

**Passive Neglect:** the failure by a caregiver to provide an older adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the older adult's needs, lack of awareness of services to help meet needs, or lack of capacity to care for the older adult.

**Confinement:** restraining or isolating an older adult for other than medical reasons.

**Emotional Abuse:** verbal assaults, threats of abuse, harassment or intimidation so as to compel the older adult to engage in conduct from which he or she has a right to abstain or to refrain from conduct that the older adult has a right to engage.

**Sexual Abuse:** touching, fondling, or any other sexual activity with an older adult when the older adult is unable to understand, unwilling to consent, threatened, or physically forced.

**Physical Abuse:** causing the infliction of physical pain or injury to an older adult.

**What is Elder Abuse?** Elder abuse refers to the following types of mistreatment of any Illinois resident 60 years of age or older who lives in the community and is abused by another person.

**How Many Reports of Elder Abuse Were Received?** During the period of July 1, 2005, through June 30, 2006, there were 9,191 (includes case transfers) reports of elder abuse received by the program. The city of Chicago received the largest number of reports, 1,424, followed by Suburban Cook County with 1,372. The highest for elder abuse reports in the southern tip of Illinois around Carbondale and the southeastern area around Mt. Carmel, where 777 and 232 reports were received respectively.

## Fiscal Year 2006 Annual Report

**State of Illinois**  
Rod R. Blagojevich, Governor

**Illinois Department on Aging**  
Charles D. Johnson, Director



# Elder Abuse and Neglect Program

Illinois Department on Aging

The caseworker has 30 days to do a comprehensive assessment, both to determine if the client has been mistreated and to determine his/her need for services and interventions. If the abuse is substantiated, the caseworker involves the older adult in the development of a case plan to alleviate the situation. The caseworker

Depending on the nature and seriousness of the allegations, a trained caseworker will make a face-to-face contact with the alleged victim within the following time frames: 24 hours for life threatening situations, 72 hours for most neglect and non-life threatening physical abuse reports, and 7 calendar days for most financial exploitation and emotional abuse reports.

The Elder Abuse and Neglect Program is locally coordinated through 44 provider agencies, which are designated by the Regional Administrative Agencies (RAAs) and the Department on Aging. All Elder Abuse Caseworkers are trained and certified by the Department, which promulgates the Programs' policies and procedures and oversees the monitoring of services through the RAAs.

The Illinois Department on Aging administers the statewide Elder Abuse and Neglect Program (EANP), under the authority of the Elder Abuse and Neglect Act (320ILCS 20/1 et seq.) to respond to reports of alleged mistreatment of any Illinois citizen 60 years of age or older who lives in the community.

### Illinois Law

**Willful Deprivation:** willfully denying assistance to an older adult who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.

**Financial Exploitation:** the misuse or withholding of an older adult's resources to the disadvantage of the older adult and/or the profit or advantage of another person.

conference also gave recognition to an outstanding elder abuse caseworker. The award recognized an individual who demonstrated integrity, compassion and commitment to vulnerable older adults in the community.

**Break the Silence:** As a result of Governor Blagojevich proclaiming July as Elder Abuse Awareness Month, Department staff continued public awareness efforts with the "Break the Silence" campaign. Elder Abuse Provider Agencies and the Regional Administrative Agencies were provided with funding and updated toolkits to assist in outreach efforts.

Illinois Department on Aging

421 East Capitol Avenue, #100  
Springfield, Illinois 62701-1789

**Illinois Department on Aging**  
**Elder Abuse Hotline**  
**1-866-800-1409**  
**1-888-206-1327 (TTY)**

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, call the Senior HelpLine at, 1-800-252-8966, 1-888-206-1327 (TTY)

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**Self-Neglect Summit:** In anticipation of the proposed legislation to add self-neglect cases to the Elder Abuse and Neglect Act, the Department on Aging hosted a Summit on Self-Neglect December 1-2, 2005, in Chicago. Approximately 90 participants, from a variety of disciplines, attended. Dr. Holly Ramsey-Klawnsnik, a consultant with the Massachusetts Executive Office of Elder Affairs, was the keynote speaker. Joanne Otto, Executive Director of the National Adult Protective Services Association, served as the facilitator. Workgroups were preassigned

## Fiscal Year 2006 Accomplishments

- The Department on Aging's 24-hour Elder Abuse Hotline at 1-866-800-1409, 1-888-206-1327 (TTY).
- ALL CALLS ARE CONFIDENTIAL

**How Does a Person Make an Elder Abuse Report?** Anyone who suspects that an older adult is being mistreated by another should call:

**Limited Mandatory Reporting:** applies to persons delivering professional services to older adults in the following fields: social services, adult day care, law, enforcement, education, medicine, state service to seniors, and social work. The requirements for limited mandatory reporting apply when the reporter believes that the older adult is not capable of reporting the abuse himself/herself. The law also encourages any person to report voluntarily for an older adult, and provides immunity from liability and professional disciplinary action for anyone making such an elder abuse report in good faith.

and separated to discuss training, funding protocols, legislation, data collection, and inter-disciplinary teams.

