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# Executive Summary

# ELDER ABUSE

The Illinois Department on Aging's  
Final Report on the  
Elder Abuse Demonstration Program Act

May, 1988

INTRODUCTION

NCJRS

History of the Elder Abuse Demonstration Act

Over the past ten years, state and national attention has focused on the issue of abuse and neglect of the elderly, resulting in many states passing elder abuse reporting legislation. In 1986, over 40 states had reporting laws, by far the majority of which mandated the reporting of elder abuse by professionals. Common among these laws has been the failure to establish a comprehensive system for managing cases of elder abuse and providing resources for assisting victims and their families once abuse is found.

The state of Illinois has been unique in its approach to statewide elder abuse legislation and programming. Instead of adopting legislation patterned after other states, Illinois decided to first gather critical information about the extent, cost and effectiveness of providing for community elderly who are victims of abuse, neglect and/or financial exploitation (State of Illinois, PA 83-1259 and PA 83-1432). Between March, 1985 and July, 1987, an evaluation of four state-funded elder abuse demonstration projects provided information to the legislature and the Illinois Department of Aging. This report summarizes the results from the evaluation. A full explanation of the study methodology and results can be found in the Final Report from the Evaluation of Four Elder Abuse Demonstration Projects for the State of Illinois (SPEC Associates, 1988).

Goal of the Elder Abuse Demonstration Program Act

The goal of the Illinois Act was to develop four different demonstration projects for the purpose of providing information to the state. According to the Illinois Public Act 83-1259 signed by the Governor on August 16, 1984 the projects were funded in order to:

- Identify the number of elderly in each project area who are abused and in need of protective services,
- Identify the basic core and emergency services that will be required to respond to cases of elder abuse and to develop service models,
- Identify services from all sources in each project area that are currently available to meet the needs of elderly individuals who are abused,
- Identify service gaps that are common across project areas,
- Determine the most effective approach to reporting cases of abuse,
- Develop cost estimates for a statewide program.

## Definition of Elder Abuse

Several types of abuse were included in the definition of victims eligible to receive services under the demonstration programs:

PHYSICAL ABUSE  
CONFINEMENT  
SEXUAL ABUSE  
DEPRIVATION  
FINANCIAL EXPLOITATION  
OTHER ABUSE (PSYCHOLOGICAL, VERBAL)

Two types of neglect were also identified among the elderly clients:

PASSIVE NEGLECT  
SELF-NEGLECT

## Models of Intervention

One intent of the elder abuse legislation was to determine the relative effectiveness of three different models of intervention that could be used with elder abuse victims. The following three models were used to deliver services:

**CHILD ABUSE (MANDATORY REPORTING) MODEL:** This model, eventually implemented at the Egyptian area site, is characterized by the mandatory reporting of elder abuse by professionals. It requires the notification of the reporting requirements to the mandated reporters. This model is perceived to be the intervention that is the most intrusive to the alleged victim.

**LEGAL INTERVENTION MODEL:** This model, eventually implemented at the North Suburban Cook site, is characterized by the focus on the legal system as the primary mode of services to victims. It promotes the use of restraining orders, the filing of complaints with the police and applicable courts, and keeping case information to assist in prosecution.

**ADVOCACY MODEL:** This model, eventually implemented by the Rockford and Kankakee sites, assumes that the lowest level of intervention will be used in assisting victims of abuse, neglect and exploitation. This model defines the role of the service provider as an advocate assisting the abused elderly to reach agreed upon goals. It also supports the use of the most varied and broad services, both formal and informal.

**Selection of Elder Abuse  
Demonstration Project Sites**

The four demonstration projects were selected through a competitive request for proposal (RFP) process.

