



State of Illinois
Illinois Department on Aging



ANNUAL REPORT

FY
24

*Protecting the Health, Safety and
Welfare of Older Adults and
Persons with Disabilities*

This report was created and
filed in satisfaction of
requirement set forth
in 320 ILCS 20/1

IDoA MISSION

The mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life.



APS MISSION & VISION

Adult Protective Services for the state of Illinois exists to assure older adults, adults with disabilities, and caregivers independently thrive, with meaning and dignity, through comprehensive excellence in investigation and temporary assistance in the minimization of risk for abuse, neglect, exploitation, and self-neglect.

Our vision is to be an Adult Protective Services program of comprehensive excellence for older adults, adults with disabilities, and caregivers informed by our past, guided by evidence-based practice, leading individuals to an empowered tomorrow.



TABLE OF CONTENTS

IDoA Mission and APS Mission and Vision Statements	2
Letter from Director	4
Executive Summary	5
Illinois APS Definitions of Maltreatment Types	5
State of Illinois Quick Data	6
Illinois Adult Protective Program History and Background	7
Protecting Eligible Adults.	7
APS Service Components and Substantiation Decisions.	7
Services Referrals in APS	9
Program Components	10
Quality Assurance	10
Training	10
Prevention Demonstration	11
APS Coordinators/Technical Assistance	11
Administrative/Grants Coordination	12
Adult Protective Services Registry	13
Senior HelpLine and After-Hours Intake	13
Fiscal Year 2024 Highlights and Accomplishments.	14
APS Pathways Internship Program Development	14
Programmatic Evaluation	14
FY24 APS Data	15
Alleged Victim Demographic Data	15
Substantiated Abuser Demographic Data	17
Substantiated Abuser Relationship to the Victim	19

LETTER FROM THE DIRECTOR

To the Honorable Governor JB Pritzker and Members of the General Assembly:

On behalf of the Illinois Department on Aging (IDoA or Department), I am pleased to present the fiscal year 2024 annual report of the Department's Adult Protective Services (APS) program. This report encompasses the work of 35 contracted provider agencies, along with a wide variety of allied professionals who contribute to IDoA's efforts to protect and support vulnerable adults in Illinois.

In fiscal year 2024, the APS program responded to 22,126 reports of alleged abuse, neglect, exploitation, and self-neglect of older adults and persons with disabilities. For each report received, local provider agencies intervened to investigate and, when appropriate, offer support services to adults who have experienced or are at risk of experiencing maltreatment.

This report provides demographic information for the subjects of APS reports, statewide trends in reporting and intervention efforts, and details about new initiatives to improve and modernize APS services.

Notably, this year, IDoA sought and received support from the National Adult Protective Services Association (NAPSA) to help strengthen the capacity of Illinois APS to serve elders and adults with disabilities. Over a 12-month timeframe from November 2024 to November 2025, NAPSA gathered input from IDoA staff, Aging Network partners within and outside APS, local law enforcement, legal entities, and other state APS programs to conduct a comprehensive analysis of the program.

NAPSA's evaluation, coupled with the Administration for Community Living's newly released, first-ever federal regulations for adult protective services, will guide our strategic planning process and collective work moving forward.

The ultimate goal of the APS program is to meet the needs of older adults and adults with disabilities who may be vulnerable to harm or abuse. As we continue our efforts to protect these individuals' rights and safety, we are grateful to our partners in the Aging Network, the General Assembly, law enforcement, the caregiver community, and everyone who supports this critical work.

Sincerely,



Mary Killough
Acting Director
Illinois Department on Aging

Executive Summary

The Illinois Department on Aging’s (IDoA) Adult Protective Services (APS) Program has jurisdiction to respond to reports of abuse, neglect, exploitation, and self-neglect of older adults and adults with disabilities aged 18-59 who live in a domestic setting.

IDoA administers the statewide APS Program under the authority of the Adult Protective Service Act (320 ILCS 20/1 et.seq.) and 89 Ill. Admin. Code 270 Administrative Rule. IDoA is responsible for establishing, designing, and managing the program including, but not limited to developing policies, training APS staff, performing quality assurance and analyzing program data. The program is coordinated through 35 contracted provider agencies which are designated by the 13 Regional Administrative Agencies (RAA) and IDoA. IDoA partners with the RAA in providing technical assistance to APS provider agencies and monitoring service provision. The APS provider agencies are responsible for receiving, responding, and investigating reports. The Office of Adult Protective Services engages with a variety of social service agencies to ensure a wholistic approach is taken to investigation and referrals for service. Each APS provider agency has a specified geographic area within the state for which they are responsible for providing services. IDoA is required under the Persons Who are Elderly 1915(c) Waiver administered through the (Community Care Program) to ensure that systems and processes are in place to address situations of ANE for waiver participants and participates in quarterly meetings with HFS to share information.

Illinois APS Definitions of Maltreatment Types

The types of maltreatment addressed by the APS Program are described below. All types reported are investigated and any additional type discovered during an assessment is added and investigated.

