



**State of Illinois**  
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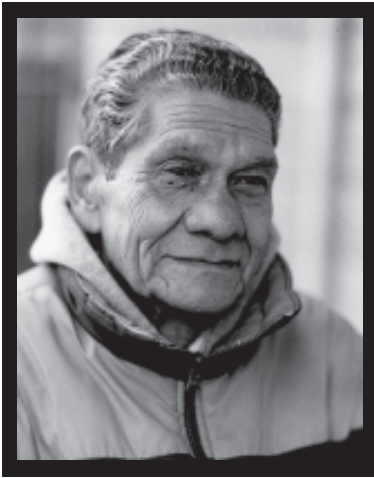


**Elder Abuse and Neglect...**  
**How you  
 can help**

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## INTRODUCTION



Thousands of extremely vulnerable older adults in Illinois live their final years in fear, pain and suffering because too few people are aware of elder abuse and the Elder Abuse and Neglect Program.

As the older population increases, the problem of abused, neglected and exploited elderly will grow. The types of mistreatment to which older adults are subjected include physical, sexual and emotional

abuse; neglect of basic care needs, and financial exploitation of every kind. The abusers are almost always the older adults' own family members or caregivers.

Although a wide range of professionals are mandated to report suspected elder abuse to the Elder Abuse and Neglect Program under certain circumstances, estimates are that only about one in 12 or 13 cases is actually reported. This means that the vast majority of victims are suffering, often for years, when there is help available.

**To report suspected abuse,  
please call the 24-Hour  
Elder Abuse Hotline**

**1-866-800-1409**

**1-888-206-1327 (TTY)**

## VICTIMS AND ABUSERS

### Victim Profile

The typical victim is a white woman of 79 with multiple impairments. Four out of five of the victims suffer from one or more barriers to independent living, with the greatest number being functionally impaired. Seventy-five percent of elder abuse victims are white, 20 percent are black, and 5 percent are Hispanic, other or unknown.



### Abuser Profile

Elder abuse is quite clearly a family problem: 75 percent of the abusers are family members, including the spouse (12 percent), child (42 percent), or other relatives (21 percent). Although most caregivers to older adults are women, abusers are slightly more likely to be male. In almost half of all cases, the abuser is the victim's caregiver, which means the older adult is dependent on the abuser and thus extremely vulnerable to continued abuse.

### Early Intervention Services

**While an array of services is usually available in communities, older adults who are victims of abuse often face unique barriers that prevent access to available resources.**

**Early intervention services are available for short-term and emergency situations when other resources are not available.**

**These services include legal assistance, housing and relocation assistance, respite care and emergency aid such as food, clothing or medical care.**

## DEFINITIONS



Elder abuse can be defined in several ways.

- ▶ **Physical abuse** means inflicting physical pain or injury upon an older adult.
- ▶ **Sexual abuse** means touching, fondling, intercourse, or any other sexual activity with an older adult, when the older adult is unable to understand, unwilling to consent, threatened or physically forced.
- ▶ **Emotional abuse** means verbal assaults, threats of abuse, harassment or intimidation.
- ▶ **Confinement** means restraining or isolating an older adult, other than for medical reasons.
- ▶ **Passive neglect** means the caregiver's failure to provide an older adult with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- ▶ **Willful deprivation** means willfully denying an older adult medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that person to the risk of physical, mental, or emotional harm — except when the older adult has expressed an intent to forego such care.
- ▶ **Financial exploitation** means the misuse or withholding of an older adult's resources by another, to the disadvantage of the older adult or the profit or advantage of someone else.

Victims of elder abuse are typically dependent upon the abuser for care or assistance.