Based on a ten-member interagency review team recommendation, the IDoA Director designated the following Area Agencies on Aging (AAAs) to implement a demonstration site:

**ELDER ABUSE DEMONSTRATION PROJECT SITES**

AAA	Geographic Area	Model of Intervention	Main Subcontractor
Northwestern Ill. AAA	Winnebago County (Metro Statistical Area)	Advocacy	Visiting Nurses Association PHASE/WAVE
Region Two AAA	Kankakee County (Part of Metro Stat Area)	Advocacy	Catholic Charities
Suburban Cook County AAA	Evanston, Nile, Maine Twnsps (Part of Metro Stat Area)	Legal	<ul style="list-style-type: none"> <li>•NW Service</li> <li>•Coord/Metro Chicago Coal. on Aging</li> <li>•Family Counseling Serv. of Evanston &amp; Skokie Valley</li> <li>•Northshore Senior Center</li> </ul>
Egyptian AAA	Franklin, Williamson, Jackson & Perry Cos (Rural)	Mandatory	Shawnee Alliance for Seniors

Each AAA contracted with an existing direct social service agency or agencies within their planning and service area that was most appropriate to receive intake reports and to respond accordingly to reported cases of elder abuse and neglect. Each demonstration project received financial assistance from the State General Revenue Funds. In addition, each AAA was required to match each general revenue dollar with two dollars of their Title III Older American Act funding.

## RESULTS

### Demographic Characteristics of Alleged Victims

Results from the evaluation indicate that about three-quarters of the alleged victims were female (Figure 1). Almost all (90%) of the alleged victims in the system were white, 10% were black. One-half of the alleged victims were widowed (50%); one-quarter were married. Very few were divorced, separated or never married.

The monthly income of alleged victims ranged from \$0 to \$2,800 with an average income of \$561 per month. About one-half of the alleged victims lived in their own homes. Fourteen percent lived with a relative and 11% lived in an apartment. The remaining victims lived in boarding houses or public housing.

For the majority of the alleged victims, the abuse or neglect occurred in their own homes either living alone (25%) or living with others (44%). Living with "others" included living with either relatives or non-relatives, as long as the alleged victim owned the residence. For an additional 14%, the abuse occurred in the home of a relative. Relatives included spouses, children, siblings, grandchildren, etc.

Prior to the face-to-face assessment, most of the victims had no legal guardians appointed (75%). In only 4% of the cases, the victim had granted power of attorney to someone. In 2% of the cases, the victim had a plenary guardian, and in about 1%, the victims had temporary guardians. Guardian of the person had been appointed in 2% of the cases.