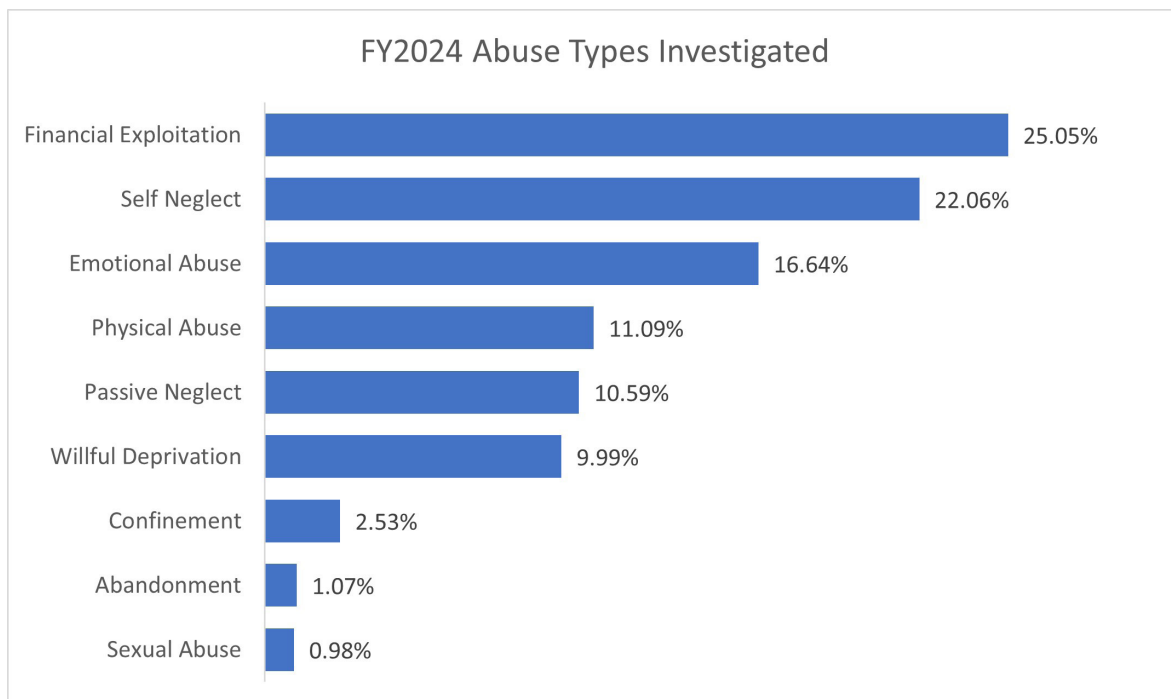
Physical Abuse	Causing the infliction of physical pain or injury to an eligible adult.
Sexual Abuse	Touching, fondling, or any other sexual activity with a person when the person is unable to understand, unwilling to consent, threatened, or physically forced.
Emotional Abuse	Verbal assaults, threats of abuse, harassment, or intimidation to compel the eligible adult to engage in conduct from which they have the right to abstain or to refrain from conduct in which the eligible adult has the right to engage.
Confinement	Restraining or isolating an eligible adult for other than medical reasons.
Passive Neglect	Another individual’s failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelters, or medical care, because of failure to understand the eligible adult’s needs, lack of awareness of services to help meet needs, or lack of capacity to care for the eligible adult.
Willful Deprivation	Willfully denying assistance to an eligible adult who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.
Abandonment	The desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult when a reasonable person would continue to provide care and custody.
Financial Exploitation	The misuse of or withholding of an eligible adult’s resources to the disadvantage of the eligible adult and/or the profit or advantage of another person.
Self-Neglect	A condition that is the result of an eligible adult’s inability, due to physical or mental impairments, or both, or diminished capacity, to perform essential care tasks that substantially threaten their own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

STATE OF ILLINOIS QUICK DATA

FY24 Intake Data

Since its inception, intakes to the program have climbed approximately 1,000 per year with exceptions being Fiscal Year 2020 through Fiscal Year 2022 which appear attributable to the COVID-19 pandemic when intakes dropped approximately 1,000 and plateaued. The COVID-19 pandemic increased social isolation owing to the risk of serious illness and death, which is believed to have impacted reporting.

Number of Adult Protective Services Program Reports of Abuse, Neglect, & Exploitation by Fiscal Year		Percent Difference
FY2015	14,858	
FY2016	15,924	7%
FY2017	16,507	4%
FY2018	17,085	4%
FY2019	21,348	25%
FY2020*	20,800	-3%
FY2021*	20,567	-1%
FY2022*	19,938	-3%
FY2023	20,894	5%
FY2024	22,178	6%
<i>FY2025 Projected</i>	<i>23,287</i>	<i>5%</i>
<i>* Denotes intake data during the public health emergency</i>		



Illinois Adult Protective Program History and Background

IDoA, together with aging advocacy groups, worked to develop a community-based response to address the needs of victims of elder abuse. On April 1, 1991, the Elder Abuse and Neglect Program, as it was previously known, became available throughout the state after being phased in over a two-year period. On July 1, 2013, an amendment to the APS Act (320 ILCS 20/) allowed for the addition of response to adults aged 18-59 with a disability which had previously been addressed by the Illinois Department of Human Services. The APS program expanded again in 2019 to accept self-neglect intakes and to extend APS jurisdiction to individuals who were previously excluded from the definition of “domestic living situation”. Also in 2019, the program launched the APS Registry to protect victims receiving services from caregivers with a verified and substantiated finding.

IDoA utilizes the research, guidelines and technical support of the Administration for Community Living’s Office (ACL) of Elder Justice and Adult Protective Services in administering the program, which leads in the advancement, development, and implementation of comprehensive APS systems. This office established both the National Adult Protective Services Technical Resource Center and the National Adult Maltreatment Reporting System. Through these federal services IDoA can engage with other state APS programs to share information, learn best practices and improve program management.

Protecting Eligible Adults

- The State of Illinois defines an eligible adult by law (320 ILCS 20/2 (e)) as a person who is:
 - Aged 60+ or 18-59 with a disability
 - Residing in the community (non-licensed living arrangements)
 - Is allegedly being abused by someone with whom there is an ongoing and/or caretaking relationship

APS Service Components and Substantiation Decisions

IDoA is responsible for implementing a 24-hour, 7 day a week toll-free telephone system to accept reports of abuse, neglect, exploitation, and self-neglect. The current system ensures trained IDoA staff are available to respond during state business hours and a contracted agency is available to respond during after-business hours, weekends, and holidays. Once intakes are screened and received:

- APS provider agencies coordinate an in-person response, seven days per week.
- At the initiation of the assessment APS provides the eligible adult written and verbal explanations of their rights and of the APS process should the client be deemed to possess decisional capacity by the caseworker.
- The process includes assessment of the person’s risks, needs, strengths, and limitations.
- A case plan is developed in collaboration with the client to identify community services that may alleviate the risk of maltreatment or address any needs.
- APS then continues counseling, monitoring, and periodic reassessment to adjust to any change in the client’s needs or situation.

APS SERVICE COMPONENTS INCLUDE:	
Intake	A standardized screening process is used to determine if there is reasonable cause to suspect whether maltreatment has occurred. Not all calls meet APS criteria and those could be referred to other agencies with jurisdiction, directly to service providers, or to law enforcement for well-being checks. Response to Intakes is initiated within 24 hours to 7 days depending on the type of maltreatment and whether imminent danger is involved.
Assessment <i>(30 – 45 days to complete)</i>	Involves a systematic, standardized method to respond to intakes to determine whether maltreatment has occurred, evaluate the risk of harm to the eligible adult and to provide immediate interventions if needed.
Case Work <i>(30 – 60 days to complete)</i>	Case work proceeds on only substantiated cases and includes working with the eligible adult on the development and implementation of a case plan for the purpose of stabilizing the situation and reducing risk of further harm. The case plan includes goals agreed to by the eligible adult and interventions that can include a variety of services or assistance.
Follow-Up <i>(begins at 60 + days)</i>	A systematic method of meeting with the eligible adult after a case is substantiated to evaluate risk and ensure interventions are successful. Follow-up includes working with the eligible adult to consider whether goals are met or in need of revision and detecting reemerging or new signs of concerns before the situation becomes life-threatening.
Early Intervention Services (EIS) <i>(Available throughout the duration of the case)</i>	Victims of maltreatment may face unique barriers which prevent access to available resources. EIS are available for short-term emergency assistance where resources are not available elsewhere. These may include legal assistance, housing and relocation assistance, respite care, emergency aid such as food, clothing, and medical care.

