

Physical and Emotional Abuse

INSTRUCTOR GUIDE

November 2026

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Module 0. Manual Guide

0.1. Acknowledgments and Partners

The curriculum was originally created by NAPSA in collaboration with the Academy for Professional Excellence. It was then used as a foundation for training content and materials developed by NAPSA under the grant for the National APS Training Center.

The creation of this curriculum was the result of a collaborative effort between Adult Protective Services professionals, professional educators, and NAPSA members. NAPSA would like to thank the following:

Committees

NAPSA Education Committee

NAPSA Curriculum Development Committee

NAPSA Curriculum Review Committee

No AI was used in the development of this curriculum.

0.2. Course Summary

In this interactive and engaging introductory training, participants will gain a basic understanding of physical and emotional abuse. This understanding will enhance their ability to conduct investigations and develop effective strength-based service plans when working with people who have experienced abuse.

0.3. Target Audience

The course is intended for new APS professionals who investigate allegations of physical and/or emotional abuse. Tenured staff and allied professionals may also benefit from this training.

0.4. Course Requirements

There are no course requirements. It may be helpful for participants to have some experience in safety and service planning.

0.5. Goal

The purpose of this training is to enable APS professionals and allied professionals to have a better understanding of the signs, indicators, impacts, and interventions for physical and emotional abuse.

0.6. Learning Objectives

After completing this course, participants will be able to:

- Define physical and emotional abuse
- Recognize the signs of physical and emotional abuse
- Identify attributes of injuries that may be indicative of abuse
- Describe the impact of trauma on people who have experienced abuse
- List possible interventions in cases of physical or emotional abuse

0.7. Course Length

This curriculum was developed as a 4-hour training. It is recommended that time be permitted for two 15-minute breaks, determined by the trainer's discretion.

0.8. Trainer Preparation

This instructor-led curriculum is designed for both classroom delivery and virtual delivery.

The optimal size for this training is 20-25 participants.

This curriculum will frequently reference local statutes regarding physical and emotional abuse. It is recommended that not only should the instructor review the local definitions of physical and emotional abuse for APS, but if possible, provide a resource document with those definitions for learners.

Suggestions for virtual delivery:

- Have a moderator or co-host who can focus on the virtual aspects (chat, creating breakout groups, etc.) Some individuals will be more comfortable coming off mute to speak, but other participants may prefer to use the chat box exclusively.
- **This curriculum includes video.** Ensure that the person sharing their screen is also sharing their system audio. You may be more comfortable opening the videos ahead of time and pausing at the indicated timestamp.
- Consider accessibility features, such as auto-captioning, transcriptions, or even real-time American Sign Language (ASL) interpretation where applicable.

Module 1. Welcome and Overview

Time: 20 minutes

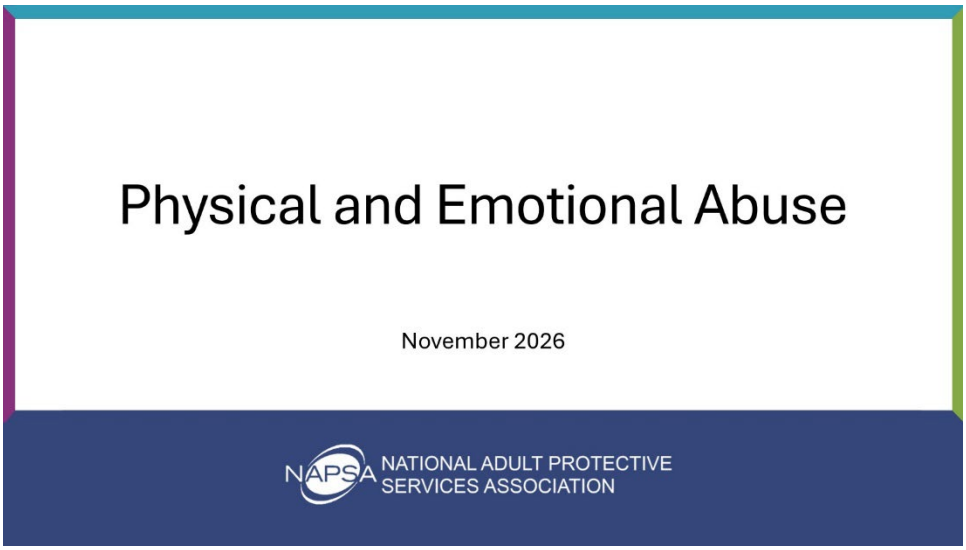
Associated Objective: None

Purpose: Welcome and introduction of the course. This section includes the introduction of the trainer, participants, and the purpose and background of the course.

Facilitation Instructions: Follow the talking points and associated prompts.

Tools: PowerPoint Presentation

Slide 1: Welcome



Do: Welcome participants to the course and introduce yourself by name, job title, organization, experience, and qualifications as the trainer.

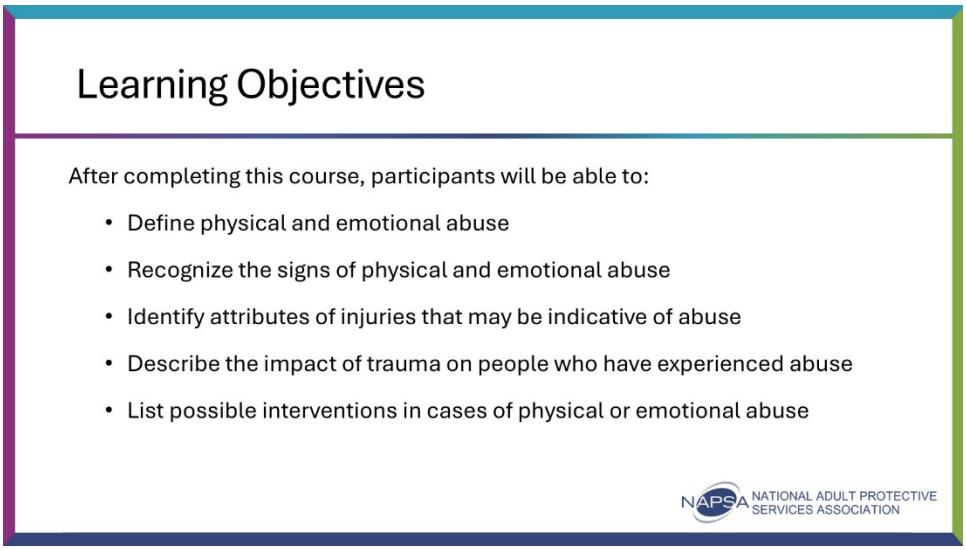
Review the following housekeeping items:

- Respect everyone's opinions, each other's time, and speakers.
- Timeliness: Be on time for breaks.
- Confidentiality: At any point when we discuss real cases, do not share names or identifying information.
- Sensitive Content Warning: Content and discussion today may activate feelings based on personal or professional experiences. Please do what you need to do to safely engage in the training today.

Virtual Additions

- Always keep your microphone on mute unless instructed otherwise.
- Use the raise hand option to ask questions and reactions to interact.
- Post any questions in the chat box that need additional clarification or information.
- Explain the process for breakout groups, including any prompts that learners need to accept to enter or leave the group and how they can request help

Slide 2: Learning Objectives



Discuss the learning objectives:

After completing this course, participants will be able to:

- Define physical and emotional abuse
- Recognize the signs of physical and emotional abuse
- Identify attributes of injuries that may be indicative of abuse
- Describe the impact of trauma on people who have experienced abuse
- List possible interventions in cases of physical or emotional abuse

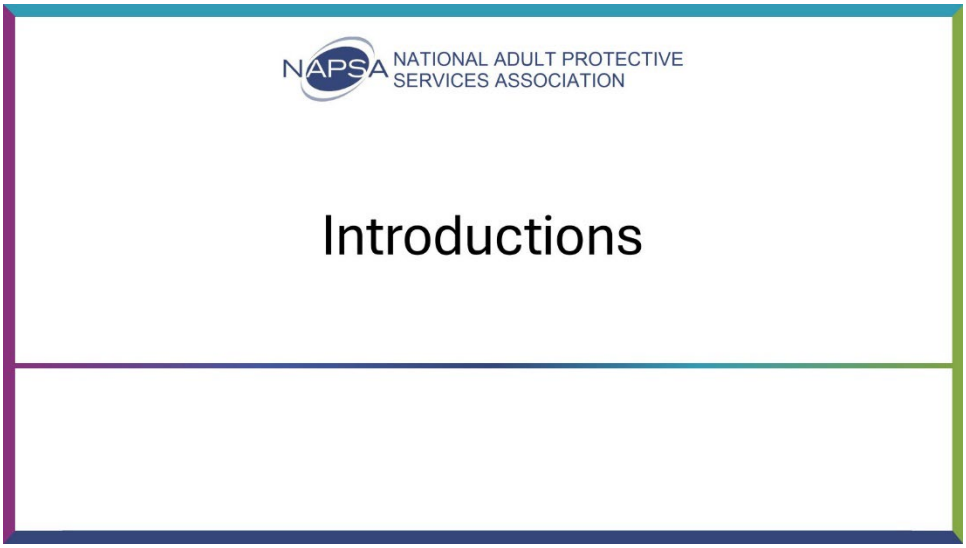
Explain class expectations: what they will learn, upcoming activities, length of class, number of breaks, etc.

1.1. Introductions

Time: 10 minutes

Method: Will vary depending on selected activity

Slide 3: Introductions



Do: Facilitate an icebreaker to help participants feel comfortable interacting in class. There is flexibility in this activity, as adjustments must be made based on class size and participants' familiarity with one another. The trainer may use an icebreaker of their choice. Examples include:

- Invite all participants to state their name, job role, and, if applicable, organization
- If in a virtual environment, invite all participants to pick an emoji to describe their mood, energy level, or level of excitement about the training (this can be a useful way to introduce emoji reactions and use of the chat function as well).
- Invite each participant to introduce themselves and say a quote or saying they refer to, live by, or just like. (These do not have to be profound! For example, “Sucking at something is the first step toward being sorta good at something.” – Jake the Dog, Adventure Time)

Module 2. An Introduction to Abuse

Time: 40 minutes

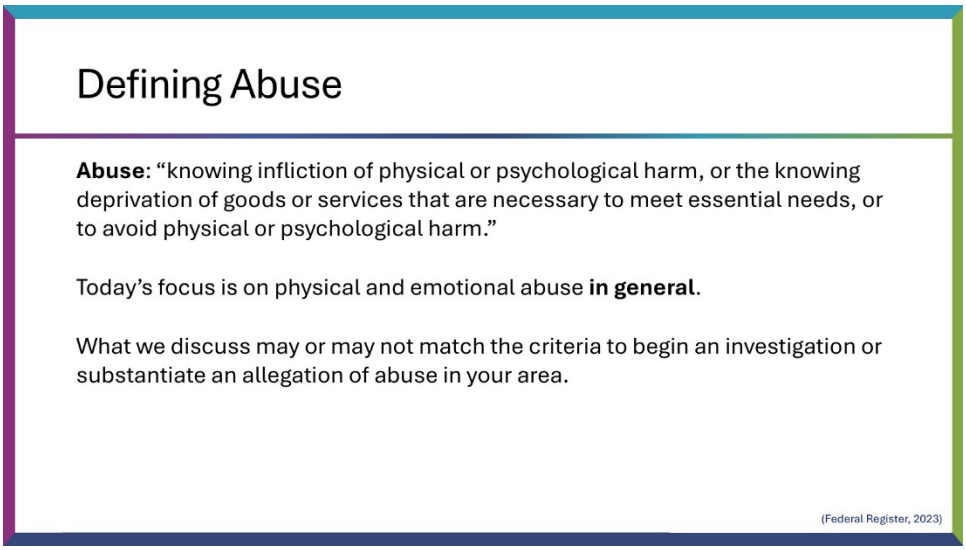
Associated Objectives:

- Define physical abuse, recognize the signs of physical abuse.

Facilitation Instructions: Follow the talking points and associated prompts. Prepare the video.

Tools: PowerPoint presentation, participant guide, video

Slide 4: Defining Abuse



Trainer note: *During the lecture portion, it is advised that you encourage participation via the "Raise Hand" or chat features, accept questions, and encourage discussion.*

Say: According to the APS Final Rule, abuse is the "knowing infliction of physical or psychological harm, or the knowing deprivation of goods or services that are necessary to meet essential needs, or to avoid physical or psychological harm."

Today, we're going to explore physical and emotional abuse at a high level. Statutes that define the types of physical and emotional abuse that are investigated – or not investigated – by APS, will vary.

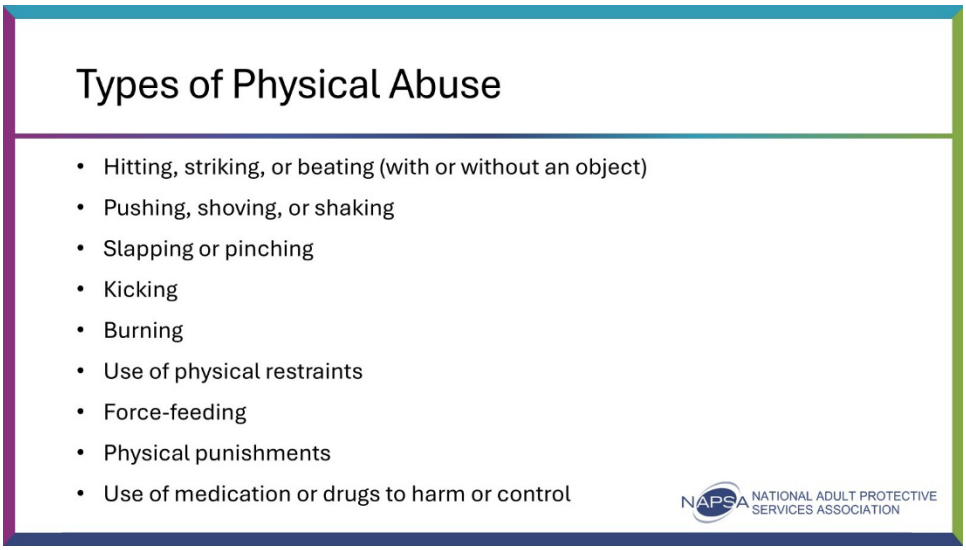
Ask: Who is familiar with the statutes that define what types of physical and emotional abuse are investigated by APS in their area?

Trainer note: Prepare the statutes ahead of time so that if there is no learner in the class who knows the answer, you are able to answer the question. How does the state/locality define physical abuse, for the purposes of APS investigation? How does

the state/locality define emotional abuse? (This may also be referred to as psychological abuse, emotional distress, or this allegation type may not be investigated, depending on the state.)

(Federal Register, 2023).

Slide 5: Types of Physical Abuse

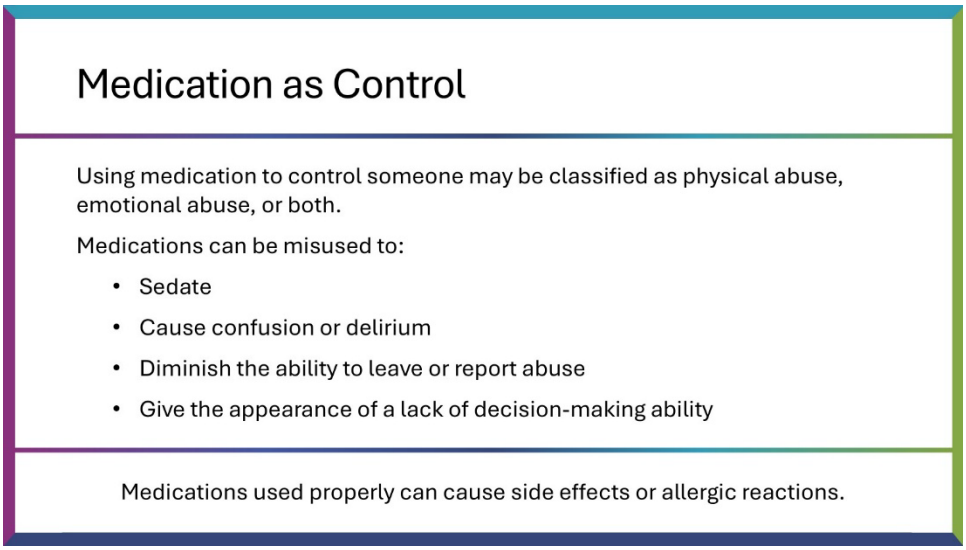


Say: Let's start by looking at physical abuse. While there will be variation in how physical abuse is specifically defined in your area, physical abuse is generally understood to include:

- Hitting, striking, or beating (with or without an object)
- Pushing, shoving, or shaking
- Slapping or pinching
- Kicking
- Burning
- Use of physical restraints
- Force-feeding
- Physical punishments of any kind, including spanking
- Use of medication or drugs to cause harm or exert control

Depending on statute, sometimes sexual abuse is investigated as physical abuse. In other areas, sexual abuse is its own allegation. For the purposes of this training, we're focusing on non-sexual physical abuse.

Slide 6: Medication as Control



Say: Let's take a closer look at the use of medication to harm or control someone. Depending on your area, this may be classified as physical abuse, emotional abuse, or both.

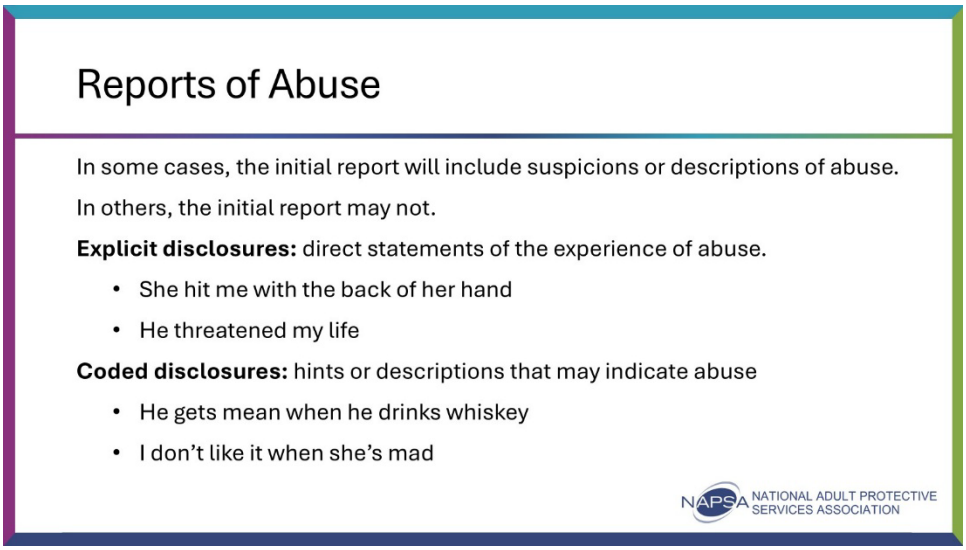
Medications can be misused to sedate or cause confusion or delirium. This can make the medicated person less able to leave a dangerous situation, diminish their ability to report the abuse, or even appear to lack the ability to make decisions.

At the same time, medications used properly may have severe and serious side effects, or cause an allergic reaction.

Ask: What can you do to help tell the difference?

Potential answers should include: determine whether the medication is new, document the prescription and how it is administered, observe pill bottles or medication storage, and if needed, consult with a medical professional to determine whether the medications as prescribed match the signs and symptoms observed.

Slide 7: Reports of Abuse



Say: In some cases, the initial report will include suspicion of, or descriptions of abuse. In others, the initial report may not include any indication of physical or emotional abuse at all. Let's take what we just reviewed, medication as control, as an example: say we receive a report of financial exploitation, then discover through our investigation that the alleged perpetrator has been misadministering one of the older adult's medications to intentionally cause confusion. The course of our investigation has identified a new allegation of abuse.