### SEX OF ALLEGED VICTIMS

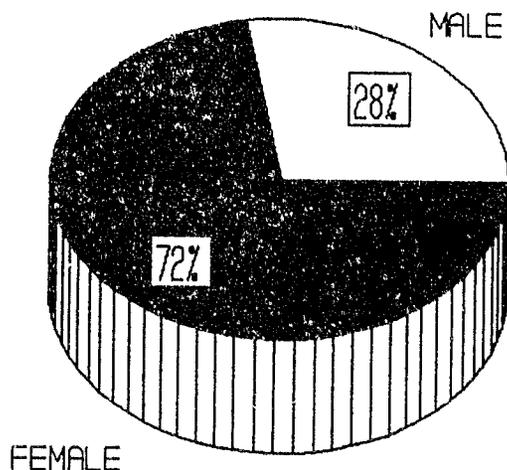


FIGURE 1

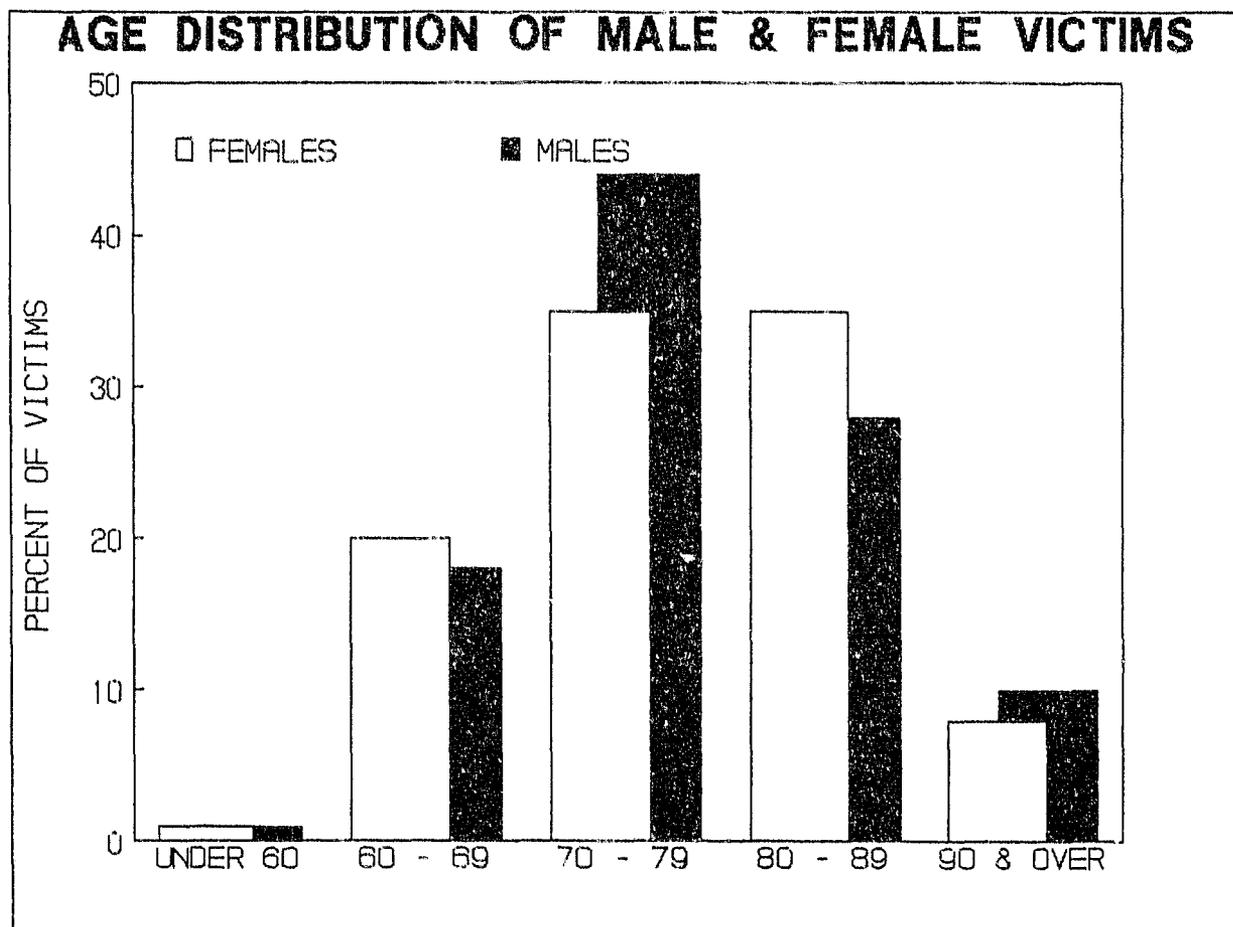


FIGURE 2

The ages of the alleged victims ranged from 53 to 100, with an average age of 77 years. In general, the male victims are similar in age to females (Figure 2). A large percent of the alleged victims (about 63%) were retired. An additional 9% were unemployed, and only about 3% were currently employed. Given the average victim age of about 77 years, this distribution of employment status would be expected.

There were many communication problems among the alleged victims. In this study, these limitations were defined as any problem with speech, hearing, eyesight and disorientation that impaired the alleged victim's ability to communicate. Disorientation is the most frequent communication problem among clients. About 29% of the alleged victims seen by the projects over the three year period were assessed by the case workers as being disoriented. About 18% had problems hearing, 19% had eyesight problems and 10% had speech impairments. These data suggest that the service providers may have some difficulties gathering information directly from these older people due to communication limitations. Substantiating abuse and assisting alleged victims could be particularly difficult when the service provider has problems obtaining accurate information from those who are hearing impaired or disoriented.

Almost two-thirds of the alleged victims were found to have some chronic condition. Chronic conditions included health impairments that require long term care and that had no cure, such as heart disease, arthritis and diabetes.

## Demographic Characteristics of Alleged Abusers

Alleged abusers were as likely to be male as female, with an average age of 50 years (Figure 3). Alleged abusers' ages ranged from 5 years to 90 years. The average age of male abusers was 52 years; the average age of females was 51. Alleged abusers' income levels ranged from \$0 to \$2,800 per month with an average income of \$542 per month. More than one-quarter of the alleged abusers were unemployed and almost one-quarter were retired. Only one-third of the alleged abusers were currently employed.