Adult Protective Service providers are tasked with investigating all cases of maltreatment that meet legislative criteria and making a substantiation decision for each allegation based on the evidence collected. APS investigators are not required to meet the standard burden of proof found in law enforcement investigations; rather they must decide if there is sufficient evidence of abuse by meeting one of three standards: “preponderance of evidence,” “clear and convincing,” or “no credible proof.” As a result, allegations can be determined either “substantiated” or “unsubstantiated.”

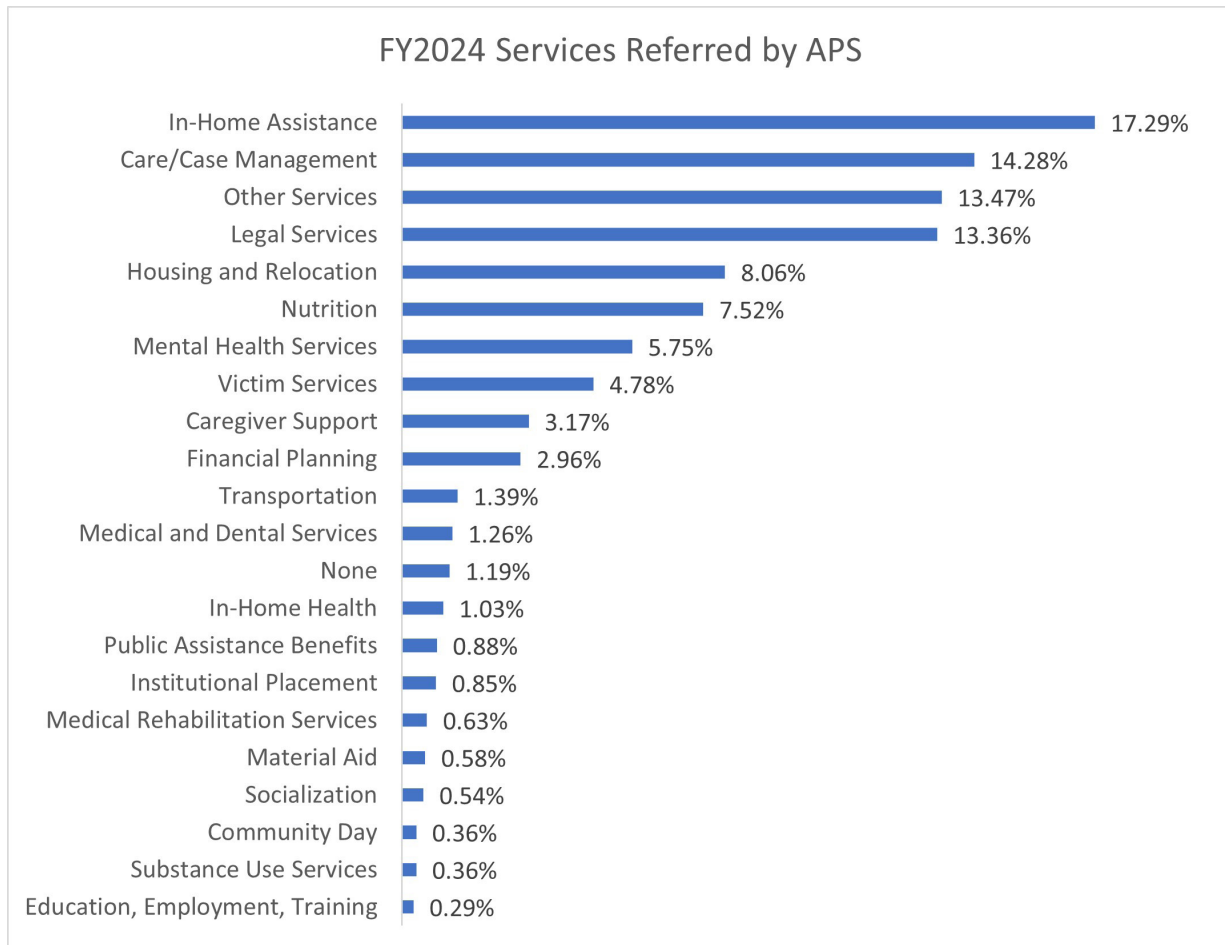
APS Decision:		FY24 Substantiation Rate
Substantiated	Indicates there is either clear and convincing evidence (verified) or a preponderance of evidence (some indication) to support the injury or harm was a result of the maltreatment	45.78%
Unsubstantiated	Meaning there was insufficient evidence to support the maltreatment occurred	31.78%
Unable to Substantiate	Meaning the provider agency was unable to locate the individual, had no APS jurisdiction, was unable to access the eligible adult after good faith efforts, or the eligible adult declined an investigation	22.44%

Services Referrals in APS

Clients who agree to receive services through the course of an APS investigation may have referrals for agencies and services that are aimed at mitigating the risk identified on the intake and allowing the alleged victim to remain safe within the community. These agency and service referrals can range from services available to eligible adults and those aimed to reduce caregiver stress. Below are some common agencies and services for which APS referrals are made :

- Department of Rehabilitation Services
- Division of Developmental Disability Services
- Community Care Program
- 1915(c) waiver services
- Area Agency on Aging programming and services
- Assistance with Orders of Protection (OP)
- Guardianship referrals
- Change in Residence
- Information and Education on local resources
- Mental Health referrals
- Physician referrals
- Legal assistance referrals
- Home Delivered Meals
- Money Management Program services
- Veterans Administration services

The data below represents percentages of service referrals of those cases where any service referral was made.



Program Components

Quality Assurance

During 2023, the Office of Adult Protective Services (APS) created the Quality Assurance (QA) Team consisting of an Administrator and two QA Specialists. The mission of the APS Quality Assurance Team is to standardize and apply consistently all quality assurance tasks through systematic processes which lead to accountability for staff, policy and program improvements, identification of training needs, and improved services for clients. Quality assurance tasks are evaluated each year as the APS program evolves and in response to updates in applicable statutes, rules, or policies.

IDoA is responsible for monitoring performance of APS Provider Agencies per the APS Act (320 ILCS 20/3.5) In addition, recently finalized federal rule applicable to APS programs (45 CFR 1324) define quality assurance as “the process by which APS programs ensure investigations meet or exceed established standards.”