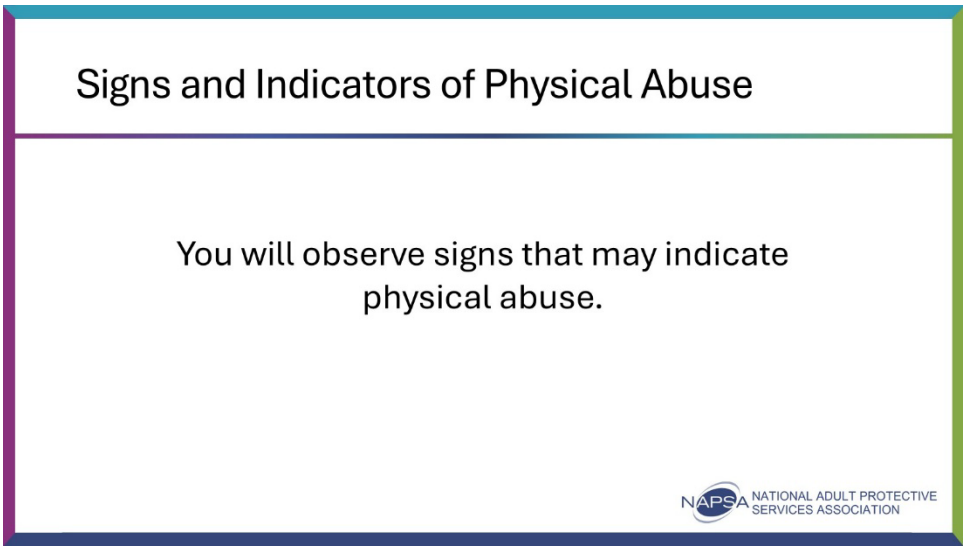
We may learn of abuse from the person experiencing it; sometimes the individual may make an explicit statement, like "She hit me with the back of her hand," or "He threatened my life."

Other times, they may make what we call a coded disclosure: a way to indirectly describe or hint at an experience of abuse without speaking about it directly. Coded disclosures may include statements that don't always indicate abuse, like "He gets mean when he drinks whiskey," or "I don't like it when she's mad." The person is not trying to lie; there are many reasons they may choose this form of disclosure, including cognitive ability.

Ask: If someone makes a coded disclosure, how do you respond? Has anyone had experience with following up on a coded disclosure?

Potential answers include: Don't let the moment pass by as long as it's safe to press. Ask open-minded, non-blaming clarifying questions like, "Can you explain what you mean?" or "What does he do when he's mean? Who is he mean to?" "What does she do when she gets mad?" Avoid assumptions and proceed with compassion; the individual may be hesitant or uncomfortable, but it's important to do what you can to understand the situation. Your supervisor is an excellent resource if you're not sure how to interpret or follow up on a coded disclosure.

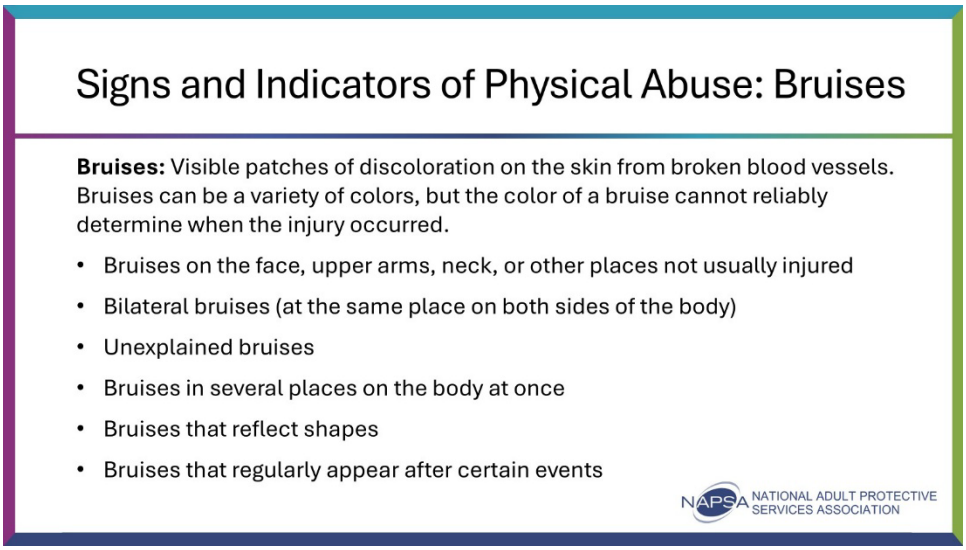
Slide 8: Signs and Indicators of Physical Abuse



Say: Outside of disclosures, other signs may point to the presence of possible abuse.

For the next few slides, we'll be describing signs and indicators that someone could be experiencing physical abuse. Many of these signs are going to be physical injuries, which will be described but not pictured.

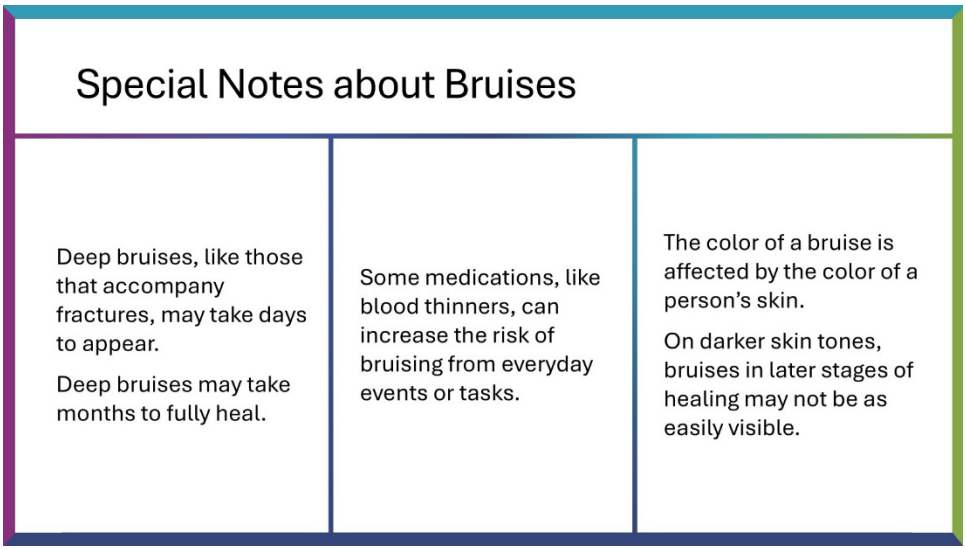
Slide 9: Signs and Indicators of Physical Abuse: Bruises



Say: Physical signs that someone may be experiencing physical abuse may include:

- Bruises: visible patches of discoloration on the skin caused by broken blood vessels. Bruises can be a variety of colors, including red, purple, blue, green, yellow, or brown. Not all bruises follow the same color progression, and the color of a bruise can't reliably determine when an injury occurred. Bruises may be an indicator of physical abuse if you observe:
    - Bruises on the face, upper arms, neck, or other places that aren't usually subject to what we'd consider "everyday bumps"
    - Bilateral bruises (bruises that are at the same place on both sides of the body)
    - Unexplained bruises
    - Bruises in several places on the body at once
    - Bruises that reflect shapes, including fingers, hands, or objects
    - Bruises that regularly appear after certain events, travel, or contact with certain individuals

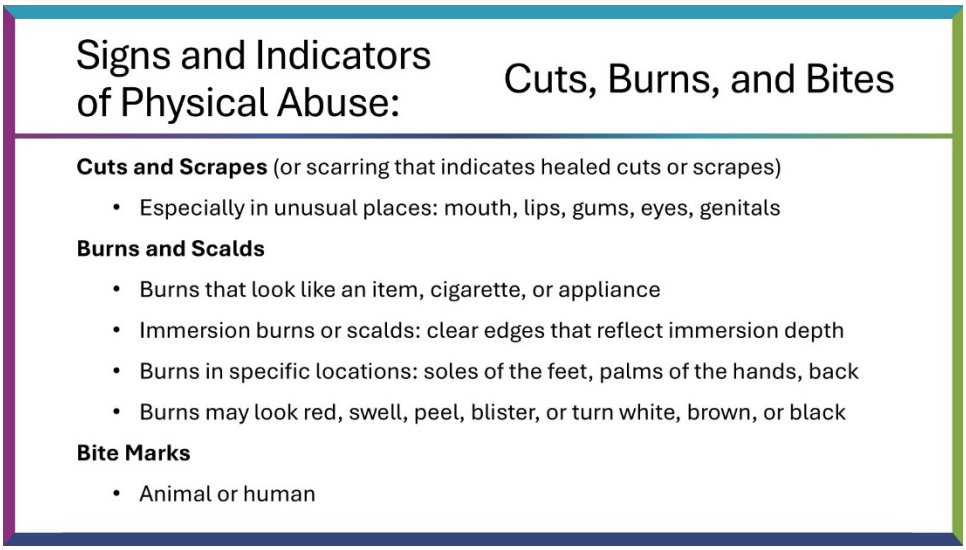
Slide 10: Special Notes about Bruises



Say:

- Deep bruises, like those that accompany fractures, may take days to appear, and weeks or months to fully heal.
- Some medications, like blood thinners, can increase the risk of bruising from everyday events or tasks. However, this does not rule out bruising from abuse; medical consultation is helpful when attempting to determine known causes for bruises.
- The color of a bruise is affected by the color of a person's skin. On darker skin tones, bruises in later stages of healing may not be as easily visible, but will still be painful. Please remember, you can not accurately determine how old a bruise is by its color.

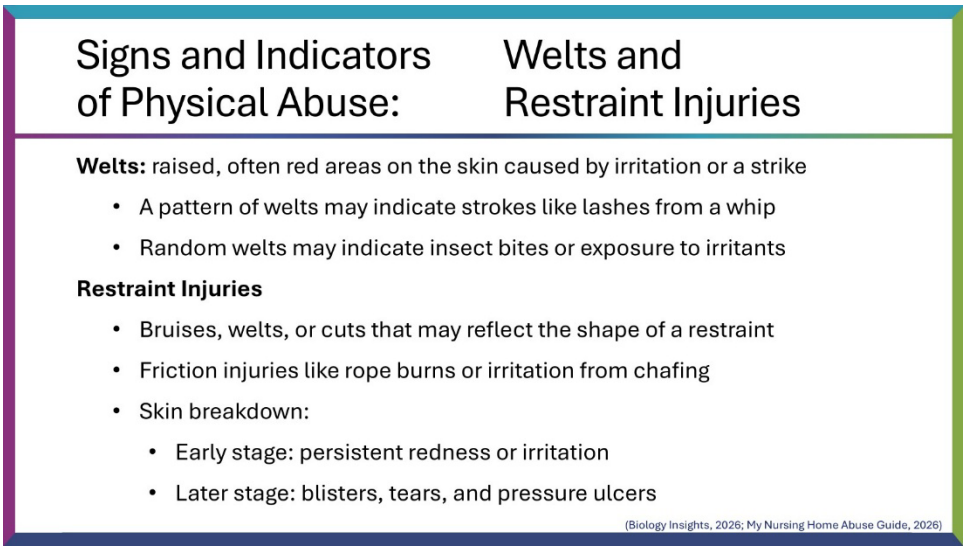
Slide 11: Signs and Indicators of Physical Abuse: Cuts, Burns, and Bites



Say: Other physical signs someone may have experienced physical abuse include:

- Cuts or scrapes, or scarring indicating cuts or scrapes, particularly if the cuts or scrapes are in unusual places (such as the mouth, lips, gums, eyes, or genital areas)
- Burns and scalds, including burns that look like an item, cigarette, or appliance; immersion burns from submersion in a hot liquid, which tend to have clear edges that reflect the depth to which the limb or body area was immersed; or burns in specific locations like the soles of the feet, palms of the hands, or back
    - Burned skin may look red, swell, peel, blister, or even turn white, brown, or black if the burn is severe
- Bite marks may be animal or human. Bear in mind that animal bite marks can take a variety of shapes, depending on the animal.
    - A note about animals: there are other safety concerns regarding animal bites, including the risk of transmission of rabies or other conditions, and whether the animal is still present, for both the person's safety *and yours.*

Slide 12: Signs and Indicators of Physical Abuse: Welts and Restraint Injuries

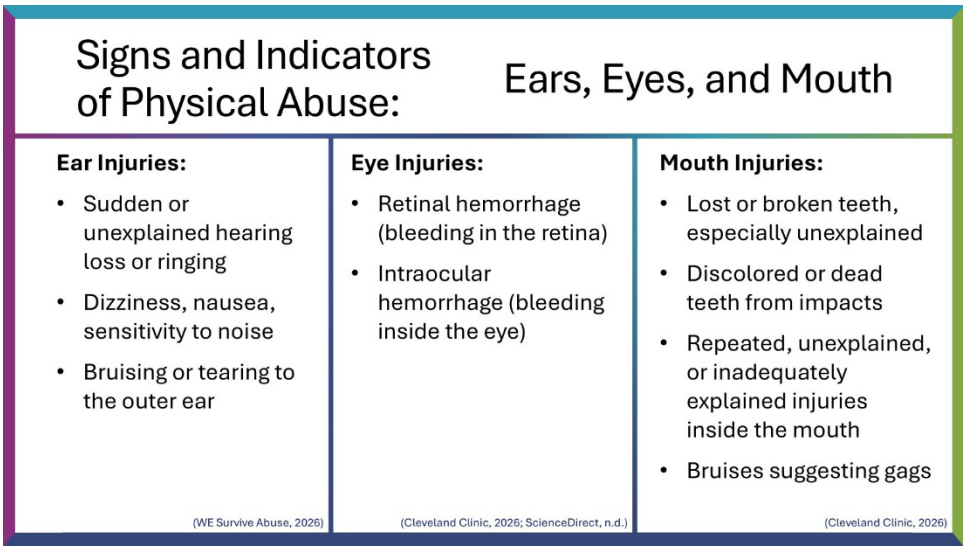


Say:

- Welts are raised, often red areas on the skin caused by irritation (like an allergic reaction) or a strike. A pattern of welts may indicate strokes like lashes from a whip. Random welts may indicate insect bites or exposure to irritants.
- Restraint injuries can take a variety of forms and are likely to be observed at common points of restraint like the wrists, ankles, and throat, but can appear at any point on the body. These injuries include:
    - Bruises, welts, or cuts that may reflect the shape of a restraint
    - Friction injuries like rope burns or irritation from chafing
    - Skin breakdown, which in its initial stages may appear as persistent redness or irritation, and can escalate to blisters, tears, or pressure ulcers

(Biology Insights, 2026; My Nursing Home Abuse Guide, 2026)

Slide 13: Signs and Indicators of Physical Abuse: Ears, Eyes, and Mouth



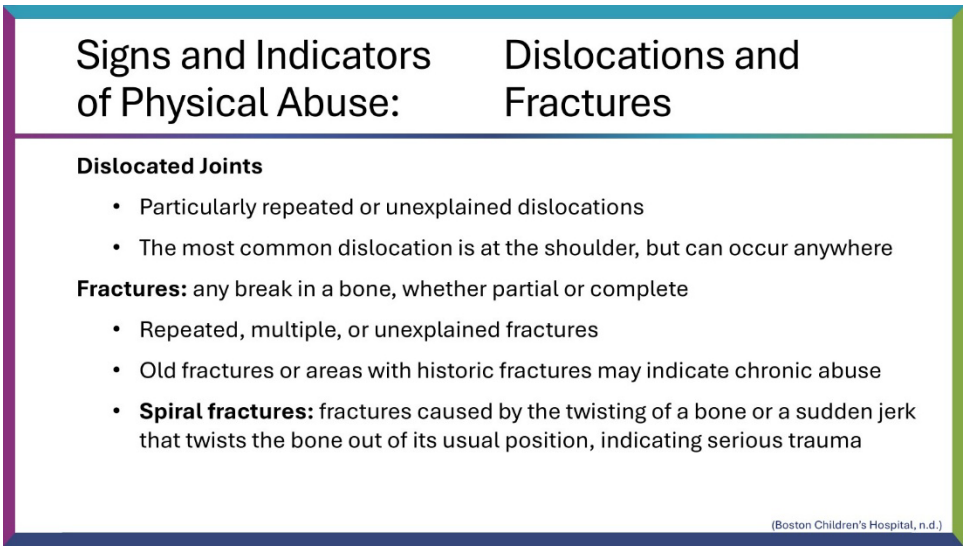
Say:

- Ear injuries that may indicate abuse include:
    - Sudden or unexplained hearing loss or ringing in the ear, which may or may not be accompanied by dizziness, nausea, or sensitivity to noise
    - Bruising or tearing to the outer ear
- Eye injuries that may indicate physical abuse include:
    - Retinal hemorrhage, or bleeding in the retina. This will generally occur in one eye, and the most common signs include sudden loss of vision, or vision getting noticeably worse or blurry, patches or spots of darkness, or seeing flashes or floaters
    - Intraocular hemorrhage, or bleeding inside the eye, which may appear as a red smear on the outside of the eye or may require examination by a professional. Again, this may become apparent when someone's vision suddenly changes, including blurry, cloudy, or hazy vision, sensitivity to light, or the presence of floaters or shadows.
- Mouth injuries that may indicate physical abuse include:
    - Lost or broken teeth, especially if this is unexplained or unrelated to dental disease
    - Discolored or dead teeth as the result of impacts

- Repeated, unexplained, or inadequately explained injuries inside the mouth like cuts or bruises to the gums, insides of cheeks, tongue, oral frena (the thin pieces of tissue that connect the lips to the gums or the tongue to the bottom of the mouth), or roof of the mouth
- Bruising of the cheeks and gums at the corners of the mouth implying the use of gags

(WE Survive Abuse, 2026; Cleveland Clinic, 2026; ScienceDirect, n.d.)

Slide 14: Signs and Indicators of Physical Abuse: Dislocations and Fractures

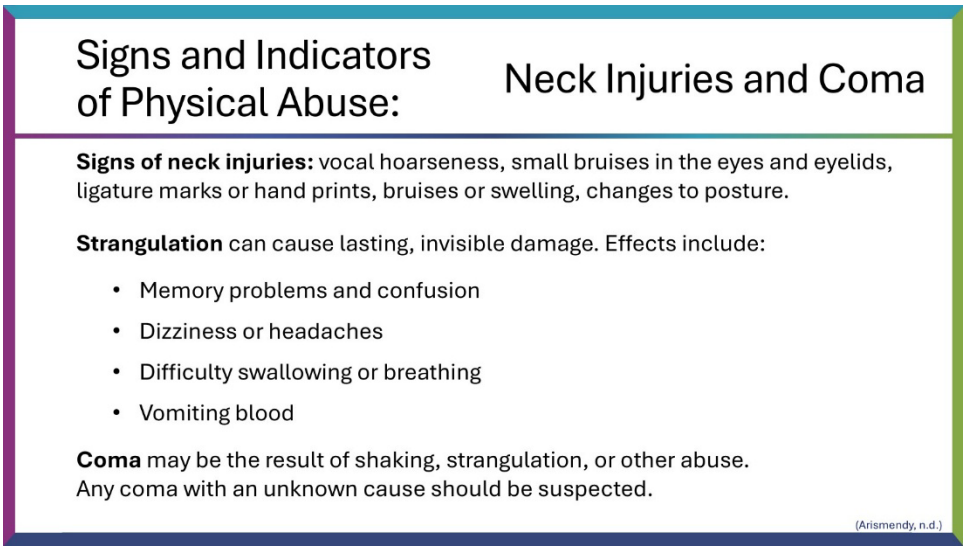


Say:

- Dislocated joints, particularly repeated or unexplained dislocations. The most common dislocation is at the shoulder, but joint dislocations can occur across the body
- Any break in a bone, whether it's partial or complete, is called a fracture. Fractures are sometimes, but not always, visible and must be confirmed by medical professionals.
    - Repeated, multiple, or unexplained fractures may indicate abuse
    - Old fractures, or areas that have had historic fractures, may indicate chronic abuse
    - While there are many types of fractures, take particular note of spiral fractures: these fractures are caused by the twisting of a bone, or a sudden jerk that twists the bone out of its usual position. These are rare and can indicate serious trauma.

(Boston Children's Hospital, n.d.)

