

ELDER ABUSE TOOLKIT



"To fix the issue, we need greater awareness of what adult abuse, neglect, and/or exploitation is and how to report it." –**Tim Jackson,**
**Missouri's Adult Protective Services
Administrator**

Introduction



Elder abuse is a widespread but often hidden issue. The Administration for Community Living defines it as “any intentional or negligent act by a caregiver or any other person that causes or creates a serious risk of harm to a vulnerable adult” (3). According to the World Health Organization, around **1 in 6** adults over 60 experience abuse in nursing homes or other community settings—yet only 1 in 24 cases are reported (20). This staggering underreporting highlights a critical gap in awareness and response.

“[To address the issue, we need to] educate the public on elder abuse, recognizing neglect and exploitation (especially financial) and how to report it.”

-Jenna Helminski Juve, WI State Long Term Care Ombudsman

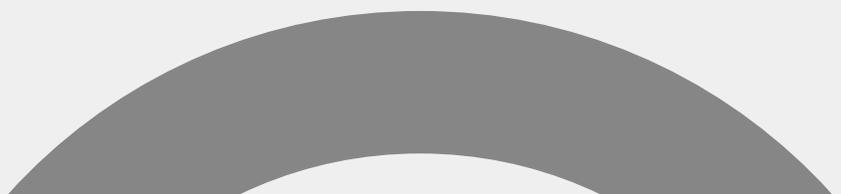
That’s exactly what this toolkit is designed to do. Whether you’re a family member, caregiver, or concerned friend, this resource equips you to:

- **Recognize the signs of abuse**
- **Ask the right questions**
- **Respond with confidence**

Abuse prevention starts with knowledge and empathy. With the right tools, families can create safer environments where older adults live with the dignity, respect, and safety they deserve (13).

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Why is it Underreported?

Around **1 in 6** elders experience elder abuse



Fear of Retaliation

- Victims may stay silent if they fear being hurt again—especially in facilities.
- “He’ll beat me up again if I tell you.” - Ohio Nursing home resident after being asked who gave them severe bruises (19).

Stigma

- “There is a stigma associated with calling the hotline or asking for help. Many may feel embarrassed that they’ve fallen victim to abuse and don’t want to expose it.” - Tim Jackson

Fear of Being Seen as Incapable

- “Older adults often fear that coming forward will make others see them as incapable, especially when [they are] diagnosed with a cognitive impairment and fear losing independence or control over their own decisions.” - Mairead Painter, CT State Long Term Care Ombudsman

Lack of Awareness or Support: Not knowing what counts as abuse and how to report it



Only **1 in 24** cases get reported! (20)



Types of Abuse

Type	Description	Examples/Red Flags
<p>Financial</p> 	<p>Taking advantage of an elder's money, property, or assets without their permission or in deceptive ways (<u>6</u>).</p>	<ul style="list-style-type: none"> • Sudden changes in bank accounts or legal documents (<u>3</u>) • Someone overly involved in the elder's finances • Unusual spending, missing cash • Signatures that don't match the elder's handwriting (<u>16</u>) • Use of elder's property of possessions without permission (<u>11</u>)
<p>Physical</p> 	<p>Causing physical harm or injury to an older adult, such as through hitting, slapping, shoving, kicking, or using restraints improperly (<u>6</u>)</p>	<ul style="list-style-type: none"> • Unexplained bruises, pressure marks, broken bones (<u>3</u>) • Burns • Frequent ER visits • Inconsistent or vague explanations for injuries (<u>12</u>)
<p>Sexual</p> 	<p>Any non-consensual sexual contact with an older adult. This includes sexual activity involving individuals with dementia who are unable to give consent.</p>	<ul style="list-style-type: none"> • Bruising around breasts or genital area (<u>3</u>) • Bleeding from the genitals • Bruising on inner thighs • New sexually transmitted infections (STIs) • Problems walking or sitting (<u>12</u>)

Emotional



Intentional actions that cause fear, distress, or emotional pain in older adults. This can include insults, threats, humiliation, or isolating someone from loved ones.

- Looks sad, withdrawn, or fearful
- Avoids eye contact
- Is non-responsive
- Sudden mood swings
- Changes in personality (i.e. excessive apologizing, development of depression or anxiety) (28)
- Low self-worth or confidence (12)

Neglect



Failure to provide an older adult's basic needs, such as food, shelter, medical care, or hygiene support, placing the elder's health or safety in danger (6).