## INDICATORS

These conditions may indicate physical abuse:

- ▶ Injury that has not been cared for properly or is incompatible with history.
- ▶ Pain on touching, cuts, lacerations or puncture wounds.
- ▶ Bruises, welts and discoloration — bilaterally on upper arms; clustered on trunk, but may be evident over other areas of the body that are similar in shape to an object; presence of old and new bruises at the same time.
- ▶ Dehydration or malnourishment without illness-related cause; weight loss.
- ▶ Pallor or poor skin hygiene, sunken eyes or cheeks, absence of hair or hemorrhaging below scalp, eye problems or retinal detachment.
- ▶ Evidence of inadequate care (bed sores that have not been properly treated).
- ▶ Soiled clothing or bed linen.
- ▶ Burns (may be caused by cigarettes, caustics, acids, friction from rope or chains, from confinement or contact with other objects).
- ▶ Signs of confinement (locked in room, tied to furniture or bathroom fixtures).
- ▶ Lack of bandages or stitches when necessary or evidence of unset broken bones.

Injuries are sometimes hidden under the breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room or other health care “shopping” may indicate physical abuse. The lack of necessary appliances, such as walkers, canes and bedside commodes, or the lack of necessities, such as heat, food and water, or unsafe conditions in the home may indicate abuse or neglect.

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## Indicators of Financial Exploitation

- ▶ A caregiver or family member with access to an older adult's money appears to use the funds for himself or herself rather than for the older adult, resulting in many unpaid bills or overdue rent, for example.
- ▶ An older adult does not have adequate food, clothing or personal care items when there appears to be enough money to provide for them.
- ▶ An older adult is grossly overcharged for residence or services.
- ▶ An older person loans large sums of money with no arrangement for repayment.
- ▶ An older adult complains of deception or theft of property or funds.

## Behavioral Indicators

These behaviors on the part of the older adult, in and of themselves, do not indicate abuse or neglect; but, combined with other indicators, they may be significant:

- ▶ Fear, withdrawal, depression, helplessness, resignation, hesitation to talk openly or implausible stories.
- ▶ Confusion, disorientation or contradictory statements not due to mental dysfunction.
- ▶ Anger, denial, non-responsiveness, agitation, or anxiety.

## Indicators of Abuse by Family or Caregiver

- ▶ The caregiver does not allow the older adult to speak for himself or herself or to see others without the caregiver present.
- ▶ Lack of assistance, attitudes of indifference or anger toward the older adult.

- ▶ Family member blames the older adult (such as for incontinence).
- ▶ Aggressive behavior toward the older adult (threats, insults or harassment).
- ▶ Previous history of abuse to others.
- ▶ Withholding of security or affection.
- ▶ Problems with alcohol, drugs or mental illness.
- ▶ Family or older adult is socially isolated.
- ▶ Conflicting accounts of incidents by family, supporters and victim.
- ▶ Unwillingness or reluctance to comply with the case plan.



An older adult's interests and welfare are the first concern of the Illinois Elder Abuse and Neglect Program.

## PROGRAM PRINCIPLES

**These are the basic principles of Illinois' Elder Abuse and Neglect Program**

### Limited Mandatory Reporting

The law combines voluntary and mandatory reporting requirements to report suspected cases of elder abuse, neglect or exploitation. The law requires that certain persons who provide services to older adults, including health professionals, Aging Network personnel and others, must report to the Elder Abuse and Neglect Program any suspicions of elder abuse, neglect or exploitation of eligible adults who, because of dysfunction, cannot report for themselves. The law also encourages the public to report voluntarily for other older adults, and provides immunity from liability for anyone making such an elder abuse report in good faith.

### Self-Determination

The concept of self-determination adopted by the state of Illinois includes certain civil rights to which competent adults are entitled. These rights do not change by virtue of aging. Competent older adults have the right to:

- ▶ Decide where and how they will live;
- ▶ Choose whether to accept social services or other community assistance;
- ▶ Make decisions different from those society would make, including what might be considered “bad” decisions that are not harmful to others. There are times, however, when a disabled older adult is incapable of self-protection, and under the law has the right to have protective measures taken on his or her behalf. Protective measures are contained in the Mental Health Code and the Probate Act.

## CAUSES OF ABUSE

**Just as there are several types of abuse, there are numerous causes.**

### Domestic Violence Grown Old

Some couples have had violent interactions for decades, and the abuse continues as the couples age. Because of increased age, the victim — almost always the woman — can be more vulnerable to injury. These cases can be difficult to resolve because separating the parties or arresting and prosecuting the abuser are about the only effective long term interventions.