Slide 15: Signs and Indicators of Physical Abuse: Neck Injuries and Coma

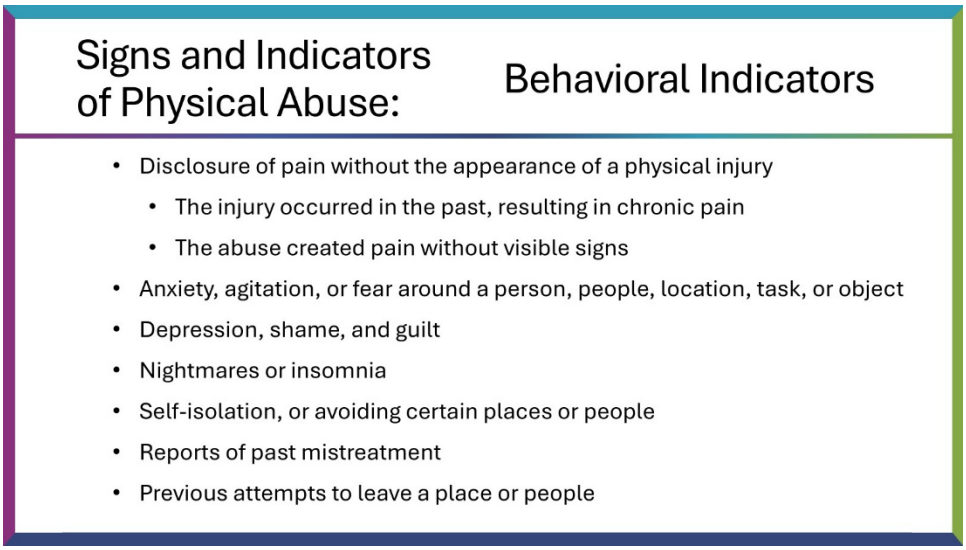


Say:

- Neck injuries may have signs that can indicate physical abuse, including vocal hoarseness, small bruises in the eyes and eyelids from burst capillaries, ligature marks or handprints on the neck, bruises or swelling in the head and neck area, and in some cases a change to posture: leaning forward and extending the neck to make breathing easier.
- Strangulation is the act of closing someone's airway and the blood vessels in their neck by applying pressure, whether with the hands or a tool. Strangulation can cause unconsciousness within seconds, and the lasting damage of strangulation may not be visible. Even if there are no visible injuries, strangulation can cause memory problems and confusion, dizziness, or headaches. The person may have difficulty swallowing or breathing, may experience changes to their vision, or may vomit blood after having swallowed it. Strangulation also dramatically increases the risk of murder: in one study, researchers found that people who survive an incident of strangulation by an intimate partner are 750% more likely to be murdered by that partner in the future.
- Shaking, strangulation, and other forms of abuse may result in a coma. Any coma with no known cause should be suspected and evaluated as a potential sign of physical abuse.

(Arismendy, n.d.)

Slide 16: Signs and Indicators of Physical Abuse: Behavioral Indicators



Say: Abuse can change the way a person behaves, reacts, and feels. All of these signs are specific to the person, and no two people will react in exactly the same way.

- Disclosure of pain without the appearance of a physical injury to match
    - In some cases, the abuse occurred far enough in the past that the injury has healed, but the injury has resulted in chronic pain
    - In other cases, the abuse has created pain without visible signs – remember, bruises can take days to become visible
- Anxiety, agitation, or fear around a person, people, location, task, or object
- Depression, shame, and guilt
- Nightmares or insomnia
- Self-isolation, or avoiding places or individuals
- Reports of mistreatment in the past
- Previous attempts to leave a person or location

These signs may differ if the person is living with a cognitive difference, such as a neurocognitive disorder or developmental disability. In these cases, the people who know the individual best – friends, family, caregivers – can help you understand changes to their behaviors and what those might mean.

Slide 17: Medical Professionals



Say: Medical professionals are an excellent resource when it comes to identification and treatment of signs of abuse. In many cases, you'll want to assist the person in obtaining medical treatment. If the person reports pain with no visible injuries, physicians can help to identify and treat what's wrong. Medical professionals can also provide information on the potential causes of injuries or scars.

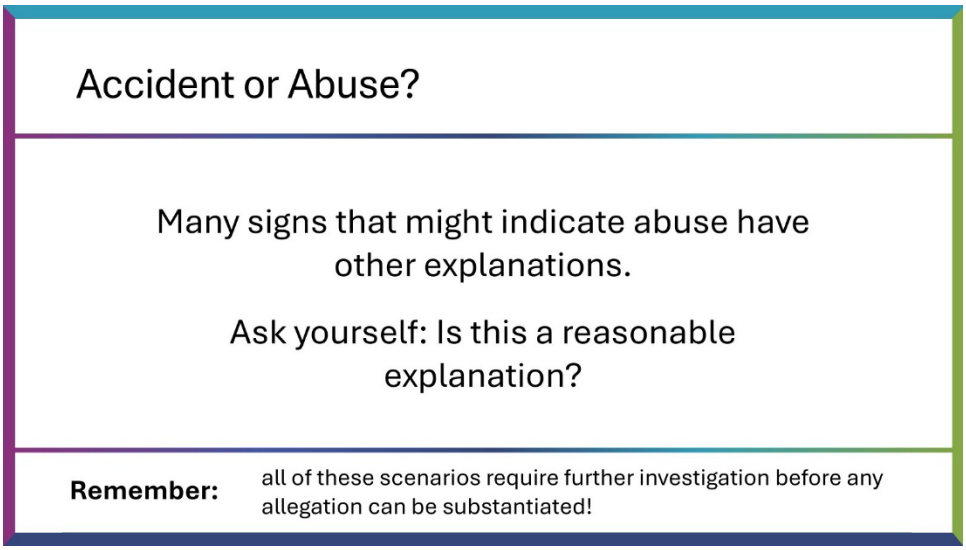
While a medical professional can't determine *for certain* whether an injury comes from abuse, they can help you determine which explanations are reasonable. This includes both their expertise in treating injuries and their understanding of the medications the person is taking, as well as the person's underlying health conditions and medical history.

Ask: Does anyone have any questions about what we've covered so far?

2.1. Activity: Accident or Abuse?

Time: 15 minutes
Method: Slideshow and show of hands, group discussion

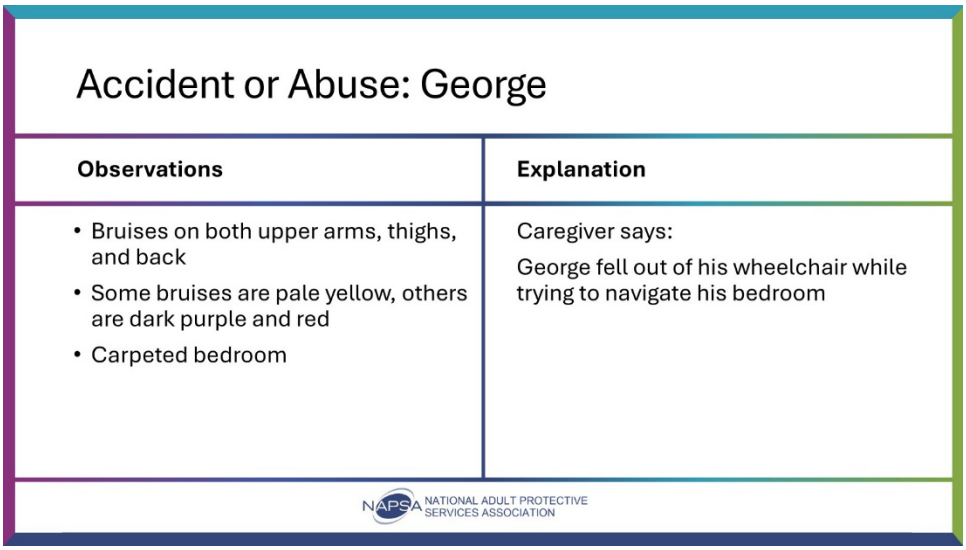
Slide 18: Accident or Abuse?



Say: You may have noticed that many of the signs that might indicate abuse can have other explanations that aren't related to abuse: trips, falls, illness, or the side effects of medication can all be reasonable explanations for physical signs that might indicate abuse. Understanding that there may be reasonable explanations for some of these signs while you're conducting interviews and gathering evidence will help you assess whether abuse has occurred. Let's look at some scenarios to help practice that discretion: we'll determine whether a scenario has a reasonable explanation *or* produces reasonable suspicion of abuse.

Before we start, bear in mind that *all* of these scenarios would merit further investigation to substantiate an allegation of abuse! This is just one observation – one small puzzle piece in a greater story.

Slide 19: Accident or Abuse: George



Say: George, age 30, lives with cerebral palsy. He has bruises on both of his upper arms, thighs, and back. Some bruises are pale yellow and others are dark purple and red. George's caregiver says he fell out of his wheelchair while trying to navigate his bedroom. George's bedroom is carpeted.

Ask: Is there anything about this brief scenario that gives you a suspicion of abuse?

Allow for learners to answer in the chat or raise their hand and speak in the group.

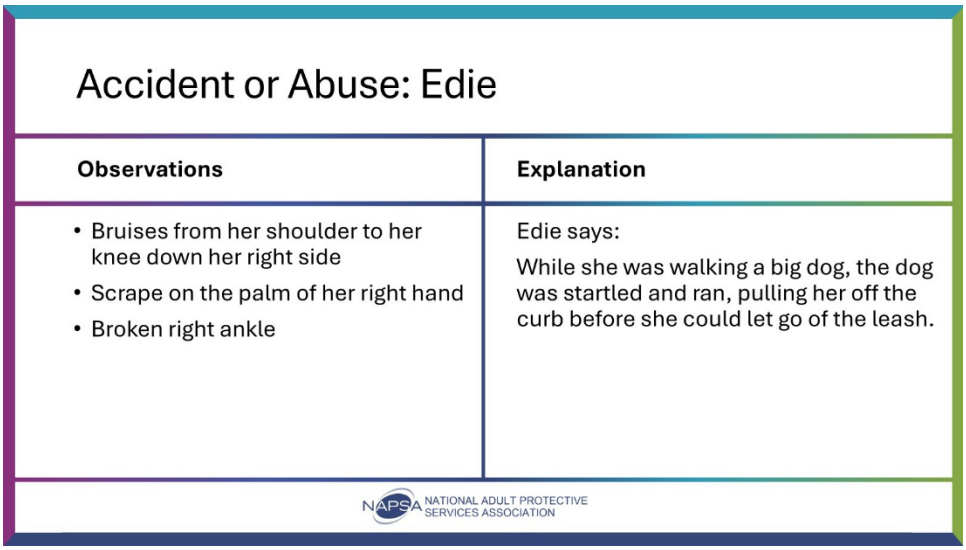
Potential answers include: Yes – George has lateral bruising (bruises on both upper arms) suggesting he was grabbed; it's uncommon for people to sustain bruises on their backs from everyday falls; bruises of varying stages of healing indicate chronic injuries, which could point to abuse; the story of how George obtained the bruises doesn't match up with the bruising pattern.

Ask: What additional information would you hope to obtain to help you better assess the situation as a whole?

We might want to learn: What does George say happened? Is the caregiver the person who identified the reason, or did George tell the caregiver that's what happened? Is the caregiver the only person who has regular access to George? What is George's general level of mobility and physical ability? What is George's opinion of his caregiver?

Feel free to give specific feedback based on the answers learners provided in the group.

Slide 20: Accident or Abuse: Edie



Say: Edie, age 75, has bruises from her shoulder to her knee all down her right side, a scrape on the palm of her right hand, and a broken right ankle. Edie reports that, while she was walking her daughter's eighty-pound dog, a motorcycle came by far too close. The dog was startled and ran, pulling her over. Edie fell off the curb before she was able to let go of the leash.

Ask: Is there anything about this brief scenario that gives you a suspicion of abuse? What additional information would you hope to obtain to help you better assess the situation as a whole?

Allow for learners to answer in the chat, or raise their hand and speak in the group.

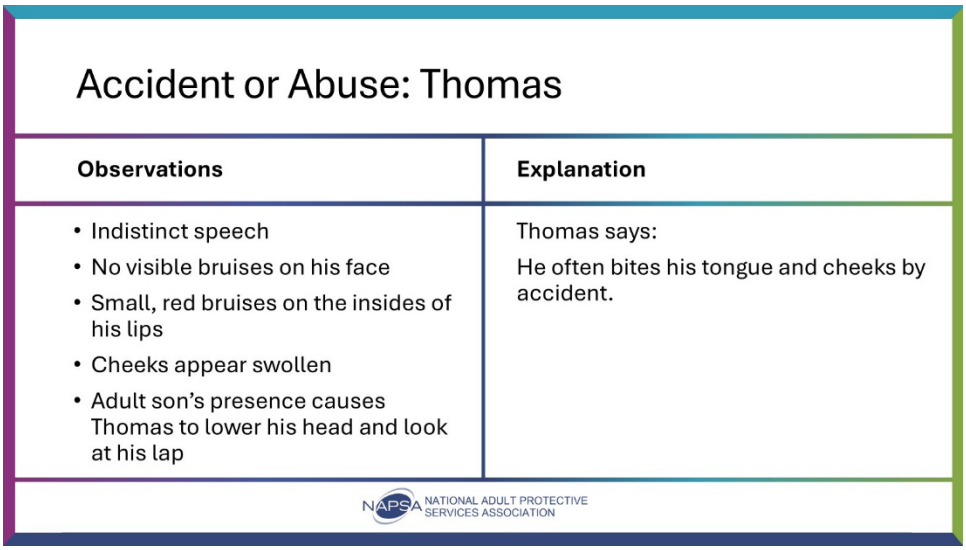
Potential answers include: Not particularly, or no – the story matches Edie's injuries. While we'd want to look at the rest of Edie's life, this doesn't immediately create suspicion of abuse.

Ask: What additional information would you hope to obtain to help you better assess the situation as a whole?

We might want to learn: What did Edie's doctors say? Does Edie usually walk the dog or was it a favor? Does Edie feel like she needs to help her daughter? Has this happened before? Does Edie live alone, or does she have someone to help her during her recovery?

Feel free to give specific feedback based on the answers learners provided in the group.

Slide 21: Accident or Abuse: Thomas



Say: Thomas, age 65, has indistinct speech. While there are no visible bruises on the outside of his face, he reports that he often bites his tongue and cheeks by accident. There are clusters of small, red bruises on the insides of his lips and his cheeks appear swollen. Although you speak with him alone, his adult son is in the house. When the son knocks on the doorframe and asks if you're done yet, Thomas immediately lowers his head and looks at his lap.

Ask: Is there anything about this brief scenario that gives you a suspicion of abuse? What additional information would you hope to obtain to help you better assess the situation as a whole?

Allow for learners to answer in the chat, or raise their hand and speak in the group.

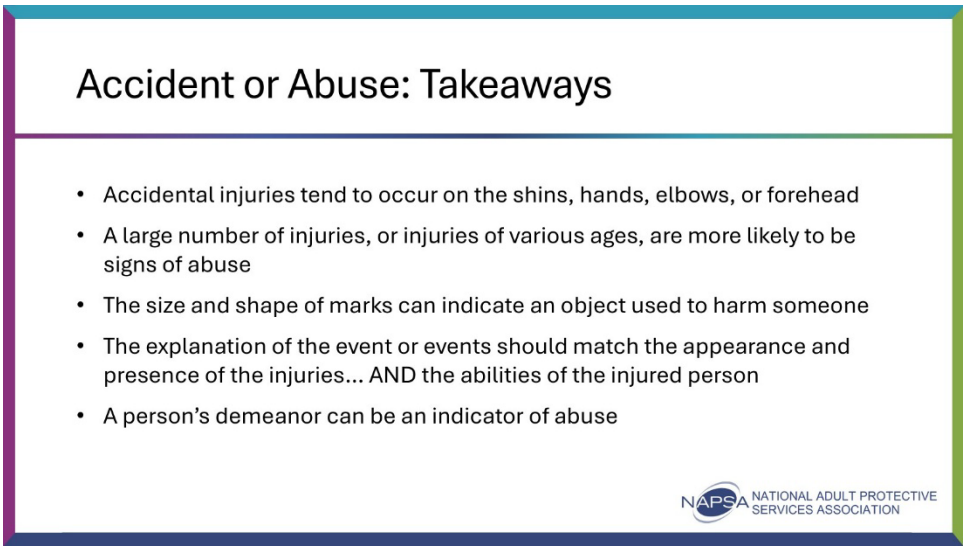
Potential answers include: This is suspicious. What is the cause of Thomas' indistinct speech? Damage to the inside of the mouth can be self-inflicted, as Thomas reported, but the pattern of bruising on the inside of his lips may imply other causes. Thomas flinching at his son's presence could be a sign that he's afraid of him.

Ask: What additional information would you hope to obtain to help you better assess the situation as a whole?

We might want to learn: What is the reason for Thomas' indistinct speech? Does the adult son live in the home? Does the adult son perform any caregiving duties? What is their relationship like and how much access does the son have to Thomas? Does Thomas provide financial or familial assistance? Who else lives in the home or visits regularly? Can Thomas eat? What is his general level of ability day-to-day?

Feel free to give specific feedback based on the answers learners provided in the group.

Slide 22: Accident or Abuse: Takeaways



Say: Here are some takeaways:

- Accidental injuries tend to occur in places we generally bump and bruise: the shins, hands, elbows, or forehead.
- A larger number of injuries, including injuries of various ages, are more likely to be signs of abuse.
- The size and shape of marks can indicate an object used to harm someone.
- The explanation of the injurious event or events should be consistent with the appearance and presence of the injuries, *and* the abilities of the injured person.
- A person's demeanor can be just as much of an indicator as any mark on their body.

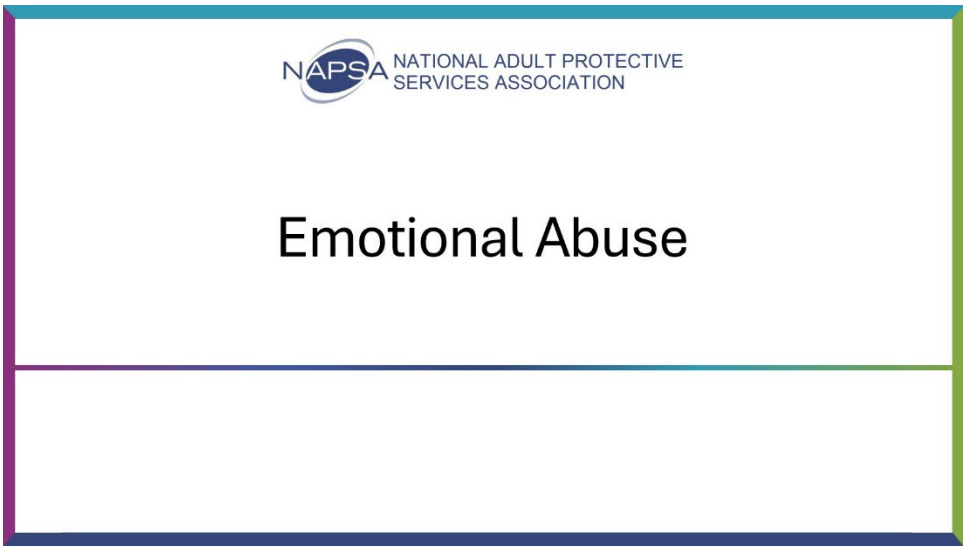
Module 3. An Introduction to Emotional Abuse

Time: 80 minutes
Associated Objectives:

- Define emotional abuse, recognize the signs of emotional abuse

Facilitation Instructions: Follow the talking points and associated prompts.
Tools: PowerPoint Presentation, participant guide, breakout groups

Slide 23: Emotional Abuse

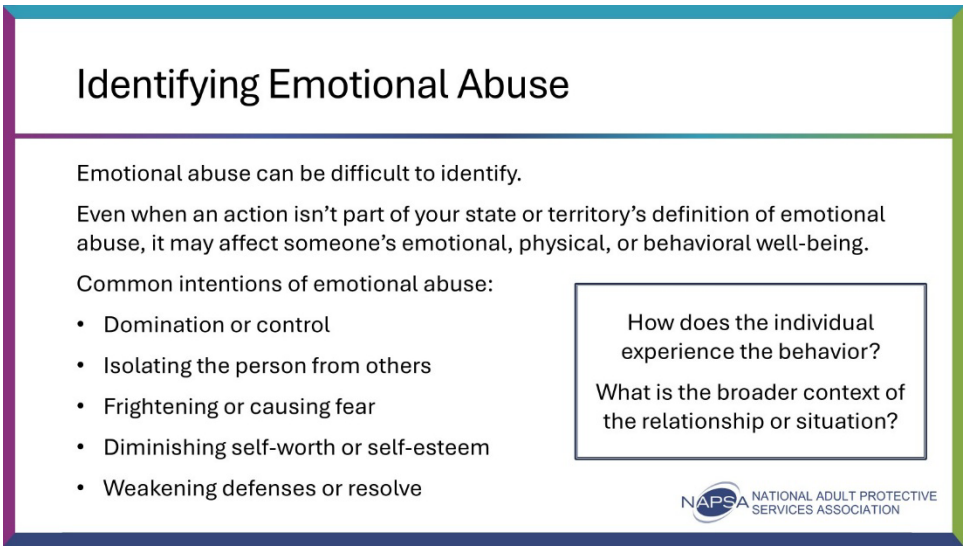


Say: At the beginning of the day, we talked about our state or territory's definition of emotional abuse.

