How Many Reports of Abuse Were Received?
During the period of July 1, 2012, through June 30, 2013, there were 11,773 reports of elder abuse received by the program.

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.

Physical Abuse — causing the infliction of physical pain or injury to an older person.
Sexual Abuse — touching, fondling, or any other sexual activity with 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 so as to compel the older person to engage in conduct from which s/he has a right to abstain or to refrain from conduct in which the older person has a right to engage.
Confinement — restraining or isolating an older person for other than medical reasons.
Passive Neglect — the failure by a caregiver to provide an older person with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the older person’s needs, lack of awareness of services to help meet needs, or lack of capacity to care for the older person.
Willful Deprivation — willfully denying assistance to an older person 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 person’s resources to the disadvantage of the elderly person and/or the profit or advantage of another person.

Illinois Law
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 or older who lives in the community at the time of the report.

The EANP is locally coordinated through 41 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 elder abuse rules, guidelines, and oversees the monitoring of services through the RAAs.

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 unspecified non-life threatening physical abuse reports, and seven calendar days for most financial exploitation and emotional abuse reports.

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 involved in the development of a case plan to alleviate the situation. The caseworker always attempts to utilize the least restrictive alternatives that will allow the older person to remain independent to the degree possible.

Limited Mandatory Reporting. Applies to persons delivering professional services to older persons, including but not limited to the following fields: social services, adult day care, law enforcement, education, medical, state service to seniors, paramedics, and social work. The requirements for limited mandatory reporting apply when the reporter believes that the older person is not capable of reporting the abuse himself/herself.

The law also encourages anyone to report voluntarily for an older person, and provides immunity from liability and professional disciplinary action for anyone making such an elder abuse report in good faith.

Self-Neglect. Effective January 1, 2007, the Elder Abuse and Neglect Act (EANA) was amended to include self-neglect. The amendment established that responding to such cases would be contingent upon sufficient funding. In the absence of sufficient funding for statewide implementation, elder abuse provider agencies began receiving reports of self-neglect and referring the reports to the appropriate agency(s) for follow-up. The EANP received 1,391 self-neglect reports in Fiscal Year 2013.

Elder Abuse Fatality Review Teams. Effective June 1, 2009, the EANA was amended to include provisions giving the Department, or any other State or county agency with Department approval, the right to establish regional interagency elder abuse fatality review teams. The purpose of an Elder Abuse Fatality Review Team (EAFRT) is to review suspicious deaths of persons aged 60 years of age or older who reside in a domestic living situation. The counties of Boone, Winnebago, Kane, Kendall, DeKalb, DuPage, and Madison each participate in an EAFRT.
Almost one in four victims are age 86 or older.

Victims generally experience more than one type of abuse, e.g., financial exploitation is the type of abuse reported most frequently (59% of reports), and is highly associated with emotional abuse, reported in 44% of cases.

In 72% 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. Legal 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.

28% 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 8% of all cases. Self reports were most likely to occur in physical, sexual, emotional and financial exploitation cases. Older adults most often needed others to report for them in cases of neglect and willful deprivation.

In 72% 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. Legal 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 health services, substance abuse, job placement or other services related to their presenting problems.

Three out of five victims suffered from one or more barriers to independent living. Forty-three percent 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.