- Poor hygiene
- Dehydration and/or malnutrition
- Unusual weight loss
- Unclean clothing
- Unattended medical needs
- Bedsores (3)

Case Studies

Physical



Jean Donnelly, an elderly woman with dementia living in a Massachusetts long-term care facility, was found by her daughter with alarming injuries: a **deep gash on her forehead** and **heavy facial bruising**. Staff failed to inform the family about the injuries, and when questioned by police, a nurse **attempted** to explain the injuries by claiming Jean had a “history of hitting herself.” Her daughter, Maureen Rossi, rejected that claim, stating: “That’s not a history my mother had.” Jean’s other daughter stated: “It was horrific. She had a huge gash on her forehead and a **lump the size of a golf ball**, her whole face was bruised.” The facility where Jean lived had dozens of prior complaints related to neglect and abuse, suggesting a larger pattern of mistreatment at this facility (2).

Signs of Abuse

- Severe, unexplained injuries: facial bruising and lacerations
- Inconsistent or vague explanations for injuries: attempting to claim self-harm without supporting evidence

Case Studies



Sexual

In 2014, George Sumo Kpingbah, a nursing assistant at a Minneapolis nursing home, was convicted of **raping** an 83-year-old resident with Alzheimer's disease. The woman was completely immobile, nonverbal, and fully dependent on others for her care. A nurse walked into the patient's room and caught Kpingbah in the act of raping her (21). The staff immediately reported the incident, and forensic evidence confirmed the assault. Kpingbah was sentenced to 8 years in prison, longer than the prosecution's recommendation, because of the cruelty and vulnerability involved in the case (2). The resident's daughter described the lasting trauma of witnessing her mother's suffering after the assault: **"My final memories of my mother's life now include watching her bang uncontrollably on her private parts for days after the rape, with tears rolling down her eyes, apparently trying to tell me what had been done to her, but unable to speak"** (5).

Signs of Abuse

- Emotional changes (crying)
- Changes in behavior (banging uncontrollably on private parts)

Case Studies



Emotional

Mark, 75, was living with Alzheimer's disease and experiencing worsening memory loss and difficulty walking (18). As his condition progressed, a court appointed Mrs. McKee to serve as his legal guardian. Rather than acting in his best interest, Mrs. McKee repeatedly **mocked** Mark's confusion and **dismissed** his condition. This led to Mark **acting more withdrawn** from his loved ones and **changes in his personality**. Mark's paid caregiver, Yolanda, became worried and ultimately reported the situation to Adult Protective Services, prompting a court review of the guardianship.

Signs of Abuse

- Changes in personality
- Withdrawn from loved ones

Case Studies



Neglect

In a devastating case of nursing home neglect in Iowa, an elderly woman was left without basic care for several days, ultimately leading to her death. The resident reportedly moaned in pain throughout the night, but **staff failed to respond**. It wasn't until around 3:00 a.m. that someone finally took notice and called for help. She was rushed to the hospital, where doctors determined she had **not received water or fluids for at least four to five days**. Her daughter stated that no one from the facility ever contacted her, even as her mother cried out in pain. The woman **died** shortly after hospitalization, and the facility was fined \$77,463 for failing to provide the care necessary to keep her alive (25).

Signs of Abuse

- Extreme dehydration and malnutrition
- Unattended medical needs

Dehydration and Neglect

Dehydration is one of the most common and dangerous forms of neglect in nursing homes (19). Elderly individuals naturally have a reduced sense of thirst, and those with cognitive impairments often cannot express when they need fluids. Elders should be routinely offered water and monitored for hydration, even if they don't explicitly ask for water. When facilities fail to meet this basic need, the consequences can be fatal.