QA within the APS Program consists of:

- Base level quality of case documentation and service completed by APS Report Takers, Caseworkers, and Supervisors
- Annual Case Reviews – systematic review of a sample of APS Provider Agency cases by independent reviewers.
- Annual Peer Reviews – systematic review of a sample of APS Provider Agency cases by peers.
- Annual Administrative Reviews – review of APS Provider Agency administrative functions (example: meeting staff education and training requirements, etc.)

The APS QA goal is to ensure APS clients receive the highest quality service possible. The intention of these activities are to identify best practices among provider agency operations as well as ensure that operations are compliant with applicable procedures including providing additional training and support where needed. The QA Team partners with the RAA’s and IDoA APS Coordinators to ensure quality assurance concerns are addressed in a timely manner to remove any barriers to delivery of high-quality APS service state-wide. Additionally, the involved staff will work closely with the provider agency staff to support the development of quality processes and practices through training and targeted technical assistance.

Training

The Adult Protective Services Training Division plays a critical role in ensuring that network providers are equipped with the knowledge and skills needed to effectively support and protect vulnerable adults and adults with disabilities. Through comprehensive training programs, the division provides up-to-date education on policies, procedures, and legal requirements, ensuring that service providers remain compliant with all relevant laws, rules, and acts.

The APS Training Team’s main goal is to create a standardized, consistent understanding across the entire network of providers. By delivering thorough, ongoing training sessions, APS ensures that all providers are aware of any changes in policy or law, as well as best practices in protecting the adults they serve. This includes everything from identifying signs of abuse, neglect, and financial exploitation to understanding the complex landscape surrounding adult protection services.

In addition to offering initial training, the division also organizes refresher courses, ensuring that providers stay informed about new legislative developments, or shifts in best practice guidelines. These educational opportunities are not just about keeping providers up to date; they are about empowering them to deliver

the highest standard of care and protection to vulnerable adults during the investigation process. The training team also provides monthly quality Webinars and *APS Caseworker Quarterly Connect: Conversations to Help You in the Field*. These training sessions cover key topics to help improve workflow and enhance communication.

Prevention Demonstration

320 ILCS 20/3.6 includes a requirement for the Adult Protective Services Program to develop and implement a demonstration project aimed at the proactive prevention of abuse, neglect, and exploitation. To that end, the Office of Adult Protective Services utilized federal funding from the Administration on Community Living (ACL) to develop and hire a Prevention Project Coordinator whose primary role was to complete this requirement.

Through an iterative approach involving representatives from the Department of Healthcare and Family Services, the Illinois Hospital Association, AETNA, Bloomington Housing Authority, East Central Illinois Area Agency on Aging, Lincoln Land Legal Aid, Stopping Woman Abuse Now, Inc., and Elder Care Services of DeKalb convened numerous times to discuss the best approach to successfully achieve this requirement. Additionally, the group discussed possible demonstration project locations that serve both seniors and persons with disabilities. The group recommended developing a voluntary screening tool to be administered at a demonstration project location, that would be aimed at the goal of preventing abuse, neglect and exploitation.

The Office of Adult Protective Services leadership and the prevention project coordinator developed the screening tool that will comprehensively assess if there are risk factors for abuse, neglect, or exploitation present. All risk factors that may indicated that the client is at enhanced risk will result in a report to the Department and subsequent referrals for service or an APS intake. The Office of Adult Protective Services leadership and the prevention project coordinator worked closely with IDoA's Division of Community Outreach to coordinate screening through the Benefit Access Program (BAA) as the program serves both seniors and persons with disabilities, ultimately deploying this pilot project at a Senior Health Insurance Program (SHIP) site in Coles County. After the first full calendar year of the pilot project, ending in December of 2024, the management team will complete an analysis and pilot year report to analyze the impact of the prevention tool. Analyses will include number of eligible adults screened, number of service referrals made, and number of APS reports files to ascertain the impact of this tool to accurately identify risks of abuse, neglect, exploitation, and self-neglect.

The ultimate goal of this prevention project is to complete pilot testing and expand statewide including the deployment of the tool within other service provider's intake processes.

APS Coordinators/Technical Assistance

The APS Coordinators fill an important role to ensure that programmatic goals are met, and clients receive the best service possible. These staff act as a liaison between the Department and Regional Administrative Agencies/provider agencies, working with these entities to ensure consistent and quality application of Adult Protective Services in Illinois.

FY24 APS Coordinator Activities included:

- Active involvement in 14 Fatality Review Teams seeking to identify root cause of suspicious deaths to better inform policy development and application.
- Involvement in World Elder Abuse Awareness Day (WEAAD) including advocating for the program and the population that APS services.
- Active involvement with reviewing and offering recommendations for APS policies and procedures.

- Quarterly analysis of data related to APS cases to identify strengths, weaknesses, and potential improvements for each Adult Protective Services Provider Agency (APSPA).
- Working with IDoA APS quality assurance team by annually reviewing cases for compliance.
- 140 (quarterly) monitoring visits held both remotely and on-site with APSPA's, which consist of a discussion of challenges impeding quality services and subsequent targeted problem solving.

Administrative/Grants Coordination

The administrative staff are crucial to the performance, operability, and efficiency of the APS program both internally within the Department and externally with the aging network. These staff handle several critical functions, the most important being communication between the Department on Aging and our Aging Network Partners which include the 13 Regional Area Agencies, the 35 contracted provider agencies.

In FY24, federal grants from the Administration on Community Living were a vital source of funding within the APS program, allowing the Department to further fund both new and existing programs and continue to best serve this population within Illinois. 26 grants were awarded to the 13 Regional Area Agencies, and 35 grants were awarded to the provider agencies within Illinois. Examples of the programs that these grants funded in FY24 include:

Elder Justice Act Program Funding

The provision of these federal funds allowed for the development and implementation of the Adult Protective Services Pathways Internship Program. The COVID-19 pandemic exacerbated the existing staffing crisis within the direct care workforce placing an additional strain on the caseworker staff serving APS clients. The Adult Protective Services Pathways Internship Program was developed to support provider agencies and Regional Administrative Agencies by offering an opportunity for college interns to receive funding for working in the APS field. Additionally, this program is intended to allow for interns to complete certification and on-the-job training with the expectation that they will have a conditional job offer as an APS caseworker or RAA APS staff upon graduation. Interns are unable to hold a caseload but may participate in supervised home visits and all other activities allowable for a case aid or RAA staff member.

The anticipated impact of this program is to expose college students who are in applicable fields to APS career opportunities and support the workforce within the aging network to better serve APS clients.

American Rescue Plan Act Funding (ARPA)

Federal ARPA funds have allowed the Department to sub-grant to both RAA and Provider Agencies to complete capacity building activities.