Trainer note: Restate the local definition of emotional abuse as it applies to the learners. If it is described by another name (psychological abuse, mental anguish, verbal abuse), note this difference.

Say: Now, we're going to take a look at emotional abuse and its impact in a broader context.

Slide 24: Identifying Emotional Abuse



Say: Emotional abuse can be difficult to identify because its impact is not always visible. Even if your state or territory's definitions don't qualify certain actions as emotional abuse, it may still affect the person's emotional, physical, or behavioral well-being.

To better understand a situation, consider both the possible intent behind the behavior and the experience of the person receiving it.

Common intentions of emotional abuse are:

- Domination or control over another person
- Isolating the person from others
- Frightening or causing fear in the other person
- Diminishing the person's self-worth or self-esteem
- Weakening the person's defenses or resolve

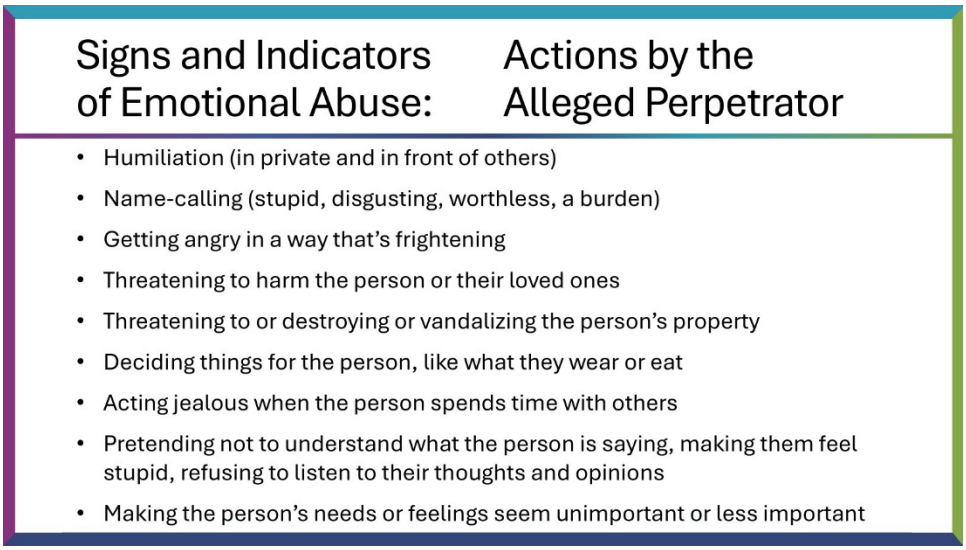
Consider whether the person experiences fear, humiliation, isolation, or other negative effects, while recognizing that their perception alone may not determine whether abuse has occurred.

A person may minimize behavior or describe it as normal to the relationship. This doesn't necessarily mean the behavior is harmless. Look at the broader context rather than relying solely on the person's response or the alleged perpetrator's stated intent, while applying your area's definition for emotional abuse.

Ask: Has anyone had an experience where you've worked with someone in a situation where they seem comfortable with behaviors you would personally interpret as emotionally abusive? How did you navigate this?

Allow learners to discuss.

Slide 25: Signs and Indicators of Emotional Abuse: Actions by the Alleged Perpetrator



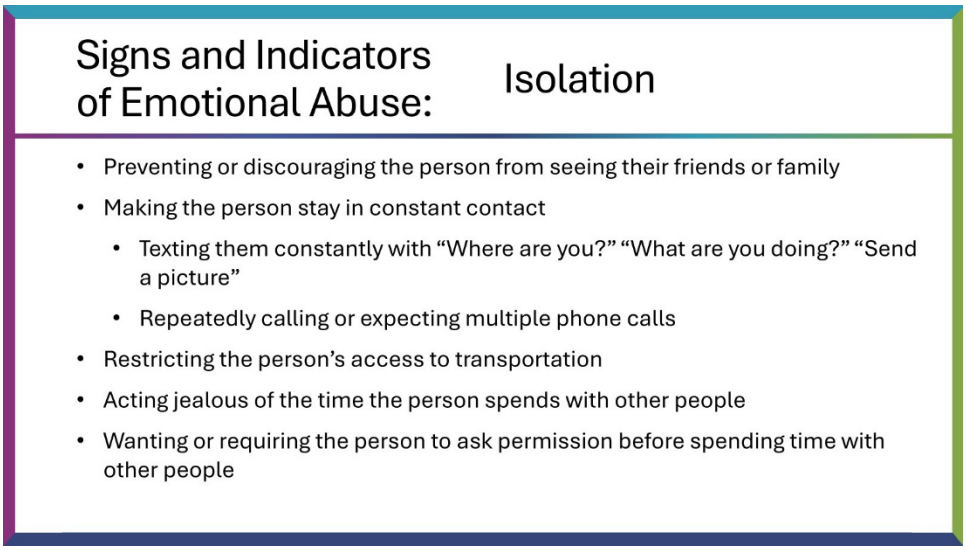
Say: Let's look at some signs and indicators of emotional abuse. As part of a thorough investigation, look for these signs in all cases, no matter the initial allegation. While some of these signs or indicators on their own may not qualify as emotional abuse, they do suggest concerning interactions occurring in someone's home environment or relationships, and should prompt you to investigate these concerns further. Remember that these interactions can happen in person, or on social media.

Ensure you are familiar with local statute when it comes to substantiating an allegation.

Actions by an alleged perpetrator that may be considered emotional abuse include:

- Humiliation (in private, and in front of others)
- Name-calling (calling someone stupid, disgusting, worthless, a burden)
- Getting angry in a way that's frightening
- Threatening to harm the person or their loved ones
- Threatening to, or actually destroying or vandalizing the person's property
- Deciding things for the person, like what they wear or eat
- Acting jealous when they spend time with others
- Pretending not to understand what the person is saying, actively making them feel stupid, or refusing to listen to their thoughts or opinions
- Making the person's needs or feelings seem unimportant, or less important than those of others

Slide 26: Signs and Indicators of Emotional Abuse: Isolation

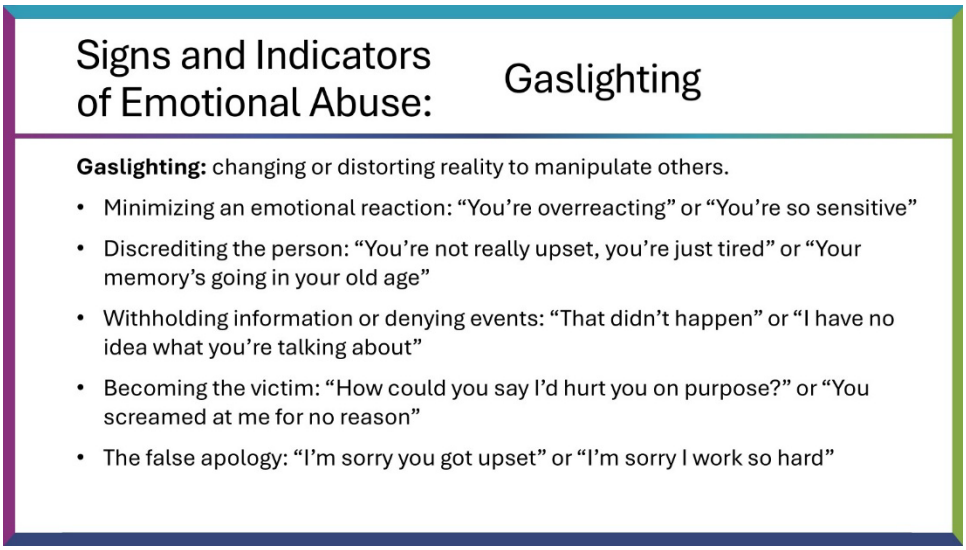


Say: Isolation is when a perpetrator attempts to cut ties with, or diminish contact the person has with other people, with the goal of becoming the person's sole connection. This can include:

- Preventing or discouraging the person from seeing their friends or family, including community groups that are important to them (social groups, volunteering, religious or spiritual gatherings)
- Making the person stay in constant contact (for example, texting them constantly with "Where are you? What are you doing? Send a picture", repeatedly calling or expecting multiple phone calls)
- Restricting the person's access to transportation
- Acting jealous of the time the person spends with other people
- Wanting the person to ask for permission before spending time with other people

Interviews with collateral contacts, including family or friends, can be important to your observation of these indicators.

Slide 27: Signs and Indicators of Emotional Abuse: Gaslighting



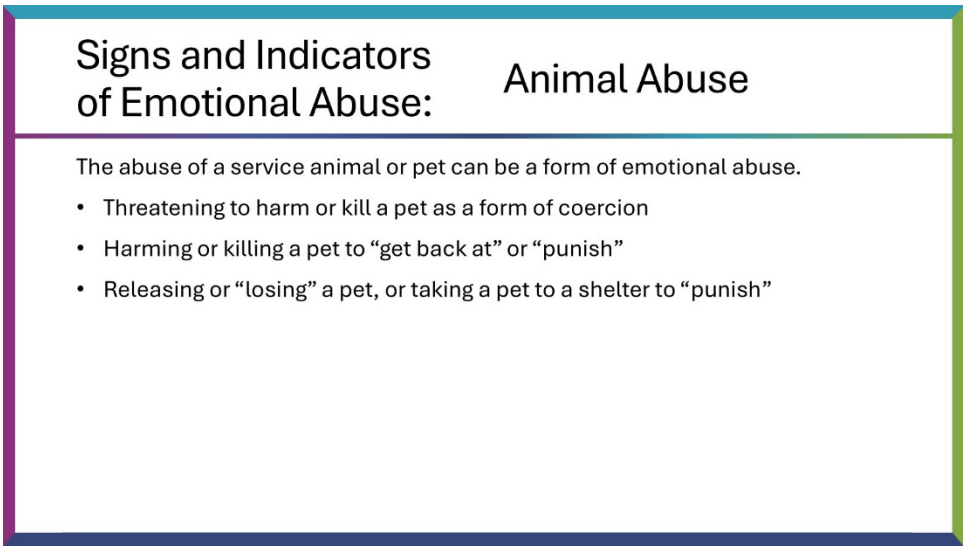
Say: Gaslighting is changing or distorting reality to manipulate others. The perpetrator will intentionally deny that acts or events happened the way the other person knows they did, twisting emotions, words, and experiences.

Examples can include:

- Minimizing an emotional reaction: "you're overreacting" or "you're so sensitive"
- Discrediting the person: "you're not really upset, you're just tired" or "your memory's going in your old age"
- Withholding information or denying the event existed: "that didn't happen" or "I have no idea what you're talking about"
- Becoming the victim: "How could you say I'd hurt you on purpose?" or "You screamed at me for no reason"
- The false apology: "I'm sorry you got upset" or "I'm sorry I work so hard"

Gaslighting is not just one incident, but a pattern of behaviors across daily interactions. The result is a person who questions reality, who doubts their judgment and memory, and who feels isolated because they don't have a way to explain the situation to others who might support them.

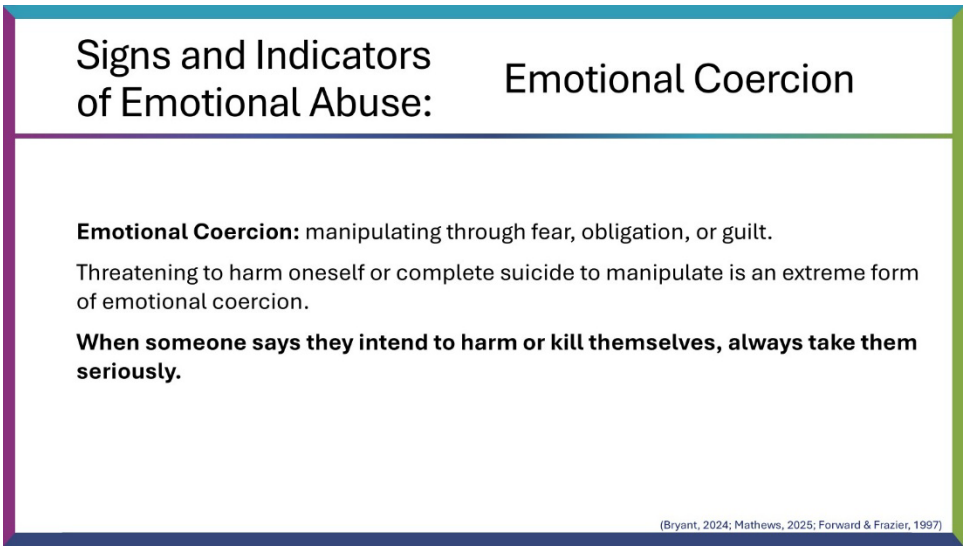
Slide 28: Signs and Indicators of Emotional Abuse: Animal Abuse



Say: The abuse of someone's service animal or pet can be a form of emotional abuse. The perpetrator may use a person's emotional connection with their pets to gain power and control. This can include:

- Threatening to harm or kill a pet as a form of coercion
- Harming or killing a pet to "get back at" or "punish" someone
- Releasing a pet ("losing" the pet) or taking the pet to a shelter to "punish" someone

Slide 29: Signs and Indicators of Emotional Abuse: Emotional Coercion



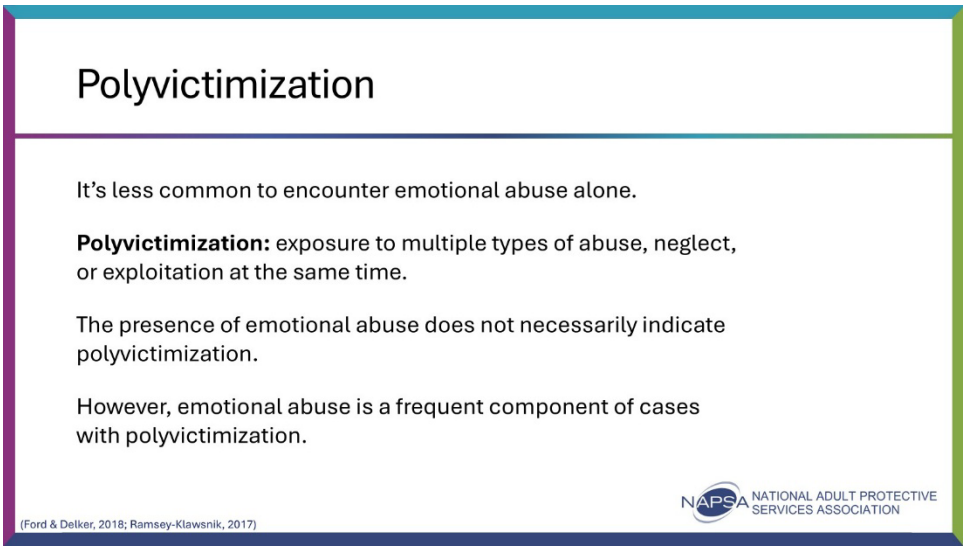
Say: Finally, if someone regularly threatens to end the relationship, or harm or kill themselves in order to control or manipulate, this is emotional coercion.

A more extreme form of emotional coercion is threatening self-harm or suicide. For example, this may be used to end an argument, induce guilt, or otherwise exert control.

When someone says they intend to harm themselves or end their lives, this should be taken seriously. If the person experiencing the abuse is worried the alleged perpetrator is going to harm or kill themselves, do they know who to contact for help?

(Bryant, 2024; Mathews, 2025; Forward & Frazier, 1997)

Slide 30: Polyvictimization



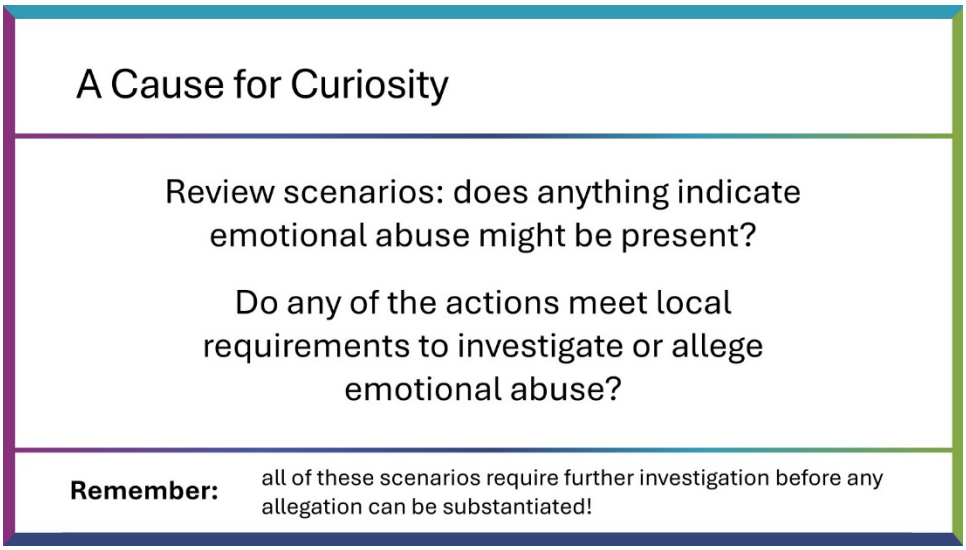
Say: As you've seen, emotional abuse can take many forms. It is less common that you will encounter emotional abuse on its own; often, it occurs with other forms of maltreatment. This is called "polyvictimization", or exposure to multiple types of abuse, neglect, or exploitation at the same time. While the presence of emotional abuse does not necessarily mean other forms of maltreatment are occurring, emotional abuse is a frequent component of cases with polyvictimization.

(Ford & Delker, 2018; Ramsey-Klawsnik, 2017)

3.1. Activity: A Cause for Curiosity

Time: 15 minutes
Method: Slideshow and show of hands, group discussion
Trainer note: Have local statutes defining what qualifies as emotional abuse in terms of APS eligibility ready

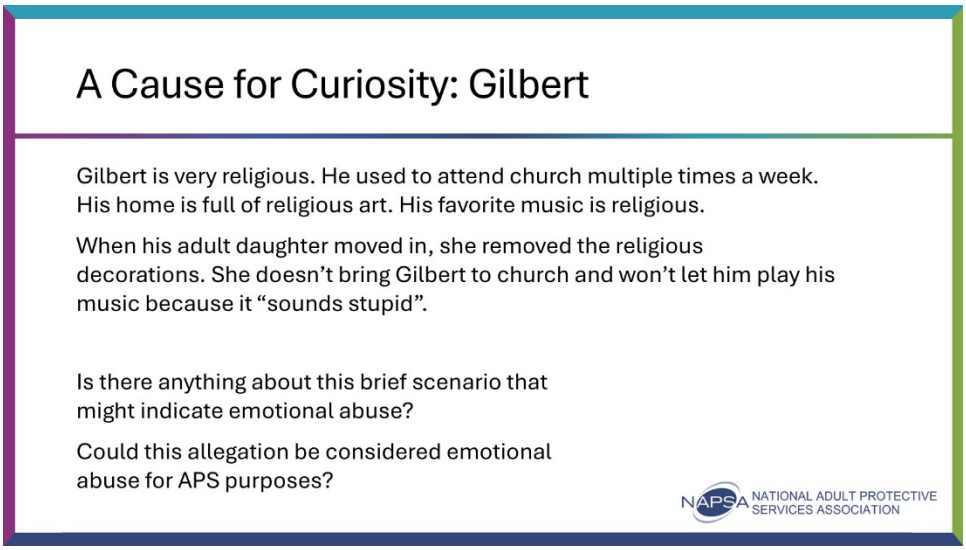
Slide 31: A Cause for Curiosity



Say: Just like with physical abuse, your observations and discretion work together to guide the questions you ask, the resources you recommend, and your safety and service planning. Let's look at some scenarios to help practice that discretion: for each one, we'll talk about whether the scenario indicates that emotional abuse might be present, and discuss whether or how it fits into local statutes.