The Department's goal was for the Summit to serve as a springboard for action in addressing self-neglect within Illinois.

**Self-Neglect Survey:** As a result of the Self-Neglect Summit, a data collection sub-committee was formed and began meeting in January 2006. In order to begin the process of collecting data, the sub-committee's focus was to develop a survey on how many self-neglect cases elder abuse provider agencies and case coordination units came into contact with during the month of June 2006. The surveys were completed on-line and submitted to the Department. The Department contracted with Leonard Schanfield Research Institute with the Council for Jewish Elderly.

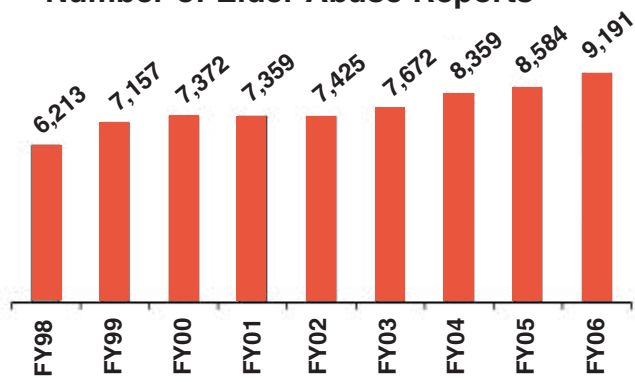
A total sample of 1,225 cases were analyzed. One goal of the survey was to generate a profile of self-neglect clients in Illinois. The results of the survey were also used to assist the Department in developing a Vulnerable Older Adults Reporting Form, to be implemented January 1, 2007.

**B\*SAFE (Bankers and Seniors Against Financial Exploitation)** Training continued to be conducted by elder abuse caseworkers to bank personnel and senior groups throughout the state on how to identify financial exploitation, scams and other types of abuse. The training included how to follow simple guidelines for reporting suspicious circumstances to the Department's Elder Abuse and Neglect Program and to law enforcement.

**19th Annual Elder Rights Conference** The Department sponsored its 19th annual Elder Rights Conference July 19-21, 2005. Nationally known speakers presented on elder abuse, ombudsman, and legal issues to over 300 participants. The

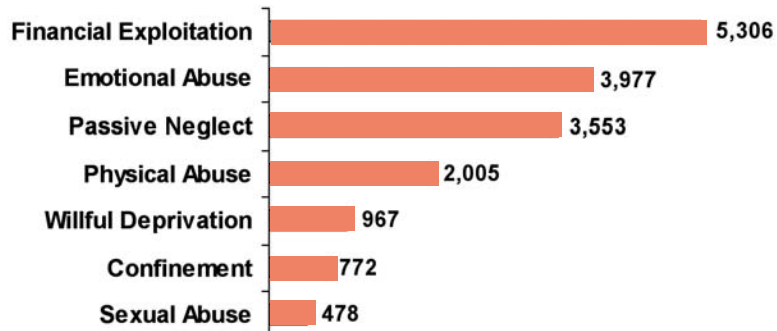
# Illinois Elder Abuse Annual Report - 2006 Data

## Number of Elder Abuse Reports



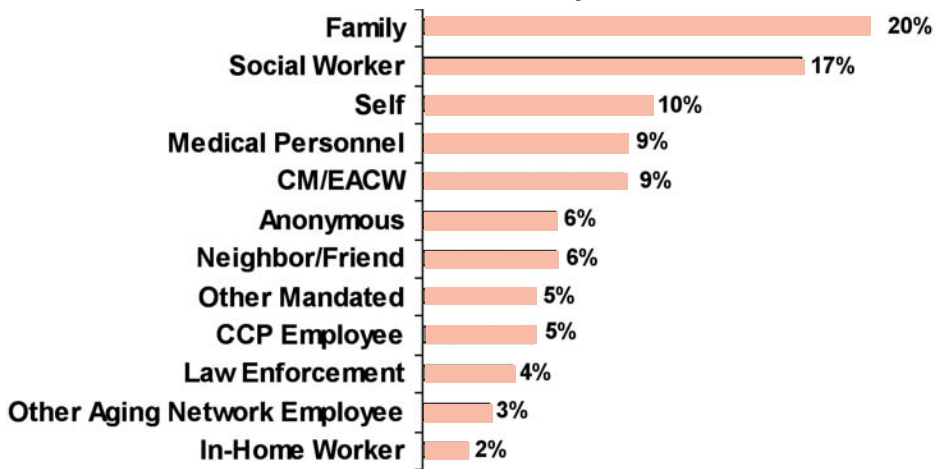
Since the program became statewide in April 1991, the period of July 1, 2000 through June 30, 2001 was the only state fiscal year in which reports decreased from the previous year. In Fiscal Year 2006, 9,191 reports of elder abuse were received, an increase of 7.07% from Fiscal Year 2005.