Regional Administrative Agencies were provided grant funding to assist in the development and maintenance of TRIADs, which are community resource sharing groups including aging service providers, older adults, and law enforcement agency staff. These groups further strengthen the crucial relationship between these community partners and clients to ensure that coordination of services is seamless and easily navigable. These funds also supported the expansion of community outreach activities specifically targeted at under-represented populations within the 13 planning and service areas. Activities have included the development of culturally informed marketing materials as well as the partnerships with cultural organizations to better create a supportive network of services.

Provider agencies were offered grant funds to fund previously unfunded procedural mandates that occur throughout the investigation process. Agencies were able to bill for supervision activities that are required per APS procedure. The prioritization of a quality supervisory relationship between caseworker and supervisor promotes the development of quality staff as well as provides a higher quality outcome for the client. Additionally, provider agencies can claim grant funds to completing training activities, both departments sponsored and other. These funds were dedicated to enriching the frontline workforce by ensuring keeping these staff abreast on recent aging and APS developments through training. Both grant funding streams are based on research that suggests that staff longevity is positively correlated with feeling supported and well-trained in your role.

Adult Protective Services Registry

The Adult Protective Services (APS) Registry process is an important tool for preventing further abuse of vulnerable adults. When a case has been verified and substantiated against a caregiver, the APS provider agency will send notification to IDoA for a review of the findings and subsequent determination regarding whether the abuser poses a risk to other adults. The APS Registry process also allows IDoA to better monitor caregivers, ensuring that any future allegations are addressed quickly and effectively. By providing these safeguards, the APS Registry process helps ensure the safety of all vulnerable adults in Illinois. If IDoA concurs with the finding and assesses that the caregiver poses a risk to the public, a notice will be sent to the caregiver that they have been recommended for APS Registry placement. The caregiver then has 30 days to file an appeal to contest APS Registry placement. If no appeal is filed, the caregiver's identity will be placed on the registry. If an appeal is filed, IDoA will refer the case to the Administrative Law Bureau of the Illinois Department of Central Management Services. The Administrative Law Judge will draft a recommended decision and the Director of IDoA will issue the final administrative decision accepting, rejecting, or modifying the recommendation. During Fiscal Year 2024, 287 APS cases were reviewed by IDoA for placement of substantiated abusers onto the APS Registry. Of those, 36 substantiated abusers were added.

Senior HelpLine and After-Hours Intake

The Senior HelpLine provides information and links older adults and their caregivers to services. In addition, during business hours, the Senior HelpLine staff answer the dedicated Adult Protective Services (APS) Hotline. The staff complete reports of suspected abuse, neglect, financial exploitation, and self-neglect of adults over the age of 60, as well as persons with disabilities between the ages of 18 to 59 living in the community. The Senior HelpLine relays information to the appropriate APS agencies for investigation and follow-up. In Fiscal Year (FY)24, the Senior HelpLine completed 6,456 APS intakes an increase from 5,001 intakes completed in FY23.

In total, in FY24 the Senior HelpLine responded to 25,578 calls related to elder rights and protective services. This was approximately 16 percent of the total 154,003 calls received. Of the elder rights and protective services calls received, 14,624 were regarding APS information and assistance. There were also 3,172 calls resulting in referrals to the Long-Term Care and Home Care Ombudsman Programs. Some calls were about issues outside IDoA jurisdiction and referred to other agencies, including the Office of Illinois Attorney General, Illinois Department of Children and Family Services, and the Illinois Department of Public Health.

FISCAL YEAR 2024 HIGHLIGHTS AND ACCOMPLISHMENTS

APS Pathways Internship Program Development

The Adult Protective Services Program management team worked during FY24 on the development and implementation of an internship program aimed at supporting the frontline workforce. The Adult Protective Services Pathways Internship Program was developed to support provider agencies and Regional Administrative Agencies by offering an opportunity for college interns to receive funding for working in the APS field. Additionally, this program is intended to allow for interns to complete certification and on-the-job training with the expectation that they will have a conditional job offer as an APS caseworker or RAA APS staff upon graduation. Interns are unable to hold a caseload but may participate in supervised home visits and all other activities allowable for a case aid or RAA staff member.

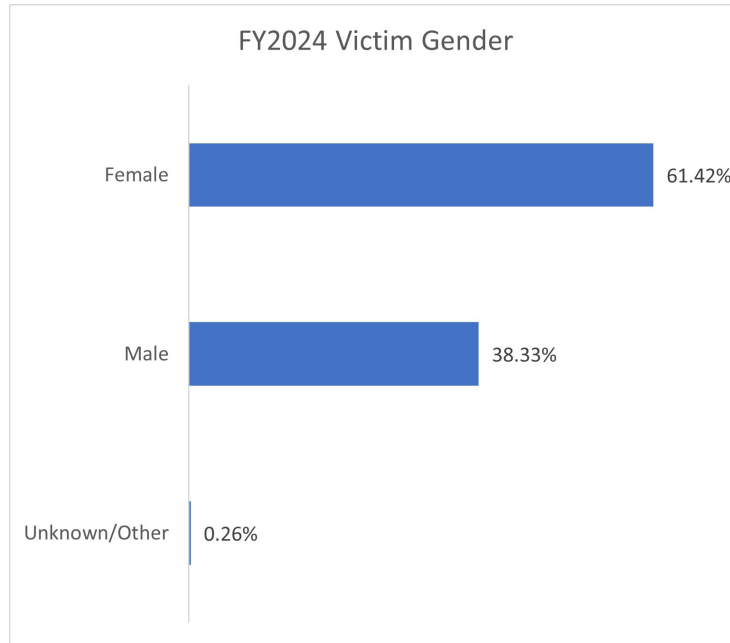
Programmatic Evaluation

During FY24, the Illinois Department on Aging entered into a contract with the National Adult Protective Services Association (NAPSA) to complete a comprehensive evaluation of the Adult Protective Services program. This evaluation incorporated a literature review, interviews, and focus groups to collect data regarding best practices and receive feedback on the current state of this program.

The final report for this evaluation will be provided in FY25 and will steer the APS program moving forward with the included recommendations.