Case Studies

Financial



Charles Bauer, a Korean War veteran living in Parma, Ohio, was financially exploited by Latasha Wisniewski, a woman **50 years younger** than him who manipulated his grief and isolation following the death of his wife (5). After meeting through an alcohol support group in 2017, Wisniewski gained Bauer's trust by feigning romantic interest and convincing him she wanted to marry him. In less than a year, she **stole over \$140,000** from him and **coerced him into adding her name to the deed** of his fully paid-off home (21, 29). Before the abuse, Bauer was financially stable, with savings, stocks, and a paid-off car and home. His two adult daughters, who lived nearby and frequently checked in on him, became concerned about his involvement with Wisniewski and voiced their objections. However, under Wisniewski's influence, Bauer became **increasingly isolated**, ultimately cutting off contact with his daughters and even changing the locks on his house to prevent them from entering. Court documents later revealed that Wisniewski used the stolen money to support her addictions to opioids and cocaine and pay for cosmetic procedures, including breast implants. She was convicted and sentenced to 12 years in prison, and ordered to repay the money to Bauer's estate. Sadly, Bauer passed away before he could see justice fully served (5, 21, 29).

Signs of Abuse

- Rapid depletion of savings and cashed-out stocks
- New romantic involvement with large age gap and questionable motives
- Addition of abuser to home deed and financial accounts
- Estrangement from family members who raised concerns

Prevent Financial Abuse



Common Scams

- Identity theft
- Fake prizes
- Home or auto repair scams
- Insurance scams
- Pressure to sign documents they don't understand
- Threats or intimidation (16)