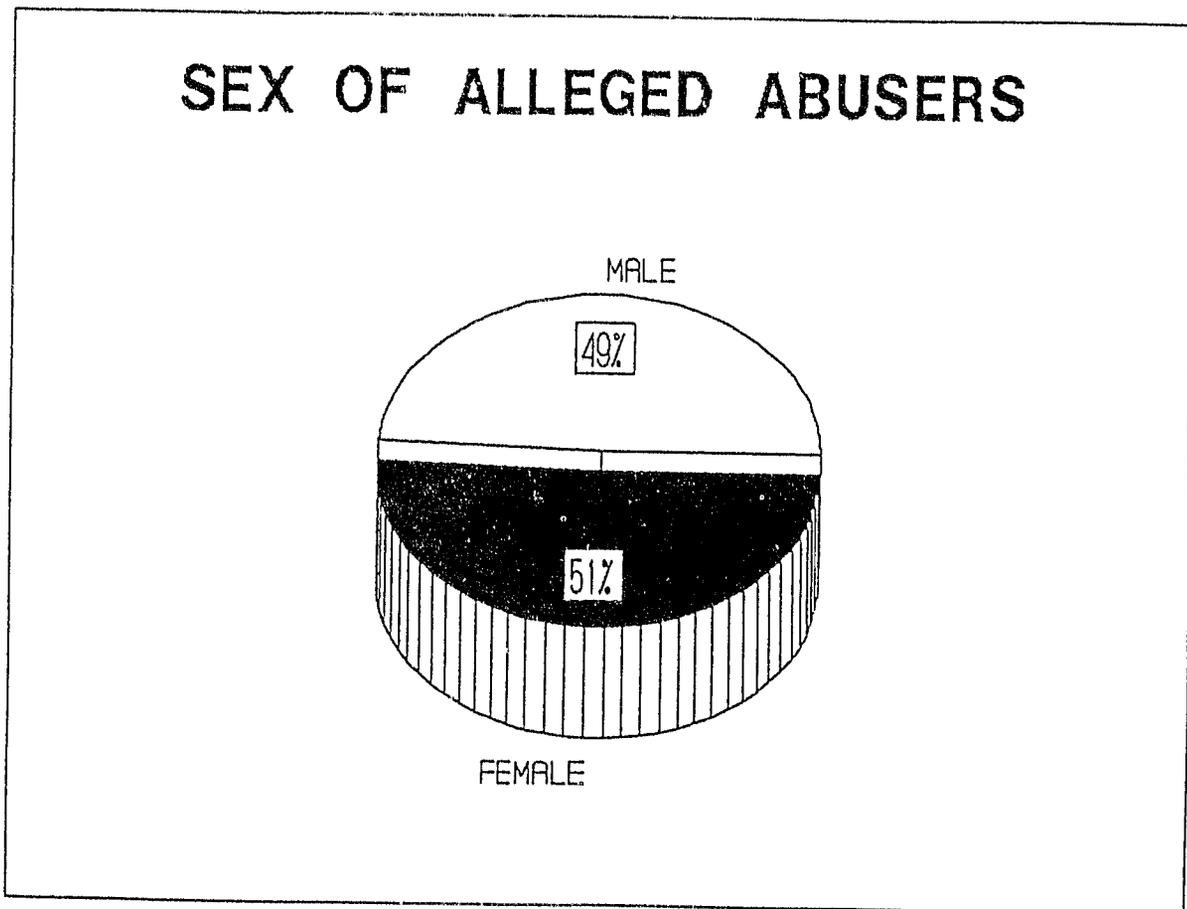


FIGURE 3

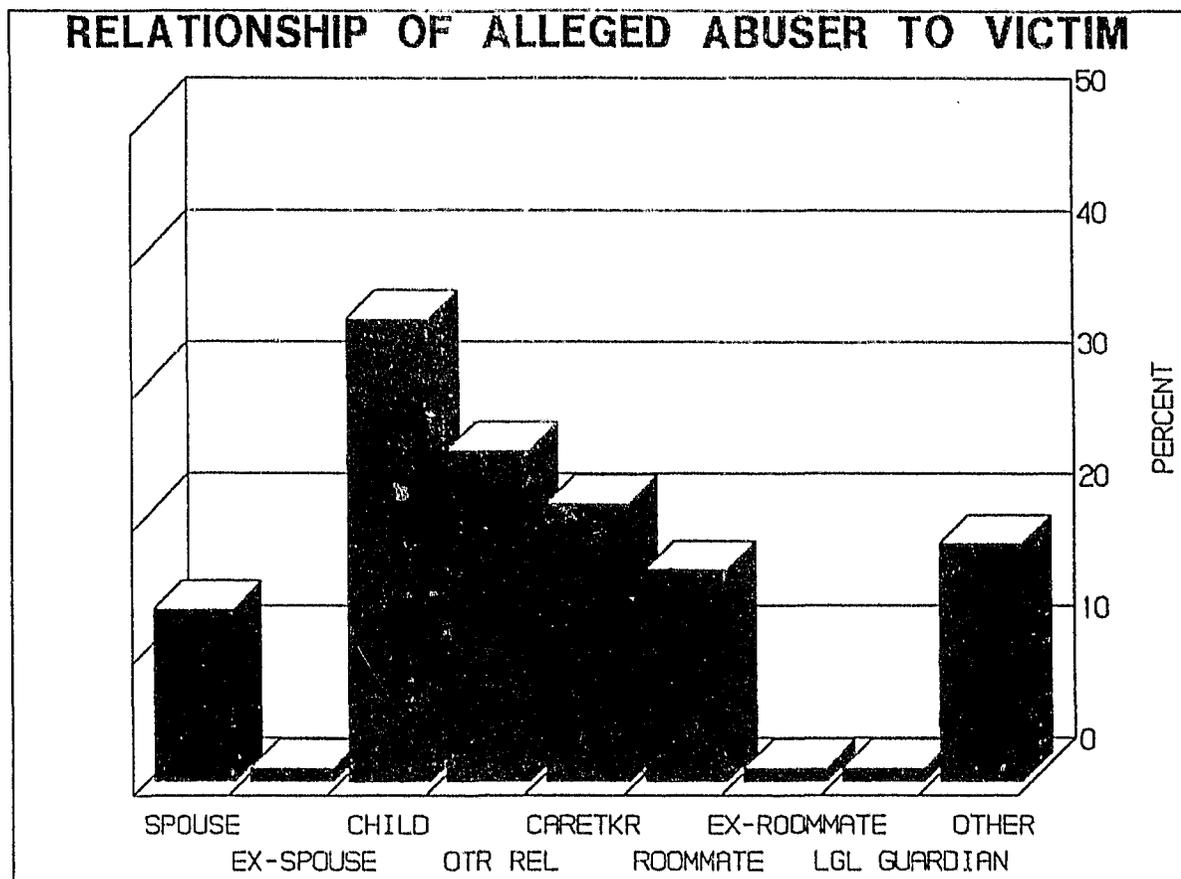


FIGURE 4

Most of the alleged abusers were white (84%) and were the spouse (13%), child (35%), another relative (not including spouse) (25%), the caretaker (22%) and/or the roommate (29%) of the alleged victim (Figure 4). About one-fifth (18%) of the alleged abusers are "another" type of relative of the victim. In other words, the alleged abusers reported to the program are likely to be related to and/or living with the alleged victims.

Most of the alleged abusers were not considered to have judgment impairments. Eleven percent were felt by the case workers to be judgment-impaired.

## Sources of Reports of Elder Abuse

Figure 5 shows the sources of the reports received by the demonstration projects. Agency representatives such as social workers, nurses and paraprofessionals represent about 50% of the sources of referral. The alleged victim is the source of referral in about 11% of the cases. Other relatives represent an additional 8% of the referrals. Children represent about 6% of the referrals.