Before we start, remember that *all* of these scenarios would merit further investigation to substantiate an allegation of abuse! This is just one observation – one small puzzle piece in a greater story.

Slide 32: A Cause for Curiosity: Gilbert



Say: Gilbert is very religious. He attended church multiple times a week, his home is full of religious art, and his favorite music is religious, too. When his adult daughter moved in after she lost her job, she made some changes. She removed the religious decorations when she moved her things into Gilbert's home, she is too busy to bring Gilbert to church at all, and she won't let him listen to his music because it "sounds stupid."

Ask: Is there anything about this brief scenario that might indicate emotional abuse? Could this allegation be considered emotional abuse for APS purposes?

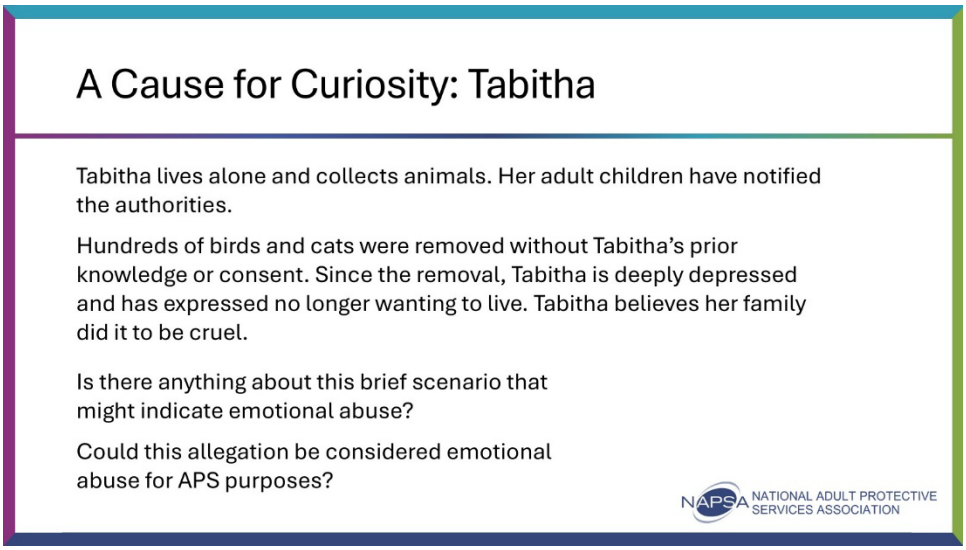
Allow for learners to answer in the chat, or raise their hand and speak in the group.

Trainer note: The denial of access to religion, isolation, and belittling are all indicators that emotional abuse may be occurring. Guide the conversation based on your local definitions and requirements.

Ask: What additional information would you hope to obtain to help you better assess the situation as a whole?

More info we might want: What does Gilbert say about all of this? Does Gilbert prefer having his daughter live with him? What are the daughter's goals (is she unknowingly causing harm after a big upheaval in her own life or is something else happening)? What is Gilbert's level of ability/mobility – can he get himself to church, or have someone else bring him? Can his friends visit? Is the daughter allowing or facilitating social visits for Gilbert? Does Gilbert's daughter have a concern about Gilbert's religious group that has not been communicated? For example, is he tithing more than he can afford?

Slide 33: A Cause for Curiosity: Tabitha



Say: Tabitha lives alone and has collected a large number of animals. While she tries, she isn't able to clean up after all of them. Recently, her adult children notified the authorities who came to remove hundreds of birds and cats from the property without Tabitha's prior knowledge or consent. Since the removal, Tabitha is deeply depressed and has expressed no longer wanting to live. She says her family did it to be cruel, and that they were okay with her pets before.

Ask: Is there anything about this brief scenario that might indicate emotional abuse? Could this allegation be considered emotional abuse for APS purposes?

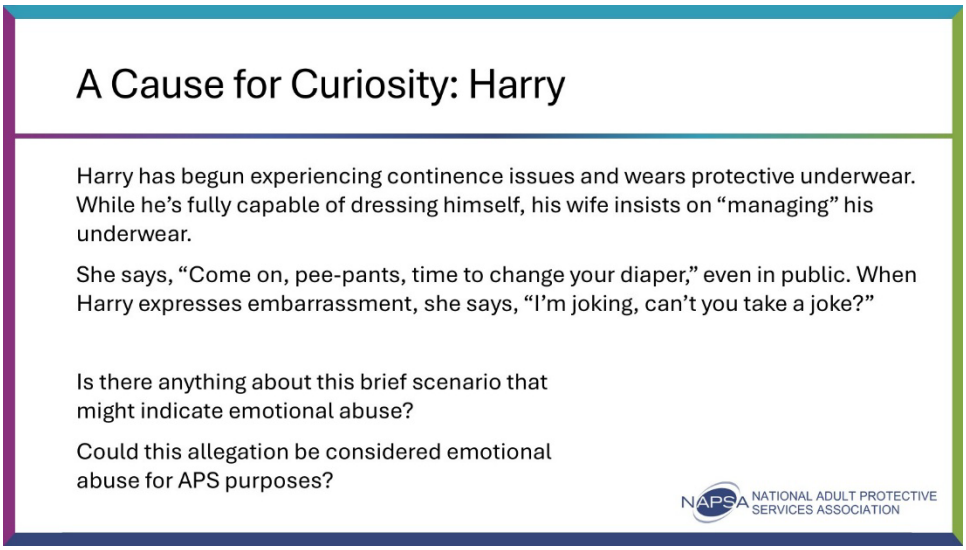
Allow for learners to answer in the chat, or raise their hand and speak in the group.

Trainer note: This is concerning because of Tabitha's depression and history of collecting animals, but this does not appear to be a case of emotional abuse. The intervention of the authorities indicates that Tabitha was in a situation that compromised her health and safety, and the health and safety of the animals. Guide the conversation based on your local definitions and requirements.

Ask: What additional information would you hope to obtain to help you better assess the situation as a whole?

More info we might want: What does Tabitha mean by her family being "okay with her pets" before, but not now? Is it due to the state of her home, or were there other motivations to cause her emotional harm? What do the adult children have to say? Are there other dynamics happening – for example, did they call the authorities to "punish" her for something?

Slide 34: A Cause for Curiosity: Harry



Say: Harry has begun experiencing continence issues and wears protective underwear. While he's fully capable of dressing himself, his wife insists on "managing" his underwear. She says things like, "Come on, pee-pants, time to change your diaper" or "Aw, did you go potty?" even in public. When Harry expresses embarrassment, his wife says, "I'm joking, can't you take a joke?"

Ask: Is there anything about this brief scenario that might indicate emotional abuse? Could this allegation be considered emotional abuse for APS purposes?

Allow for learners to answer in the chat, or raise their hand and speak in the group.

Trainer note: This is concerning, because Harry does not have control over his own clothes, and is infantilized and belittled. While his wife's treatment may not qualify as emotional abuse for the purposes of investigation, it's a signal that there may be more to uncover. Guide the conversation based on your local definitions and requirements.

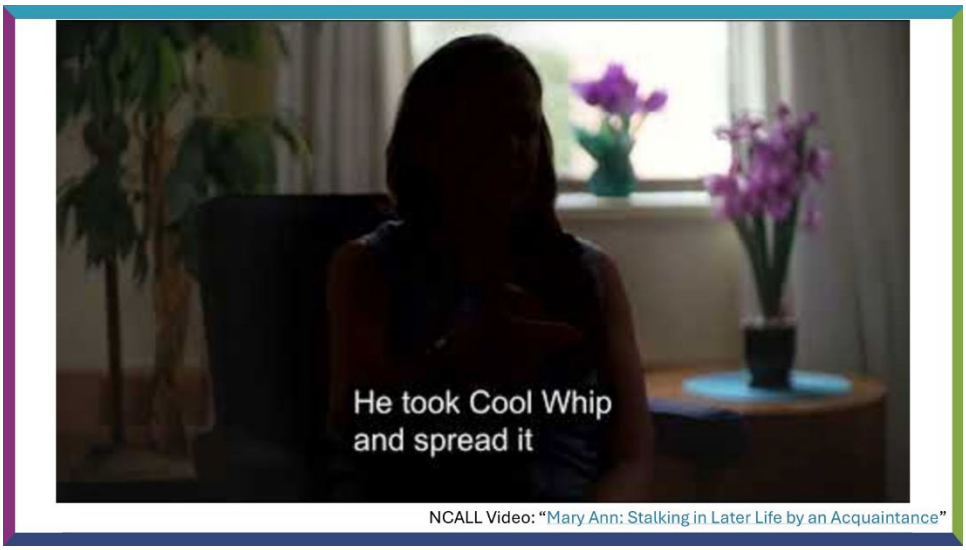
Ask: What additional information would you hope to obtain to help you better assess the situation as a whole?

More info we might want: What is Harry's perspective on their relationship? Is this how his wife has always been, or is this a change to her demeanor? Can Harry access his continence briefs when he needs to, or has he had to go without? Are there other forms of abuse or neglect occurring?

3.2. Video: Mary Ann: Stalking in Later Life by an Acquaintance

Time: 10 minutes
Method: Video, Group discussion

Slide 35: Video: Mary Ann: Stalking in Later Life by an Acquaintance



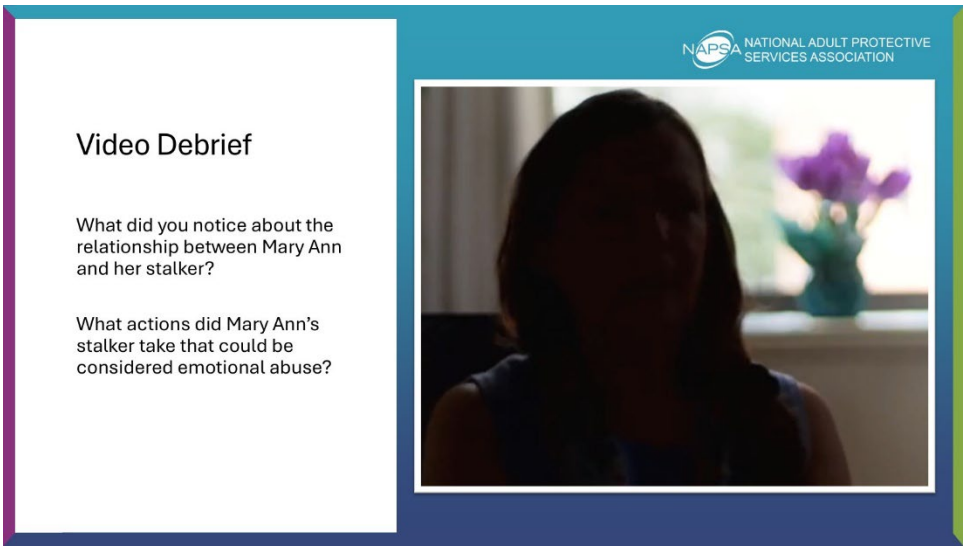
Say: The National Clearinghouse on Abuse in Later Life, NCALL, filmed an interview with Mary Ann, who endured stalking by an acquaintance. We'll watch a part of that video, then we'll debrief as a group about what you heard in Mary Ann's story. As you watch, note down the different behaviors, actions, and reactions from both Mary Ann and her stalker.

Bear in mind that Mary Ann isn't served by APS, and, depending on local statute, her case may not meet criteria for APS. We're going to use her story to better understand the experience of, and reactions to, emotional abuse. This video may be activating; there will be frank descriptions of abuse, threats, and stalking.

Play the Video: https://www.youtube.com/watch?v=QFEe8sUVZWM [from 0:10 through 6:10]

Note: The video link is embedded in the PowerPoint and can be clicked to play inside the presentation. The direct link is also provided in case you would rather open the video in the background.

Slide 36: Video Debrief



Ask: What did you notice about the relationship between Mary Ann and her stalker?

Direct participants to use the chat feature or share their responses.

Possible answers: Mary Ann was originally physically dependent on her stalker, and this was the time period during which he first became controlling. Mary Ann interprets his intentions "to be mean". Mary Ann performs mild minimization – her stalker strangled her, but she did not consider it "real" strangling.

Ask: What actions did Mary Ann's stalker take that could be considered emotional abuse?

Possible answers: He cornered her to make her feel fear, sat with a weapon (golf club), vandalized her property, controlled who she spoke to, where she went, what she did, stalked her, ignored a restraining order, ideated about abusing and murdering her to both her and others. He retaliated by destroying things when he couldn't get his way. His intent was to cause Mary Ann to submit to his control by inducing fear.

Say: We'll come back to Mary Ann later on today. For now, we're going to move on to reviewing some of the impacts of abuse.

Module 4. The Impacts of Abuse

Time: 60 minutes

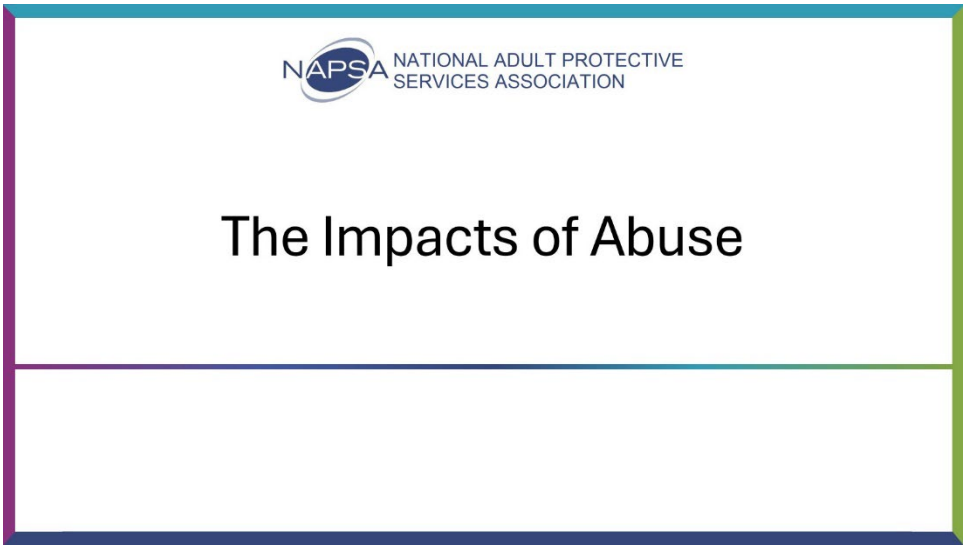
Associated Objectives:

- Identify attributes of injuries that may be indicative of abuse
- Describe the impact of trauma on people who have experienced abuse

Facilitation Instructions: Follow the talking points and associated prompts. Prepare for breakout room activity.

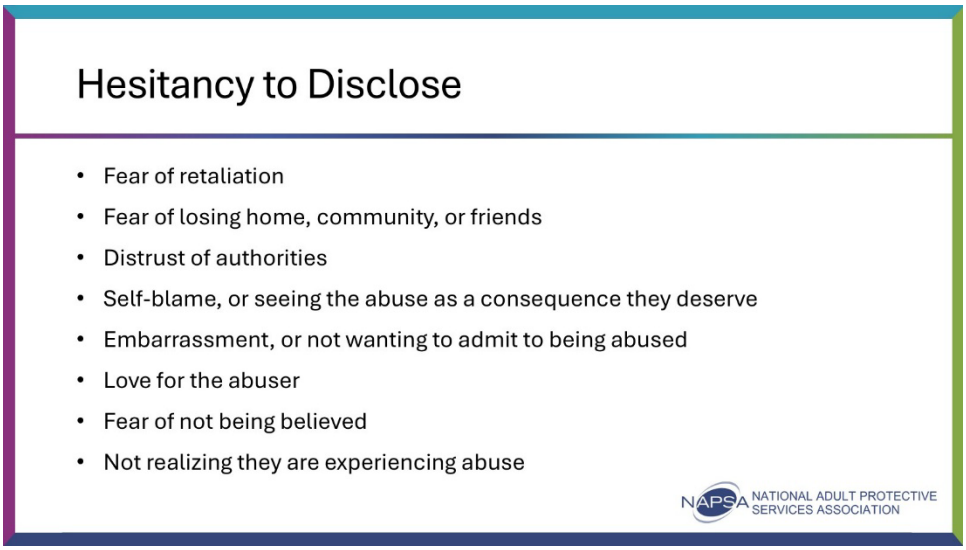
Tools: PowerPoint Presentation, participant guide, breakout groups

Slide 37: The Impacts of Abuse



Say: As you were watching Mary Ann, you might have thought about what you'd feel, or what you'd do, if you were in her place. The truth is, every person's reaction to abuse will be unique to them.

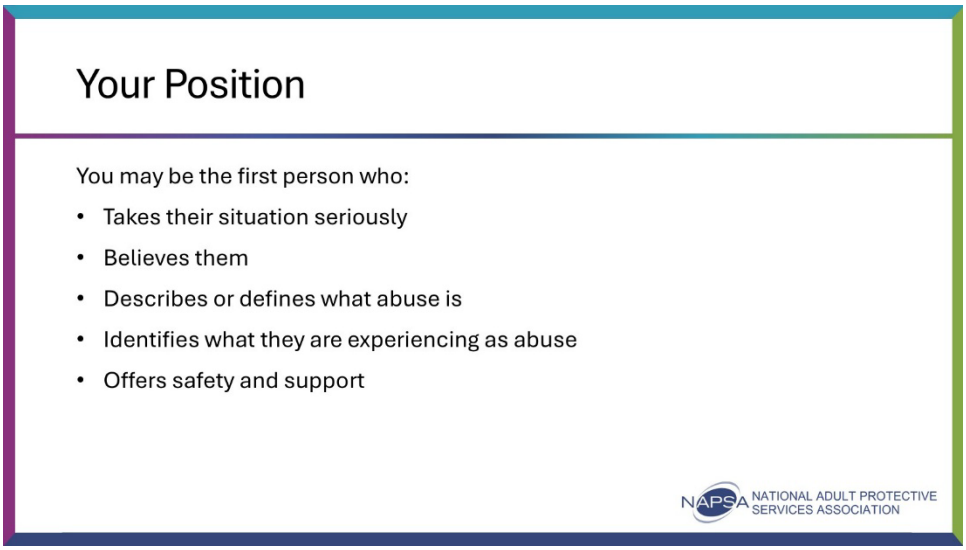
Slide 38: Hesitancy to Disclose



Say: Let's look at some reasons why someone might be hesitant to disclose or report abuse.

- The person may fear retaliation from the abuser (think about Mary Ann's stalker escalating his destruction when he could no longer enter her apartment).
- The person may be afraid of losing their home, community, or friends, especially if they share any of those with the abuser.
- The person may distrust authorities and not see the value in putting themselves through the process of reporting (again, going back to Mary Ann, she was told by multiple authorities – the police, her landlords – that there was nothing that could be done about the man terrorizing her).
- The person may blame themselves for the abuse or see it as a natural consequence they deserve.
- The person may be embarrassed or not want to admit to being abused.
- The person may love the abuser and not want to see them punished, removed, or jailed.
- The person may be afraid that nobody will believe them (think back to gaslighting and the ways emotional abuse can destabilize a person's trust in their own memory or experience).
- Or, they may not realize that what they're experiencing is abuse.

Slide 39: Your Position



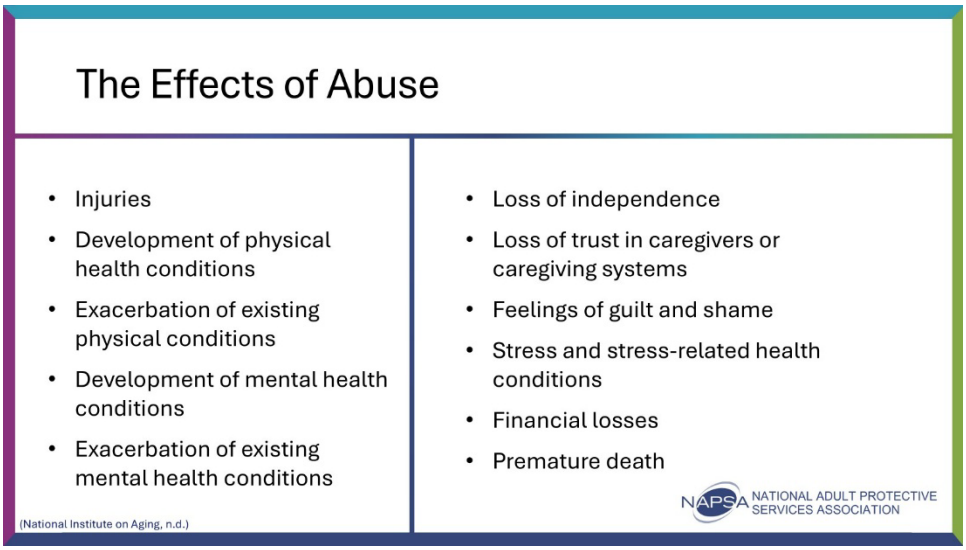
Say: When you encounter someone who has experienced abuse, you occupy a unique position to be able to honestly hold a conversation about abuse.