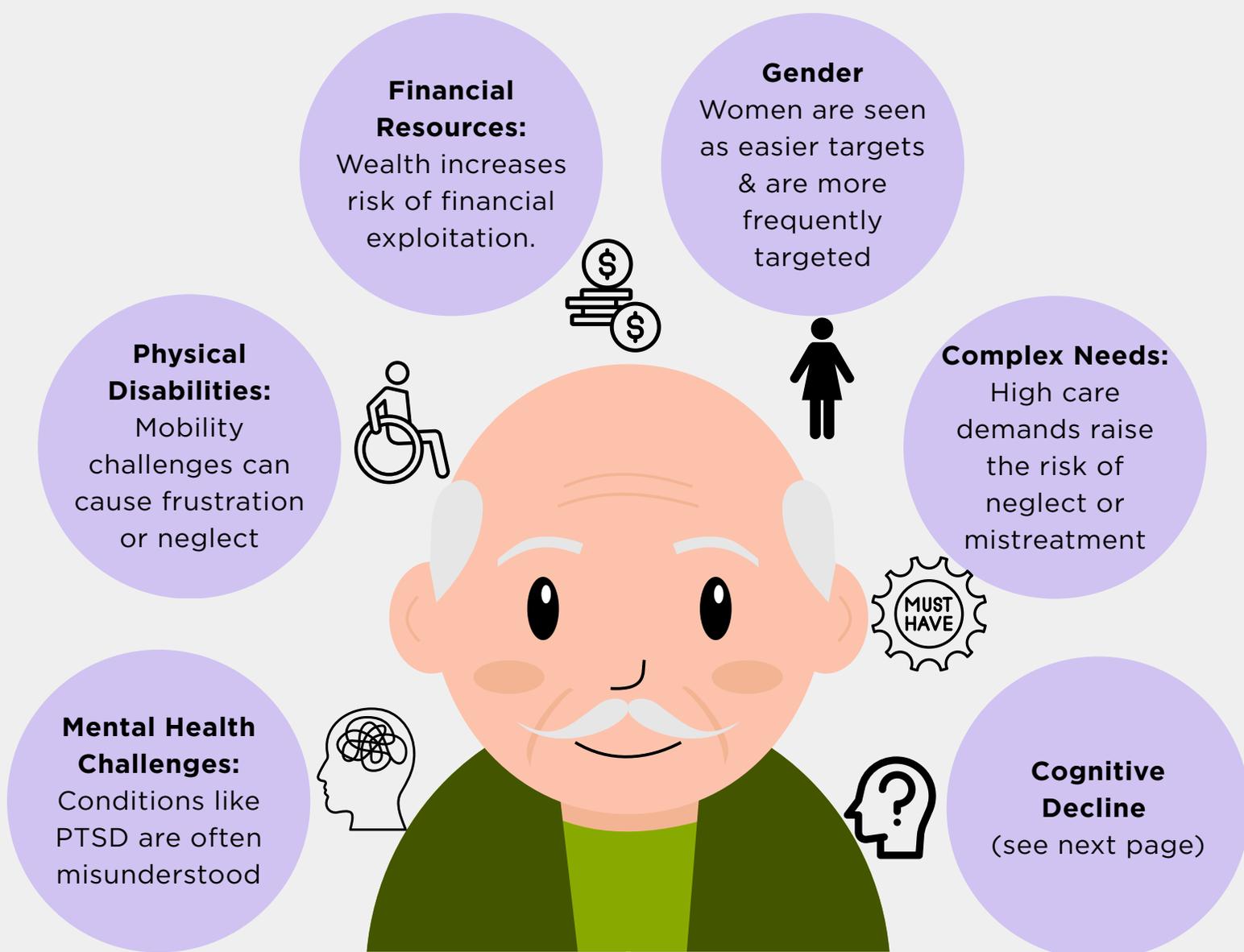
Prevention Steps

- Register their phone with the **National Do Not Call Registry**
 - <https://www.donotcall.gov/register.html>
- Set up fraud alerts with banks and credit card companies
- Set up automatic bill payments to ensure bills are paid correctly and on time
- Reduce credit card limits, cancel extra cards
- Offer help with shopping or arrange deliveries to reduce overspending (16)

A former attorney stole approximately **\$1 million** from a dementia patient living in a nursing home!

Risk Factors

Certain elders may be at higher risk for abuse or neglect due to certain factors. Those who require more attention, are perceived as different, or have needs that make caregiving more complex may unfortunately be treated with less care or patience (22).



Dementia

Another trend in the case studies was many victims had dementia. Older adults with dementia face higher risks of abuse. In fact, nearly **1 in 2 people** with dementia experience some form of mistreatment (4).

How Dementia Makes People Vulnerable

Memory loss

Confusion about money or financial transactions makes exploitation easier.

Communication barriers

Difficulty expressing abuse prevents victims from getting help.

Dependence on Caregivers

Needing constant support creates increased opportunities for potential harm. Additionally, some staff may neglect or mistreat those with dementia rather than meet their complex needs (22).

Lack of Awareness

Some may not even realize that they're being mistreated (23).

Dismissed Reports

Attributing a report from a dementia patient to their delusions or confusion may cause genuine abuse reports to be ignored or not taken seriously.

“Too often, [individuals experiencing cognitive decline]’s distress are dismissed or minimized... It demands patience, empathy, and a genuine willingness to spend the time necessary to truly understand their perspective.”

-Mairead Painter, CT State Long Term Care Ombudsman



Long Term Care Facilities

Another trend in the case studies was the overwhelming amount of abuse cases reported at nursing homes and other living facilities. Understanding the root causes of why elder abuse happens here can help you pick a facility you feel comfortable having your loved one live in.

In 2024 alone, over **7,600** health citations were issued to U.S. nursing homes for abuse or neglect (4)

Surveys show that nearly **2 out of 3** caregivers admitted to abusive behavior over the course of a year (4)

Why Does Abuse Happen in Facilities?

Inadequate staffing

When there aren't enough caregivers to meet residents' needs, employees are often overwhelmed and overworked. This creates high-stress environments where frustration can lead to mistreatment.

Insufficient training

Staff members who haven't been adequately trained, especially in dementia care, may not know how to respond appropriately in difficult situations, increasing the risk of neglect or abuse.

Poor Oversight

Facilities without strong leadership, like a committed administrator or medical director, often struggle with accountability. Without proper management and supervision, staff are more likely to act inappropriately.

Staff Burnout

Low morale and emotional exhaustion are common among nursing home staff. If not addressed, burnout can cause caregivers to act out in harmful ways toward residents (20).

Picking a Facility, pt. 1

It's important to choose a safe, supportive facility for your loved one.

Tips for Choosing a Quality Facility (15)

- Call and visit **several** facilities
- Schedule meetings with key staff, including the facility and nursing directors
- Fill out the **Medicare Nursing Home Checklist** (<https://tinyurl.com/nursinghomechecklist>)
- Make an **unannounced** second visit at a different day or time to see how the facility runs when they're **not expecting visitors**

Medicare Nursing Home Checklist Preview:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Questions to Ask When You Visit a Nursing Home

