers are not trained to address individual problems.
  - People might be tempted to tell personal stories of abuse. However, this is not the setting to talk about personal stories.
  - There is not enough time in the training for everyone to share their own stories.
  - A trainer is available during and after the training to assist with or arrange for reporting incidents of abuse if that is necessary.

- As personal stories are important and reporting abuse is important, the trainer will tell participants who they can report their personal stories to in the Reporting Section of the training.
Trainer:
- Tell participants:
  - Not to share personal information about themselves or others in the training.
  - If personal information is shared, not to share this with others outside the training.
  - Examples of personal information are: name, address, phone number, Social Security number, stories about abuse.

Trainer:
- Tell participants:
  - All trainers are mandated reporters, which means, they are required by law to report abuse or neglect shared during the training to Adult Protective Services (APS). Mandated reporters and APS will be discussed in more detail later in the training.

Trainer:
Breathing Exercise Training Time: 2 minutes
- Tell participants that the next section covers a difficult topic called Recognizing Abuse.
- Explain that the participants will participate in a Breathing Exercise to help them relax before they continue.
- Tell participants:
  - Together let’s breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Now breathe regularly.
  - Let’s do it again. Breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - By taking deep breaths, it helps us to relax and keep focused.
  - At any time during the training, participants can repeat the breathing exercise or go to the private space.
- Read the quote on the PowerPoint slide.
- Now we are ready to continue learning.
SECTION 2

RECOGNIZING ABUSE

Learner Outcomes: In recognizing abuse, participants will learn:
- How to describe abuse
- To identify the five common types of abuse
- To describe the warning signs of abuse

Training Materials to be used in Section 2:
- Noticing Activity Kit
- Green and Red Flags – use red and green paper if flags are not available.
- 5 Abuse Video Clips
- 1 Verbal Abuse Warning Signs Video Clip
Recognizing Abuse

Recognizing Abuse Training Time: 60 minutes

At this point, the trainer makes the transition from the introductory section to content. The section on Recognizing Abuse is the longest of all the sections. This section will take about 60 minutes (one hour) to complete.

**Trainer:**
- Introduce this Section by explaining that participants will learn about recognizing abuse.
- Explain that participants must be able to understand what abuse is before they can respond effectively to it.

**Trainer:**
- Inform participants that as a result of this section of the training, participants will learn:
  - To describe abuse
  - To identify the five common types of abuse
  - To describe the warning signs of abuse
  - Remind participants they are learning how to Recognize, Report and Respond to abuse

**Trainer:**
- Explain to participants that
  - When they use their senses and are alert in their environment, they have greater knowledge and ability to recognize when they are in a situation that can be hurtful.
  - We see, hear, feel, touch, smell and taste much more through our five senses than we think or know we do.
To help participants pay more attention to their senses, the trainers are going to talk about our five senses.

Not everyone may have use of all of their five senses. If they don’t they may rely on their other senses more. For example, someone who is blind may rely on their sense to touch and feel.

**Trainer:**
- Explain to participants that seeing is one of our five senses. We see through our eyes.

**Trainer:**
- Explain to participants that hearing is another one of our senses.

**Trainer:**
- Explain to participants that touching and feeling things is another one of our senses.
- Explain that, in addition to touching and feeling things, we sometimes get feelings inside of us when something is not okay – through our intuition or when we have a gut feeling; we sense something is wrong.
**Trainer:**
- Explain that the fourth sense we experience is smell. Ask the participants if they remember smelling anything as they came into the training room.

- Explain to participants that the fifth and last sense is taste. When we eat or drink something we can taste it. We can taste whether it is chocolate or a turkey sandwich.
  - Through our senses, we constantly observe and notice what is going on around us and respond to it. For example: ask participants if they could smell coffee when they came in or if they noticed what color the sky was today. Sometimes we are not even aware of how much we do sense, we do notice, and do recognize.
  - In order to recognize, report and respond to abuse effectively, it is important to be able to notice details and trust in what we notice. This means believing in yourself and believing in what you see, hear, touch, feel, smell and taste.

**Noticing Activity**

**Noticing Activity Training Time:** 10 minutes

The trainer will introduce the Noticing Activity—How to Stay Alert. The primary purpose of the Noticing Activity is to teach participants the importance of using our senses and noticing things around us.

The Noticing Activity Kit contains items that represent all 5 senses – Hear, See, Smell, Taste and Touch. The kit includes the following items:
- Bird, Bells, Container of Buttons (**Hear**, See, Touch)
- Animal, Roll of Ribbon (**See**, Touch)
- Candle, Artificial Flowers (**Smell**, See, Touch)
- Artificial Fruit (**Taste**, Touch, See)
- Googly Worm, Dice, Sandpaper (**Touch**, See)
Trainer:

- Place items from the Noticing Activity Kit on a tray and walk around the room.
- Tell participants they can look at the items but they cannot write anything down.
- Ask participants to closely notice the items — participants may touch the items.
- After a few minutes, cover the items.
- Pass out paper and pens and ask participants to write down, draw or tell someone what they noticed on the tray.
- After the participants have had time to write down, draw or tell someone what they noticed from the tray, ask the participants to share their answers with the group.
- Write answers on chart paper.
- Explain that by seeing, hearing, smelling, touching and tasting we are able to notice. Provide examples:
  - Apple: we can see its red color, we can taste that it is sour, we can feel that it is smooth, we can hear ourselves bite into an apple.
  - Candle: we can smell its scent, we can see its color.
  - Bird: we can hear a bird chirp, we can see it fly and see its color.
- Ask the participants what they noticed about the other objects using their senses and record their responses on the chart paper.
-Remind participants that what they notice around them will help them in recognizing abuse.

Examples of Abuse Training Time: 6 minutes

- Before starting to teach the participants about recognizing abuse, the trainers will introduce a brainstorming activity to determine what participants already know about the topic of abuse.
- Hand out the red and green flags. Use pieces of red and green paper if flags are not available.
- Ask participants to give examples of abuse and remind participants not to share personal stories.
- For this activity, it is important NOT to correct participant’s examples of abuse – even if the example provided is not consistent with the concept of abuse. Remember, the trainer is just trying to figure out what the participants think abuse is and to get participants comfortable talking in front of others. There is no need to correct participants’ responses during this exercise.
• If an example of abuse provided is CLEARLY a good example of abuse (such as rape) trainers – let participants know that they provided a good example!

• The co-trainer writes responses on the chart paper.

• After five (5) or ten (10) examples have been provided and recorded, the chart paper should be placed on the wall.

• Explain to the participants that the trainers will return to their examples throughout the training.

**Red and Green Flag Activity**

• Use red and green paper if flags are not available.

• After the examples have been given and are written on the chart paper, refer to the list and ask the participants to EITHER:
  - Raise the RED flag if they think the example is abuse, OR
  - Raise the GREEN flag if they think the example is NOT abuse.
  - Encourage participants not to look around to see which flags others are holding up, but to take as much time as they need to make their own decision.
  - If the participant has difficulty using the flags because of visual, motor or other challenges provide assistance. For example: if an individual is unable to hold the flags, they can use their voice instead by calling out red flag or green flag. If an individual has vision loss, ask the individual if they need assistance identifying the colors of the flag and suggest they hold the red flag in the left hand and the green flag in the right hand. Ask them to raise the left hand if they think it is abuse and the right hand if they think it is not abuse.

After the trainers have learned what the participants think abuse is, it is now time to teach the participants about recognizing abuse.

**Trainer:**

• Explain that abuse is not always easy to describe.

• Explain that, for the purpose of this training, ‘abuse’ is described as, “A person with a disability who is *wrongfully* physically or emotionally hurt by another person.” Wrongfully is when a person is not treated right, fairly or justly. For example: John unfairly punished Jim for not finishing his dinner. Jim was treated wrongfully.

• Explain that in this picture someone is getting their hair pulled. They are physically hurt by the hair pulling. Perhaps the person may yell out in pain or cry.
**Trainer:**
- Explain that it is important to understand that people experience both physical hurt and emotional hurt. Sometimes it is easier to recognize physical hurt and more difficult to notice or recognize the emotional hurt. Emotional hurt is as serious as physical hurt.
- Explain that in this picture someone is being yelled at. Through facial expressions we can see, we notice that the person is upset and about to cry. The person is emotionally hurt by the yelling.

**Trainer:**
- Explain to the participants that to help people understand what abuse is, the trainers are going to teach the participants about five common types of abuse.
- Using the PowerPoint slide inform the participants of the five common types of abuse that will be discussed
  - Physical
  - Sexual
  - Neglect
  - Verbal
  - Financial $
- Explain that each type of abuse is discussed separately and is described using pictures, videos and through discussion.

**Trainer:**
- Explain to the participants that the first type of abuse we will learn about is physical abuse. Someone hitting someone, like in this picture, is an example of physical abuse.
**Trainer:**

- Explain to the participants that the second type of abuse we will learn about is sexual abuse. Someone touching someone in a private place on your body is an example of sexual abuse.
- Remind participants that when teaching sexual abuse, the language used is explicit and the pictures are detailed – body parts will be shown and named, such as penis for a man and vagina for a woman.
- Explain that the example in the picture shown on the PowerPoint slide is an example of someone touching someone’s breast. If someone touches your breast and you don’t want your breast touched, it is sexual abuse.

**Types of Abuse**

- Physical
- Sexual

**Trainer:**

- Explain that the third type of abuse going to be discussed is neglect.
- Explain that the person in the picture has been neglected as he hasn’t been allowed to bathe or shower or wear clean or appropriate clothes. He also has wounds that have not been treated.

**Types of Abuse**

- Physical
- Sexual
- Neglect

**Trainer:**

- Explain that the fourth type of abuse going to be discussed is verbal abuse. Verbal abuse is when someone yells, swears and calls you names.

**Types of Abuse**

- Physical
- Sexual
- Neglect
- Verbal
Trainer:

- Explain that the fifth and last type of abuse going to be discussed is financial abuse. Financial abuse occurs when someone takes your money or property without your permission.
Physical Abuse
Physical Abuse Training Time: 8 minutes

Trainer:

- Explain that, now that you have introduced the participants to the five common types of abuse, you are going to explain each type of abuse in more detail.
- Explain that words, pictures, videos and stories will be used to explain each type of abuse.
- Explain that the first type of abuse to be discussed is physical abuse.
- Refer to the description of physical abuse on the slide.
- Provide some examples listed below and refer back to answers given during the Brainstorming Activity that are described on the chart paper.
- Examples of physical abuse include:
  - hitting
  - kicking
  - punching
  - grabbing
  - pushing
  - burning
  - and other physical activities that leave marks on the skin, break bones, make internal injuries or hurt but do not leave a mark.
- Explain that participants are about to see a short video clip illustrating an example of physical abuse.
- Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.
- Show the Physical Abuse video clip by clicking on ‘PLAY’ icon on the screen in the previous slide.
**Trainer:**

- After viewing the video, ask participants the following questions and record responses on the chart paper:
  - What did you notice in the video? (Trainer: Make sure you hear from as many participants as possible. Everyone will see, hear and notice something a little bit differently.)
  - What happened in the video? (Trainer: The answer is the person was hurt, the person was physically abused.)
  - How was the person in the video hurt/abused?
- Explain to the participants that the video shows an example of physical abuse and a crime.
- Explain that next, the participants will be shown pictures using the PowerPoint to show other examples of physical abuse.

**Trainer:**

- Refer to the ‘Slapping’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of physical abuse?
- Discuss if further clarification is required.

**Trainer:**

- Refer to the ‘Biting’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of physical abuse?
- Discuss if further clarification is needed.
- Ask participants for or provide other examples of physical abuse. Record responses on the chart paper. Refer back to the list from the brainstorming activity and point out other examples of physical abuse if they are listed.
Trainer:

- Refer to the ‘Hair Pulling’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of physical abuse?
- Discuss if further clarification is needed.

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Trainer:

- Refer to the ‘Burning’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of physical abuse?
- Discuss if further clarification is needed.

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Trainer:

- Refer to the ‘Kicking’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of physical abuse?
- Discuss if further clarification is needed.
- Tell participants, “If physical abuse happens to you, it is NOT your fault.”
Trainer:

- Explain that there are often warning signs of abuse.
- Using the following four PowerPoint slides provide examples of warning signs of physical abuse:
  - scratch marks

Trainer:

- Explain that in addition to scratch marks, burns are another example of a warning sign of physical abuse.
- Explain that burns shaped like a specific object such as an iron, cigarette or electric burner are warning signs of physical abuse.

Trainer:

- Explain that bite marks are another example.
Trainer:

- Explain that bruises are another warning sign of physical abuse, especially
  - bruises or marks on several parts of the body
  - bruises that look like a specific object such as a handprint or belt buckle
  - unexplained bruises
  - wearing clothing inappropriate for the weather to cover bruises, marks, etc. (e.g. turtlenecks and long sleeves in hot weather)

- Explain that, in addition to the physical signs of physical abuse such as bruises and bite marks, there may be behavioral warning signs as well. People respond differently to abuse. For example, some people may cry a lot while others don’t, or some people may eat more while others eat less. Changes in someone’s behavior are going to be discussed in more detail later in the section.

- If someone shows a warning sign, it needs to be looked at. Not every warning sign is a sign of abuse. Some warning signs may be health related. For example, increased bruising could be a sign of a medical condition.
Awareness and Action Curriculum: Section 2 – Sexual Abuse

**Sexual Abuse**

Sexual Abuse Training Time: 8 minutes

**Trainer:**

- Inform participants that the second type of abuse to be discussed is Sexual Abuse.
- Refer to the description of sexual abuse on the slide.
- Let participants know that the touching can be touching your private parts without clothing – directly on your skin or over your clothing.
- Remind participants that if they need to leave the room, there is a private space that they can go to.

**Trainer:**

- Inform participants that sexual abuse is also when you are forced to touch or look at another person’s private body parts.
- Describe the picture to the participants – the person is being made to touch someone’s private body part – they are being forced to touch a penis over the person’s clothes.

**Trainer:**

- Explain to the participants that we are going to talk about private body parts using the next four PowerPoint slides.
- Explain that the words are going to be explicit and may be difficult or uncomfortable to talk about, however, to recognize sexual abuse it is important that participants understand private body parts.
- Explain that a person’s buttocks, often referred to as a bum, butt or bottom is a private body part. Inside the buttocks is an opening called the anus. Stool, oftentimes called poop or number two, comes out of our anus. The anus is another private body part.
Trainer:
- Explain that a person’s breasts, whether you are a female or a male, is a private part.

Trainer:
- Explain that a man’s penis is a private part.

Trainer:
- Explain that a female’s vagina is a private part.
- Explain that no one has the right to touch your private body parts without your permission.
**Trainer:**

- Explain what ‘without your permission’ means to the participants. If you say no, or if you push someone away, or if someone forces or threatens you to do something you don’t want to do – it is without your permission.

- Explain what being ‘forced’ means to the participants:
  - Someone holding you down.
  - Someone grabbing you or strangling you.