You may be the first person this individual has ever spoken to who:

- Takes their situation seriously
- Believes the person being abused
- Describes or defines what abuse is, including identifying what they are experiencing as abuse
- And offers both safety and support

Your ability to speak honestly and compassionately about what you observe increases the likelihood that the person you speak with will, at the very least, have more information and support. Unfortunately, there is no guarantee that the person will accept assistance, services, or even believe that they are experiencing abuse.

Slide 40: The Effects of Abuse



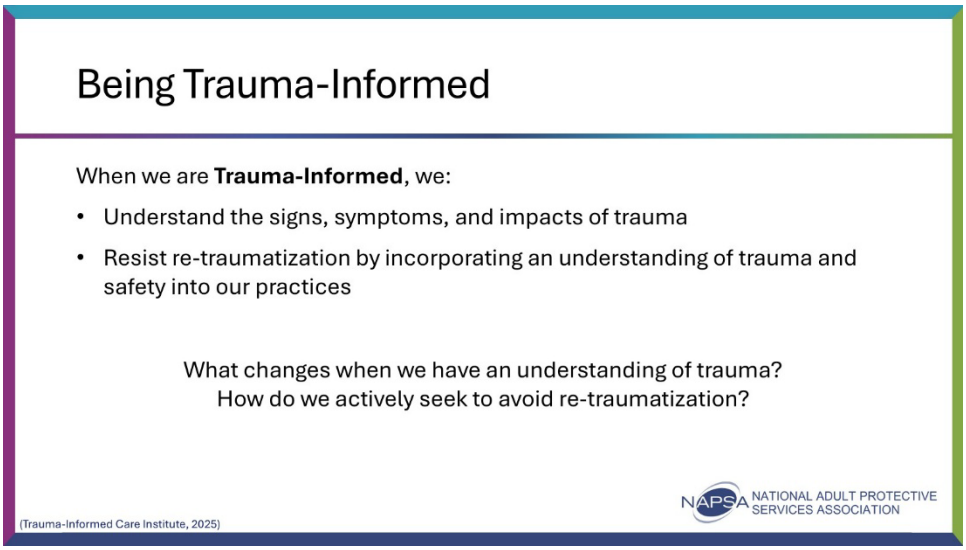
Say: The effects of abuse can impact someone across many aspects of their lives.

Effects of abuse include:

- Injuries
- Development of physical health conditions
- Exacerbation of existing physical conditions
- Development of mental health conditions
- Exacerbation of existing mental health conditions
- Loss of independence
- Loss of trust in caregivers or caregiving systems
- Feelings of guilt and shame
- Stress and stress-related health conditions
- Financial losses (medical bills, replacement of broken items, repair of vandalism, moving, changing the locks, loss of financial support, loss of unpaid supporters necessitating hiring of paid support, veterinary bills, and so on)
- Premature death (from injury, stress, emotional toll)

(National Institute on Aging, n.d.)

Slide 41: Being Trauma-Informed



Say: We're going to talk about trauma in a moment, but let's start with what it means to be trauma-informed. This entails understanding the signs, symptoms, and impacts of trauma *and* resisting re-traumatization by incorporating an understanding of trauma and safety into our practices.

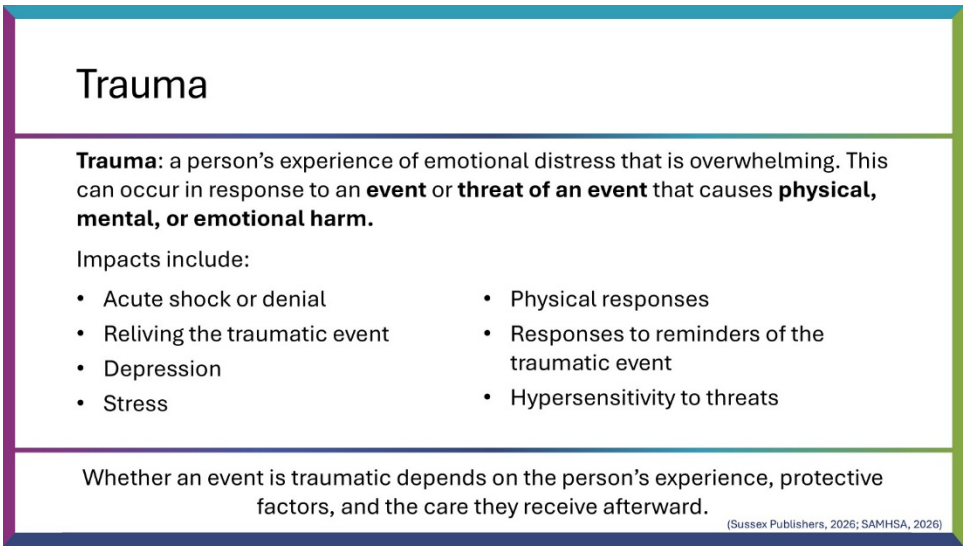
Ask: So, why would we care? What changes when we have an understanding of trauma and we actively seek to avoid re-traumatization?

Allow for answers via raised hand, chat, or speaking out loud.

Possible answers include: An understanding of trauma helps us interpret behaviors and answers differently (hesitance to accept services, reactions to questions, reactions to others) and helps interrupt judgment of someone's behaviors. It places safety, both physical and emotional, at the forefront of all decision-making. It changes how we interview, how we investigate, and how we relate to others – prioritizing safety and transparency of information. It supports the ethical principles of preserving autonomy (having control over one's decisions and circumstances helps avoid re-traumatization), doing no harm, and a focus on least-restrictive interventions (again, preserving control over choices).

(Trauma-Informed Care Institute, 2025).

Slide 42: Trauma



Say: Some people will experience abuse as traumatic. Others may not. Regardless, proceed with the understanding that, even if the current circumstances haven't caused trauma, it's likely that every older adult has experienced some form of trauma throughout their life.

Trauma is a person's experience of emotional distress that is overwhelming. This can occur in response to an event, or the threat of an event, that causes physical, mental, or emotional harm. It can be a one-time occurrence or a series of occurrences.

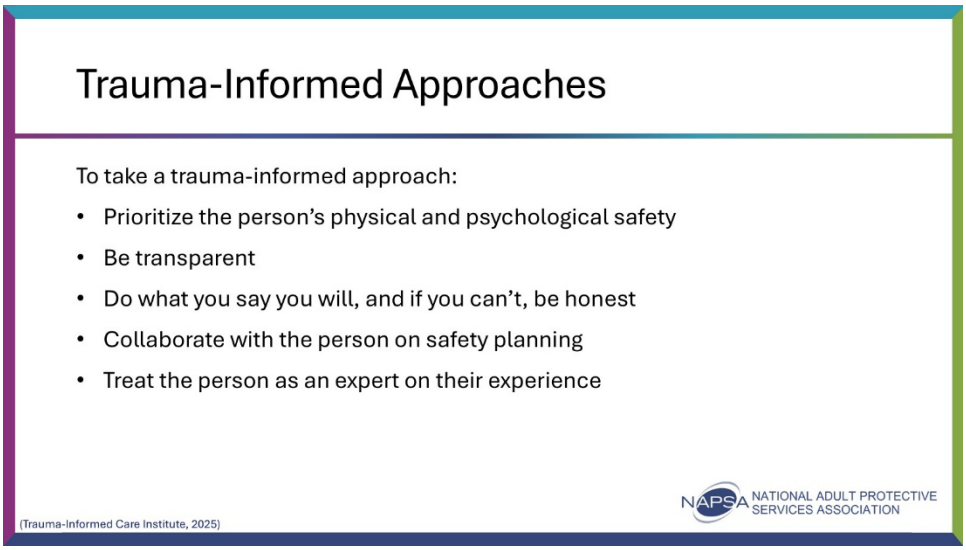
Trauma has an acute impact, which may appear as a state of shock or denial, and long-term impacts that can endure for as long as the rest of the person's life. The long-term impacts of trauma include reliving the traumatic event (rethinking it over and over), depression, stress, physical responses (sweating, shaking, inability to sleep, and so on), and unpredictable physical or emotional responses to reminders of the traumatic event or events. People who have experienced trauma are likely to be hypersensitive to threats.

Whether an event is traumatic to a person depends on many factors: the person's experience, protective factors, and the care they receive in the immediate aftermath of the traumatic event can all mitigate the impacts of an event that may otherwise become traumatic.

Bear in mind that sometimes, a stress or trauma response will only become fully apparent when a person is safely away from the cause of the trauma. If you do not observe signs of a traumatic response, that does not mean the individual has not experienced trauma.

(Sussex Publishers, 2026; SAMHSA, 2026)

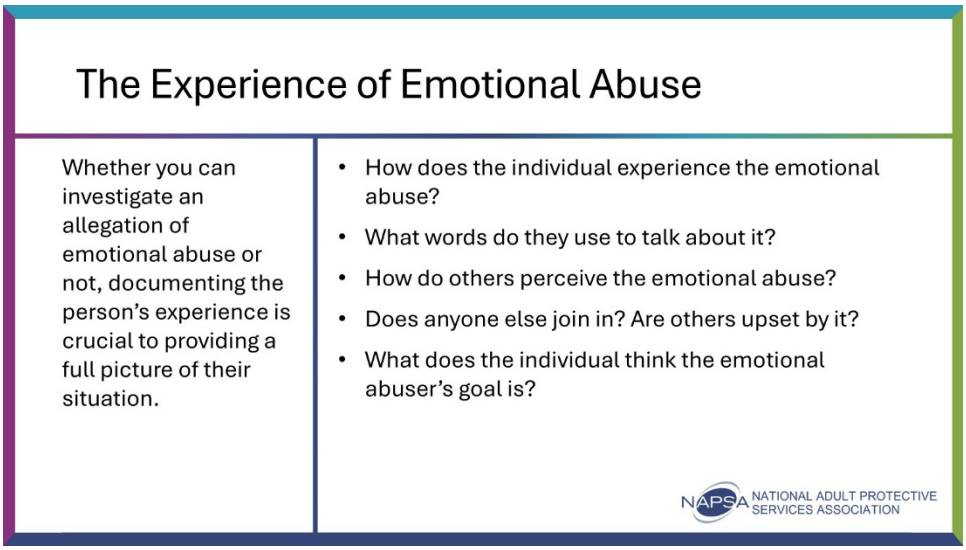
Slide 43: Trauma-Informed Approaches



Say: To take a trauma-informed approach:

- Prioritize the person's safety, in the ways that make *them* feel safe, physically and psychologically.
- Be transparent about who you are, why you're there, why you're asking what you're asking, what you intend to do to support them, and what you're required to do or not to do
- Do what you say you're going to do, and if you can't, tell the person why and what you'll do instead
- Collaborate with the person and treat them as an expert on their own experience. The individual should determine what is in their safety plan and how they want to live their lives, to the extent they possibly can.

Slide 44: The Experience of Emotional Abuse



Say: With this understanding of trauma, let's return to emotional abuse. Although it leaves no physical marks, emotional abuse can have long-lasting impacts, including a trauma response.

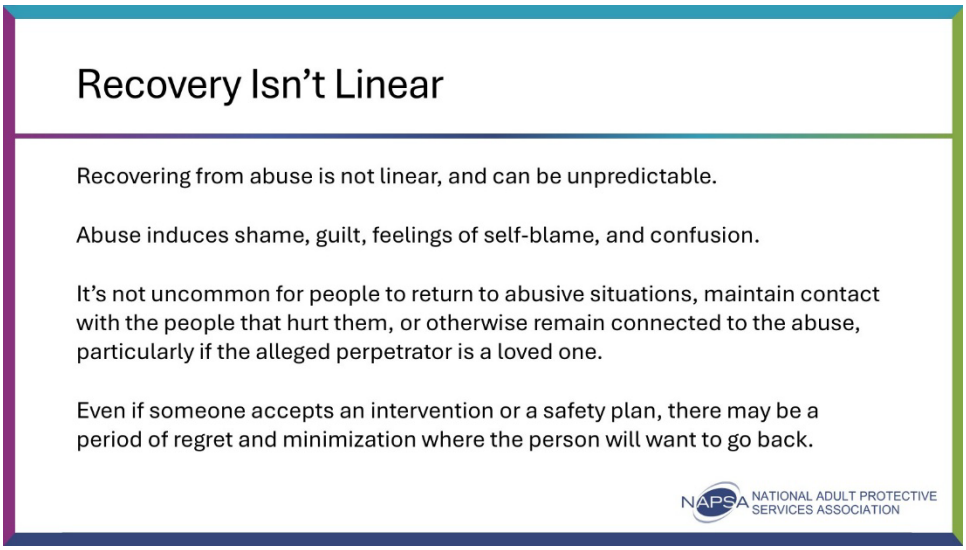
Whether you are able to investigate an allegation of emotional abuse or not, documenting the person's experience of emotional abuse is crucial to providing a full picture of their situation.

- How does the individual experience the emotional abuse? What words do they use to talk about it?
- How do others perceive the emotional abuse? Does anyone else join in? Are others upset by it?
- What does the individual think the emotional abuser's goal is?

Trainer note: *If you are in a location that does not investigate emotional abuse in any form, skip the next question.*

Ask: What is required to substantiate an emotional abuse allegation, and how would you document it? Has anyone in this group substantiated an allegation of emotional abuse? What evidence did you use to support the finding?

Slide 45: Recovery Isn't Linear



Say: Recovering from abuse is not linear, and it can be unpredictable.

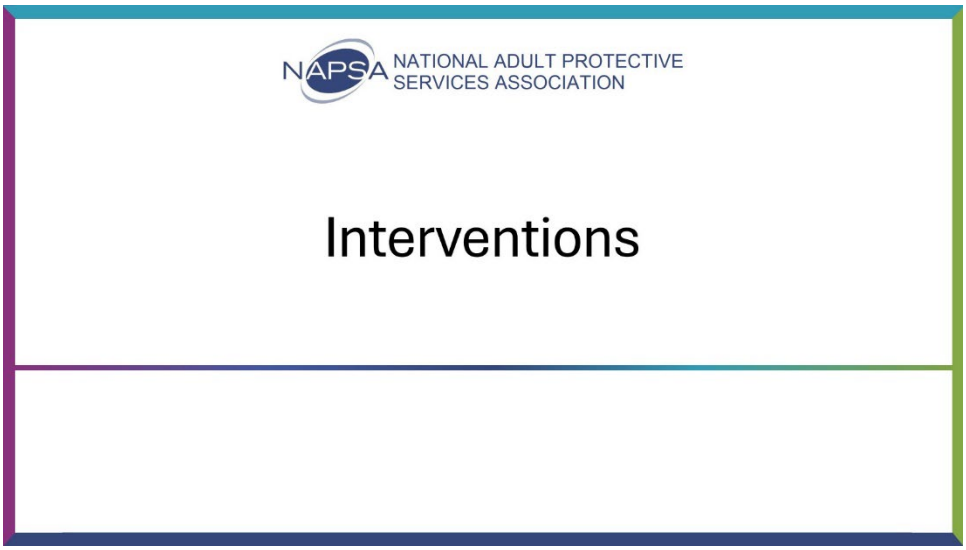
Abuse induces shame, guilt, feelings of self-blame, and confusion. We've already looked at the reasons people may not report abuse. Even once the abuse has been reported, it's not uncommon for people to return to abusive situations, maintain contact with the people that have hurt them, or otherwise remain connected to the abuse, particularly if the alleged perpetrator is a loved one.

Even if someone accepts an intervention or a safety plan, there may be a period of regret and minimization where the person will want to go back to the relationship the way it was. They may question whether it was really that bad, or feel that their grief over losing the relationship is a greater pain than anything the alleged perpetrator could inflict. With that in mind, we will now move into an exploration of interventions you might suggest for people who have experienced abuse.

Module 5. Interventions

Time: 40 minutes
Associated Objectives: List possible intervention options for a person that has experienced emotional or physical abuse.
Facilitation instructions: Follow the talking points and associated prompts
Tools: PowerPoint presentation, participant guide, group discussion

Slide 46: Interventions



Say: The goal of any APS intervention is to promote the safety, independence, and quality of life for the person who is in danger of, or who is experiencing abuse, while honoring their right to self-determination.

5.1. Video: Some Older Victims May Want to Stay with Their Spouse or Partner

Time: 5 minutes
Method: Video

Slide 47: Video: Some Older Victims May Want to Stay with Their Spouse or Partner



Say: We must come to situations of abuse with empathy and compassion. The quickest option – move out, leave, get somewhere safe – isn't always the safest, or the best one. In this video from the National Clearinghouse on Abuse in Later Life, we're going to listen to two presenters discuss the reality of navigating safety where there is abuse between loved ones. While the video topic is related to spouses, bear in mind that this guidance applies in all situations of abuse where there is also emotional attachment.

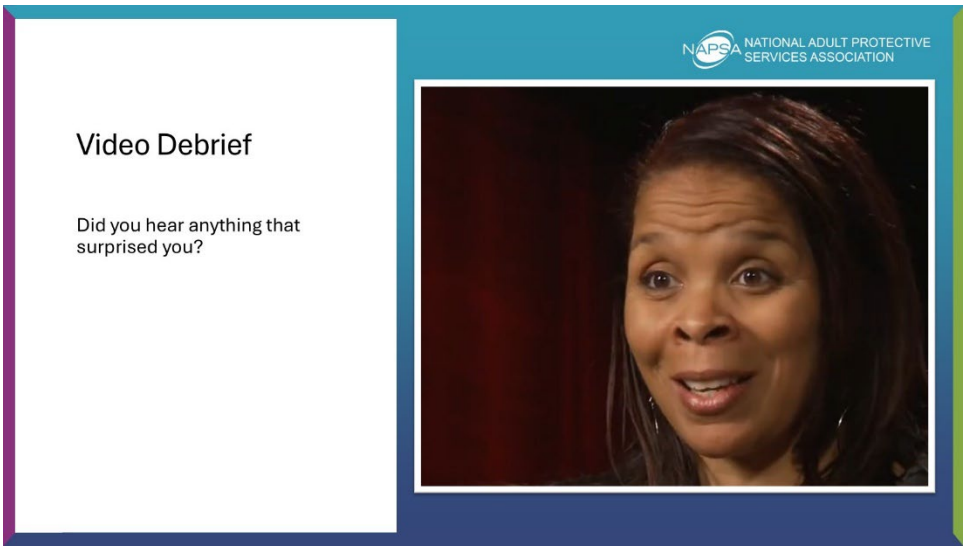
Play the Video: https://www.youtube.com/watch?v=juk6h9oghbs

[**First Presenter:** from 0:55 through 2:13 (The final line is "…so that they can be safe in the decision that they're making.")]

[**Second Presenter:** from 3:22 through 4:10 (The final line is "They want the violence to stop.")]

Note: The timestamps here are specifically chosen to avoid discussions of sexual abuse, due to the broader context of the video. Please make sure to stop and start the video at the times indicated, as this course does not cover sexual abuse. The video link is embedded in the PowerPoint and can be clicked to play inside the presentation. The direct link is also provided in case you would rather open the video in the background.

