

Abuse, Neglect and Exploitation

How you can help



State of Illinois
Illinois Department on Aging

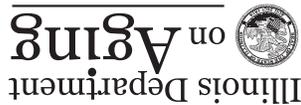
To report suspected cases of abuse, neglect,
financial exploitation, or self-neglect of older
adults or adults with disabilities call

24-Hour

Adult Protective Services Hotline:

1-866-800-1409

All calls are confidential.



One Natural Resources Way, #100
Springfield, Illinois 62702-1271

Senior Helpline:

1-800-252-8966, 1-888-206-1327 (TTY)

www.state.il.us/aging/

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs and activities 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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To report suspected abuse, neglect, financial exploitation or self-neglect of adults age 60 and older or for adults with disabilities age 18-59 who live in a domestic setting, call the

24-Hour Adult Protective Services Hotline:

1-866-800-1409

The Adult Protective Services Program provides the following services to victims:

- ▶ **Intake of Reports:** A screening process to determine allegations of abuse, neglect or financial exploitation and the urgency of the report.
- ▶ **Assessment:** A systematic, standardized system responds to reports of abuse, neglect or financial exploitation for the purpose of determining whether abuse has occurred, the degree of risk of further harm to the adult and if immediate interventions are necessary. When a call is received, a trained Adult Protective Services caseworker responds within a specified period of time depending on the severity of the case: within 24 hours for the life threatening situations; within 72 hours for most neglect and non-threatening physical abuse situations and up to 7 days for emotional abuse or financial exploitation reports.
- ▶ **Casework:** Intensive casework activities on substantiated cases of abuse, neglect and financial exploitation would include working with an adult to develop and implement a case plan for the purpose of stabilizing the situation and reducing risk of further harm to the 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 adult and his or her family or caregiver to resolve any problems. Depending on the 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
 - ▶ 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
 - ▶ Replacement or additional training for caregiver or personal assistant.
- ▶ **Follow-Up:** Because abuse, neglect and financial 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 adult to detect recurring signs of abuse before the situation becomes life-threatening.

Intervention Principles

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

- ▶ Involve the adult in the development of the intervention or case plan. Take the time to explain the range of legal, medical and social service options, beginning with the least restrictive alternatives in treatment and placement, so that the adult 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 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 adult fears placement more than abuse. The adult may refuse services if placement is the only option presented.
- ▶ Be direct in discussing the situation and alternatives.
- ▶ Respect an adult's right to confidentiality. Information about the individual's affairs should be shared only as authorized by the 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 adult and the abuser. Inadequate or inappropriate intervention may greatly increase the risk to the victim.
- ▶ Remember that an adult's interests are the first concern of the program. The adult's welfare comes before his or her family, caregiver or members of the community. The adult's safety is also the foremost priority when the person is unable to decide or act on his or her own behalf.

INTERVENTIONS

Thousands of extremely vulnerable adults in Illinois live in fear, pain and suffering because too few people are aware of abuse and the Adult Protective Services Program.

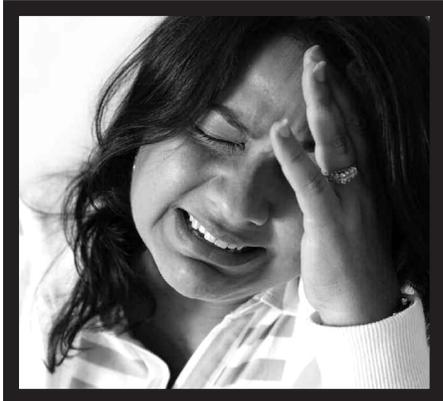
As the population increases, the problem of abused, neglected and exploited adults will grow. The types of mistreatment to which adults are subjected include physical, sexual and emotional abuse; neglect of basic care needs, and financial exploitation of every kind. The abusers are almost always the adults' own family members or caregivers.