- Explain what is meant by ‘threat of force’ to the participants:
  - Threats can be verbal, such as someone yelling at you or demanding you do something you don’t want to.
  - Threats can be non-verbal, such as a threatening look or stare.
  - Threats can consist of someone threatening to take away a privilege, withholding attention or withholding something important to the person.

**Trainer:**

- Explain rape:
  - Rape is when someone inserts a body part such as a finger, tongue or penis into another person’s body opening such as their mouth, vagina or anus, and this is done without your permission. Examples of rape include:
    - Finger in vagina
    - Penis in vagina
    - Penis in anus
    - Penis in mouth
  - Rape is also when someone inserts an object such as a stick or bottle into another person’s body openings such as their vagina or anus without their permission. Examples include:
    - Bottle in vagina
    - Stick in anus
  - Rape can occur between
    - A male and a female
    - A male and a male
    - A female and a female
  - If this is done without your permission or by force or threat, it is rape.

- Explain that participants are about to see a short video showing sexual abuse.
• Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.
• Remind participants that if the video is too upsetting, they can go to the private space.
• Show the Sexual Abuse video clip by clicking the ‘PLAY’ icon on the screen in the previous slide.

**Trainer:**

• After viewing, ask participants the following questions and record their responses on the chart paper:
  o What did you notice in the video? (Trainer: Make sure you hear from as many participants as possible. Everyone will see, hear and notice things a little bit differently.)
  o What happened in the video? (Trainer: The answer is the person was hurt, sexually abused.)
  o How was the person in the video hurt?
• Explain to the participants that the video showed an example of sexual abuse and a crime.
• Explain that next, the participants will be shown pictures using the PowerPoint to show other examples of sexual abuse.

**Trainer:**

• Refer back to answers listed on the chart paper to point out examples of sexual abuse.
• Using the next six PowerPoint slides, discuss examples of sexual abuse.
• Refer to the ‘Touches your private body parts’ slide and ask participants:
  o What do you see? Based on responses, trainer might need to clarify image.
  o Why is this an example of sexual abuse?
• Discuss if further clarification is required.
• Explain that, if someone touches you in a private place on your body without your permission or by force, it is sexual abuse.
• Explain that, if someone threatens to do something bad to you or to someone you care about if you don’t let them touch or look at your private body parts, it is sexual abuse.
Trainer:

- Refer to the ‘Takes pictures of private body parts’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of sexual abuse?
- Discuss if further clarification is required.
- Explain that:
  - Taking pictures of your private body parts without your permission is an example of sexual abuse.
  - Distributing pictures of your private body parts through cell phones and the internet without your permission is sexual abuse.

Trainer:

- Explain that forced kissing is another example of sexual abuse.
- When someone forces you to kiss them or forcefully kisses you, it is sexual abuse.

Trainer:

- Explain that if someone forces you to touch or look at their private body parts and you don’t want to, it is sexual abuse.
Trainer:

- Explain that if someone manipulates or tricks you into providing sexual acts it is sexual abuse. Manipulation is making a person do something that the person does not want to do to control a person’s actions to the other person’s advantage.
- For example, if someone promises to give you things like money, candy or gifts, if you let the person touch or look at your penis, breasts, vagina or they have someone touch or look at their penis, breasts, vagina, it is manipulation and sexual abuse.

Trainer:

- Explain that rape is another example of sexual abuse.
- Tell participants, “If sexual abuse happens to you, it is NOT your fault.”
Trainer:

- Explain that just as there are warning signs to help us recognize physical abuse, there are warning signs of sexual abuse.

- Provide some examples of warning signs of sexual abuse:
  - change in someone’s behavior
    - shying away from others
    - not wanting to be alone with certain people
    - difficulty sleeping
    - change in appetite
  - stained bed/bedding
  - difficulty walking
  - rectal bleeding
  - vaginal infections
  - pain in the vagina or penis area
  - torn clothing
  - bruising on the inner thigh
  - incontinence (unable to control bowels or bladder)
  - sexually transmitted diseases
  - pregnancy
  - bed wetting

- Remind participants that everyone responds differently to abuse, so warning signs will be different from person to person.

- If someone shows a warning sign, it needs to be looked at. Not every warning sign is a sign of abuse. Some warning signs may be health related. For example, increased bed wetting could be a sign of a medical condition such as an infection.
Neglect
Neglect Training Time: 6 minutes

**Trainer:**
- Inform participants that the third type of abuse that will be discussed is Neglect.
- Refer to the description of neglect on the slide and share it with the participants.
- Provide some examples of neglect listed below or refer back to answers from the Brainstorming Activity.
  - Being deprived of food or water causing malnutrition or dehydration
  - Left in urine or feces for an extended period of time causing a breakdown in the skin
- Explain that participants are about to see a short video illustrating neglect.
- Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.
- Show the Neglect video clip by clicking the ‘PLAY’ icon on the screen in the previous slide.

**Trainer:**
- After viewing the video, ask participants the following questions and record responses on the chart paper:
  - What did you notice in the video? (Trainer: Make sure you hear from as many participants as possible. Everyone will see, hear and notice things a little bit differently.)
  - What happened in the video? (Trainer: The answer is the person was hurt, the person was neglected.)
  - How was the person in the video hurt?
- Explain to the participants that the video showed an example of neglect and a crime. The person was not seat-belted in as required by law and was hurt as a result.
Trainer:

- Explain that next, the participants will be shown pictures using the next four PowerPoint slides to show other examples of neglect.

- Refer to the ‘No food’ picture and ask participants:
  - What do you see?
  - Explain if necessary: Being deprived of food which causes you to become malnourished is an example of neglect, which is a type of abuse.

Trainer:

- Refer to the ‘No water’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image, such as someone not having access to fluids and they dehydrate as a result. This is an example of neglect.

Trainer:

- Refer to the ‘No aids’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image, such as someone not having access to their wheelchair.
  - Why is this an example of neglect?
  - Inform participants that someone not having access to their aids such as wheelchairs, communication boards, hearing aids, videophones, crutches, or canes are examples of neglect and is a type of abuse.
Trainer:
- Refer to the ‘No meds’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image, such as someone not receiving prescribed seizure medication which results in someone having a seizure.
- Affirm to the participants that the example of not giving prescribed seizure medication is an example of neglect and is a type of abuse.
- Tell participants, “If neglect happens to you, it is NOT your fault.”

Trainer:
- Explain that there are warning signs of neglect and provide examples:
  - poor hygiene (body odor, tooth decay, bad breath, rash, etc.)
  - broken adaptive equipment
  - bedsores
  - lack of supervision
  - unsafe environment such as broken furniture, faulty stairs, no electricity
  - untreated medical conditions such as open wounds, lingering cough
- If someone shows a warning sign, it needs to be looked at. Not every warning sign is a sign of abuse. Some warning signs may be health related. For example, a lingering illness or new symptoms could be a sign that a medication is not working effectively.
Verbal Abuse
Verbal Abuse Training Time: 10 minutes

Trainer:
- Inform participants that the fourth type of abuse is Verbal Abuse.
- Refer to the description of verbal abuse on the slide.
- Provide some examples or refer back to answers listed in Brainstorming Activity:
  - screaming, shouting or yelling at you to make you feel bad
  - name calling
  - bullying, cyber-bullying
  - threats to hurt you
  - threatening to take away food, shelter, care, clothes, possessions or necessary equipment such as a communication board, wheelchair or crutches
- Explain that participants are about to see a short video showing verbal abuse.
- Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.
- Show the Verbal Abuse video clip by clicking the ‘PLAY’ icon on the screen in the previous slide.

Trainer:
- After viewing the video clip, ask participants the following questions and record their responses on the chart paper:
  - What did you notice in the video? (Trainer: Make sure you hear from as many participants as possible. Everyone will see, hear and notice things a little bit differently.)
  - What happened in the video? (Trainer: The answer is the person was hurt as she was verbally abused.)
  - How was the person in the video hurt? (By being yelled at and called names.)
• Explain to the participants that the video showed an example of verbal abuse which is a common type of abuse.

_Trainer:_

• Explain that next, the participants will be shown pictures using the PowerPoint to show other examples of verbal abuse.

• Refer to the ‘Yelling’ slide and ask participants:
  o What do you see? Based on responses, trainer might need to clarify image.
  o Why is this an example of verbal abuse?

_Trainer:_

• Refer to the ‘Name calling’ slide and ask participants:
  o What do you see? Based on responses, trainer might need to clarify image.
  o Why is this an example of verbal abuse?

_Trainer:_

• Refer to the ‘Threats’ slide and ask participants:
  o What do you see? Based on responses, trainer might need to clarify image.
  o Why is this an example of verbal abuse?

• Tell participants, “If verbal abuse happens to you, it is NOT your fault.”
**Trainer:**

- Explain that there are warning signs of verbal abuse.
- Provide some examples:
  - Having difficulty getting out of bed
  - Staying away from certain people or places
- Remind participants that everyone responds differently to abuse so warning signs will be different from person to person.

**Trainer:**

- Explain that another warning sign of verbal abuse is someone may hurt themselves by cutting, scratching or pulling their hair.

**Trainer:**

- Explain that changes in diet, significant weight loss or weight gain are potential warning signs to verbal abuse.
Trainer:

- Explain that changes in emotions, such as being fearful or confused, crying more often, becoming very quiet or very loud or anxious, are warnings signs that something is going on.
- Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.
- Show the Verbal Abuse Warning Signs video clip by clicking the ‘PLAY’ icon on the screen.

Trainer:

- After viewing the video clip, ask the participants what warning signs they noticed in the video.
  - The answers are: crying, sad, did not go to her self advocacy meeting, head is down, hair not brushed, does not want to go to work, tossing, turning and talking in her sleep. Mary’s behavior changed from her usual routine (no meeting or work) and her personality changed from happy to sad and crying. Mary was emotionally hurt by her caregiver. Remember, being emotionally hurt is as serious as being physically hurt.
  - If someone shows a warning sign, it needs to be looked at. Not every warning sign is a sign of abuse. Some warning signs may be health related. For example, sudden loss of appetite and weight loss could be a sign of an illness.
Financial Abuse
Financial Abuse Training Time: 6 minutes

**Trainer:**

- Inform participants that Financial Abuse is the fifth and last type of abuse that will be described in the training.
- Refer to the description of financial abuse on the slide.
- Provide some examples of financial abuse or refer back to answers listed in the Brainstorming Activity.
  - Taking someone’s personal belongings, such as jewelry or clothes
  - Using someone’s credit card to make purchases for yourself
  - Taking someone’s money
- Explain that participants are about to see a short video showing financial abuse.
- Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.
- Show the Financial Abuse video clip by clicking the ‘PLAY’ icon on the screen in the previous slide.

**Follow-up**

- What did you notice in the video? (Trainer: Make sure you hear from as many participants as possible. Everyone will see, hear and notice things a little bit differently.)
- What happened in the video? (Trainer: The answer is the person was financially abused.)
- How was the person in the video hurt?
- Explain to the participants that the video showed an example of financial abuse and a crime.
**Trainer:**

- Explain that next, the participants will be shown pictures using the PowerPoint to show other examples of financial abuse.
- Refer to the ‘Stealing money’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of financial abuse?
- Someone taking your money without your permission is an example of financial abuse.

**Trainer:**

- Refer to the ‘Stealing ATM card’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of financial abuse?
- Someone taking and using your ATM card without your permission is an example of financial abuse.

**Trainer:**

- Refer to the ‘Forging’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of financial abuse?
- Someone signing your name to a check or credit card to obtain money or purchase items without your permission is an example of financial abuse.
**Trainer:**

- Refer to the ‘Identity theft’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of financial abuse?
- Someone stealing your name to get access to your money and credit is an example of financial abuse.

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**Trainer:**

- Refer to the ‘Stealing meds’ slide and ask participants:
  - What do you see? Based on responses, trainer might need to clarify image.
  - Why is this an example of financial abuse?
- Someone stealing and selling your medication or any other belongings such as furniture or television for money is financial abuse.
- Tell participants, “If financial abuse happens to you, it is NOT your fault.”

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**Trainer:**

- Explain that there are warning signs of financial abuse.
- Provide some examples:
  - Person always pays for staff’s supper when they go out
  - Person’s bank account money is missing
  - Receipts not kept correctly or are missing
  - Representative payee not providing items the person needs
  - Person is denied access to his/her own money

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**Examples of Financial Abuse**

- Stealing money
- Stealing ATM card
- Forging
- Identity theft

**Examples of Financial Abuse**

- Stealing money
- Stealing ATM card
- Forging
- Identity theft
- Stealing meds

**Financial Abuse $ Warning Signs**

- Always pays for staff meals when eating out
- Bank account money missing
- Receipts missing or incorrect
- Rep Payee not providing needed items
- Denied access to own money
**Review**

Review Training Time: 4 minutes

**Trainer:**
- Remind participants that we talked about five common types of abuse.
- Ask the participants to name the five common types of abuse discussed.
- Write their answers on the chart paper.
  - Physical
  - Sexual
  - Neglect
  - Verbal
  - Financial $

**Trainer:**
- Ask the participants to look at the PowerPoint slide. Explain that someone is being kicked. Ask the participants what type of abuse is kicking.

**Trainer:**
- Yes, kicking is an example of physical abuse.
**Trainer:**

- Ask the participants to look at the PowerPoint slide. Explain that a picture of empty medication bottles is shown. Ask the participants what type of abuse is it when a person does not get their medication as prescribed and the person becomes ill as a result.

![Slide](image1.png)

**Trainer:**

- Yes, not getting your medication is an example of neglect.

![Slide](image2.png)

**Trainer:**

- Ask the participants to look at the PowerPoint slide. Explain that someone’s identification is being stolen. Ask the participants what type of abuse is it if someone steals your identification to get access to your money and credit.
Trainer:
- Yes, stealing someone’s identification and getting access to their money is an example of financial abuse.

Trainer:
- Ask the participants to look at the PowerPoint slide. Explain that someone is forcefully kissing someone else without their permission. Ask the participants what type of abuse it is if someone forcefully kisses you.

Trainer:
- Yes, forced kissing is an example of sexual abuse.
**Trainer:**
- Ask the participants to look at the PowerPoint slide. Explain that someone is calling someone hurtful names. Ask the participants what type of abuse it is if someone calls you hurtful names.

**Trainer:**
- Yes, calling someone hurtful names is an example of verbal abuse.
- Let participants know they have completed Section 2: Recognizing Abuse.
- State that if there are questions about abuse, they can be asked now, during the break, or after the training.