Name of nursing home: _____

Name of contact person: _____

Phone number: _____

Website: _____

Address: _____

Date of visit: _____

Basic information	Notes
Is the nursing home Medicare-certified?*	
Is the nursing home Medicaid-certified?*	
What state agency licensed the nursing home and administrator?	
Does the nursing home have any openings?	
Does the nursing home offer specialized training for staff to support residents living with dementia?	
Is the nursing home located close enough for my friends and family to visit? (A question for yourself)	
Are there resident policies I must follow? Will I get a written copy of these policies?	
Are there extra charges for other services, like beauty shop services?	
Will the nursing home tell me in writing about their services, charges, and fees before I move into the home? Note: Medicare- and/or Medicaid-certified nursing homes must tell you this information in writing. Get a copy of	

Picking a Facility, pt. 2

What to Look for During a Visit

- Mealtime visit:
 - Is the dining area **clean** and welcoming?
 - Does the food look nutritious and appealing?
 - Ask if you can sample a meal

- Do residents appear clean, **well-dressed**, and cared for?

- Does the staff interact with residents **warmly & respectfully**?

- Is the facility clean, **fresh-smelling**, and **well maintained**?

Questions to Ask Staff

- What is your staff-to-resident ratio?

- How do you prevent **caregiver burnout**?

- What **abuse prevention training** do staff receive?

- How are residents monitored for signs of abuse?

- What's your policy if abuse is suspected?

- Can families access **incident reports**?

- Who handles **medications**, and how is it documented?

- How often are residents **bathed, fed, and engaged**?

Abuse Risk

Assessment

Questions to ask Your Loved One (6)

- Has anyone stopped you from getting food or medicine?
- Do you feel **safe** where you live?
- Has someone touched you in a way that made you feel **uncomfortable**?
- Has anyone grabbed or **pushed** you?
- Are you able to **socialize** here? Do you feel **lonely**?
- Is there anyone here who makes you feel **uneasy** or uncomfortable?
- Has someone pressured you to sign papers?
- Have you seen any strange changes in your bank accounts?

Questions to Ask Yourself (6)

- Do they seem **withdrawn** or unusually **irritable**?
- Are they **avoiding eye contact** with you or others?
- Have you seen any **unexplained injuries** like bruises or cuts?
- Are they **poorly groomed** or dressed inappropriately?
- Have there been **issues with their medications** (i.e. missed doses, overmedication)?

Tips for Sensitive Conversations (6)

- Use a calm, reassuring tone
- Keep questions **simple** and **direct** (aim for yes/no questions)
- Pay close attention to **non-verbal cues** such as **facial expressions** and **body language**. People with cognitive impairment may not be able to explain what happened, making non-verbal cues valuable.

Steps to take for Suspected Abuse

✓ **Document** (optional):

- Take notes on what you see and hear
- Take photos of any visible signs of harm
- Save any relevant text messages
- **This step is optional** because you do not need to have proof of abuse; reporting concerns is enough! (1)

📞 **Make a Report** (see table below on who to call)

🛡️ **Ensure safety:** Remove the elder from the situation if needed.

⚖️ **Legal Support:** If needed, an elder abuse attorney can help protect your loved one's rights and pursue compensation from those responsible for abuse (24).

Who Do I Call?

Situation	First Call 	Additional Notes
Immediate danger or physical harm	911	Emergency response team will intervene
Suspected abuse or neglect in the community with no imminent danger (9)	Adult Protective Services (APS)	https://www.napsa-now.org/help-in-your-area/ to find the specific APS contact information for your state
Concerns/complaints about a long-term care facility (includes nursing homes, assisted living centers, and board and care facilities) (27)	Long-Term Care Ombudsman	https://theconsumervoice.org/get-help/ to find the long-term care ombudsman program in your state.  Confidential Help Ombudsmen are not mandated reporters, so conversations remain confidential and are not acted upon without explicit consent. They offer a safe space to speak openly and access information.

What Happens

When I call APS?

1. Unannounced Home Visit 🏠

An investigator typically visits the home without prior notice.

2. Interview 🗣️

Investigator speaks with people involved (e.g. caregivers, neighbors, facility staff)

3. Assessment 📋

APS decides if abuse or neglect occurred.