Slide 48: Video Debrief

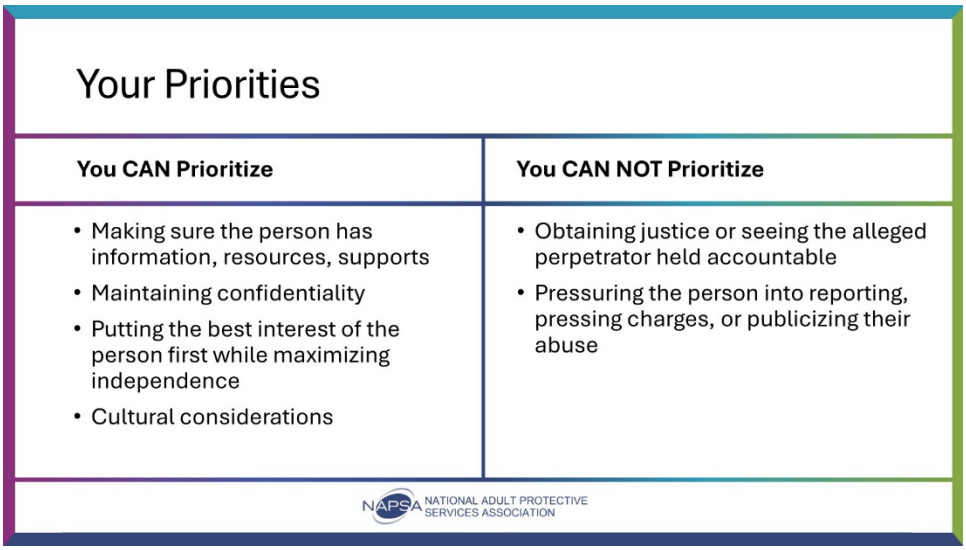


Ask: Was there anything in the guidance in this video that surprised you?

Allow for responses. If the learners express no surprise, this is a great answer.

Say: This should guide any intervention you suggest: an intervention to promote safety that the person doesn't want or won't participate in is not an intervention to pursue.

Slide 49: Your Priorities



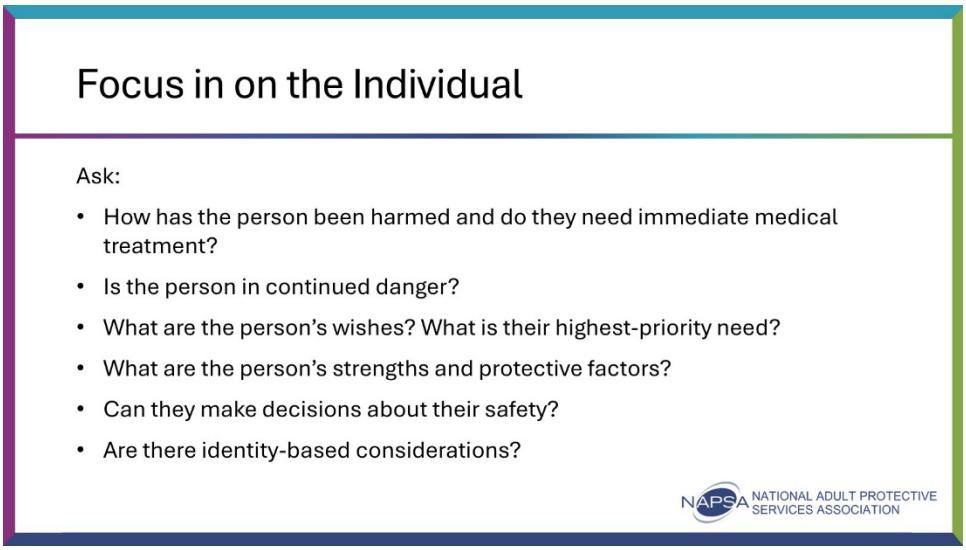
Say: What you can prioritize:

- Making sure the person has the information, resources, and supports to make informed decisions
- Maintaining the person's confidentiality according to State and Federal confidentiality laws
- Putting the best interests of the person first while maximizing their independence
- Any cultural considerations the individual might have – for example, their priorities around their family roles, community interconnectedness, or spirituality

What you can *not* prioritize:

- Seeing the alleged perpetrator held accountable. In cases of abuse, criminal proceedings may happen but are not guaranteed. You may or may not be required to report to law enforcement, but your focus should be on the person who experienced the abuse.
- Pressuring the person who has experienced the abuse into reporting to law enforcement, pressing charges, or otherwise publicizing their abuse in the pursuit of justice

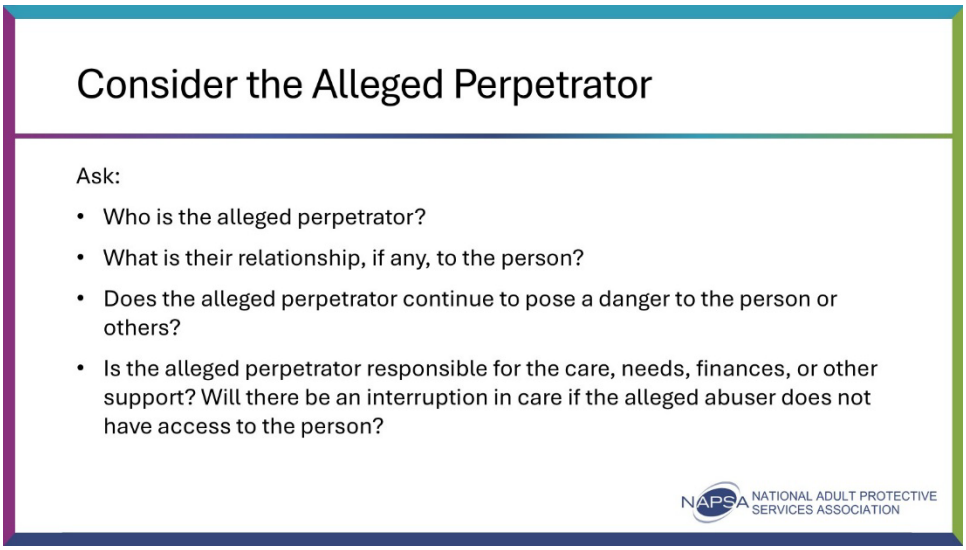
Slide 50: Focus in on the Individual



Say: Any intervention should center around the person. As you consider what to offer, bear these questions in mind:

- How has the person been harmed, and do they need immediate medical treatment?
- Is the person in continued danger?
- What are the person's wishes? What are their needs? What do *they* consider as their highest-priority need?
- What are the strengths and protective factors for the person?
- Does the person have the ability to make decisions about their safety? What information do they need?
- Are there identity-based considerations? (For example, cultural, religious, gender, disability status, or ability level.)

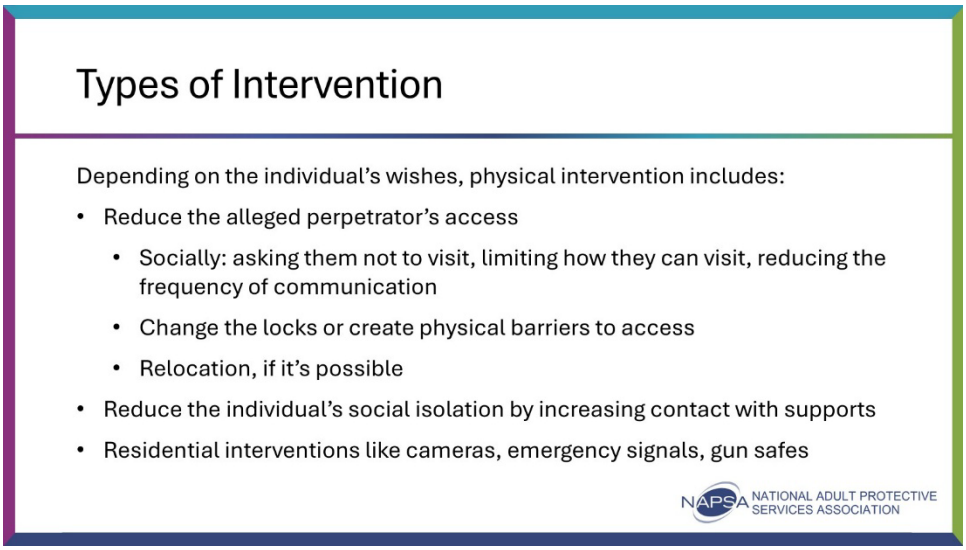
Slide 51: Consider the Alleged Perpetrator



Say: When considering interventions, you also need to look at the alleged perpetrator.

- Who is the alleged perpetrator, and what is their relationship, if any, to the person?
- Does the alleged perpetrator continue to pose a danger to the person, or to others?
- Is the alleged perpetrator responsible for the care, needs, finances, or other support to the person? Will there be an interruption in care if the alleged perpetrator does not have access to the person?

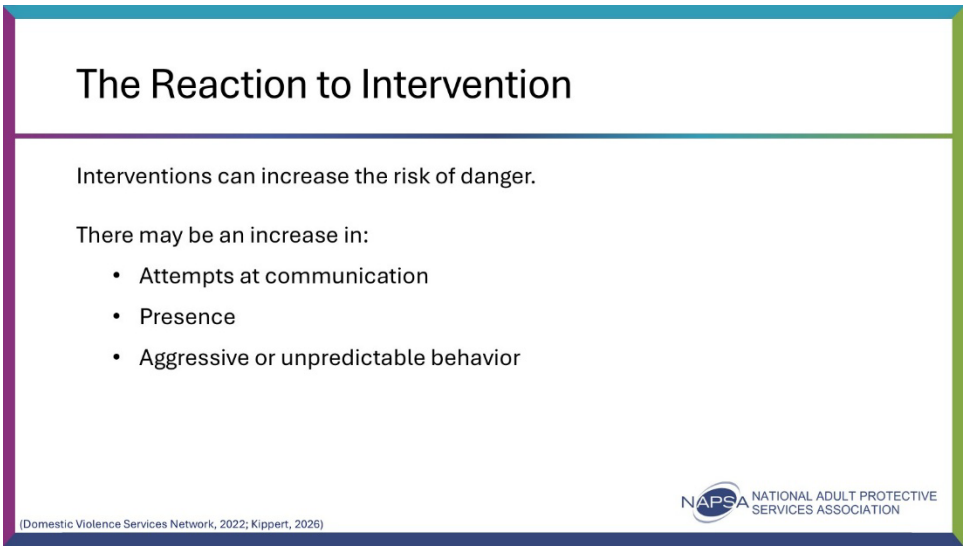
Slide 52: Types of Intervention



Say: Depending on the individual's wishes, some physical interventions can include:

- Reduce the alleged perpetrator's access to the person
    - Social methods can include: asking them not to visit, or limiting the ways they can visit (for example, they are no longer to visit alone, or are not invited to stay the night); reducing the frequency of communication;
    - Change the locks or create other physical barriers to access if the alleged perpetrator can NOT claim residence in the person's home. (For example, in Mary Ann's case, her stalker had not moved into her apartment.) However, if the alleged perpetrator has established residence in the same home as the person, you must check eviction laws in your state or territory before exploring this type of intervention.
    - In some cases, relocation may be a viable intervention if the person's finances, ability level, and support network are able to support it
- Reduce the individual's social isolation – even if the person does not want the alleged perpetrator's presence removed or lessened, increasing their contact with supportive friends, family, and community can help increase their safety
- Residential interventions like cameras, emergency signals, or implementing or using a gun safe (rather than having firearms readily available)

Slide 53: The Reaction to Intervention

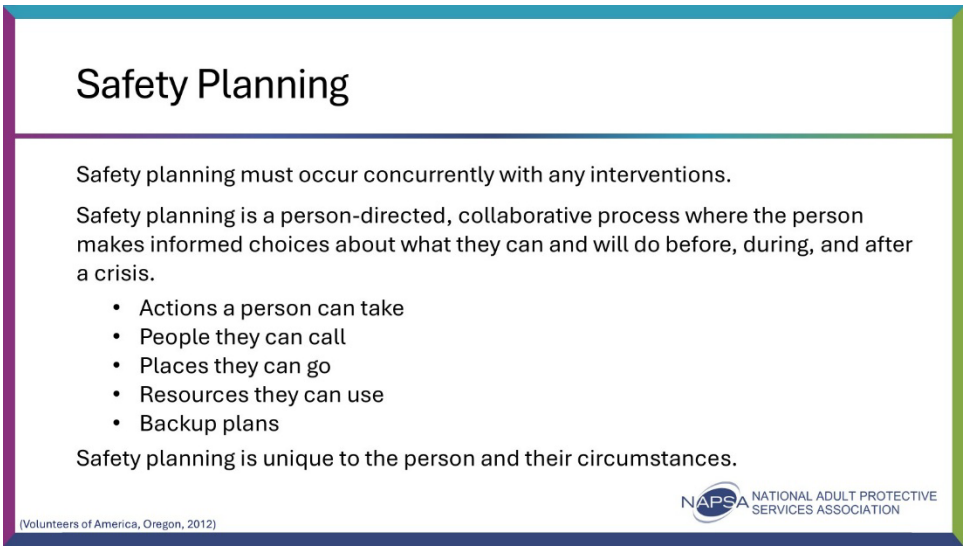


Say: Depending on the situation, interventions can increase the risk of danger, because the alleged perpetrator is losing access to or control over the person. There may be an increase in:

- Attempts at communication
    - Calls
    - Texts
    - Emails
    - Letters
    - Notes under the door
    - Communication via concerned parties, mutual friends, or other family members (“He’s just so sorry” or “She told me to tell you she’s in the hospital”)
- Presence
    - Showing up unannounced
    - Refusing to leave when asked
    - Tagging along on social visits they were not invited to
- Aggressive or unpredictable behavior

(Domestic Violence Services Network, 2022; Kippert, 2026)

Slide 54: Safety Planning



Say: Safety planning must occur concurrently with any interventions. This is a person-directed, collaborative process where the person makes informed choices about what they can and will do before, during, and after a crisis.

This includes finding ways for the person to stay safer, reducing the risk of both current and future harm. This can involve planning for a potential future crisis or future-focused conversations about what to do if the alleged perpetrator escalates.

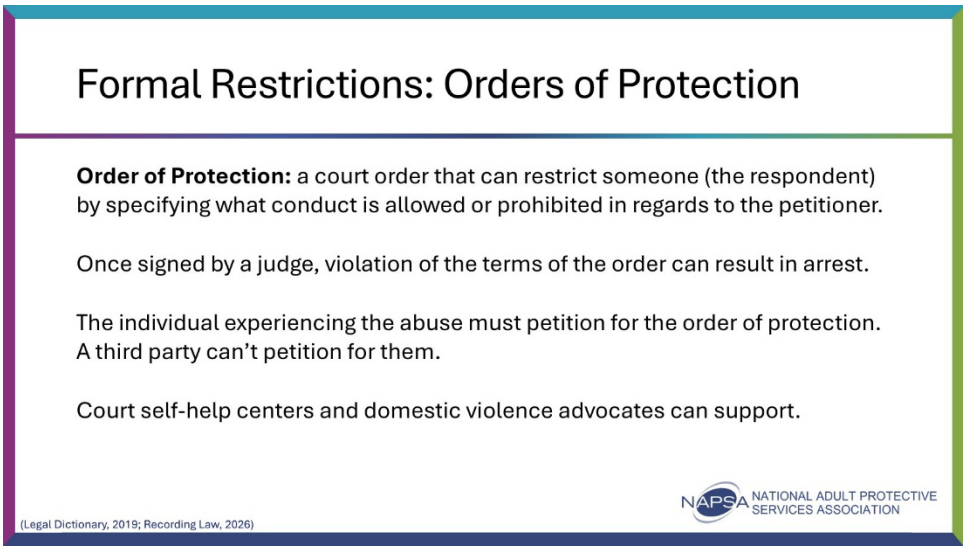
Safety plans can include actions a person can take, people they can call, places they can go, resources they might want to use, and backup plans. Safety plans should be specific to the individual's goals, desires, and needs…*and* involve potential scenarios that might occur in their case. For example, if the person has limited mobility, their safety plan should include tools they identify to support their mobility when they need it. If other people are part of someone's safety plan, for example, if the person would like a friend to pick them up, make sure those people are also informed of their roles.

Ask: Think back to the video we watched about people who may not want to leave the alleged perpetrator. What would you suggest when safety planning with someone who lives with the alleged perpetrator and does not want to leave or be separated from them?

Possible answers include: What can they do in the home the next time the alleged perpetrator escalates or acts in known abusive ways? (Go into a room that has multiple exits – avoid the bathroom and kitchen, leave the premises, other actions that promote their safety?) If they were to create a "go-bag", what would they put in it? (Change of clothes, paperwork, toiletries, medications.) How might they create their go-bag, and where would they keep it? Having a personal emergency signal, accepting in-home services, setting up a rotation of visitors or meal-delivery services, reconnecting someone to their community.

(Volunteers of America, Oregon, 2012)

Slide 55: Formal Restrictions: Orders of Protection



Say: An order of protection is a court order that can restrict someone (called the respondent) by specifying what conduct is allowed or prohibited in regards to the petitioner. So, the alleged perpetrator would be the respondent, and the individual filing the petition is called the petitioner.

This might also be called a protection order, restraining order, or other names depending on the state. Once signed by a judge, the order places legal requirements on the respondent that, if disregarded, can result in arrest.

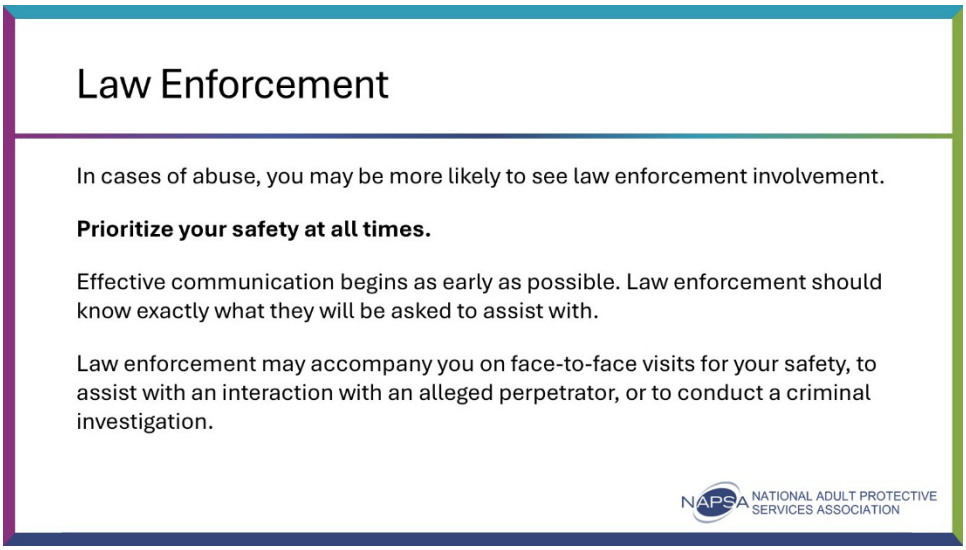
There are multiple types of orders of protection that vary based on the relationship of respondent to petitioner, the type of abuse or harassment, and the duration of the order.

The individual who is subject to the abuse must petition for the order of protection. We can support them and provide information, but we can't do it for them. There are also court self-help centers and domestic violence advocates who can provide support in filing for an order of protection.

And, it must be said that filing an order of protection can increase the danger to the person filing. As we mentioned a few slides ago, the alleged perpetrator's reactions to interventions can pose a significant risk, because the alleged perpetrator is losing access to the person.

(Legal Dictionary, 2019; Recording Law, 2026)

Slide 56: Law Enforcement

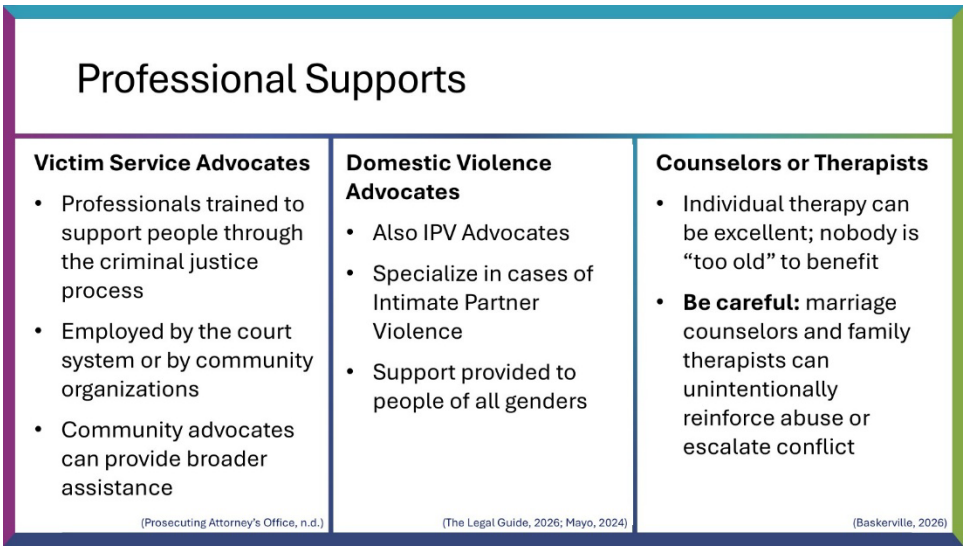


Say: In cases of abuse, you may be more likely to see law enforcement involvement as well. You may learn of a crime as early as intake. Sometimes you won't know ahead of time that there may be a crime. If you encounter a crime scene, or a crime in progress, prioritize your safety and call for law enforcement support.