**Trainer:**
Breathing Exercise Training Time: 2 minutes
- Tell participants they have completed Section Two: Recognizing Abuse.
- Let participants know that before they go to break, that they are going to do the breathing exercise again to help them relax after this section of the training.
- Tell participants:
  - Together let’s breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - Let’s do it again. Breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - At any time during the training, participants can repeat the breathing exercise or go to the private space.
  - It is time to take a break for 10 minutes
- State that if there are questions about recognizing abuse, the trainers are available during the break or after the training.
SECTION 3

REPORTING ABUSE

Learner Outcomes: In reporting abuse, participants will learn:

- Who they can trust to ask for help
- What a mandated reporter is and to identify who mandated reporters are
- What is Adult Protective Services (APS)
- What is an emergency and when to call the police (911)
- Why it is important to report abuse

Training Materials to be used in Section 3:

- Helping a Friend skit video or Helping a Friend skit props – 2 chairs, make-up for fake bruising
- APS Reporting Card (See template in Curriculum Handouts )
- APS Key Chain (Optional)
- Trust Card (See template in Curriculum Handouts)
- Physical Abuse Reporting Video Clip
Reporting Abuse
Reporting Abuse Training Time: 45 minutes

Trainer:
- Explain that now the participants know what abuse is, the next step is to learn what to do when you
  - Notice warning signs of abuse
  - Suspect abuse
  - Recognize abuse

Trainer:
- Using the PowerPoint slide, explain that this section will focus on reporting abuse and helping participants understand that abuse needs to be reported, even when reporting seems difficult or scary.
- Remind participants they are learning how to Recognize, Report and Respond to abuse.

Helping a Friend Skit
Helping a Friend Skit Training Time: 15 minutes
This skit will be used to transition participants from the topic of recognizing abuse to the topic of reporting abuse. Unlike the popcorn skit, this skit is more serious. If the training team decides to perform the skit live, the team must practice the skit in advance for maximum affect. Well before the day of the training, the training team needs to decide whether it will perform the skit live or play the video of the skit.
Trainer:

- If a live skit is performed, refer to the Helping a Friend Skit directions below.
- Before showing the live skit or video clip, inform the participants that they are going to see a skit about a friend helping a friend who was abused. Tell the participants that, after they have seen the skit, they will be asked what they noticed. Such as, did they notice any warning signs and did they notice any types of abuse.
- Let the participants know that the purpose of the skit is to review some of the information taught in the last section and to introduce participants to information that will be covered in this section.
- If the live skit is performed, press the ‘SKIP’ icon on the PowerPoint screen to advance to the next slide.
- If a training team is not able to perform the Helping a Friend Skit, press the ‘PLAY’ icon on the screen.

Helping a Friend Skit

Introduction and Setting

In this skit, two people are sitting next to one another (facing the participants). Through the skit, it becomes clear that Actor 1 is a person that is being abused. Actor 2 is a concerned friend who recognizes warning signs of abuse and by asking questions, gets the friend (Actor 1) to admit that she is being abused. Actor 2 tells Actor 1 that the abuse should be reported to Adult Protective Services (APS) and the police. The skit is designed to transition the audience from recognizing abuse (with a focus on warning signs) to reporting abuse.

Required Props

- Two (2) chairs (should be at site)
- Props for fake bruising (make-up)
- Scripts as needed
- APS laminated reporting card
Scene
Actor 1 is sitting, and her hat is pulled down low and it is hard to see her eyes. Actor 1 is not dressed as neatly as usual. Actor 1 has a bruise on the arm, which is covered by her shirt sleeve and another bruise on her face, which is covered by her hat. Actor 2 walks by and notices Actor 1. Actor 2 sits down to talk with Actor 1.

Skit
Actor 2: “Hello friend, how are you doing?”

Actor 1: (looking sad) “Okay.”

Actor 2: “What’s going on? I have not seen you in awhile. I was worried. I have been trying to reach you. Would you like to get a cup of coffee and catch up?”

Actor 1: (looking sad) “Okay.”

Actor 2: “How are you and your boyfriend doing?”

Actor 1: (starting to cry) “We’re okay.”

Actor 2: “You look really sad. What’s going on?” (Actor 2 touches Actor 1’s arm to help her up and Actor 1 pulls back and pulls her shirt sleeve down.)

Actor 1: “Ow!!”

Actor 2: “I just saw something. What was that? Something’s not right.”

Actor 1: (arms folded) “It’s nothing. It’s just stupid!”

Actor 2: “It’s not stupid. It’s something. Why did you pull your shirt sleeve down? I just saw a bruise on your arm. You know I am your friend, right? Is there something you want to tell me?”

Actor 1: (looking nervous) “I’m scared. I was hurt.”

Actor 2: “What are you scared of?”

Actor 1: “I’m scared that my boyfriend will come back and hurt me again.”
Actor 2: “What did he do to you to cause that bruise?”

Actor 1: “He grabbed my arm and shoved me into a chair. He wanted $20.00 and we had a fight. He yelled at me and called me names. I told him I cannot keep giving him money every week.”

Actor 2: “Did he hurt you anywhere else? Do you have any more bruises?”

Actor 1: “Yes, I have a bruise on my face.” (Actor 1 pulls back her hat to show Actor 2 the bruise.) “Last week when he took my money he hit me.”

Actor 2: “Did you tell anyone like the police, family or staff?”

Actor 1: “No.”

Actor 2: “Did you go to your doctor?”

Actor 1: “No. I didn’t know who to talk to or who to call.”

Actor 2: “There are people who can help. You should see a doctor to make sure you are okay. Let me give you some information. Here is a card from Adult Protective Services.” (Actor 2 hands Actor 1 a card with the APS abuse reporting number). “We can call them together. They can help you to stop the abuse and get you the services you need to be safe.”

Follow Up to Helping a Friend Skit:

Trainer:

- After the skit has been either performed live or shown using the video, trainer should encourage discussion with the following question:
  - What types of abuse did you see, hear and notice?
Trainer:

- After the participants have provided their answers reinforce the types of abuse by confirming the three common types of abuse shown in the Helping a Friend Skit. The answer is:
  - Physical Abuse
  - Verbal Abuse
  - Financial Abuse

Trainer:

- Ask the participants the following questions (record responses on the chart paper):
  - How did Actor 2 get Actor 1 to open up and trust him?
    - Actor 2 was a trusted friend who took the time to ask questions. He believed Actor 1 and offered assistance.
  - How did the abuse get reported?
    - Actor 2 gave Actor 1 the phone number to report the abuse.
    - Actor 2 offered his assistance to help report the abuse.
  - Who else could Actor 1 report the abuse to?
    - Family
    - Staff
    - Police
    - Domestic Violence program

Trainer:

- Ask the participants if they saw or noticed any of the warning signs of abuse in the skit?
**Trainer:**

- Reinforce warning signs shown in the Helping a Friend Skit and the good advice given by Actor 2 to report the abuse.
  - Changes in normal behavior
  - Crying, sad, withdrawn
  - Bruises
  - Covering up bruises
  - Clothing disheveled
  - Feeling ashamed
  - Frightened of a person

**Trainer:**

- Remind participants that they have learned how to recognize the different types of abuse.
- Explain that participants will now learn how to report abuse.
- Stress that each participant:
  - Does not deserve to be abused.
  - Has the power to report it.
  - Does not need permission to report abuse.
  - Is doing the right thing when they speak up about something that does not feel okay even if they are not sure it is abuse.
  - Remember, if abuse happens to you, it is NOT your fault.

**Trainer:**

- Explain to the participants that abuse can be reported to:
  - Someone you trust
  - Mandated Reporter
  - APS
  - Police
  - 911 – in an emergency
- Ask the participants how many people have ever heard of Adult Protective Services (APS).
- Assure the participants who have not heard of APS, that, later on in this section of the training, they will learn about APS, a trusted person, mandated reporter and police, all of which have to do with reporting abuse.
Trainer:

- Explain that reporting is not always easy or possible for everyone.
- Ask participants why it may be difficult to report abuse, and write responses on chart paper and post responses on the wall.

Trainer:

- Using the next two PowerPoint slides, give some examples of reporting difficulties:
  - Sharing very private, personal information
  - Feel shame, fear, guilt or other strong emotions
  - Afraid of the abuser (you may have been threatened not to tell)
  - Afraid of being blamed
  - Dependent on the support staff or family member who is the abuser
  - Don’t want to get the abuser in trouble
  - In denial — think that the abuse is not so bad or will stop without you telling anyone
  - Fearful of not being believed
  - Not being able to report it by yourself
  - Fearful of having to move from their home and live with strangers
  - Fearful of having to live in a nursing home instead of the community
  - The abuser is someone you care about – your boyfriend or girlfriend, wife or husband, parent, sibling or your child

- Explain that these are just some examples of why it might be difficult to report abuse.
- Tell participants that if they are not ready to report abuse, they can talk to a trusted person.
**Trainer:**

- Explain that, since it can be difficult to report abuse, most people need help. Some people need emotional support, while others need physical assistance.
- Acknowledge that, “It’s OK to ask for help”

**Trainer:**

- Ask participants to think of someone they would go to and ask for help to report abuse if they need assistance. This could be a person that they trust, someone they are comfortable with, someone that has not lied to them or hurt them in the past.

**Trainer:**

Trust Activity Training Time: 8 minutes

- Ask participants what trust means to them and record responses on chart paper.
- Following responses, explain that trust means you can rely upon or place confidence in someone. It is knowing that someone will believe you, respect you and your feelings, and will not take advantage of you.
- Tell participants that when looking for someone to trust, they want the person to be:
  - Compassionate, nonjudgmental, and supportive
  - A careful listener
  - Knowledgeable about the subject and topic to be talked about
  - Sensitive to disability issues (conscious awareness and respect of individuals with any kind of disability)
  - Respectful for the human rights of all individuals
**Trainer:**

- Ask participants to list types of people they may be able to trust and can go to for help in reporting abuse. Provide an example, such as a doctor.
- Record responses on chart paper.
- Explain to participants that:
  - Everyone needs people in their lives that they can trust.
  - It is important to tell a person you trust if something is not okay or if someone is making you uncomfortable.
- Let the participants know they are going to use the red and green flags again for the Trust Activity.
- Remember:
  - If the person has vision loss, let them know which flag is in which hand. Such as, the red flag in the left hand and the green flag in the right hand.
  - If a person has difficulty holding the flags, they can use their voice instead by calling out red flag or green flag.

**Trainer:**

- Tell the participants they will use the Trust Chart to identify people that they may or may not trust.
- Ask the participants:
  - Do you trust ‘Yourself?’
  - To raise the green flag if they trust the person and raise the red flag if they do not.
- Remind participants there are no right or wrong answers and if their answers are different from others, that is okay. A participant’s list of trusted people may change over time.
- Repeat this process for all names on the Trust Chart.
**Trainer:**

- Provide a Trust Card to each participant for them to identify someone they trust or are comfortable with.
- Ask participants to fill out the card with the name and phone number of this trusted person during the training or take the card home and fill it out later. They could write in a friend, family member, domestic violence or rape crisis staff, religious member, police, nurse, service coordinator, etc.
- Instruct participants to take the card with them and keep it in their wallets or some place else for future use.
- Assist participants in filling out the cards if they want assistance.
- Hand out additional Trust Cards to participants who want to name more than one trusted person.
- Tell participants to let their trusted person know they have been named on a Trust Card.

**Trainer:**

Mandated Reporters Training Time: 5 minutes

- Explain that, in most states, certain people must report abuse if they learn about it – even if they didn’t witness the abuse themselves. These people are called mandated reporters. Mandated reporters are required by law to report suspected abuse of persons with disabilities to APS. In addition to telling a trusted person about the abuse, participants can also tell a mandated reporter.

**Trainer:**

- Provide examples of mandated reporters using the next six PowerPoint slides.
- Explain that most states have mandated reporters. If your state does not have mandated reporters, you can still report abuse to these people as they should be able to help because of the type of work they do.
- Explain that on the PowerPoint slide there is a picture of a doctor. Doctors are required to help you and are required to report abuse. Nurses and dentists are also required to report abuse.
**Trainer:**
- Explain that on the PowerPoint slide there is a picture of staff. Staff from residential homes, work and day programs are required to help you and are required to report abuse.

**Trainer:**
- Explain that on the PowerPoint slide there is a picture of a Police Officer. Police Officers are required to help you and are required to report abuse.

**Trainer:**
- Explain that on the PowerPoint slide there is a picture of a teacher. Teachers are also required to help you and are required to report abuse.
Trainer:

- Explain that on the PowerPoint slide there is a picture of a therapist. Therapists, psychologists and psychiatrists are also required to report abuse.

Trainer:

Reporting Video and Discussion Training Time: 6 minutes

- Explain that service coordinators and case managers are also required to report abuse.
- Explain that, unless the person is the abuser, anyone listed on the PowerPoint slide is a person that you can go to for help in reporting abuse.
- Explain that later on in the training, participants will be given a card that lists mandated reporters.
- Remind participants about the Physical Abuse video clip they watched during the recognizing part of the training, in which John physically abused his brother Mark. John forced Mark out of bed by pulling him, hitting him and kicking him – he was physically abused.
- Inform the participants that they are now going to see more of that video. This video is going to show us:
  - the difficulties of reporting
  - the importance of talking to someone you trust
  - the job of the mandated reporter
- Show Reporting Abuse video clip by clicking the ‘PLAY’ icon on the screen in the previous slide.
**Trainer:**

- After showing the Reporting Abuse video clip, ask the participants:
  - What did you notice in the reporting abuse video? Answers:
    - Mark was afraid to talk to Mr. Nelson at first.
    - Mark was afraid he would have no place to live.
    - Mark was afraid that he wouldn’t have someone in his life to help care for him.
  - How did Mr. Nelson respond to the abuse? Answers:
    - Mr. Nelson remained calm
    - Mr. Nelson believed Mark
    - Mr. Nelson listened to Mark
    - Mr. Nelson was honest with Mark and explained he needed to report the abuse
    - Mr. Nelson told Mark that he was a mandated reporter
    - Mr. Nelson told Mark it wasn’t okay for his brother to hurt him
    - Mr. Nelson told Mark he would help him get the help he needs
  - Why did Mark trust Mr. Nelson, the gym teacher, to tell him about the physical abuse? Answers:
    - Mark is familiar with Mr. Nelson
    - Mr. Nelson believes Mark
    - Mr. Nelson is a good listener
    - Mr. Nelson will help Mark
  - Why is it important to have people you can trust to talk to? Answers:
    - To help stop abuse
    - To help you report abuse
  - Why will Mr. Nelson report the abuse? Answers:
    - To make sure Mark is safe
    - To get help for Mark and his brother John
    - Mr. Nelson is a mandated reporter and is required by law to report the abuse
- Remind the participants that reaching out for help is okay and people, such as a trusted person, mandated reporter, APS and police, can help.
Trainer:
APS Training Time: 5 minutes

- Explain that abuse needs to be reported to Adult Protective Services (APS).
- Briefly explain that APS:
  - Is a state agency
  - Receives reports of suspected abuse
  - Investigates allegations of abuse
- Pass out key chains (if available) and tell participants that the key chain holds the ‘Key to Reporting Abuse.’
- Pass out the APS laminated reporting card and explain that APS’s phone number is on the card.
- Ask participants to keep their trusted person card and APS reporting card in their wallet or purse.
- Remind participants that when they know or suspect that abuse has occurred:
  - They should always report to APS
  - Anyone is allowed to call APS
- Explain how APS helps people to be safe by arranging for:
  - Medical assistance
  - Alternative housing
  - Specialized counseling
- Explain the types of questions APS will ask when you call them:
  - Name, address and telephone number of person being abused
  - Name, address and telephone number of abuser
  - Location of the abuse
  - Description of the abuse
  - Description of the physical or emotional injury
  - And more.
- Explain that it is okay if you do not know the answer to questions. It is okay to say, “I don’t know.”
Trainer:

- Explain that, if you suspect a crime has been committed, file a report with the police department followed by a call to APS.

