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).

Prevention Efforts. A statewide initiative titled B*SAFE (Bankers and Seniors Against Financial Exploitation), mandates training of new and current bank employees with direct customer contact in an effort to help them identify, report, and prevent financial abuse of older persons and adults with disabilities.

New employees must be trained within the first six months of employment, and training must be repeated every three years.

As a result of this requirement, more than 557 bank employees were trained in 57 trainings throughout the state utilizing the B*SAFE training module in FY 2017.

The Department on Aging also works with domestic violence advocates to increase referrals and recognition of elder abuse and abuse in adults with disabilities as another form of family violence through additional presentations at local Family Violence Coordination Councils and the statewide Illinois Family Violence Coordinating Council Steering Committee.

Training and Education. The Department on Aging hosted the Navigating Change Symposium June 12-14 in Peoria featuring tracks geared to the Aging Network. As part of the Symposium, the Office of Adult Protective Services hosted sessions on responding to reports of self-neglect as well as implementation of a new APS Registry.

The APS program has been mandated to respond to self-neglect reports since 2007; however, it was not until FY 17 that rules outlining the program and an accompanying budget were adopted. Thus, effective July 1, 2018, APS began responding to reports of self-neglect using established protocol.

The new APS Registry, also effective July 1, 2018, is designed to protect persons receiving in-home, community-based services from caregivers against whom there has been a verified substantiated finding of abuse, neglect or financial exploitation.

In addition to training on new program developments, the Department hosted its Annual Adult Protection and Advocacy Conference September 26-28, 2016 in Springfield, Illinois, providing continuing education for approximately 250 attendees representing law enforcement, medical and legal professions, Adult Protective Services, Long Term Care Ombudsmen, and other professions.

The conference offered training on person-centered planning, disability rights, ethical dilemmas, safety and health precautions for caseworkers, vulnerable adults and fraud, mental health, critical event reporting, opioid abuse, suicide and self-neglect and animals. An intensive session by Dr. Christiana Bratiosis focused on hoarding. Other presenters represented experts in the fields of long term care ombudsmen, elder law, and human rights.

Additional Training – Webinars. During Fiscal Year 2018, the APS program offered a series of webinars to enable caseworkers and supervisors to receive re-certification and continuing education online. The goal is to update supervisors and caseworkers on a regular basis on adopted rules, protocols, policies and procedures and timely topics and issues.

How does a person make an abuse report?

Anyone who suspects that an older adult or an adult with a disability is being mistreated should call the Illinois Department on Aging Abuse Hotline:

1-866-800-1409
TTY: 1-888-206-1327
All calls are confidential.
Illinois resident 60 years of age or older and any adult with a disability age 18-59.

During the period of July 1, 2017, through June 30, 2018, there were 17,085 reports of abuse received by the program, with included 2,973 reports involving adults with a disability age 18-59. Nearly half of all reports allege financial abuse, though victims may experience more than one type of abuse.

Types of abuse
Abuse refers to the following types of mistreatment of any Illinois resident 60 years of age or older and any adult with a disability age 18-59 in the community and is abused by another person.

Physical Abuse — causing the infliction of physical pain or injury to an eligible adult.

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 eligible adult to engage in conduct from which s/he has a right to abstain or to refrain from conduct in which the eligible adult has a 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 with the necessities of life including, but not limited to, food, clothing, shelter, 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.

Financial Exploitation — the misuse or withholding of an eligible adult’s resources to the disadvantage of the eligible adult and/or the profit or advantage of another person.

Illinois Law
The Illinois Department on Aging administers the statewide Adult Protective Services (APS) Program, under the authority of the Adult Protective Services Act (320ILCS 20/1 et seq.) to respond to reports of alleged mistreatment of any Illinois citizen 60 years or older and any adult with a disability age 18-59 who lives in the community at the time of the report.

The APS Act is locally coordinated through 42 provider agencies designated by the Regional Administrative Agencies (RAAs) and the Department on Aging. All Adult Protective Services Caseworkers are trained and certified by the Department, which promulgates the Program’s policies and procedures and oversees the monitoring of services through the RAAs.

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

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

Limited Mandated Reporting. Mandating reporting applies to persons delivering professional services to eligible adults, including but not limited to the following fields: social services, adult day service, law enforcement, education, medical, state service to seniors, paramedics and social work.

Requirements for limited mandatory reporting apply when the reporter believes the eligible adult is not capable of reporting the abuse himself/herself. The law also encourages any person to report voluntarily for an eligible adult, and provides immunity from liability and professional disciplinary action for anyone making such an abuse report in good faith.

In FY 2018, social workers accounted for the majority of abuse reporting (22 percent), followed by family members (15 percent), medical personnel (13 percent), self (7 percent) and others.

Fatality Review Teams. The APS Act includes provisions that the Director of the Department on Aging, in consultation with an Advisory Council, law enforcement and other professionals appoint members to a minimum of one Fatality Review Team (FRT) in each of the Department’s Planning and Service Areas (PSAs). The purpose of each team is to assist local agencies in identifying and reviewing suspicious deaths of adult victims of alleged, suspected or substantiated abuse or neglect in domestic living situations, facilitate communications between officials responsible for autopsies and inquests and persons involved in reporting or investigating abuse, evaluate means by which the death might have been prevented, report findings to the appropriate agency and Advisory Council, and make recommendations to help reduce the number of at-risk adults and increase prosecutions, if appropriate.

Fatality Review Teams were formed in PSAs 01, 02, 05, 06 and 07 in 2014. PSAs 03, 04, and 10 formed teams in 2015. In FY 2016, FRTs were established for PSA 12 covering the city of Chicago, and PSA 13 covering Cook County (outside Chicago). In addition, a Regional Team was formed for PSA 05. During FY 2017, FRTs launched in PSAs 8 and 9, representing the first year in which every region of the state became covered by a team.

FRTs provide important opportunities to foster communication among multiple agencies in developing a greater understanding of the incidence and causes of premature deaths and the methods for preventing those deaths.

Partnerships. In addition to partnerships forged with coroners, prosecutors and others in relation to Fatality Review