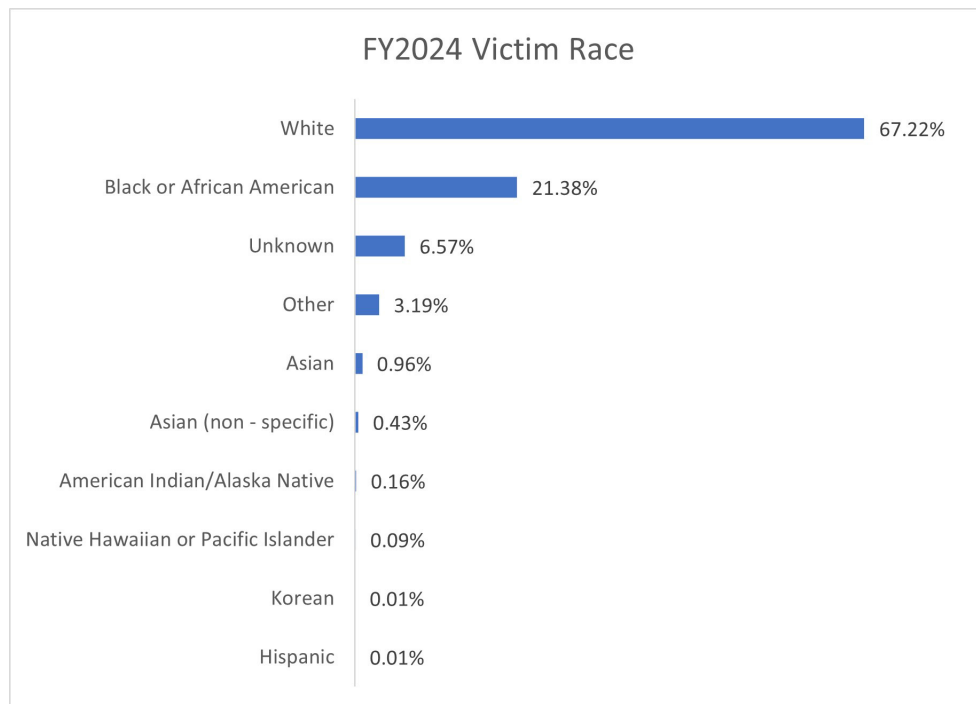
FY24 APS DATA

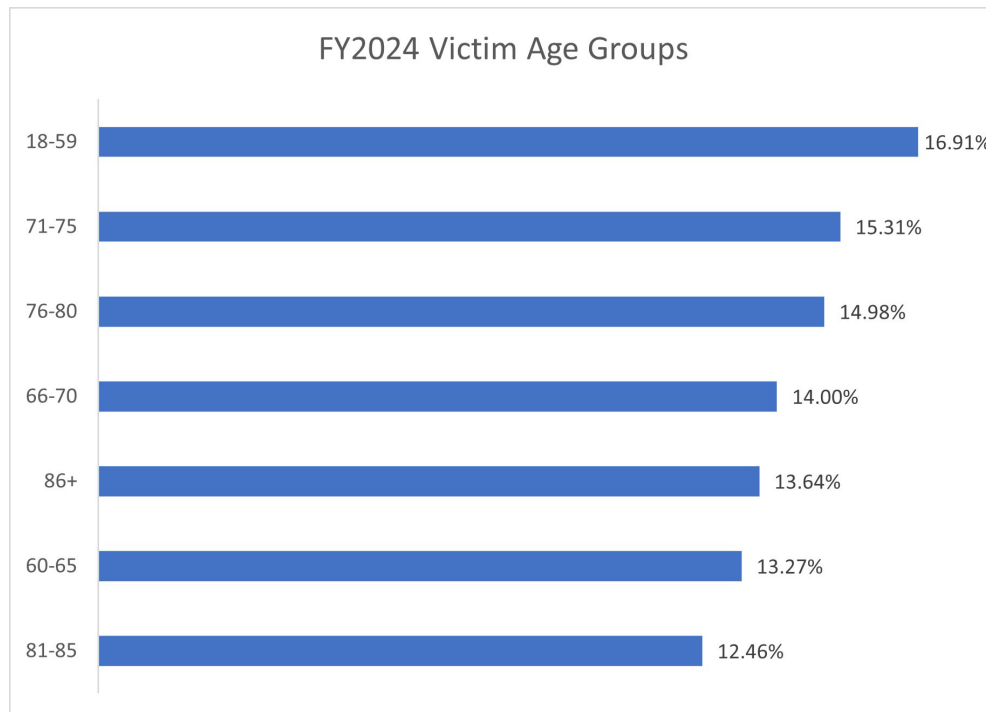
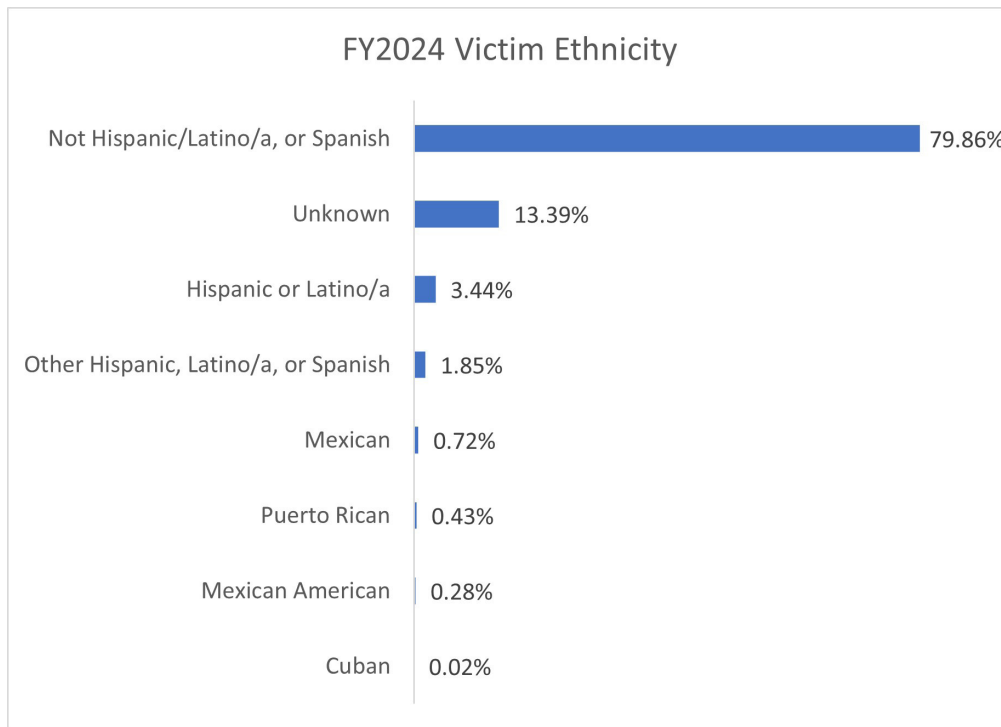
Alleged Victim Demographic Data