- Examples of a crime include:
  - Having items stolen – money, car, medication
  - Being physically attacked – kicked, punched
  - Receiving multiple threats of harm

Trainer:

- Explain that, during an emergency, a serious situation that requires urgent, immediate attention, call 911 then call APS. Examples of an emergency include:
  - Stabbing
  - Rape
  - Bleeding that demands immediate attention
  - Other injuries requiring immediate medical attention

Trainer:

- Explain that, although reporting can be difficult, if no one reports the abuse, the abuse will likely continue and will possibly put other people at risk.

- Point out that research shows that abuse gets worse if abuse is allowed to continue.
Review
Review Training Time: 2 minutes

*Trainer:*
- Ask the participants, “Who can you report abuse to?”
- Write the answers on the chart paper and reinforce correct answers.
- Go to next PowerPoint slide and review correct responses.

*Trainer:*
- Remind participants that, in addition to talking to a trusted person, people with disabilities can report abuse to a mandated reporter, APS, police and 911 for an emergency.
- Ask the participants for examples of mandated reporters and reinforce correct answers.
- Remind participants, that when a person with a disability has been abused – or suspects that a friend has been abused – mandated reporters must report the suspected abuse to Adult Protective Services (APS).
  - Anyone can call and report abuse to APS – particularly anyone that has been abused.
  - People with disabilities can report abuse if it happens to them or to a friend.
  - Persons with disabilities don’t deserve to be abused and they have the power to report it.
  - By reporting abuse, abuse can be prevented from happening to other persons with disabilities.
- Remind participants, that if they suspect a crime has been committed, or if there is an emergency, they need to contact the police.
- Remember, abuse is NOT your fault.
**Trainer:**

Breathing Exercise Training Time: 2 minutes

- Tell participants they have completed Section Three: Reporting Abuse.
- Let participants know that before they go to break, they are going to do the breathing exercise again to help them relax after this section of the training.
- Tell participants:
  - Together let’s breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - Let’s do it again. Breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - Now we are ready to break for 10 minutes
- State that if there are questions about reporting abuse, the trainers are available during the break or after the training.
SECTION 4
RESPONDING TO ABUSE

Learner Outcomes: In responding to abuse, participants will learn:

- To take action in responding to each common type of abuse
- How to respond to others who are in an abusive situation

Training Materials to be used in Section 4:

- Responding to Sexual Abuse Video Clip
- Responding Worksheets (choose two of the five)
  - Responding Activity 1 – Physical Abuse
  - Responding Activity 2 – Sexual Abuse
  - Responding Activity 3 – Neglect
  - Responding Activity 4 – Verbal Abuse
  - Responding Activity 5 – Financial Abuse
Responding to Abuse
Responding to Abuse Training Time: 25 minutes

**Trainer:**
- Explain that now that the participants know how to recognize abuse and know how, who and where to report abuse, the final step is responding effectively to the different types of abuse.
- Explain that what participants need to do once abuse is recognized and reported often depends on the specific type of abuse and the type of injury they have suffered.

**Trainer:**
Responding to Abuse Training Time: 10 minutes
- Explain that in this section, participants will learn how to respond to the five common types of abuse committed against themselves or others:
  - Physical Abuse
  - Sexual Abuse
  - Neglect
  - Verbal Abuse
  - Financial Abuse
- Remind participants they are learning how to Recognize, Report and Respond to abuse.

**Trainer:**
- Explain what the participants can do if they are **physically abused**.
  - Seek assistance from a trusted person, mandated reporter, APS and police.

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*Awareness and Action Curriculum: Section 4 – Responding to Abuse*
**Trainer:**

- Explain that participants should call the police if they are physically assaulted and to call 911 in an emergency.

![Responding to Physical Abuse](image1)

**Trainer:**

- Explain that participants should seek medical attention if injured.

![Responding to Physical Abuse](image2)

**Trainer:**

- Explain that participants should make sure the abuse has been reported to APS. APS can help to arrange for protective services such as safer housing and medical treatment.

![Responding to Physical Abuse](image3)
**Trainer:**

- Explain that participants should seek counseling services to address the emotional hurt. Examples include: feeling sad, not wanting to get out of bed, crying more frequently, unable to carry out daily tasks.

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**Trainer:**

- Explain what participants can do if they are **sexually abused**.
  - It is important to protect evidence, so, until you have been seen by a nurse (preferably a SANE nurse):
    - Do NOT take a shower or bath.
    - Do NOT brush teeth or hair.
    - Do NOT change or wash clothing that was worn at the time of the assault.
    - Do NOT wash any linens or bedding used during the assault.
    - Try NOT to go to the bathroom.

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**Trainer:**

- Continue to explain what participants can do if they are sexually abused.
  - Seek medical attention at a hospital as soon as possible, preferably a hospital with a Sexual Assault Nurse Examiner (SANE).
    - SANE Nurses are specially trained to work with people who have been sexually abused.
    - SANE Nurses are trained to work with persons with disabilities.
    - SANE Nurses are trained on reporting abuse.
  - Sexual abuse is traumatic, so persons with disabilities should seek counseling services.
  - A resource list will be provided to all participants listing what hospitals have SANE nurses and where to go to seek counseling services.
  - Adult Protective Services (APS) can assist in the coordination of local sexual assault and domestic violence counseling services.
**Trainer:**

- Remind participants to seek assistance from a trusted person, mandated reporter, APS and police if they have been sexually abused.
- Remind the participants that during the recognizing section of the training they were shown a video clip of sexual abuse. The person’s name was Janice.
- Inform the participants that they are going to see a video clip on how Janice and others responded to the sexual abuse.
- Play sexual abuse video clip about responding to abuse by clicking the green play arrow.
- Remind participants that the video may be difficult to watch and that the individuals in the video are actors and no one was hurt.

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**Trainer:**

- Ask the participants:
  - What did you see, hear and notice in the Responding to Sexual Abuse video clip? What were the warning signs of abuse?
    - Janice seemed sad
    - Janice did not want to eat her favorite food
    - Janice kept her head down at her desk
  - How was Janice hurt in the video? Responses include:
    - Janice said she was hurt in her private area
    - Janice was afraid to tell someone because Carl told her no one would believe her
    - Janice said Carl kept touching her and she did not want him to
How did Janice’s supervisor respond to the situation? Responses include:

- Closed door for privacy
- Told Janice that she believed her
- Told Janice that abuse is not okay
- Made sure Janice was safe
- Helped Janice to report the abuse to Adult Protective Services
- Told Janice about going to the hospital
- Told Janice about seeing a SANE nurse, a nurse specially trained to respond to sexual abuse
- Stayed with Janice and helped her as needed
- Talked to Janice about keeping her safe
- Talked to Janice about calling the police as Carl committed a crime

**Trainer:**

- Explain what the participants can do if they have suffered an injury as a result of **neglect**.
  
  - Seek medical attention if suffering from
    - Bedsores
    - Malnutrition – no food
    - Dehydration – no water
    - Reaction to over/under medication

**Trainer:**

- Explain that when responding to neglect participants should seek assistance from a trusted person, mandated reporter, APS and police.
- Make sure the incident has been reported to APS.
**Trainer:**
- Explain what the participants can do if they have been **verbally abused**.
  - Seek assistance from a trusted person, mandated reporter and APS.
  - Seek counseling services

**Trainer:**
- Remind participants to report the incident to a trusted person, mandated reporter and the APS if they have been **financially abused**.

**Trainer:**
- Explain what the participants can do if they have been financially abused.
  - If your wallet has been stolen, file a report with the police.
  - If someone has stolen your belongings, such as jewelry, computer, furniture, file a report with the police.
  - If someone has stolen or cashed your SSI/SSDI checks without your permission, notify the police and Social Security Fraud Hotline through the Office of the Inspector General. The phone number is provided in the list of National Resources.
  - Close bank or credit card accounts if necessary.
Trainer:

- Explain what the participants can do if they have been financially abused.
  - If someone has stolen or used your credit or bank cards, contact your bank and credit card company immediately.
  - If someone has stolen your identification or used your Social Security number, notify the police and the Identity Theft Hotline through the Federal Trade Commission. The phone number is provided in the list of National Resources.

Responding Activities

Responding Exercise Training Time: 13 minutes

Listed below are five responding activities that highlight the five types of abuse – physical, sexual, neglect, verbal and financial. The trainer should select two of the five responding activities to complete with the participants. Depending upon the needs of the participants, the selections may vary from training to training.

Trainer:

- Ask the participants to get into small working groups of 2-3 people.
- Show the slide of Mary, and tell participants that Mary has a bruise where her staff person hit her.
- Pass out the worksheet “What can you do to help Mary?”
- Ask participants:
  - What can you do to help Mary?
  - What would you say to Mary?
  - Who else could help Mary?
- Tell participants to complete the worksheet in their small groups.
- Discuss the answers as a large group recording answers on chart paper. Answers include:
  - Believe the person
  - Listen carefully
  - Let them know that abuse is not their fault
  - Make sure person is safe
- Get medical attention
- Tell a trusted person
- Tell a mandated reporter
- Call APS
- Provide resource information (APS, domestic violence program, police)
- Call the police or 911 if the person is assaulted
- Preserve the evidence – take pictures of the injury

**Trainer:**

- Ask the participants to remain in their small working groups of 2-3 people.
- Show the slide of Lucinda and tell participants that Lucinda tells you her bus driver made her kiss him after she said NO.
- Pass out the worksheet “What can you do to help Lucinda?”
- Ask participants:
  - What can you do to help Lucinda?
  - What would you say to Lucinda?
  - Who else could help Lucinda?
- Tell participants to complete the worksheet in their small groups.
- Discuss the answers as a large group recording answers on chart paper. Answers include:
  - Believe the person
  - Listen carefully
  - Let the person know it is not their fault
  - Make sure the person is safe
  - Tell a trusted person
  - Tell a mandated reporter
  - Call APS
  - Get counseling services
  - Provide resource information
Trainer:

- Ask the participants to remain in their small working groups of 2-3 people.
- Show the slide of Sean and tell participants that you noticed Sean’s clothes and hair were dirty and, when asked, he could not tell you when he last ate or took his medication.
- Pass out the worksheet “What can you do to help Sean?”
- Ask participants:
  - What can you do to help Sean?
  - What would you say to Sean?
  - Who else could help Sean?
- Tell participants to complete the worksheet in their small groups.
- Discuss the answers as a large group recording answers on chart paper. Answers include:
  - Call 911 as this is an emergency
  - Person requires medical attention
  - Believe the person
  - Listen carefully
  - Let the person know it is not their fault
  - Make sure the person is safe
  - Preserve the evidence
  - Tell a trusted person
  - Tell a mandated reporter
  - Call APS
  - Provide resource information

Trainer:

- Ask the participants to remain in their small working groups of 2-3 people.
- Show the slide of Jose and tell participants that Jose tells you his brother is always screaming at him, calling him a stupid idiot.
- Pass out the worksheet “What can you do to help Jose?”
• Ask participants:
  o What can you do to help Jose?
  o What would you say to Jose?
  o Who else could help Jose?

• Tell participants to complete the worksheet in their small groups.

• Discuss the answers as a large group recording answers on chart paper. Answers include:
  o Believe the person
  o Listen carefully
  o Let them know it is not their fault
  o Let them know that words hurt and it is not okay for someone to yell and scream and call you stupid
  o Make sure the person is safe
  o Tell a trusted person
  o Tell a mandated reporter
  o Call APS
  o Get counseling treatment
  o Provide resource information

Trainer:

• Ask the participants to remain in their small working groups of 2-3 people.

• Show the slide of Frank and tell participants that Frank tells you his support worker is taking his money and buying things for himself.

• Pass out the worksheet “What can you do to help Frank?”

• Ask participants:
  o What can you do to help Frank?
  o What would you say to Frank?
  o Who else could help Frank?

• Tell participants to complete the worksheet in their small groups.

• Discuss the answers as a large group recording answers on chart paper. Answers include:
  o Believe the person
  o Listen carefully
  o Let them know it is not their fault
  o Preserve the evidence
  o Tell a trusted person
  o Tell a mandated reporter
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- Call APS
- Call the police
- Contact the bank or credit card company

**Trainer:**
- Remind participants that the training teaches people how to recognize, report and respond to abuse.
- Reaffirm that people with disabilities don’t deserve to be abused and that they have the power to do something about abuse when it happens.
- State that once abuse is recognized, it must be reported.
- Refer to the APS key chain (if used) and state each participant has the key to reporting.

**Trainer:**
Breathing Exercise Training Time: 2 minutes

- Reintroduce the Breathing Exercise to help participants relax after the training.
- Tell participants:
  - Together let’s breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - Let’s do it again. Breathe in for four seconds, hold your breath for four seconds and breathe out slowly for four seconds. Breathe regularly.
  - Remember your breath gives you power. Trainer read the quote on the slide.
  - Now we are ready for the last section; the training summary.
- State that if there are questions about recognizing, reporting and responding to abuse, they will be answered in the next section and trainers are available after the training.
Learner Outcomes: In completing the training summary, participants will:

- Review the material on recognizing, reporting and responding to abuse, including:
  - What is abuse
  - The five common types of abuse
  - How to recognize the warning signs of abuse for yourself and others
  - The importance of having people in your life you can trust
  - Who to report abuse to
  - How to respond in an abusive situation for yourself and others
- Complete an evaluation of the training
- Be instructed on how to use the take-home materials

Training materials to be used in Section 5:
- Evaluation
- Certificate
- Take home materials
Training Summary
Training Summary Training Time: 15 minutes

Trainer:
- Let participants know that the Training Summary is the final section and a brief overview of the training will be provided.
- Ask participants if there are any questions.

Trainer:
- Review with participants the learner outcomes.
- Specifically state the five common types of abuse that were taught
  - Physical Abuse
  - Sexual Abuse
  - Neglect
  - Verbal Abuse
  - Financial Abuse
- Remind participants that they have the power to recognize, report and respond to abuse for themselves and others.
- Remind participants that they learned how to Recognize, Report and Respond to abuse.

Trainer:
Evaluation Training Time: 10 minutes
- Hand out the Evaluation form.
- Explain purpose of the evaluation:
  - To give trainers important information on what participants have learned
  - How to make the training better
- Invite each participant to complete an evaluation – this includes support staff, family and friends.
- Assure that each participant receives the support necessary to complete the evaluation. Support staff and trainers can assist participants with completing the evaluation, but remember, do not complete the evaluation for the participant.

- Remind participants that this is not a test but a way to help the trainers get better at teaching how to recognize, report and respond to abuse.