If there is any indication that danger may be present, you may also contact law enforcement to accompany you during face-to-face meetings. For example, if there is known criminal activity at the residence, if the alleged perpetrator has a history of violence and will likely be present, or if firearms are present, law enforcement can accompany APS. Depending on law enforcement capacity, this may delay the initial face-to-face meeting. Your safety is more important than rushing into a situation that may need support. Be sure to coordinate with your supervisor should this type of situation come up. And, remember that, even if law enforcement accompanies you, your interview with the individual should still be private.

Effective communication with members of law enforcement should begin as early as possible. Before there is even a case to collaborate on, develop a good working relationship with law enforcement; make sure your local law enforcement agency knows who APS is and what APS does. When requesting assistance from law enforcement, they should know exactly what they are asked to assist with, whether it's supporting your safety, assisting with an interaction with an alleged perpetrator, or conducting a criminal investigation.

Slide 57: Professional Supports



Say: Let's talk about other professional supports that may help:

- Victim Service Advocates
    - These are professionals trained to support people through the criminal justice process. They can help provide information, support people through court hearings, and connect people to even more community resources and financial supports.
    - These advocates may be employed by the court system or may work through a community organization. Community advocates can provide assistance even if there is no current court involvement – for example, if someone is deciding whether or not to report.
- Domestic Violence Advocates or Intimate Partner Violence Advocates
    - These advocates are NOT limited to cases of intimate partner violence, or IPV. They can be a resource even if the situation does not strictly involve IPV.
    - Domestic violence advocates will provide support to people of all genders.
- Counselors or Therapists
    - Individual therapy can be an excellent tool in recovery from abuse and trauma. There is no age limit; nobody is "too old" to benefit from speaking to a counselor about their experiences, if they feel it will help.
    - **Be careful:** the goal of marriage counselors and family therapists is, except in extreme cases, to support the continuation of these relationships and identify where all parties involved can better communicate and grow

as a unit. In situations of abuse, *only* the abuser is at fault, and joint therapy may unintentionally side with the abuser, escalate conflict, or reinforce abusive systems of control. This can also be true if the individuals are religious and would prefer to speak with a religious leader, like a pastor, instead of a counselor.

(Prosecuting Attorney's Office, n.d.; The Legal Guide, 2026; Mayo, 2024; Baskerville, 2026)

Slide 58: Resources and Services



Say: When we're planning interventions or building safety plans in collaboration with the person, it's on us to provide options, ideas, and flexibility in a situation where it's difficult to be creative.

National resources like the National Domestic Violence Hotline, the National Center for Victims of Crime, and Survivors.org are all good places to start.

Use this to pivot to local resources and services that are available.

Ask: What local resources, services, or programs do you know about? Are there any you've collaborated with in the past?

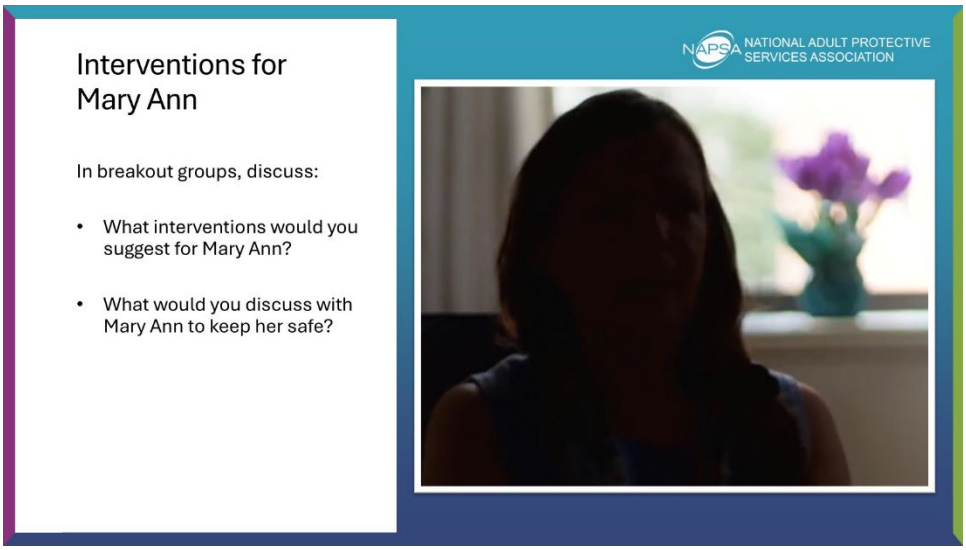
Trainer note: We suggest you prepare a brief list of local supports prior to the event to help seed responses. Allow the learners to share the information they have and learn from one another.

Potential answers include: local hotlines and crisis lines, victim services, shelters, home care supports, emergency housing, programs with hotel vouchers, court supports, existing relationships with law enforcement, methods to increase physical safety.

5.2. Activity: Discussion in Breakout Groups

Time: 20 minutes
Method: Breakout groups, class discussion

Slide 59: Interventions for Mary Ann



Say: Let's return to Mary Ann. As a reminder, Mary Ann sustained a severe injury and gave her apartment key to an acquaintance for his assistance. He began exhibiting controlling behavior – controlling who she spoke to or saw, physically threatening her when she disagreed with him – and escalated to putting his hands around her neck. As she regained mobility, he became angrier with her and began vandalizing her apartment with urine and food. He sat on the couch beside her with a golf club, convincing Mary Ann that he meant to kill her.

When she called the police, she was counseled to get a restraining order. She obtained an emergency order, but it didn't deter her stalker. He made multiple threats on her life, threatened to torture her in multiple ways, and also told others of his plans to assault and kill Mary Ann. Repeated calls to the police resulted in no action because she had no proof. Her property manager told her, "Our hands are tied."

Now, we're going to go into breakout groups to discuss:

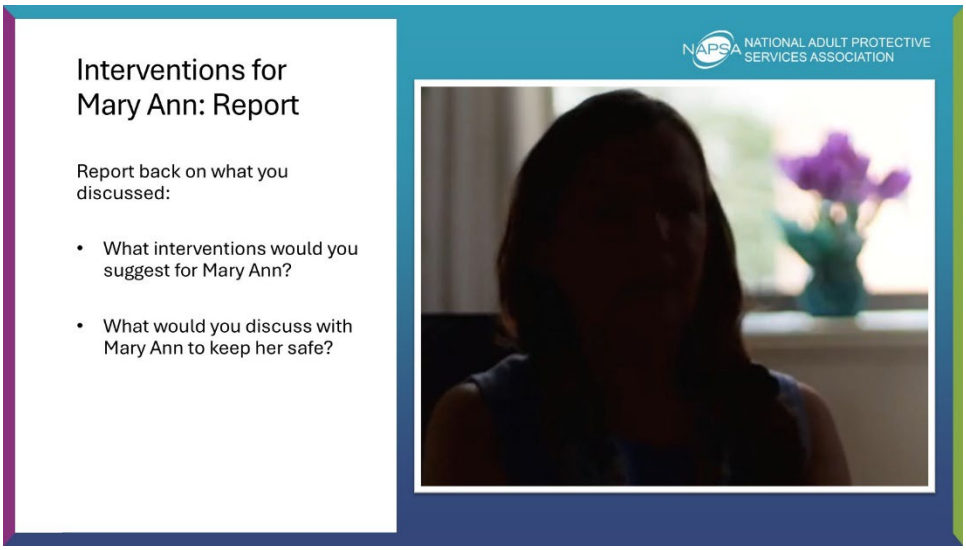
- What interventions would you suggest for Mary Ann?
- What would you discuss with Mary Ann to help keep her safe?

If stalking is not a form of emotional abuse you investigate, consider this scenario from the perspective that Mary Ann is experiencing abuse, and the alleged abuser just won't "let it go" despite the presence of interventions.

After ten minutes, we'll come back, report out, and then watch the rest of Mary Ann's story to see what happened. Please designate a group spokesperson to report back.

Do: After 10 minutes, close the breakout rooms.

Slide 60: Interventions for Mary Ann: Report



Ask: What interventions would you suggest for Mary Ann? What would you discuss with her to help keep her safe?

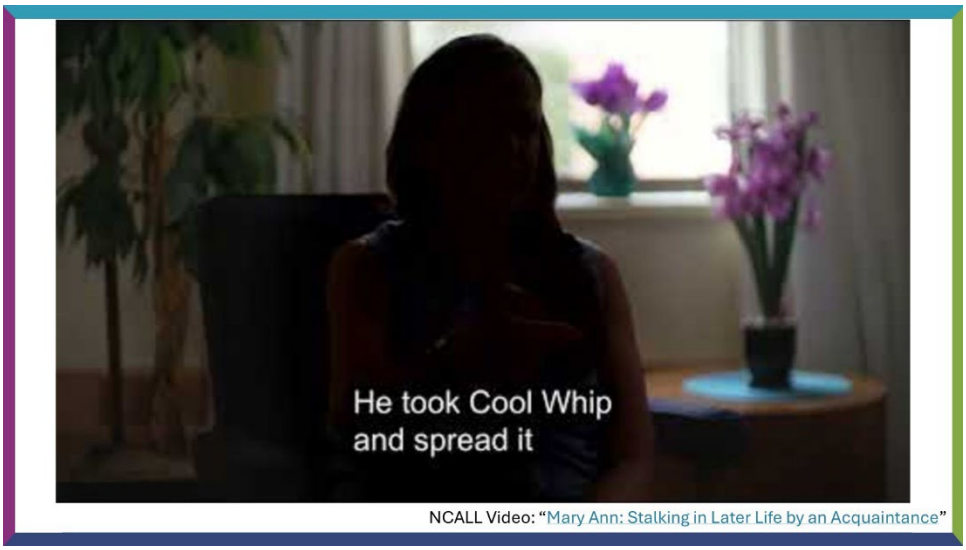
Allow each breakout group to report out on their thoughts.

Possible Answers Include: *Since her property management is unhelpful, can she relocate? Can she install cameras to obtain evidence of her stalker's behavior to provide the proof the police need? Would you suggest a go-bag in case she needs to move? Does she have needs regarding the injury she's recovered from - is she still in pain, does she need support for mobility, does she use mobility aids or tools?*

5.3. Video: The Rest of Mary Ann's Story

Time: 10 minutes
Method: Video, group discussion

Slide 61: Video: Mary Ann: Stalking in Later Life by an Acquaintance

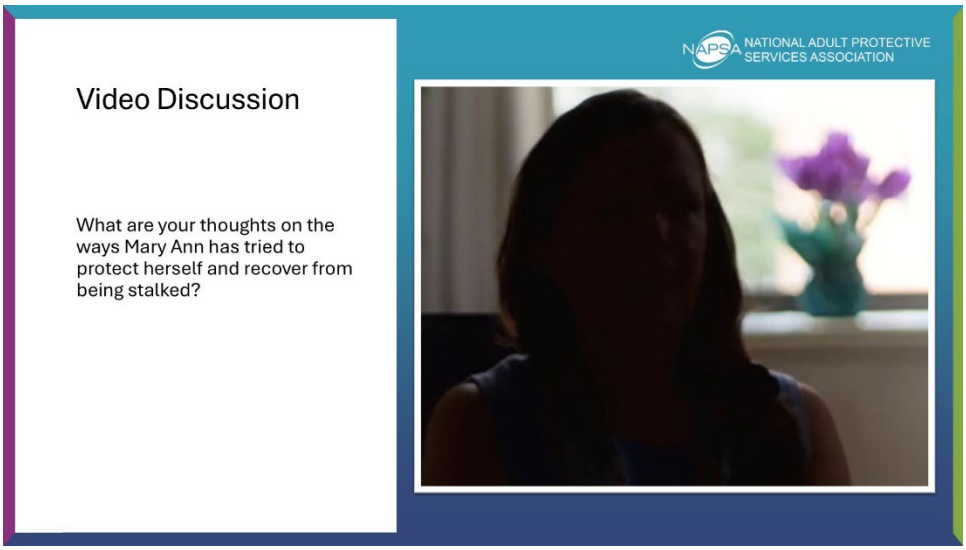


Say: Let's see what Mary Ann did with the support of the Elder Justice Center.

Play the Video: https://www.youtube.com/watch?v=QFEe8sUVZWM [from 6:11 through 12:14 (end)]

Note: The video link is embedded in the PowerPoint and can be clicked to play inside the presentation. The direct link is also provided in case you would rather open the video in the background.

Slide 62: Video Discussion



Ask: What are your thoughts on the ways Mary Ann has tried to protect herself and recover from being stalked?

Direct participants to use the chat feature or share their responses.

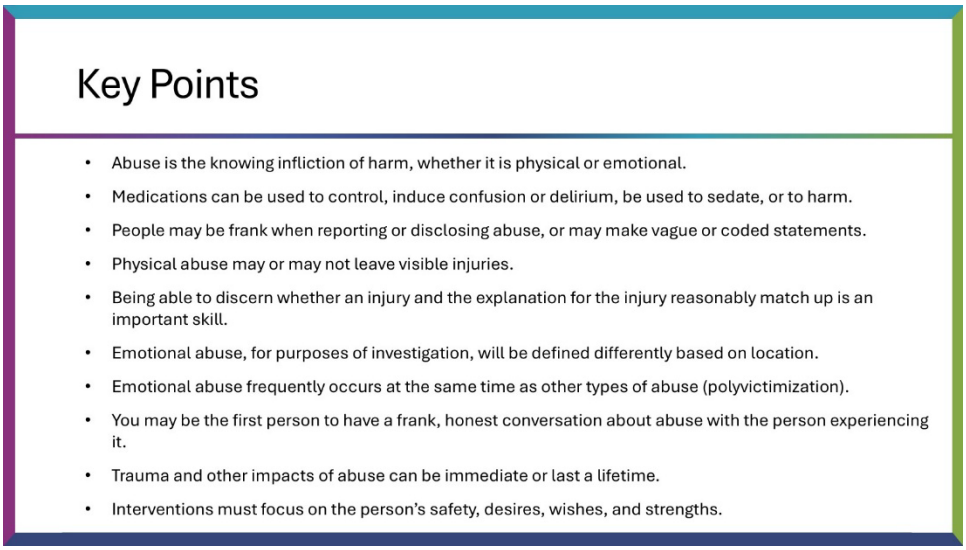
Possible answers: She obtained a protective order, moved to a new apartment, and attends support groups. She has had to repeatedly file with the police and probation officer when her stalker breaks the terms of the order, and the reaction she gets depends on the person she talks to. She is very resilient but this experience has lessened her trust in authorities – she describes talking to her stalker's probation officer like it's being abused all over again. She also has reduced faith in relationships – she was 68 at the time of filming, but this has caused emotional damage she describes as being "too old" rather than attempt to open up to someone else again. Notably, even though she moved, her stalker still sent her a birthday card, and ruined her birthday.

Bonus: At the very end, Mary Ann listed off a string of protective factors – her resilience, her religion, her cat, her family and friends, the advocates and the group she attends.

Module 6. Wrap Up

Time: 20 minutes
Associated Objectives: None
Purpose: Identify how to apply knowledge gained from the training to practice
Facilitation instructions: Follow the talking points and associated prompts
Tools: PowerPoint presentation, participant guide, group discussion

Slide 63: Key Points

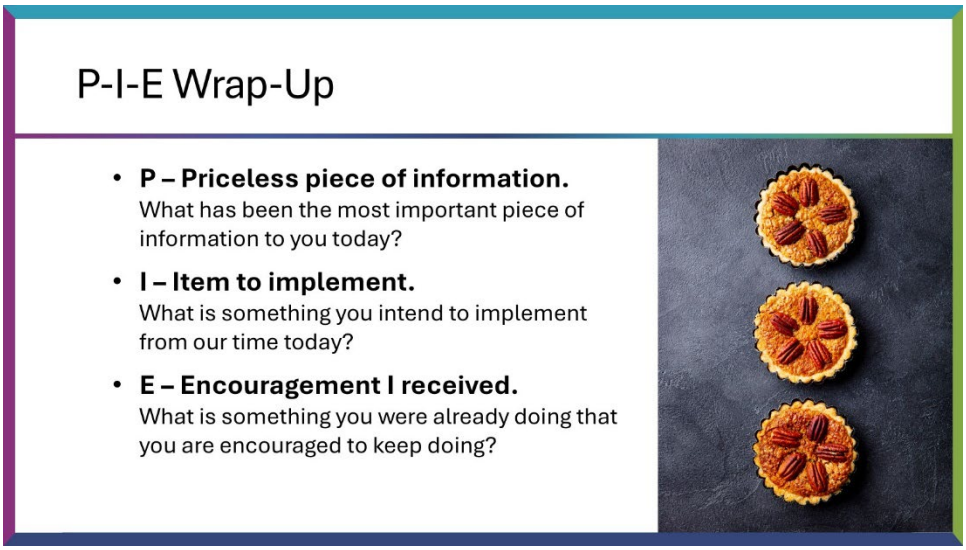


Summarize key points from the training, including:

- Abuse is the knowing infliction of harm, whether it is physical or emotional.
- Medications can be used to control, induce confusion or delirium, be used to sedate, or to harm.
- People may be frank when reporting or disclosing abuse, or may make vague or coded statements.
- Physical abuse may or may not leave visible injuries.
- Being able to discern whether an injury and the explanation for the injury reasonably match up is an important skill.
- Emotional abuse, for purposes of investigation, will be defined differently based on location.
- Emotional abuse frequently occurs at the same time as other types of abuse (polyvictimization).
- You may be the first person to have a frank, honest conversation about abuse with the person experiencing it.

- Trauma and other impacts of abuse can be immediate or last a lifetime.
- Interventions must focus on the person’s safety, desires, wishes, and strengths.

Slide 64: P-I-E Wrap-Up



Say: Based on what we have talked about during our time together, I want you to answer a few questions.

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

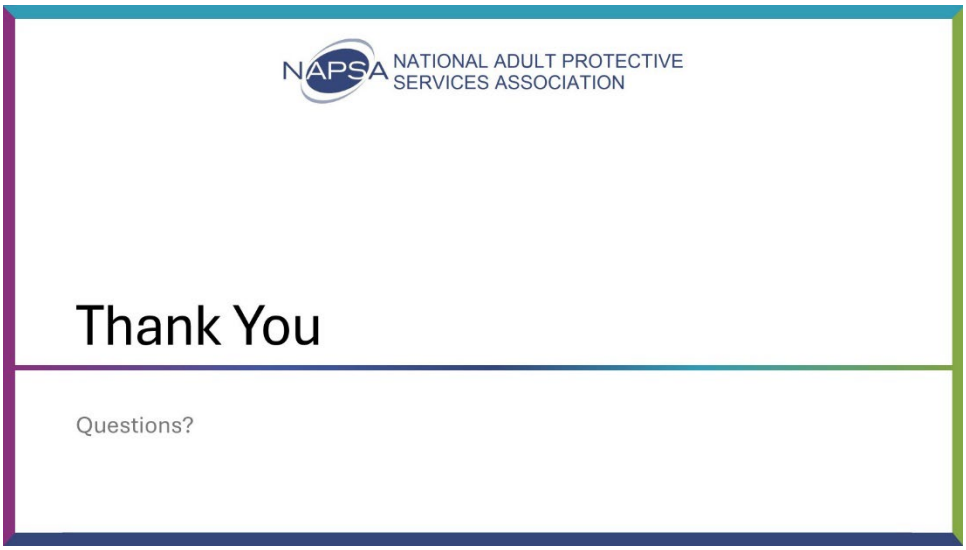
You have 5 minutes to answer the questions on your own.

Do: Once complete, ask for volunteers to share what they wrote down. Request the participants to use the “Raise Hand” feature to volunteer to speak.

Use the following questions for debrief:

- What were some of the key words that you heard while you shared?
- What were the common themes that kept coming up?

Slide 65: Thank you!



Say: Thank you for your time and participation today.

If you have time for further questions, or have any end-of-day housekeeping, do so here.

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