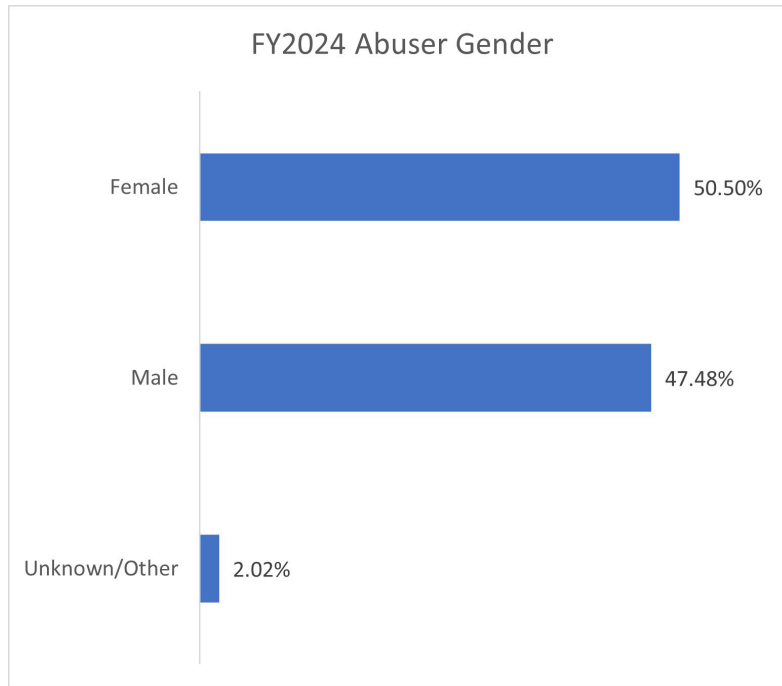
Note: Unknown/Other includes the following Gender Types:

- Nonbinary
- Other
- Transgender
- Transgender Female
- Transgender Male
- Unknown