**Trainer:**

- Read question one of the evaluation form. Remind participants that this is not a test.

![Question 1](image1)

**Trainer:**

- Read question two of the evaluation form.

![Question 2](image2)

**Trainer:**

- Read question three of the evaluation form.

![Question 3](image3)
**Trainer:**

- Read question four of the evaluation form.

**Question 4**

Circle the 5 common types of abuse

- Physical
- Crying
- Verbal
- Sexual
- Standing
- Financial
- Neglect

**Trainer:**

- Read question five of the evaluation form.

**Question 5**

Circle the correct answers. Abuse can be reported to...

- Someone you trust
- Police
- Abuser
- Mandated Reporter
- Adult Protective Services

**Trainer:**

- Read question six of the evaluation form.

**Question 6**

Circle the correct answers. What do you do when someone tells you they have been abused?

- Believe them
- Listen to them
- Let them know it is not their fault
- Make sure the person is safe
- Do not report, keep it a secret
Trainer:

- Read question seven, the final question of the evaluation form.
- Collect the evaluations before going on to the next summary point.
- Inform the participants that, after they have completed the evaluation, they will receive a copy of the video, a participant workbook and backpack to take home.
- Thank everyone for participating in the training.

Question 7

When a person has been sexually abused, they should take a bath or shower.

Yes  No

Trainer:

- Each participant receives a certificate, including support staff, family and friends.
- Each participant’s name is either typed or written on the certificate.
- Pass out completed certificates.
- Remind participants to be proud of this certificate and, if they feel safe and comfortable doing so, display and show it to friends, support staff and family.

Training Certificate

Certificate of Attendance

For participating in completing the Awareness and Action Training
Educating Persons with Disabilities on Recognizing, Reporting and Responding to Abuse

Trainer:

- Inform the participants that they can use the take home materials at home and can also share them with others. The take home materials include:
  - DVD of Abuse Stories
  - Participant Workbook includes national resources that people can contact if abuse has occurred, including:
    - Adult Protective Services
    - Sexual Assault Nurse Examiner (SANE)
    - Sexual Assault/Domestic Violence Programs

Take Home Materials

Includes:
- DVD of Abuse Stories
- Participant Workbook including National Resources
Trainer:

- Remind participants if they recognize abuse, to report it to a trusted person, mandated reporter, APS or police.
- Remind participants that they now have knowledge and resources to help themselves and others Recognize, Report and Respond to abuse.

Remember
Recognize, Report and Respond... To Abuse!

Trainer:

- Thank participants for their time and participation.

Thank You
Awareness & Action
CURRICULUM HANDOUTS

The following training materials are used in the Awareness and Action Curriculum. To obtain copies of the handouts, please contact:

Building Partnerships Initiative
c/o Disabled Persons Protection Commission
300 Granite Street, Suite 404
Braintree, MA 02184
Phone: 617-727-6465
888-822-0350 TTY

Section 1:
- No handouts

Section 2:
- Green and Red Flags (or Red and Green Paper)

Section 3:
- APS Reporting Card (Template attached)
- APS Key Chain (Optional)
- Trust Card (Template attached)

Section 4:
- Responding Activity 1: Physical Abuse Worksheet (Attached)
- Responding Activity 2: Sexual Abuse Worksheet (Attached)
- Responding Activity 3: Neglect Worksheet (Attached)
- Responding Activity 4: Verbal Abuse Worksheet (Attached)
- Responding Activity 5: Financial Abuse $ Worksheet (Attached)
Section 5:

- Evaluation (Attached)
- Certificate (Attached)
- Take Home Materials:
  - Backpack (Optional)
  - DVD of Abuse Stories
  - Participant Workbook which includes:
    - National Resources
  - State and Local Resources
  - Pen (Optional)
Responding Activity 1: Physical Abuse

Mary tells you she has a bad bruise on her eye where her staff person hit her.

1. What can you do to help Mary?

2. What could you say to Mary?

3. Who else could help Mary?
Responding Activity 2: Sexual Abuse

Lucinda tells you her bus driver made her kiss him after she said NO.

1. What can you do to help Lucinda?

2. What could you say to Lucinda?

3. Who else could help Lucinda?
Responding Activity 3: Neglect

You notice Sean’s clothes and hair are dirty and when asked, he could not tell you the last time he ate or took his medication.

1. What can you do to help Sean?

2. What could you say to Sean?

3. Who else could help Sean?
Jose tells you that his brother is always screaming at him, calling him a stupid idiot.

1. What can you do to help Jose?

2. What could you say to Jose?

3. Who else could help Jose?
Responding Activity 5: Financial Abuse

Frank tells you his support worker is taking his money and buying things for himself.

1. What can you do to help Frank?

2. What could you say to Frank?

3. Who else could help Frank?
Evaluation Form

Date: ______________________  Team: ______________________________

Location: _________________________________________________________

Question 1:
Did the trainers know the topic of recognizing, reporting and responding to abuse? Please circle your answer:

Yes  Somewhat  No
😊  😐  😞

Question 2:
Was the training room accessible and comfortable? Please circle your answer:

Yes  Somewhat  No
😊  😐  😞

Question 3:
Will you tell people you know to take the Awareness and Action training? Please circle your answer:

Yes  No  If No, why not?
😊  😞  😞
Question 4:
Circle the 5 common types of abuse.

- Physical
- Crying
- Verbal
- Sexual
- Standing
- Financial ($)
- Neglect

Question 5:
Circle the correct answers. Abuse can be reported to........

- Someone you trust
- Police
- Abuser
- Mandated Reporter
- Adult Protective Services

Question 6:
What do you do when someone tells you they have been abused?
Circle the correct answers.

- Believe them
- Listen to them
- Let them know it is not their fault
- Make sure the person is safe
- Do not report, keep it a secret

Question 7:
When a person has been sexually abused, they should take a bath or shower.

- YES
- NO

Comments:
CERTIFICATE OF ATTENDANCE

This certificate is awarded to

For participating in and completing the Awareness and Action Training

Educating Persons with Disabilities on
Recognizing, Reporting and Responding to Abuse

REGION _______________________________ DATE _______________________________
VIDEO
SCRIPTS

- Awareness and Action Film
- Popcorn Skit
- Helping A Friend Skit
Awareness and Action Film Script

Opening Sequence

Charles: “54 million Americans live with disabilities…”

Elizabeth: “Adults with disabilities experience violence and abuse at least twice as often as people without disabilities.”

Nancy: “90% of people with developmental disabilities will be physically or sexually abused in their lifetime.”

Lisa: “Violence committed against people with disabilities is a frequently unrecognized and unreported problem that has reached epidemic proportions in the United States.”

Elin: “We must work together to stop abuse committed against persons with disabilities. Law enforcement, adult protective services, persons with disabilities, advocates, medical and service providers, families – all of us…..”

Charles: “All of us. In Massachusetts we ARE working together to stop abuse of persons with disabilities.”

Elizabeth: “Over 10 years ago we started the Building Partnerships for the Protection of Persons with Disabilities Initiative to effectively address violence against persons with disabilities.”

Elin: “We are using a multi-disciplinary approach to provide persons with disabilities the same rights and protection as the public at large…”

Lisa: “Including equal access to the criminal justice system…”

Nancy: “One of our projects is the video you are about to see… Awareness & Action; this video is designed to educate persons with disabilities and others on how to recognize,…”

Charles: “Report…”

Lisa: “And respond to abuse.”

FADE AND OPENING TITLE

INT. SCENE 1, INTRODUCTION

Kristen: “Hello. My name is Kristen McCosh as a person with a disability. I’m here to speak with you today about an issue that’s very important but it’s also something difficult to talk about; abuse."
According to a recent report, people with disabilities are more likely to be the victims of violent crimes than people without disabilities.

This video is part of a training project developed by people with and without disabilities. Our goal is to help you learn about abuse - how to recognize abuse, where to report abuse to and how to respond to abuse so you get the necessary help if it does happen.

Learning about abuse and how to recognize it is the first step to stopping abuse. Abuse is a very real problem. Persons with disabilities and others need the skills to be ready to respond to abuse if it happens.

Abuse is not always easy to describe. For our video, we are going to agree that abuse is when a person with a disability is physically or emotionally hurt by another person.

Today, we are going to be talking about five common types of abuse; physical abuse, sexual abuse, neglect, verbal abuse and financial abuse. We have stories to show you examples of these common types of abuse. Each story was based on an actual report of abuse that happened to someone.

These stories can be difficult to watch, it's upsetting to see someone being hurt...so it's important for you to know that all of the people you will see in these videos are actors and actresses. Nobody was hurt when we filmed these stories. If you have trouble watching these videos, or think it might be hard for you to watch them alone, ask a friend, a person you trust to watch them with you.”

**FADE**

**INT. SCENE 2, INTRODUCTION TO PHYSICAL ABUSE**

Kristen: “The first story we're going to watch is about Physical Abuse. When people hear the word "Abuse" most people think of physical abuse – we might think of hitting, punching, kicking or even being pushed. These are all examples of physical abuse...other examples can include

- grabbing,
- burning someone,
- throwing something at someone –
- physical abuse often leaves marks on the skin, breaks bones or causes other injuries.

These injuries are often warning signs of abuse. Warning signs are things we notice about someone that gives us a clue that they might be being abused. When you’re watching this video; pay attention, see if you notice any warning signs of physical abuse; some of those signs are:

- Unexplained bruises or red marks on the skin
- Bruises or marks on several parts of the body
- A Bruise in a familiar shape – such as a hand ,or belt buckle
• Burns shaped like objects – such as an iron or a cigarette
• Bite marks

When you watch this video, pay attention, see if you can find any of these warning signs…

The story you are about to see is about Mark and John, 2 brothers who live together in an apartment. John provides caregiving support for Mark. Mark, who has a disability, is 19 years old and in his last year of high school.”

FADE OUT
FADE IN: INT. SCHOOL GYM HALLWAY – AFTERNOON

Mr. Nelson is walking towards his office. Mark is heading towards him and limping.

Mr. Nelson: (friendly, joking) “Hey Mark. What happened? Fall off the skateboard again?”

Mark: (makes no eye contact) “Yeah.”

Mr. Nelson: (shakes his head, slightly amused) “Go ahead and get changed, you’re already a bit late.” (Mr. Nelson enters his office.)

CUT TO: INT. SCHOOL GYM HALLWAY - MOMENTS LATER

Mark is now changed into his gym clothes and makes his way down the hallway limping slightly, favoring his left leg. As he passes Mr. Nelson’s office, Mr. Nelson notices large bruises on his left leg.

Mr. Nelson: (concerned) “Whoa. Hey, Mark. I thought you said ‘no big deal’?”

Mark: “Yeah?”

Mr. Nelson: “Come here a minute.” (Mr. Nelson gestures to Mark to enter his office. Mark rolls his eyes and is visibly frustrated.)

Mark: (annoyed & irritated) “Come on.” (Mr. Nelson motions for Mark to sit up on the edge of his desk so he can get a better look. He examines Mark’s shin.)

Mr. Nelson: “These are nasty bruises, Mark. What...” (He notices more bruising near his ankle. Mr. Nelson grabs his desk chair and pulls it closer to Mark. He sits down and faces Mark.)

Mr. Nelson: “Can I look at your ankle?”

Mark: “Ah, no.”

Mr. Nelson: “Please?”
Mark: “OK.” (Mr. Nelson lifts Mark's leg and rolls down his gym sock revealing bruises.)

Mr. Nelson: (deeply concerned) “Whoa, What? What happened?” (Mark turns to him. Pulls his leg back, visibly upset, he takes a deep breath.)

Mark: (annoyed and getting louder) “My brother John just 'cause I live with him now, he thinks he's the boss but I don't want to talk about it!”

Mr. Nelson: “Mark, hold on a minute. I’ve never seen you so upset. This isn’t like you.” (Sensing Mark’s anger, Mr. Nelson relaxes back in his chair for a moment, then leans forward.)

Mr. Nelson: “You know you can trust me.... are you willing to talk about this with me?” (Mark looks at him and nods.)

Mark: “Yes, I am.”

Mr. Nelson: “What’s really going on?” (Mark pauses and collects himself.)

Mark: “My brother John was very upset yesterday...”

DISSOLVE

INT. MARK’S BEDROOM – MORNING

Mark is in bed, his alarm clock is buzzing on the nightstand next to his bed. Mark’s brother John is in the kitchen tying his boots. John yells to Mark.

John: (bullying tone) “Come on, time to get moving, man! And turn that thing off you know it makes me crazy!” (Mark clumsily hits the snooze button, rolls over and pulls the pillow over his head.)

DISSOLVE

INT. MARK’S HOUSE - KITCHEN – MOMENTS LATER

John is in the bathroom fixing his hair. In the background, Mark’s alarm begins buzzing again.

John: (angry / loudly) “Mark? Get Up! Didn’t you learn you’re lesson last week? Don’t make me do that again. You’re not going to like it - trust me.” (The alarm continues to buzz in the background. John is standing in the front of the bathroom mirror.)

John: (furious) “That’s it! You just keep asking for it don’t ya’?” (John storms out of the bathroom and down the hallway. As he turns the corner into Mark’s room, he turns on the overhead light and storms toward Mark’s bed.)

John: “One of these days you’re going to learn...” (Blinded by the abrupt light Mark is startled as John rips the covers away, sits on his chest and begins slapping his face.)
John then leaps from the bed and grabs Mark by the ankles, pulling him to the floor. Mark violently hits the floor.

John: (yells threateningly) “You got 5 minutes!” (John slaps Mark) “Now move!” (John kicks Mark in the legs as he walks away. Mark flinches as John points down at him. John storms out of the room. Mark’s alarm continues to buzz in the background.)

DISOLVE

INT. SCHOOL GYM OFFICE

Mark, has his head down facing Mr. Nelson who is still sitting in front of him. Mr. Nelson leans back in his chair.

Mr. Nelson: “Mark it's not okay that your brother treated you that way. Even if he was mad, he hurt you. That's not okay. It's never okay to hurt people. It’s abuse. Sounds like it's happened before. We have to tell someone about this. We have to make sure you're safe.” (Mark leaps from the desk.)

Mark: “No, No, No. We can't tell anyone about this then I'll really be in trouble. He'll kick me out like he always says. Then what’ll I do? I’ll have no place to go, no place to live. Who will take care of that kind of stuff? We can’t tell anyone... Please...” (Mr. Nelson rises from his chair and carefully approaches Mark.)

Mr. Nelson: “Your brother doesn't have the right to treat you like this. Just because he's helping to take care of you doesn't mean he can treat you any way he wants. No matter how hard he works or how frustrated he is. He abused you. We have to stop it now and get help for both of you so this doesn’t happen again.

Mark, part of my job is to make sure that my students are safe. And, if I ever think someone has been hurt at home or by someone that cares for them, I have to report it - it's called being a Mandated Reporter.

Reporting this to Adult Protective Services is not about getting your brother in trouble it’s about making sure you’re safe. Okay?” (Mark, somewhat relieved but still apprehensive, raises his head and looks directly at Mr. Nelson.)