## Types of Abuse Reported



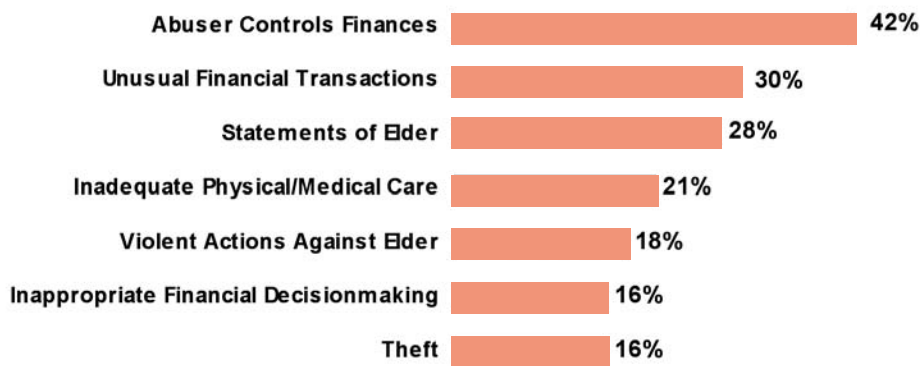
Victims generally experience more than one type of abuse, e.g., financial exploitation is the type of abuse reported most frequently (58% of reports), and is highly associated with emotional abuse, reported in 44% of cases.

## Source of Reports



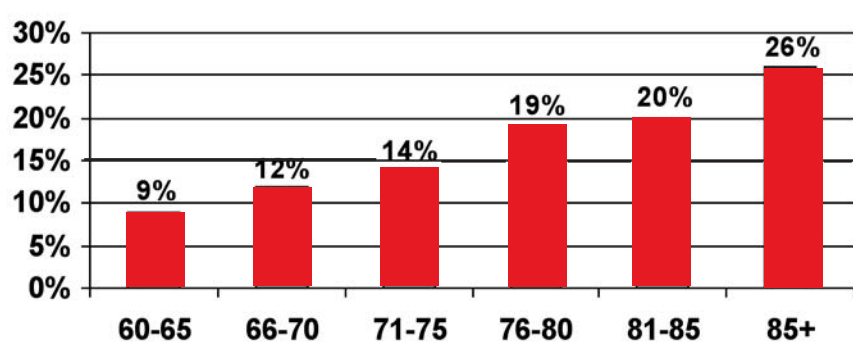
26% of cases were reported by social workers or medical personnel. Family members were responsible for 20% percent of all reports, and victims self-reported in 10% of all cases. Self reports were most likely to occur in physical, sexual, emotional and financial exploitation cases. Older people most often needed others to report for them in cases of neglect and willful deprivation.

## Leading Abuse Indicators

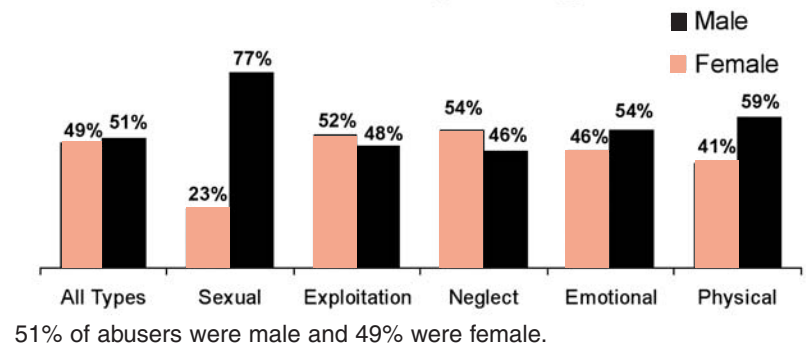


Major indicators of abuse that were evident during the assessment process are documented by the elder abuse caseworker using hundreds of abuse indicator codes. Actions of the abuser, e.g., inappropriate supervision for the older adult, not providing needed assistance, (withholding food, water, and/or medications, and refusing services) were found in almost all cases.