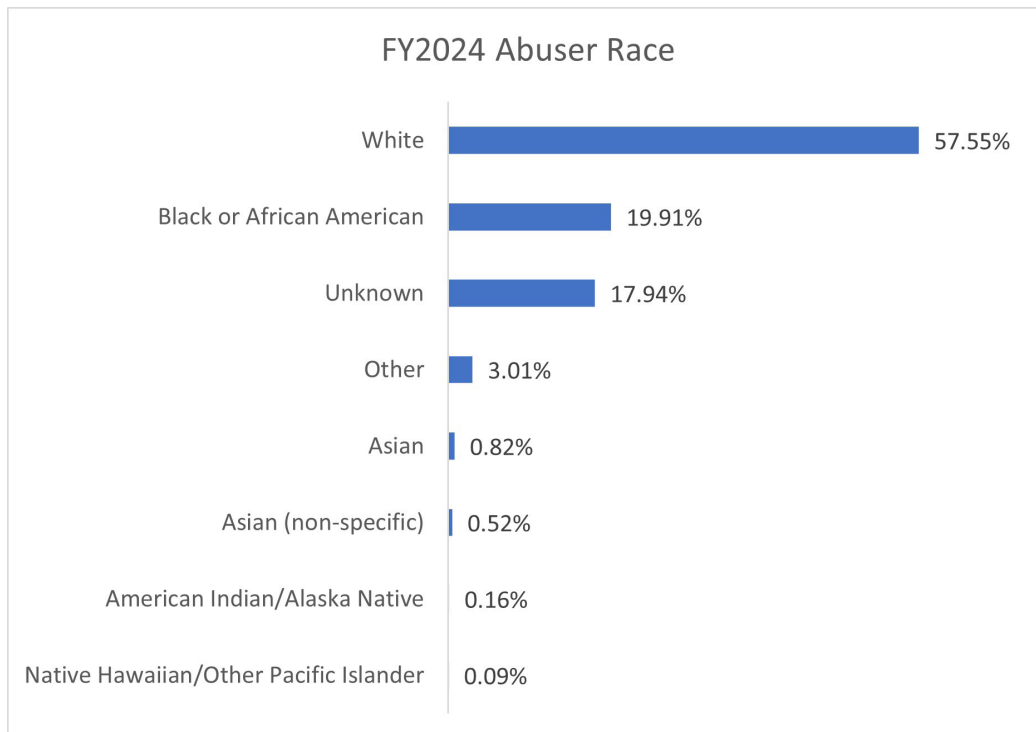


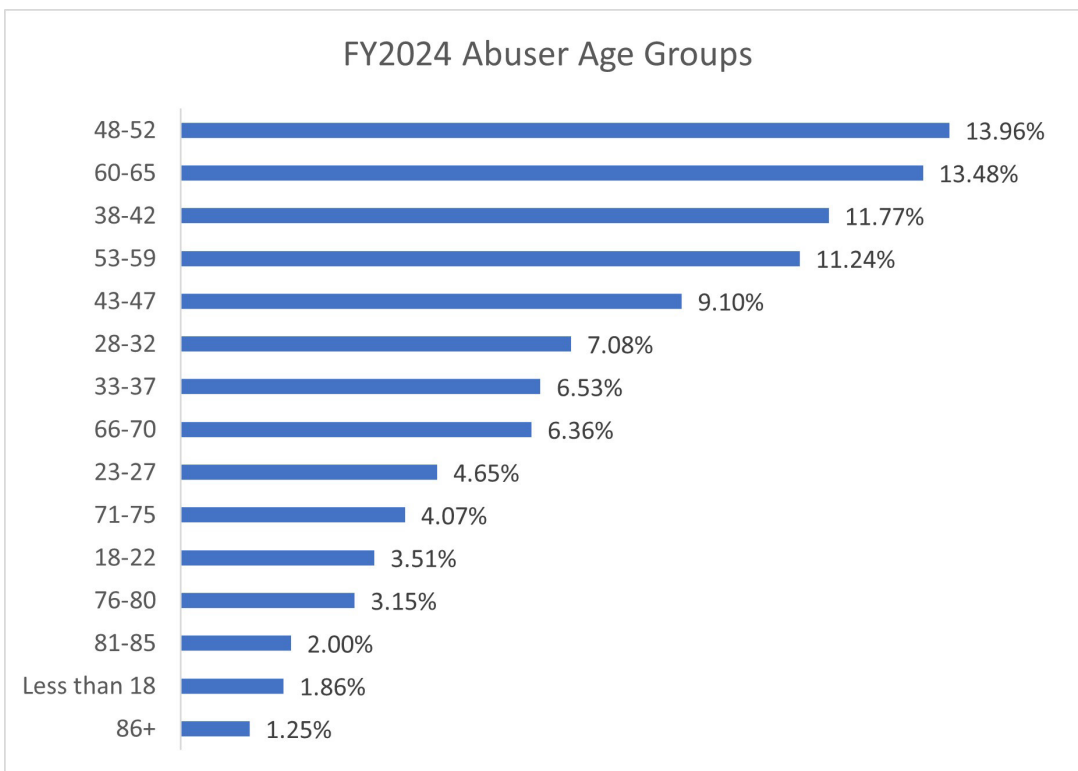
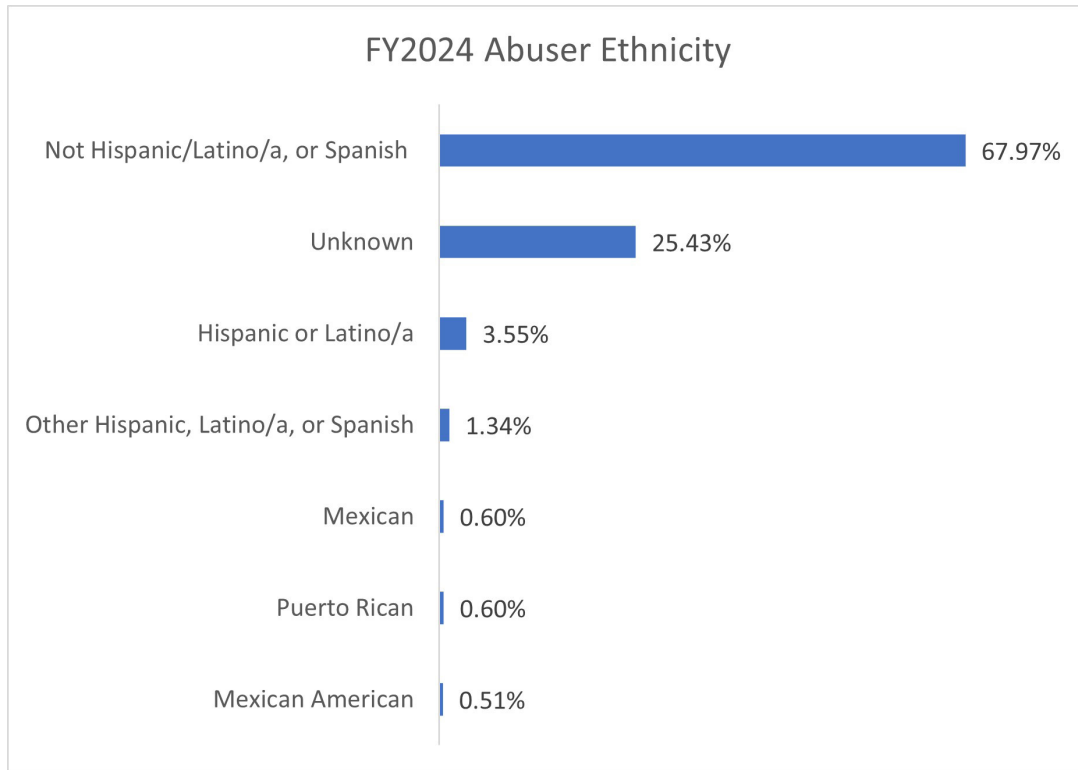
Substantiated Abuser Demographic Data



Note: Unknown/Other includes the following Gender Types:

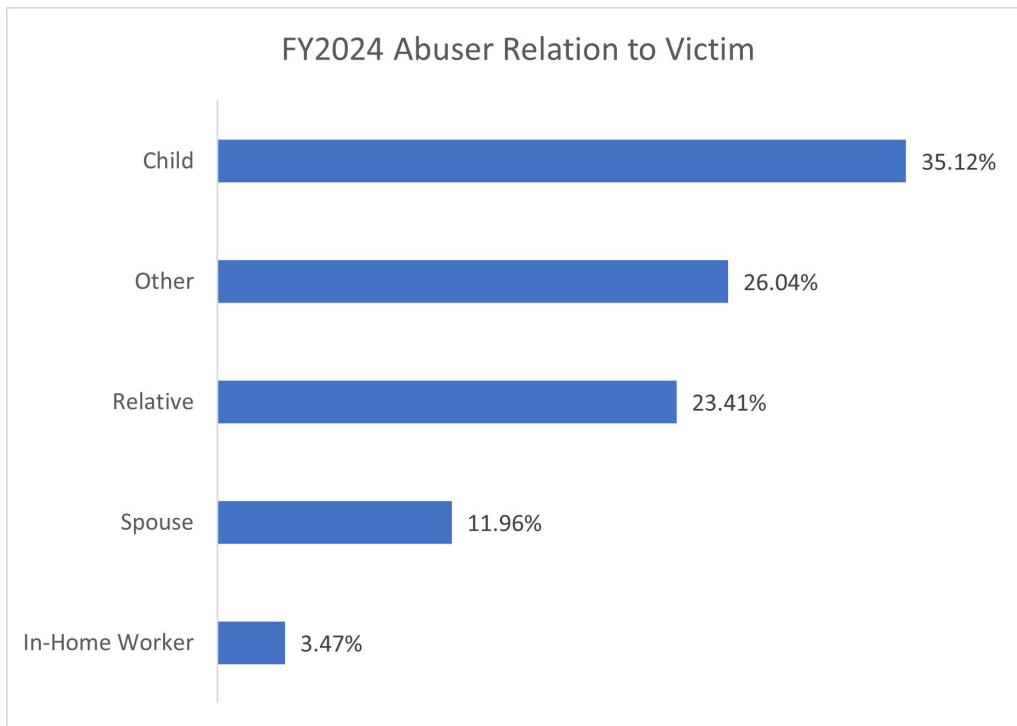
- Nonbinary
- Other
- Transgender Female
- Transgender Male
- Unknown





Substantiated Abuser Relationship to the Victim

The below metric refers only to abusers who were substantiated for abuse, neglect, or exploitation. Those who were not substantiated or unable to be substantiated are not captured.



Examples of “Other” include, but are not limited to:

- Friend/Acquaintance
- Bus Driver
- Attorney
- Banker
- In-Law Family
- Significant Other of Child or Other with Information



State of Illinois, Department on Aging

One Natural Resources Way, #100
Springfield, Illinois 62702-1271
ilaging.illinois.gov

Senior HelpLine (8:30am – 5:00pm, Monday – Friday):

1-800-252-8966; 711 (TRS)

Adult Protective Services Hotline (24-Hour):

1-866-800-1409

The Illinois Department on Aging does not discriminate against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity, pregnancy, or unfavorable discharge from military service in admission to programs or treatment of employment in programs or activities.

If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging.

For information call the Senior HelpLine: 1-800-252-8966.