Mark: “Okay Mr. Nelson. Thanks.”

Mr. Nelson: “Okay then. Here’s what’s going to happen next...”

FADE TO BLACK

FADE UP

Kristen: “Let's talk about what we just saw. This was NOT an argument or disagreement between brothers, it was abuse and also a crime. John slapped, punched, dragged and kicked Mark. These are examples of physical abuse examples of a crime.
When Mark went to school, he was late and using the wall to help him walk… One of his teachers, Mr. Nelson, noticed some of the warning signs of physical abuse that we talked about earlier. He could see that Mark was limping and had bruises on both of his ankles. He also noticed that Mark was not acting himself, there was a change in his behavior. Mr. Nelson "recognized" something was wrong and asked Mark about it.

Mark didn't want to talk to Mr. Nelson at first, Mark agreed to speak with Mr. Nelson because he knew him and thought he was a safe person to talk to, he is someone Mark trusted.

Mr. Nelson told Mark something very important - he told Mark that he was a mandated reporter. Mandated reporters are people who are required by law to report if they suspect someone with a disability is being abused. Some of the people who are mandated reporters are; teachers, service coordinators, residential staff, work support staff, police officers, doctors and nurses.

Think about who the mandated reporters are in your life. You can tell any of these people if you or someone you know is being abused and they should help you get the help you need to be safe and to make sure the abuse stops!

In addition to recognizing abuse, reporting abuse is an important step to stopping abuse - BUT sometimes people have a hard time reporting. Think about Mark - he didn't want Mr. Nelson to call anyone - he was afraid his brother would kick him out of the house and he’d have no place to live.

When I talk about reporting abuse, I'm talking about telling a trusted person, telling a mandated reporter, calling adult protective services, calling your local police or 911 in an emergency or when a crime has been committed. Adult Protective Services is an agency responsible for investigating abuses against adults with disabilities.

Sometimes, just like with Mark, people have a hard time reporting abuse when it happens. There are a lot of reasons why people have a hard time reporting abuse. Maybe they're afraid of the person abusing them, maybe they are worried that they will be blamed for what happened or that nobody will believe them - maybe they're feeling guilty about what happened or don't want to get the abuser in trouble....there are many reasons why it is difficult to report abuse.

It's okay to ask for help to report abuse. You can call adult protective services to report abuse yourself or call your local police or 911, but if you want or need help - think about asking a person you trust or a mandated reporter.”
Voice Over: “We can report abuse by calling adult protective services. Here’s the number you can call in your state. In an emergency or if a crime has been committed you can also call 911 or your local police.”

Kristen: “The most important thing is to report the abuse. Nobody deserves to be abused....you have the power to report abuse and put a stop to it.”

FADE

INT SCENE 5 INTRODUCTION TO SEXUAL ABUSE

Kristen: “The next type of abuse we are going to talk about is sexual abuse. Sexual abuse is when someone touches, looks at or hurts you in a private place on your body without your permission – or forces you to touch them or look at them in a private place on their body. Our private places are our breasts, vagina, penis, anus and buttocks.

This next video is a story about Janice. Janice has an intellectual disability and is also blind. She has support staff at home who help her with things like; meals, shopping, cleaning, medication and budgeting. During the day, Janice works as a receptionist.

Before we watch the video, let’s talk about some of the warning signs that might help us recognize sexual abuse;
- Changes in Behavior
- Stained underwear,
- torn clothing,
- a stained bed or bedding,
- difficulty sitting or walking,
- bruising on the upper inner thighs or in private areas like the penis, vagina or breasts,
- avoiding certain people,
- vaginal infections,
- sexually transmitted diseases,
- bleeding from the vagina or rectum,
- or loss of appetite or weight gain,

When you’re watching the video, see if you notice any of these warning signs. Remember, the scenes are graphic and difficult to watch. But, no one was hurt during the filming. These are actresses and actors playing a part.”

FADE.

FADE UP INT. KITCHEN - DAY

Janice enters the kitchen carrying groceries. She places her bags on the counter. Carl, a staff member at the house is watching TV in the living room adjacent to the kitchen. He notices Janice and quietly leaps off the couch creeping toward her. Janice does not notice him approaching. Carl hovers closely behind her with a mischievous grin, Janice startles when she realizes he is
behind her. She turns back to the counter, although she is startled, she seems to be used to his behavior.

Janice: (annoyed) “Carl!”  (Carl remains uncomfortably close.)

Carl: “I just wanted to help you with your groceries.”  (pauses/dramatically) “Mmmmm! You smell good.  Do you want a hand with dinner?”  (Janice is visibly uncomfortable and starts leaning away from him.)

Janice; (annoyed) “I'm fine. I can do it by myself.”  (Carl steps back, holds his hands up.)

Carl: “OK, as you wish.”  (Carl slowly backs off and heads back to the living. Janice, standing at the counter, sighs and begins putting groceries away.)

DISSOLVE

INT. KITCHEN - LATER

Janice is preparing dinner. She is standing at the stove and turns on a burner. There is a box of pasta and a jar of pasta sauce on the counter next to the stove. Carl walks into the room. He leans against the refrigerator.

Carl: “Are you sure you don't need help?”

Janice:  (annoyed) “I said I’m fine.  I can do it by myself.”  (Janice carries on and moves to the stove where there is a second smaller pan ready for the sauce. As she empties the sauce into the pan, Carl approaches her at the counter. He is clearly invading her space staring at her the entire time.)

Carl:  (lowering his voice) “I just have to tell you, you look so hot today. I can't take my eyes off you.”  (Carl approaches Janice. He is clearly invading her space staring at her the entire time. He puts his hand on her shoulder and leans in closer.)

Carl: “You know you're driving me crazy, right?  This top looks so good on you. Did you wear it just for me?”  (Janice violently shakes Carl's hand off her shoulder. Visibly uncomfortable and refusing to make eye contact she turns and moves away from Carl…)

Janice:  “Stop it!  You're bothering me!  I don't like it when you say those things!  Don't look at me!  Go away!”  (Carl puts his hands up in a "whatever you say/hands-off" gesture, smiles and struts out of kitchen chuckling under his breath.  Janice takes a deep breath and goes back to cooking.)

DISSOLVE

INT. KITCHEN: LATER

Janice sits alone at the table finishing her dinner. She wipes her mouth with a napkin, stands up and begins to gather her dishes. Carl had been standing behind Janice watching her, as she
stands up he walks up behind her. Janice bends slightly over the table to pickup her dishes unaware of Carl moving in behind her.

Carl puts his hands on her shoulders and leans over her shoulder. Startled, Janice is momentarily paralyzed with fear. We see Carl run his hands down Janice’s arms - Janice tries to break away, pushing back against him and quickly spinning around. Carl moves in towards Janice – her back is against the table –

We hear Janice crying out as a glass falls over, breaking and spilling its contents on the table.

FADE TO WHITE
INT. JANICE’S WORKPLACE – DAY

Someone exits the copy room and walks by the reception desk. Janice is sitting at the desk and is hanging up the phone. She turns away from the phone, puts her elbow on the desk and slumps down with her hand on her forehead. Dave, one of her co-workers, comes out of the office behind Janice’s desk.

Dave: “Hey, Janice. How's it going?” (Dave continues past her desk as Janice lifts her head long enough to glance at him. She sighs and puts her head back into her hands. Dave continues on without noticing her mood.)

DISSOLVE

The clock on the wall shows time passing, it is now 12:13pm. Dave, Janice’s co-worker approaches her again with a slice of pizza in his hands.

Dave: (playfully) “Hey, Janice. What are you doing? Are you going out back for lunch?”

Janice: “I'm not hungry.”

Dave: (playfully) “But it's your favorite; pepperoni pizza!”

Janice: “No thanks.”

Dave: “OK. More for me.” (Dave picks up the pizza and rolls away from Janice’s desk. Janice turns back to her desk, resting her face in her hands once again.)

DISSOLVE
INT. JANICE’S WORKPLACE: MARGO’S OFFICE - END OF DAY

Janice's supervisor Margo is preparing to head home for the day. Janice enters the room and stands near the doorway holding the door.

Janice: “Margo? Can I talk to you?”
Margo: “Of course you can Janice. Come in. I'm going to close the door so we have some privacy –“

Janice: “Okay.”

Margo: “Is that okay?”

Janice: “Uh huh.” (Margo moves to close the door as Janice sits down in a chair next to Margo’s desk.)

Margo: “Tell me what’s going on.”

Janice: “Carl keeps touching me. I'm scared. He keeps touching me, I tell him to stop but he won’t stop.” (Janice gets more and more upset with each word. Margo's expression becomes more alerted and serious as she listens. Margo sits at her desk and slightly leans in.)

Margo: “Where is he touching you?”

Janice: “He sometimes hurts me in my private areas. And he says it’s a secret and he says not to tell anyone.” (Margo maintains a strong and supportive expression. She leans in closer to comfort Janice without invading her personal space keeping eye contact and listening intently.)

Margo: “Have you reported this to anyone yet... the police... Anyone at home?”

Janice: “They won't believe me. They all like Carl. He's everybody's favorite.” (Margo leans forward and gives Janice a reassuring look.)

Margo: “I believe you. Janice, what Carl is doing is abuse, it's against the law and it’s not okay. And you did the right thing by telling me. When was the last time he hurt you?”

Janice: “Last night. He said some weird things to me and I was cleaning up after dinner and he grabbed me.”

Margo: “Then what happened?”

Janice: “He touched me... down there.”

Margo: “Okay, right now our job is to make sure you’re safe and make sure Carl can’t hurt you. We need to call the police and adult protective services and they can help make sure Carl never hurts you again. “

Then we need to go to the hospital where there are specially trained nurses called SANE nurses and you’ll need to be very honest with them, tell them exactly what
happened so that they can give you the medical attention you need.” (Janice appears a bit settled by this but not entirely.)

Janice: “Are you sure? He said nobody would believe me.”

Margo: “I believe you. If you want, I can make the call for you. But if you want to tell them yourself what’s been going on, I’ll stay here with you and I’ll support you while you make the call.”

Janice: “You’ll stay with me?” (Margo gives an encouraging smile.)

Margo: “Absolutely. Let's call right now.”

Janice: “OK.” (Margo picks up the phone and begins dialing. She listens for a moment then turns the phone towards Janice and hands her the receiver. Janice takes the phone from Margo.)

CUT

INT. ADULT PROTECTIVE SERVICES OFFICE

A woman sitting at a desk touches the headset she is wearing.

Intake Staff: “Good afternoon, Adult Protective Services 24 hour hotline this call is being recorded. How can I help you?

CUT

INT. JANICE’S WORKPLACE: MARGO’S OFFICE

Janice sits with the phone to her ear. Margo sits next to her at the desk

Janice: “Carl is touching me again. He won't stop hurting me.”

CUT

Intake Staff: “Well, you’ve called the right place. I need to ask you some questions about what happened (CUT to Janice listens to the intake staff on the phone) so that I can provide you with the necessary protective services. Take as much time as you need and if you don’t know the answer it’s OK. We’ll just move on to the next question. Are you ready to begin?”

Janice: “OK.”

Intake Staff: “What is your name?” (Intake staff turns to her computer and brings up reporting screen. We see her type Janice’s first name on a form entitled “Alleged Victim”.)

Intake Staff: “Thank you Janice. What is your address?”

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“That was upsetting to watch. Did you notice any warning signs that indicated Janice was a victim of abuse? Janice didn’t want to eat, she didn’t want to talk to people or go to lunch with her friends. She seemed very sad when she was sitting at her desk. All of these things are changes in Janice’s typical behavior.

Janice was in a tough situation. She knew what Carl was doing to her was wrong, but he told her that nobody would believe her if she said anything. He told her to keep it a secret.

We should never keep abuse a secret - one of the ways to stop abuse is to tell someone/to report it....Janice did the right thing. She told Margo, her supervisor at work, what Carl was doing to her. Janice went to Margo because she is a trusted person in Janice's life, think about the trusted people in your life.....who are they? Are they family, someone at work? A good friend? What about your doctor?

We should all know who the trusted people are in our lives – the people we can talk to if we need help or need to report abuse. Margo was able to help Janice in a number of ways - she helped her call adult protective services so Janice could report the abuse and get the help she needs; such as medical treatment, a safe living environment and counseling services. Adult protective services can help people who have been abused in a lot of ways. They respond by making sure the person is safe and by getting them the help they need to recover.

Margo also talked to Janice about calling the police because Carl committed a crime. In addition to talking about recognizing abuse and reporting abuse, it is also important to talk about how to respond to abuse.

So, let’s talk about responding to sexual abuse.

When someone is sexually abused it is important to get medical help as soon as possible. Margo talked to Janice about going to the hospital and being examined by a Sexual Assault Nurse Examiner otherwise known as a SANE nurse - they are nurses who have been specially trained to help people who are victims of sexual abuse.

If you or someone you know is sexually abused it is very important to protect evidence - DO NOT take a shower or bath after the abuse, DO NOT wash the clothes you were wearing when it happened and DO NOT wash your sheets or bedding if it happened in your bedroom.

In addition to getting medical help and protecting evidence, it is VERY important to help a person who has been sexually abused to deal with the emotional trauma. It is also very important to get counseling.
When Janice called to report the abuse to adult protective services, the operator began to ask her questions. If you call to report abuse, the person you talk to will have a lot of questions, they need to find out what happened so they can get the right help for you or the person who has been abused.

Some of the questions they will probably ask are the name, address and phone numbers of the people involved, what happened? How was the person hurt? It’s okay if you don’t know the answer to some of the questions, it’s okay to say ‘I don’t know.’

FADE

Kristen: “The next common type of abuse we are going to talk about is Neglect. Neglect happens when a caregiver DOES NOT provide care or support and a person is harmed as a result. For instance, if someone does not give you your medication and you have a seizure as a result, that is Neglect. If you need help showering and the person who helps you walks out of the room and you fall and injure yourself - that is Neglect.

In this video we are going to meet Mike. He is a young man with a physical disability who uses an electric wheelchair. Mike has a job in his town and gets transportation assistance. Bob, who is a driver for the transportation company, drives Mike and several other people to their jobs each day.

FADE

INT. LOBBY COMMERCIAL BUILDING – MORNING

We see a wall clock, the time is 8:42 AM. We see a clip board with a sheet of paper that says, "Transportation Schedule". The schedule shows Van Routes with names, locations and drop off times for each person. A finger points to an entry for Mary, she is due at work by 9:00AM. Bob, the van driver, is leaning against a desk reading the schedule on the clipboard.

Bob: (to himself) “Mary has to be to work at nine.” (He glances over at Mike who is waiting in the lobby and lifts his hand. Mike lifts his hand and looks away. Mary is visibly worried. She is standing under the clock with her hands on her hips and is sighing…”

(frustrated) “I'll do my best to get you to work on time Mary. If only Paul would…” (Just then Paul walks by Bob heading for the door.)

Paul: (slightly embarrassed) “Hi.” (Bob raises his hands as Paul walks by, sighs and turns for the door.)