Although a wide range of professionals are mandated to report suspected abuse to the Adult Protective Services Program under certain circumstances, estimates are that only about 1 in 14 cases is actually reported. This means that the vast majority of victims are suffering, often for years, when there is help available.

INTRODUCTION

Early Intervention Services

While an array of services is usually available in communities, 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.

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, or disability, 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, mental or emotional illness, 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 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 adult's isolation through implementation of new services and legal protections.

Paid Caregiver

Some adults may not recognize abusive behavior by a caregiver because of their caregiving needs, or may not consider it significant enough to report. While the caregiver may not be a family member, strong emotional ties can develop on the adult's part, making him or her reluctant to hold the caregiver accountable.

These are the basic principles of Illinois' Adult Protective Services Program

Limited Mandatory Reporting

The law combines voluntary and mandatory reporting requirements to report suspected cases of abuse, neglect or financial exploitation. The law requires that certain persons who provide services to adults, including health care professionals and professionals providing medical or rehabilitative services, Aging Network personnel and others, must report to the Adult Protective Services Program any suspicions of abuse, neglect or financial exploitation of adults who, because of a disability, condition or impairment, cannot report for themselves. The law also encourages the public to report voluntarily for other adults, and provides immunity from liability for anyone making such an 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 age or disability. Competent 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 an adult with a disability 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.

PROGRAM PRINCIPLES

Victim Profile

The typical victim of elder abuse is female, isolated, lives with the abuser, has multiple impairments, a history of family violence; and sometimes substance abuse may be a factor. Women with disabilities experience abuse for longer periods of time than women without disabilities.

Statistics

The majority of adults with disabilities are abused by family members, peers and caregivers while 80% of older adults are abused by family members. Among adults with disabilities, who have been abused, 65% of the men and 67% of the women experienced physical abuse while 24% of the men and 53% of women experienced sexual abuse.

PROFILE AND STATISTICS



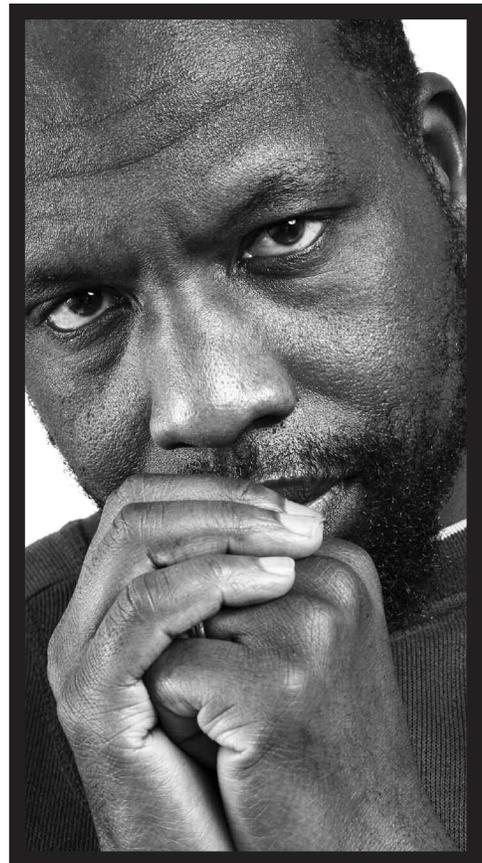
Victims of abuse are typically dependent upon the abuser for care or assistance.

Indicators of Abuse by Family or Caregiver

- ▶ Caregiver does not allow the 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 adult.
- ▶ Family member blames the adult (such as for incontinence).
- ▶ Aggressive behavior toward the adult (threats, insults, harassment or rough physical handling).
- ▶ Previous history of abuse to others.
- ▶ Withholding of security or affection.
- ▶ Problems with alcohol, drugs or mental illness.
- ▶ Family or adult is socially isolated.
- ▶ Conflicting accounts of incidents by family, supporters and victim.
- ▶ Unwillingness or reluctance to comply with the case plan.
- ▶ Relationship financially motivated.