## Ages of Victims

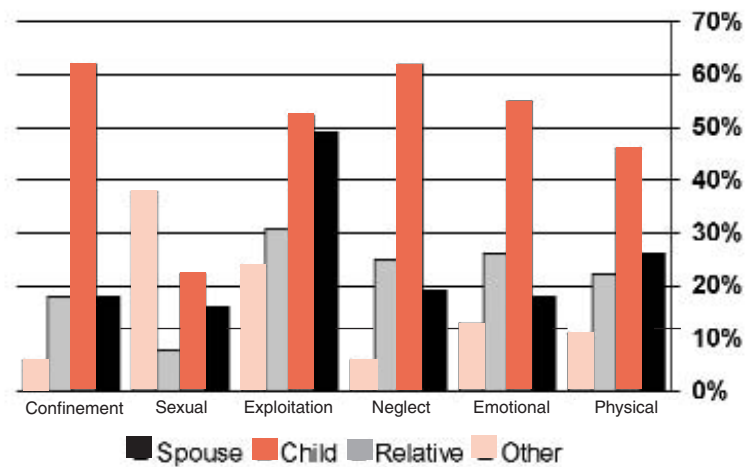


## Sex of Abuser by Abuse Type



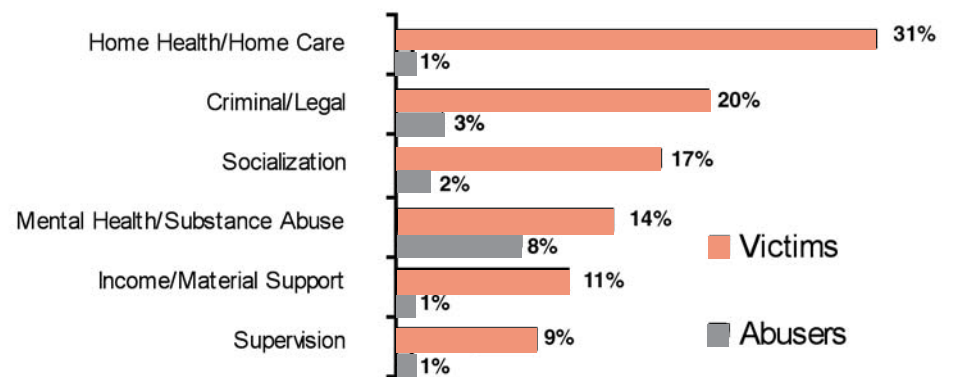
51% of abusers were male and 49% were female.

## Abuser's Relationship to Victim by Abuse Type



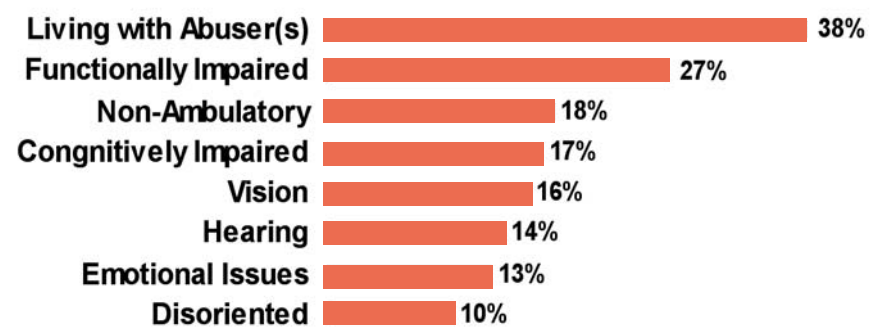
76% of abusers were either the spouse, child, other relative or a combination of one or more abusers.

## Victim and Abuser Services



In 78% of the cases in which abuse is substantiated, the victim consents to services. Services might include in-home care; adult day care; respite; health services; and services such as counseling. Other interventions might include an order of protection; obtaining a representative payee; having the person change or execute a new power of attorney for financial and/or health decisions; or assisting the client in obtaining other legal remedies. In some cases, services for the abuser are also obtained, including mental illness, substance abuse, job placement or other services related to their problems.

## Leading Barriers of Victims



Four out of five victims suffered from one or more barriers to independent living. More than 25% of victims were functionally impaired, meaning they had difficulty performing daily tasks such as walking, personal care, meal preparation, laundry and housecleaning. Many of these older adults were victims of neglect and deprivation.

## Sex of Victims by Abuse Type