5. Legal or Police Action 🚓

APS may:

- Report the abuser to law enforcement
- Request a court-ordered protection plan

4. Support Plan 🤝

APS connects the elder with services:

- Emergency shelter or food
- Medical care
- Counseling
- Safe relocation
- Case manager

If abuse is confirmed

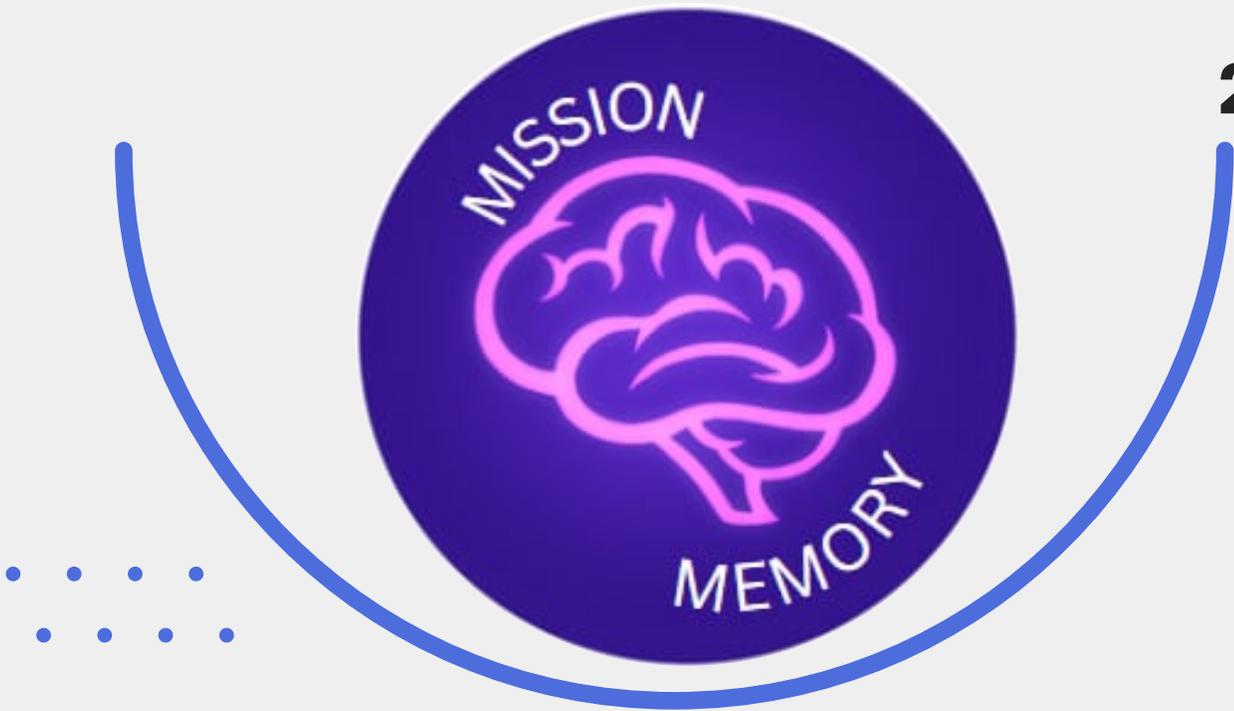
IMPORTANT

Vulnerable adults still have rights. Even if abuse is confirmed, the adult can refuse help, decline services, or change their mind about accepting assistance from APS at any time (Z).

Additional

Resources

Resource Name	Contact	Purpose
	<p>833-FRAUD-11 or 833-372-8311</p>	<p>Report cases of suspected fraud. A case manager will guide you through the process and help connect you with the appropriate federal, state, or local agencies (17).</p>
	<p>ncea.acl.gov</p>	<p>Contains information on best practices to prevent and respond to elder abuse.</p>
	<p>800-677-1116, eldercare.acl.gov</p>	<p>Provides resources available in your specific community.</p>
	<p>(855) 411-2372, consumerfinance.gov</p>	<p>Accepts complaints about unfair or abusive practices by financial companies</p>
	<p>800-272-3900, alz.org</p>	<p>To report a concern of abuse or neglect (1)</p>



About Mission Memory

Thank you for reading and sharing this toolkit. Mission Memory is a student-led initiative dedicated to protecting and uplifting individuals living with dementia. Our work centers on promoting dignity, raising awareness about elder abuse, and providing meaningful support to caregivers and families. Together, we can build a more compassionate, dementia-friendly world—one memory at a time. Elders deserve safety, dignity, and love—not silence. 

A Special Thank you

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