### Dysfunctional Abuser

Almost half of the abusers have a substance abuse problem, are financially dependent on the victim or both. Adult men who have always been dependent on their parents or other relatives have most often been identified as perpetrators of physical abuse. Dysfunctional abusers are also often responsible for financial exploitation as they attempt to use the older adult's resources, rather than create their own. Helping the abuser to become more independent may relieve the abuse, as well as, in many cases, reduce the older adult's isolation through implementation of new services and legal protections.

### Paid Caregiver

These are the cases in which the older adult's caregiving needs and loneliness can make him or her vulnerable to someone who exploits the relationship. While the caregiver may not be a family member, strong emotional ties can develop on the older adult's part, making him or her as reluctant to hold the caregiver accountable as if that person were the older adult's own child.

The principles below have been written in support of an older adult's right to self-determination:

- ▶ Involve the older adult in the development of the intervention or case plan. Take the time to explain the range of legal, medical and social service options to older adults, beginning with the least restrictive alternatives in treatment and placement, so that the person can exercise the maximum decision-making ability for his or her level of competence.
- ▶ Intervene with the family unit support system whenever possible. Most abused older adults live with a family member or receive some care from the family.
- ▶ Recommend community-based services rather than institutional placement whenever possible. Institutions are considered a very restrictive environment. Often an older adult fears placement more than abuse. An individual may refuse services if placement is the only option presented.
- ▶ Be direct in discussing the situation and alternatives.
- ▶ Respect an older adult's right to confidentiality. Information about an individual's affairs should be shared only as authorized by the older adult or guardian and only as it pertains to obtaining assistance and guidance.
- ▶ Recognize that inadequate or inappropriate intervention may be worse than none at all. Assistance that over-promises may be rejected by the older adult and the abuser. Inadequate or inappropriate intervention may greatly increase the risk to the victim.
- ▶ Remember that an older adult's interests are the first concern of the program. The older adult's welfare comes before his or her family or members of the community. The older adult's safety is also the foremost priority when the person is unable to decide or act on his or her own behalf.

The Elder Abuse and Neglect Program provides these services to victims:

- ▶ **Intake of Reports:** This screening process determines if there is a reasonable suspicion of elder abuse, neglect or exploitation and the urgency of the report.
- ▶ **Assessment:** A systematic, standardized system responds to reports of abuse, neglect or exploitation for the purpose of determining whether abuse has occurred, the degree of risk of further harm to the older adult and if immediate interventions are necessary. When a call is received, a trained elder abuse caseworker responds within a specified period of time depending on the severity of the case: within 24 hours for the most dangerous situations; within 72 hours for intermediate ones and up to seven days for all others.
- ▶ **Casework:** Intensive casework activities on substantiated cases of abuse, neglect and exploitation would include working with an older adult to develop and implement a case plan for the purpose of stabilizing the situation and reducing risk of further harm to the older adult. The case plan could include legal, medical, social service or other necessary assistance.

The approach is low-key, stressing the desire to work with the older adult and his or her family to resolve any problems. Depending on the other adult's needs, wishes and resources, a range of interventions may be put into place, including:

- ▶ Adult day service
- ▶ Counseling for victim or abuser
- ▶ Emergency responses for housing, food, physical or mental health
- ▶ Financial assistance and protections

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- ▶ Guardianship proceedings or nursing home placements (when needed)
- ▶ Home or other health care
- ▶ Housekeeping services
- ▶ Legal interventions
- ▶ Nutrition services
- ▶ Respite care and support groups for the caregiver
- ▶ **Follow-Up:** Because abuse, neglect and exploitation are sometimes a recurring problem even after intervention, a systematic method of follow-up on substantiated cases is essential. Follow-up may be effective in preventing further abuse by working with an older adult to detect recurring signs of abuse before the situation becomes life-threatening.

To report suspected cases  
of elder abuse, neglect or exploitation,  
please call the Illinois Department on Aging  
24-hour **Elder Abuse Hotline**  
in complete confidence:

**1-866-800-1409**

1-888-206-1327 (TTY)



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

Senior HelpLine: 1-800-252-8966  
1-888-206-1326 (TTY)

[www.state.il.us/aging](http://www.state.il.us/aging)

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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