Indicators of Self-Neglect

- ▶ Failure to care for self, apathy or lack of insight.
- ▶ Domestic squalor or grossly inadequate housing or homeless.
- ▶ Social withdrawal or refusal of resources and services.



Indicators of Financial Exploitation

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

Behavioral Indicators

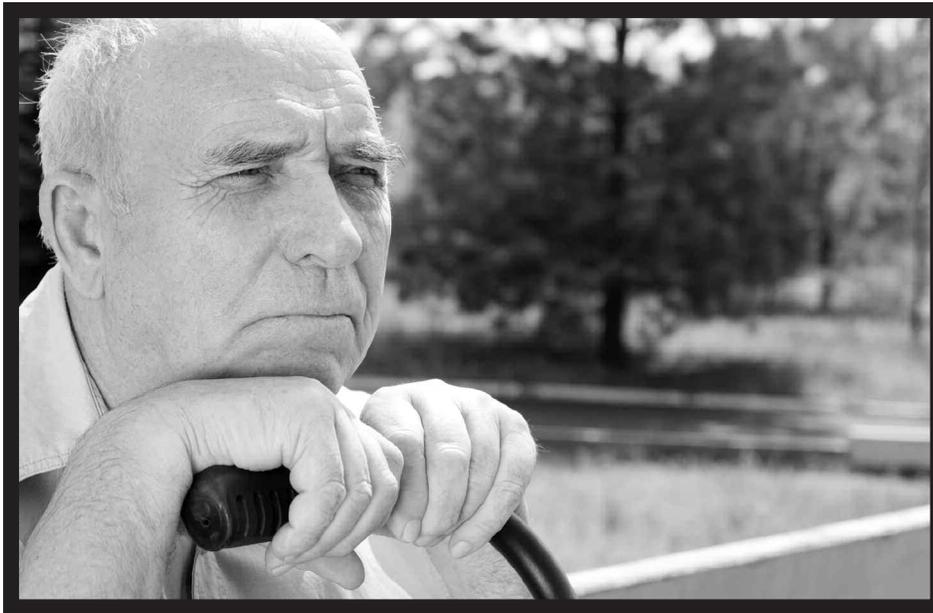
Behaviors on the part of the adult, in and of themselves, do not indicate abuse or neglect; but, combined with other indicators, they may be significant:

- ▶ Fear, withdrawal, depression, helplessness, resignation, hesitation to talk openly or implausible stories.
- ▶ Confusion, disorientation or contradictory statements not due to mental dysfunction.
- ▶ Aggression, anger, denial, non-responsiveness, agitation, or anxiety.
- ▶ Sudden or any unexplained change in appearance or behavior.
- ▶ Sleep disturbance.



Abuse can be defined in several ways.

- ▶ Physical abuse means inflicting physical pain or injury upon an adult.
- ▶ Sexual abuse means touching, fondling, intercourse, or any other sexual activity with an adult, when the adult is unable to understand, unwilling to consent, threatened or physically forced.
- ▶ Emotional abuse means verbal assaults, threats of maltreatment, harassment or intimidation.
- ▶ Confinement means restraining or isolating an adult, other than for medical reasons.
- ▶ Passive neglect means the caregiver's failure to provide an adult with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- ▶ Willful deprivation means deliberately denying an 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 adult has expressed an intent to forego such care.
- ▶ Financial exploitation means the misuse or withholding of an adult's resources by another, to the disadvantage of the adult or for the profit or advantage of someone else.
- ▶ Self-neglect means a condition that is the result of an adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health.



An adult's interests and welfare are the first concern of the Illinois Adult Protective Services Program.

Physical conditions that may indicate abuse and neglect:

- ▶ 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, poor or improper hygiene.
- ▶ 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 assistive devices, such as walkers, wheel chairs 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.

PHYSICAL