Bob: (relieved) “Come on everybody. Let’s go. If we hurry we can still make it.” (Everyone who was waiting in the front lobby begins walking towards the door.)

DISSOLVE
EXT. COMMERCIAL BUILDING PARKING LOT - MOMENTS LATER

Mike is on the chair lift and is being loaded into the van as Mary makes her way up the stairs. Bob is operating the wheelchair lift. The lift begins moving up.

CUT
INT. VAN - CONTINUOUS

We see Mary sitting in the van and Bob behind her struggling to secure Mike’s chair. Mary turns in her seat to look over her shoulder at Bob.

Mary: “Bob, are you ready yet? I don't want to be late.” (Bob is visibly frustrated, he lifts his head for a moment to respond.)

Bob: (still struggling) “Mary, OK...just a second I’m having a problem here. Bear with me, will you?”

Mary: (over her shoulder) “I'm don’t want to get into trouble! (Bob tries to ignore her. He is on his knees still trying to secure Mike’s wheelchair.)

(fed up) “BOB!!” (Bob lifts his head, lets out a sigh, gets up and sits next to Mike.)

Bob: “Mike we got to get moving but this stupid latch is screwed up again. We have to get Mary to work. It's just down the road. Look, I’ll fix it as soon as we get there. Let’s just get moving, okay?”

Mike: “I don’t think it’s a good idea....” (Bob cuts Mike off.)

Bob: “We’ll be fine, we’ll be fine. It’s not that far and I’ll fix it as soon as we get there.”

Mike: “Yeah, but....” (Bob turns and gets up – he heads for the driver’s seat in the van. As he passes Mary, he pauses and puts his hand on her shoulder...)

Bob: “It’s alright, take it easy, we’re still going to get there.” (Bob climbs into the driver’s seat.)

CUT
EXT. COMMERCIAL BUILDING PARKING LOT - CONTINUOUS

An anonymous driver walks across the parking lot to his car. He hits the button on his automatic car door opener. He is wearing an IPod and it is set to a loud volume. He opens the car, gets in and closes the door. As he starts the car, he is looking at his IPod and smiling. He puts the car into reverse and begins backing out of his parking space without looking behind him. As a result, he is unaware that the van is accelerating toward him as he quickly backs out from the parking space. In the van, Bob glances back to check on Mike. As he turns back he sees the car pulling out in front of them he slams on the breaks. Everyone in the van is thrust forward as Mike's chair comes free and is violently slammed against the van wall.
CUT TO BLACK

Bob: “Is everyone okay?! Mike...?”

MONTAGE: BLURRED IMAGES AND ECHOED VOICES

We hear a heartbeat. The car that cut the van off pulls away,

Bob: “I can’t believe it, he’s just driving away....”

Mike: (holding his neck) “My neck.”

Bob: (dialing 911 on his cell phone) “Mike?”

(voice only) “We’ve had an accident. We need an Ambulance, Mike is still in the van. I think he’s hurt...” (We hear an ambulance siren in the background.)

FADE TO BLACK

EXT. COMMERCIAL BUILDING PARKING LOT - MOMENTS LATER

Bob managed to avoid a collision, but Mike has been injured. The other passengers and the driver of the other vehicle are okay. An ambulance has arrived and is parked near the van. An EMT is tending to Mike's injuries. A uniformed State Trooper is standing next to the van and turns to Bob who is leaning against the van, obviously upset.

Trooper: “Okay, Bob. So, can you Tell me what happened here?”

Bob: (nervously) “We were in a hurry. Mary was going to be late for work. I was having trouble getting Mike’s wheelchair secured in the van. It’s been a problem before. I thought we’d be fine. We were going to drop Mary off at work and then I was going to fix it. I never thought anything like this was gonna happen. We never even made it out of the parking lot.”

Trooper: “OK Bob, it sounds like you were under a lot of pressure. But what you did was against the law and a form of abuse.”

Bob: (upset/worried) “Abuse? I would never abuse Mike...or Anyone else.”

Trooper: “By law all passengers are supposed to be properly seat belted in...” (Bob is shocked by learning this and tries to explain himself further.)

Bob: (upset/worried) “I told you it was an accident! I was going to fix it as soon as we got Mary to work. I never wanted anyone to get hurt!”

Trooper: “I hear what you're saying Bob; and I know that you didn’t mean to hurt Mike on purpose, or intentionally break the law. But, as the driver it’s your responsibility to make sure that all of your passengers are safely seat belted in. You knew the
wheelchair wasn’t properly secured and when you drove off without correcting it, you put Mike at risk. As a Police Officer, I am a mandated Reporter and I have to report this incident to adult protective services. It is neglect and it is a form of abuse. I’m sorry. (Bob is stunned and full of regret. He lowers his head as the trooper continues to explain what will happen next.)

DISSOLVE

EXT. COMMERCIAL BUILDING PARKING LOT - MOMENTS LATER

Mike is sitting in his chair, wearing a neck brace. The EMT is standing next to Mike’s chair as he addresses the state trooper.

EMT: “He’s alert but to be safe, I’m going to go get a gurney and then bring him to the hospital.”

Trooper: “OK. Thank you.” (As the EMT walks away, the State Trooper bends down to talk with Mike.)

“Mike I'm really sorry that this happened to you and I know that you said Bob didn't mean to hurt you on purpose, but it was his responsibility as the driver, to make sure that he did everything to make sure that you were safe. When he drove off and he knew that the wheelchair was not secure, he put you at risk and that’s neglect and it is a form of abuse. So, if someone is supposed to be helping you and they’re not doing their job or they’re doing something that could hurt you, then you have the right to report that.” (The trooper pulls a card out of her wallet and hands it to Mike.)

“So, I’m going to give you this card. This is the number to Adult Protective Services. You call that number anytime and someone will answer the phone and they can help you.”

Mike: “Thank you.”

Trooper: “You’re welcome.” (Camera zooms out. We see EMT in background walking to ambulance and opening the back bay door.)

FADE TO BLACK

Kristen: “What did you notice that was different here from the other stories we’ve seen so far?

Bob, the van driver (and the abuser) did not seem like a bad guy. Everyone, including Mike liked Bob – and Bob thought he was doing the right thing – getting everyone to work on time. The problem was Bob did not do something he was supposed to do; he didn’t lock Mike’s wheelchair and as a result, Mike got hurt.
Bob knew that he was supposed to make sure that Mike was safe in the van by strapping in his wheelchair, that was his responsibility... Mike even questioned Bob and said he didn’t think it was a good idea to leave his wheelchair unbuckled BUT Bob didn’t listen. When Bob drove the van without Mike being strapped in, he was NOT doing his job, he was NOT keeping Mike safe and was neglecting Mike. Neglect is abuse.

Caregivers have things they are supposed to do to keep you safe. It is different for each person – maybe they are responsible for helping you with your medication, helping you shower or shave, helping you to put on sunscreen, making meals or turning you in bed. If a caregiver does not do something that is their job and you are injured as a result – they have neglected you.

Some common warning signs of neglect are:

- Dehydration - not enough water
- Malnutrition, not enough food
- Lack of supervision
- Skin rashes or bedsores
- Injuries due to “accidents”, just like Mike
- Lack of clothing or not properly dressed for weather conditions
- Lack of needed adaptive equipment including a wheelchair, walker, or hearing aide

In our video, a police officer gave Mike the number to Adult Protective Services so he could call to report abuse himself – remember; you have the power to report abuse himself. Remember, you have the power to report abuse and put an end to it. You do not need anyone’s permission to make a report – and if something doesn’t feel right, speaking up is the right thing to do, even if you’re not sure if it is abuse.

If we don’t report abuse – the abuse can continue and other people can be put at risk too...

FADE

Kristen: “The next type of abuse we are going to talk about is verbal abuse. Verbal abuse can be tough to describe. It happens when a caregiver threatens you or tries to hurt you or control you by making you feel bad. It could be someone yelling at you and calling you names and making you feel bad about yourself. It could be someone threatening to hurt you or saying they will take things away like food, clothes or things you need unless you do what they want.

In this next video, we are going to meet Mary, she lives in an apartment with a roommate. Mary has a seizure disorder, so she has a Personal Care Attendant who comes to her apartment to help her with a couple of things such as organizing her medication and taking bathing.
When you watch Mary’s story, pay attention - see if you can find any of the warning signs of verbal abuse. When someone is verbally abused; you might see changes in their behavior. They might seem upset or confused; maybe they cry more often or become very quiet; they might stay away from certain people or events they used to like; sometimes they gain or lose weight. See if you notice any of these warning signs and changes in Mary’s behavior.

FADE
EXT. GROUP HOME: FRONT DOOR - DAY

Carol, a PCA, exits her car and approaches the front door of a house. She rings the doorbell.

CUT
INT. GROUP HOME: FRONT DOOR - DAY

Mary, a young adult woman enters the hallway to open the door.

Mary: “Hi Carol. Come in.”

Carol: (coldly) “Hi Mary, how are you doing?”

Mary: “Hi. I'm good. I'm glad you're here to help me.” (Mary welcomes Carol into the house. Carol enters the hallway and both woman stay in the hall talking…)

“I want to take my bath early so I can get ready for tonight's Self Advocates meeting.”

Carol: (slightly annoyed) “Sure. Whatever. That's fine.” (Carol begins walking towards the living room. Mary follows her.)

Mary: (detecting Carol's attitude) “Okay. So, I'm going to get all my stuff together now.” (Mary stops at the threshold of the living room as she detects Carol's nasty tone.)

Carol: (sarcastically) “Good idea.” (Carol has entered the living room and grabs the television remote before she sits down in a chair.)

(scolding, holding the TV remote in her hand and pointing it at Mary as she talks) “We don't want a repeat of yesterday. I need to be out of here on time. I've got things to do too. No delays today, OK Mary?”

Mary: “Okay... I'll let you know when I - when I get started.” (Mary walks out of the room. Carol, facing away from Mary and points the remote at the TV.)

Carol: “I'll be waiting.” (Carol turns on the TV and we hear a news program.)

CUT
INT GROUP HOME: BATHROOM – DAY
Mary enters the room with an armful of supplies for her shower. She sets her supplies down on the counter and begins to line items up on the counter in an organized fashion.

DISSOLVE
INT. GROUP HOME: LIVING ROOM – DAY

Mary enters the living room. Carol is still watching TV.

Mary: “Okay, Carol. I’m ready now.” (Carol continues watching the TV.)

Carol: “Do you have everything?”

Mary: “Yup. I’m all set.” (Carol turns to look at Mary standing in the threshold of the living room.)

Carol: (condescendingly) “Are you sure?”

Mary: (frustrated) “Yes. I have everything, I checked... I have everything.” (Carol turns off the TV and gets up off the couch. She continues talking as she walks by Mary.)

Carol: “Well, I hope you're right... You forgot your shampoo yesterday and I had to stop everything and find it for you.”

Mary: (sighs loudly) “I'm sure, I have everything.”

Carol: “I don't want to waste my time again like that.” (Mary watches as Carol walks off toward the bathroom with no response.)

INT GROUP HOME: BATHROOM

Mary, in her robe, is getting ready to enter the tub. She is taking off her socks. Carol is inspecting the various items Mary placed on counter. She can't seem to find something.

Carol: “Okay. Where's the skin lotion? I don't see it.”

Mary: (pointing at the counter) “It's right there.”

Carol: (sighs) “I am so tired of this. Every time…” (searching through drawers) “This is ridiculous!” (Carol slams the drawer and turns to Mary.)

“Can't you do anything right? What’s wrong with you? (Carol looms over Mary aggressively as she continues to berate her. Mary flinches and remains quiet.)

“I told you I do not want to be wasting my time. What is wrong with you? Are you completely useless or just plain stupid? Now I’m going to have to go get it.” (Fear
comes over Mary's face as she stands in silence. Carol continues pointing at Mary and waving her arms as her voice increases.)

“And don't you dare move until I get back. And don't you even think about getting into that tub or, I promise you, you will regret it.” (Carol storms out of the bathroom leaving Mary alone, in shock, feeling defeated and vulnerable. A short moment passes before Mary puts her face in her head down and begins to cry.)

FADE OUT
INT. GROUP HOME: MARY'S ROOM - NIGHT

It is the middle of the night. Mary is visibly upset tossing and turning in her sleep.

Mary: (asleep) “I know... I'm not stupid.”

DISSOLVE
INT. GROUP HOME: MARY'S ROOM - MORNING

Mary wakes up. She sits up at the edge of her bed and puts her face in her hands, sighing.

DISSOLVE
INT GROUP HOME: KITCHEN - MOMENTS LATER

Mary's roommate, Cindy, is sitting at the kitchen counter drinking orange juice. She has already started her morning and is finishing up her breakfast. She notices Mary disheveled and shuffling into the kitchen behind her. Cindy greets her with a smile.

Cindy: (warmly, friendly) “Hey, Mary...” (Mary doesn't respond as she grabs a bowl out of the cabinet and a spoon from the drawer. Cindy watches Mary closely as she walks around the counter to sit down. She senses something is wrong.)

(concerned) “Are you okay? You don’t look so good.” (Mary puts her bowl and spoon on the counter and sits down opposite Cindy.)

(cautiously) “You didn’t go to meeting last night.” (Mary looks up at Cindy.)

Mary: (softly) “Yeah.”

Cindy: “I heard you talking in your sleep. I heard you crying Mary. You sounded upset.” (leaning over touching Mary’s arm)

“You look awful. Are you sick?” (Mary - obviously upset and agitated begins speaking - Cindy is taken back.)

Mary: (shaken and upset) “No! It's Carol. She’s so mean to me. I can't stop thinking about it. She called me stupid! I only need her here in case if I have a seizure. Just because she helps it’s not okay for her to be mean to me.”
Carol: “What happened?”

Mary: “She came to help me with my bath, and I forgot my skin cream. So she started yelling at me and telling me that I never do anything right. She was so mean to me. She scared me! I didn’t wanna to go to my meeting last night. I don’t even want to go to work today.”

Cindy: (shocked) “She cannot do that. That’s not okay.”

Mary: “I’m sick of it! I don’t want her coming to the house anymore.”

Cindy: “Nobody has the right to treat you that way. That’s abuse!”

Mary: “No. She didn't hit me, she just said mean things to me. It’s not abuse.”

Cindy: (firmly) “Abuse can be words too. It's not okay for someone who helps us to yell or swear or call us names.”

Mary: “So what can I do? I don't want her to come here anymore.”

Cindy: “We need to get you help. You can fire her, then you have to report it so she doesn’t do that again.”

FADE

Kristen: “That was a tough story to watch. Carol was a cruel person. Her words hurt Mary. Verbal abuse is more than just yelling – it’s someone using words to hurt you or scare you or threaten you.

Did you notice some of the warning signs of verbal abuse with Mary? After Carol yelled at her and threatened her; Mary was too upset to go to her self-advocates meeting, she couldn’t sleep, she tossed and turned during the night and in the morning she didn’t brush her hair. All of these changes in Mary’s behavior were warning signs of abuse.

Mary’s roommate Cindy noticed something was wrong. She didn’t ignore it, Cindy was a trusted person to Mary. And Cindy gave us a very good example of how to listen and how to report abuse if it happens. Let’s talk about how Cindy responded when she found out Mary was being abused.

Cindy noticed a change in Mary. Cindy asked Mary what was wrong. When Mary told her about the abuse, Cindy stayed calm, she was a careful listener. She supported Mary and believed her. She did NOT ask lots of questions. She told Mary that what Carol was doing was abuse – and she told Mary how to report the abuse to adult protective services. She also stayed with Mary while she made the report to support Mary.
If you want to respond effectively to abuse like Cindy, it’s important to;

- Stay Calm
- Listen – don’t investigate or ask a lot of questions
- Get help by telling a trusted person, a mandated reporter, calling adult protective services or your local police or 911
- And stay with the person so the person is safe

Kristen: “The last type of abuse we are going to talk about today is financial abuse. Financial abuse happens when someone takes or uses your money or belongings without your permission. Financial abuse is stealing, if someone took your credit card and bought something for themselves without your permission, if someone took your clothes or jewelry or social security checks – these are examples of financial abuse.

In this last video, we are going to meet David. David has a disability – he lives with 3 housemates and has staff that help him 24 hours a day. When you are watching David’s story, pay attention for warning signs of financial abuse. Here are some examples –

- When money or belongings disappear,
- When someone always has to pay for others when they go out for dinner,
- When a rep payee doesn’t provide money or things a person needs,
- When receipts are not kept correctly or are always missing.

Let’s take a look David’s story…”

DISSOLVE TO: INT. RESIDENTIAL HOME: FAMILY ROOM

Gina, the house manager, is sitting at a desk counting $20 bills and putting them into an envelope marked “David Clothing Money - $250.00”. Amanda, a staff member, enters the office and approaches Gina. Gina looks up and smiles.

Gina: (friendly) “Hey Amanda.”

Amanda: “Hey Gina.”

Gina: “You ready to head out with David?”

Amanda: “Oh yeah.”

Gina: “David says he mostly needs work clothes. Some nice jeans or pants – maybe a couple of button down shirts? And his cousin's wedding is next month so if you come across a nice jacket and dress pants, feel free to pick those up.”
Amanda: “Okay.”

Gina: “…(handing Amanda the envelope) “You know his sizes right?” (Amanda points to her head.)

Amanda: (Confidently) “Yeah, yeah, yeah, yeah.”

Gina: (smiling) “Oh and um, can you save the receipts for me?”

Amanda: (nodding) “Leave them in here in the envelope?”

Gina: “Sure, that’d be great. Thanks. (Turns to David) David? Are you ready to head out with Amanda?”

David: “Yeah.” (David nods, gets up from the nearby couch, puts down the television remote, grabs his jacket and heads towards the door.)

Amanda: “Okay, Gina, see ya’ later.”

Gina: “You guys have fun.” (Gina turns to desk.)

CUT TO: EXT. HOME – DAY

Door opens, David and Amanda exit the house and walk down stairs.

DISSOLVE TO: EXT. CONSIGNMENT STORE - DAY

Amanda and David exit Amanda’s car and walk toward consignment store.

DISSOLVE TO: INT. FRUGAL’S CONSIGNMENT STORE – LATER MONTAGE

Amanda and David walk down a flight of stairs and browse through racks of clothing, picking up garments.

Amanda: “Hey David.” (Holding up sweater) “What do you think about this one?” (She walks towards David holding sweater.)

David: “Yeah.”

Amanda: “Yeah?”

David: “Yeah.”

DISSOLVE

Amanda and David are standing at register with cashier.
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Cashier: “Okay your total is $44.95, please.” (Amanda reaches into the envelope labeled “$250.00”, pulls out some bills and hands them to the cashier.)

“Out of $50.00...” (The cashier takes the change out of the register and hands it to Amanda along with the receipt.)
“And your change is $5.05.” (The cashier picks up a shopping bag and hands it to David over the counter.)

“Thank you. Have a good day.”

Amanda: “You too.” (David and Amanda walk away. Cashier turns to calculator on counter and begins entering numbers.)

DISSOLVE TO: INT. RESIDENTIAL HOME: LIVING ROOM/OFFICE

Amanda and David come through the front door of David’s house.

Amanda: (with an exaggerated sigh) “Oh, back finally.” (takes bag from David) “Hey, why don’t you have a seat and I’ll put this away.” (David nods as he sits down on couch. Amanda puts her purse down and walks out of room.)

CUT TO: INT. RESIDENTIAL HOME: BEDROOM

Amanda enters David’s bedroom and puts bag on his bed. She sits down on bed and begins taking clothing out of the shopping bag. As she removes each item from the bag, she quickly tears the price tags off and puts the items in a dresser drawer. We hear a TV turning on in the next room and a newscaster reporting on a story. Amanda continues to tear price tags of items of clothing. David, watching TV down the hall, reaches to put the remote control on the coffee table and it falls to the floor.

David: “Oops!” (Startled, Amanda rapidly puts the rest of the clothes away, forgetting to remove the remaining tags. Looking over her shoulder, she closes the drawer, grabs the receipts, the shopping bag and heads out of the room.)

DISSOLVE: EXT. SHOPPING MALL PARKING LOT – AFTERNOON

Amanda approaches her parked car carrying a large shopping bag in one hand. She is humming to herself, obviously in a good mood.

CUT TO: INT. AMANDA’S CAR – CONTINUOUS

Amanda opens the door and tosses the bag on the passenger seat. As she gets into the car, her cell phone rings.

Amanda: (answers phone) “Hi. Joey - Class out already? Yeah, be there in about 10 minutes.” (takes receipt out of shopping bag) “Hey, I just left Styleplex and I got you a great outfit for your job interview next week. You are going to look really,
really good. (Takes change purse out of bag) I got you up some other stuff too but I’ll talk to you about that when I get home. Okay. Okay.” (She hangs up the phone and drops it into her pocket. She looks closely at the Total ($225.70) and Change ($14.30) amounts on the receipt.”

(squinting) “Okay...fourteen...thirty…” (She counts bills and puts them into David’s money envelope then pours change from her change purse and counts out thirty cents. She adds this to the envelope too. She adds the receipt from Styleplex to David’s envelope and puts her change purse away and puts David’s envelope on the seat next to her. She is smiling and chuckling to herself. She starts the car and drives off.)

DISSOLVE: INT. RESIDENTIAL HOME: BEDROOM - MORNING

David is sitting on his bed in pajamas reading as Gina, the house manager, walks in greeting David with smile.

Gina: (Cheerful) “Good morning David. How are you? Have you thought about what you’d like to wear today?”

David: (not looking up from his book) “K.”

Gina: “What about one of your new outfits?” (Gina walks around David’s bed and heads for David’s dresser. She opens a drawer and takes out a shirt.)

Gina: “Let’s see what we’ve got in here. Oh, this one looks nice... What do you think?” (She notices a stain on the back of the shirt.)

“Uh, oh. There's a stain on it. We'll have to take it back that happens sometimes.” (Gina puts the shirt aside and pulls out another new top.) “There’s another nice one.”

David: (looking up from book) “K.”

Gina: “How about a pair of jeans?” (As she looks at the jeans she notices a price tag that says, “Frugal’s Consignments. Gina grabs it to get a closer look.”

Gina: (confused) “Frugal’s Consignment? What is this?” (Gina pulls out the other new clothes and notices matching tags on the items Amanda missed.) “Another one. David are these the clothes you and Amanda bought yesterday?”

David: (nods) “Yes.”

Gina: (still taking clothes from the dresser) “I think we might have to make a phone call. We might have a problem. Do you mind if we pick out your outfit later, after we make the phone call?”
David: “K.” (David gets up from his bed and walks towards the door.)

CUT TO: INT. SUPERVISOR’S OFFICE - MOMENTS LATER

Mike, Gina’s supervisor, is sitting at his desk reviewing paperwork. The phone rings. Mike picks it up.

Mike: “Hi, it’s Mike.”

CUT TO: INT. RESIDENTIAL HOME: OFFICE – CONTINUOUS

David is sitting at the desk next to Gina. The contents of the envelope and the tags from the consignment store are laid out in front of her.

Gina: “Hi, Mike. It’s Gina Curran. You got a minute?”

CUT TO: INT. SUPERVISOR’S OFFICE – CONTINUOUS

Mike: “Yeah, Hi Gina. Sure what’s up?”

Gina: (over phone) “I think we might have a problem....”

Mike: “Yeah, go ahead.”

CUT TO: INT. RESIDENTIAL HOME: OFFICE – CONTINUOUS

Gina: “Amanda took David clothes shopping and submitted receipts from a store in the mall. When we were picking out his outfit this morning, we found stains on a shirt and then tags from a consignment store on the other clothes. I think she might have bought used clothing and submitted false receipts. That's stealing! Should I call the police?”

CUT TO: INT. SUPERVISOR’S OFFICE - CONTINUOUS

Mike: “Yes, Gina you should definitely call the local police. If she did this, it’s a crime and it's abuse. Besides calling the local police, you should also call adult protective services. If Amanda stole from David it’s a criminal matter, so let’s make sure the right people handle it.

CUT TO: INT. RESIDENTIAL HOME: OFFICE – CONTINUOUS

Gina turns in her chair facing David.

Gina: “OK, Mike. Thanks for talking to me. David and I will talk about it and then we’ll make those phone calls.”

Mike: (over phone) “OK. Sounds good. Keep me posted.”
Gina: “OK.”

Mike: “Alright, bye.”

Gina: “Bye.” (Gina hangs up and gives David a reassuring look.)

FADE

Kristen: “Let’s talk about what we just watched. Amanda took David shopping for clothes. She took him to a consignment store and bought used clothes for him – then Amanda took the rest of David’s money and bought clothes for her son at an expensive store using David’s money.

Amanda stole David’s money – and to hide it she gave Gina, the house manager, the receipts for the clothes she bought for her son. She also ripped the tags off the used clothes she bought for David to hide her theft.

When Gina was helping David pick out his clothes for the day, she noticed first that there were stains on one shirt and second that Amanda left a couple of price tags on David’s clothes – and these price tags were from the used clothing store.

Stealing is a type of abuse and it is also a crime. Financial abuse should be reported to adult protective services and to the police.

GRAPHIC

Voice over: “We can report abuse by calling Adult Protective Services. Here is the number you can call in your state. In an emergency, or if a crime has been committed you can also call 911 or your local police.

FADE

Kristen: “Gina was the person who noticed the warning signs, Gina was also the trusted person and mandated reporter who offered to help David report the abuse.”

GRAPHIC

Kristen: “We’ve talked about a lot of important things today. We’ve learned how to Recognize, Report and Respond to Abuse. Learning about abuse is the first step to stopping abuse. People with disabilities don’t deserve to be abused and have the power to do something about abuse when it happens. Once we recognize abuse, we must report it. WE can report abuse ourselves or we can ask a trusted person or mandated reporter to help us – take a minute to think again about who are the trusted people and mandated reporters in your life.

GRAPHIC

Awareness and Action Curriculum: Video Scripts
Voice Over: “We can report abuse by calling adult protective services. Here is the number you can call in your state. In an emergency or if a crime has been committed, you can also call 911 or your local police.”

FADE

Kristen: “We hope this video has been helpful. It is up to all of us to work together to provide people with disabilities the opportunity to live a life that is free of abuse. Thank you.”

FADE: CREDIT ROLL

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Popcorn Skit - Video Script

A man and woman are sitting next to one another on chairs and two men are standing behind them eating popcorn out of small bags.

Alex: (Sitting in chair) “We have been talking a lot about the topic of abuse to persons with disabilities lately and how abuse is a big problem and how we all need to be ready to recognize, report and respond when it happens. What do you think of all of that?”

Michelle: (Sitting in chair next to Alex) “Yeah, yeah…abuse is not a problem. It’s just a waste of time, why preparing ourselves for it?”

Alex: “Not a problem?!? A waste of time?!? You must be kidding, abuse is a big problem. People with disabilities are abused more than people without disabilities. You’re wrong, abuse is a big problem and we need to be ready to deal with it when it happens.”

Michelle: “Like I said. We don’t need to get ready to deal with abuse. It’s not a problem. It won’t happen to me.” (While Michelle is talking, Alex picks up an umbrella and opens it.)

Michelle: “It’s a waste of time and I can’t imagine why we have to talk about this anyway.” (Alex puts the umbrella over his head and looks at Michelle while she is talking)

While Michelle is talking and Alex is safely under his umbrella, the two men standing behind Michelle and Alex pour their containers of popcorn over Alex and Michelle’s heads. Alex is protected by his umbrella and none of the popcorn hits him directly. Michelle on the other hand has no protection and the popcorn that is poured over her lands on her head and lap.

Michelle: “Oh yeahhhhhhh…. …”
Park Bench Skit - Video Script

A man and woman are sitting on a park bench against a stark black background.

Craig: “Hello friend. How are you doing?”
Karen: “I’m okay.”
Craig: “What is going on? Haven’t seen you in a while. I was worried. I’ve been trying to reach you. Would you like to get a cup of coffee and catch up?”
Karen: “Okay.”
Craig: “How are you and your boyfriend doing?”
Karen: “We’re okay.”
Craig: “You look really sad. What is going on?” (Craig reaches over to put his hand on Karen’s arm. When he does, Karen’s sleeve lifts to expose 2 bruises on her left forearm.)
Karen: “Owww.” (Karen pulls her shirt sleeve down to hide the bruises.)
Craig: “I saw something. What was that? Something’s not right.”
Karen: “It’s nothing. It’s just stupid.”
Craig: “It’s not stupid. It’s something. Why did you pull your sleeve down? I saw a bruise on your arm. You know, I am your friend. Is there something you want to talk about?”
Karen: “I am scared. I was hurt.”
Craig: “What are you scared of?”
Karen: “I am scared that my boyfriend will come back and hurt me again.”
Craig: “What did he do to you to cause those bruises?”
Karen: “He grabbed my arm and shoved me into the chair, he wanted $20.00 and we had a fight – he yelled at me and called me names. I told him I can’t keep giving him money every week.”
Craig: “Did he hurt you anywhere else? Do you have any more bruises?”
Karen: “Yes. I have a bruise on my face.” (Karen lifts her baseball cap to reveal a bruise on the outside of her left eye.)
Craig: “Did you tell anyone like the police, family or staff?”

Karen: “NO!”

Craig: “Did you go to see a doctor?”

Karen: “No. I did not. I did not know who to talk to or who to call.”

Craig: “There are people who can help – you should see a doctor to make sure that you’re okay. Here’s a card from the Disabled Person’s Protection Commission.” (Craig reaches into back pocket and pulls out a business card that he hands to Karen). “We can call them together.”

Karen: (Looking at Craig, Karen nods her head.)
For copies of the Awareness and Action Trainer Guide and Curriculum or other Building Partnerships Initiative (BPI) materials, please contact:

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