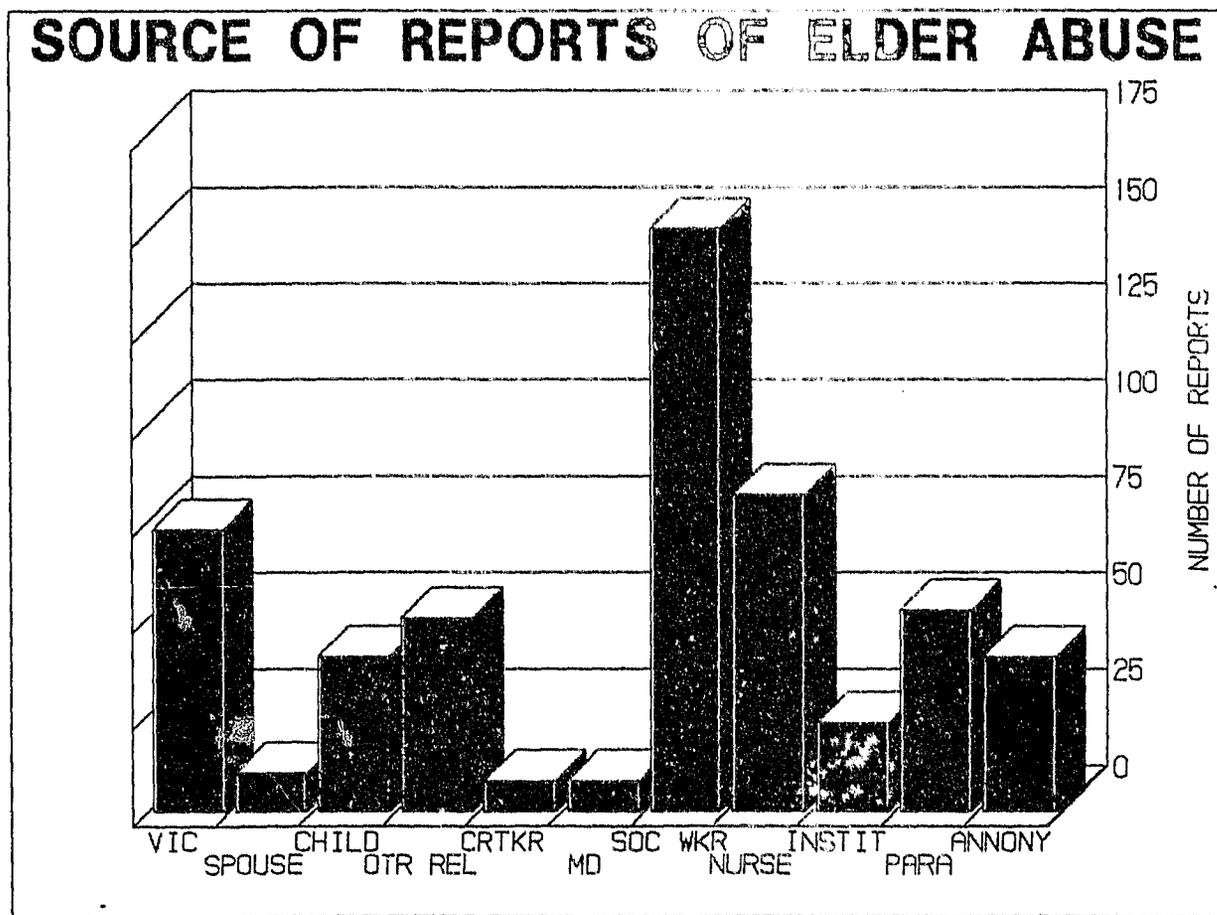


FIGURE 5

**Types of Abuse and Neglect Reported**

Figure 6 illustrates the data on the types of abuse reported to the projects. As the figure indicates, financial exploitation was the most frequent type of suspected abuse in both the first 17 months and in year 3. Overall, financial exploitation was reported in 49% of the alleged victims. Psychological or verbal abuse was reported in 39% of the alleged victims, and physical abuse was reported in 29% of the alleged victims. Less frequently reported types of abuse were confinement (10%), sexual abuse (1%), passive neglect (21%) and self-neglect (16%).

Self-neglect, passive neglect, deprivation and confinement are reported less frequently than most other types of abuse. Self-neglect may be reported less frequently because self-neglect falls under the service population of the statewide case management program, with the exception of severe self-neglect. The less frequent reporting of other types of neglect could reflect either that neglect is less prevalent in the population than abuse or exploitation, or that neglect is less frequently seen by the population of reporters, or that most people do not understand that neglect is part of the definition of elder abuse.

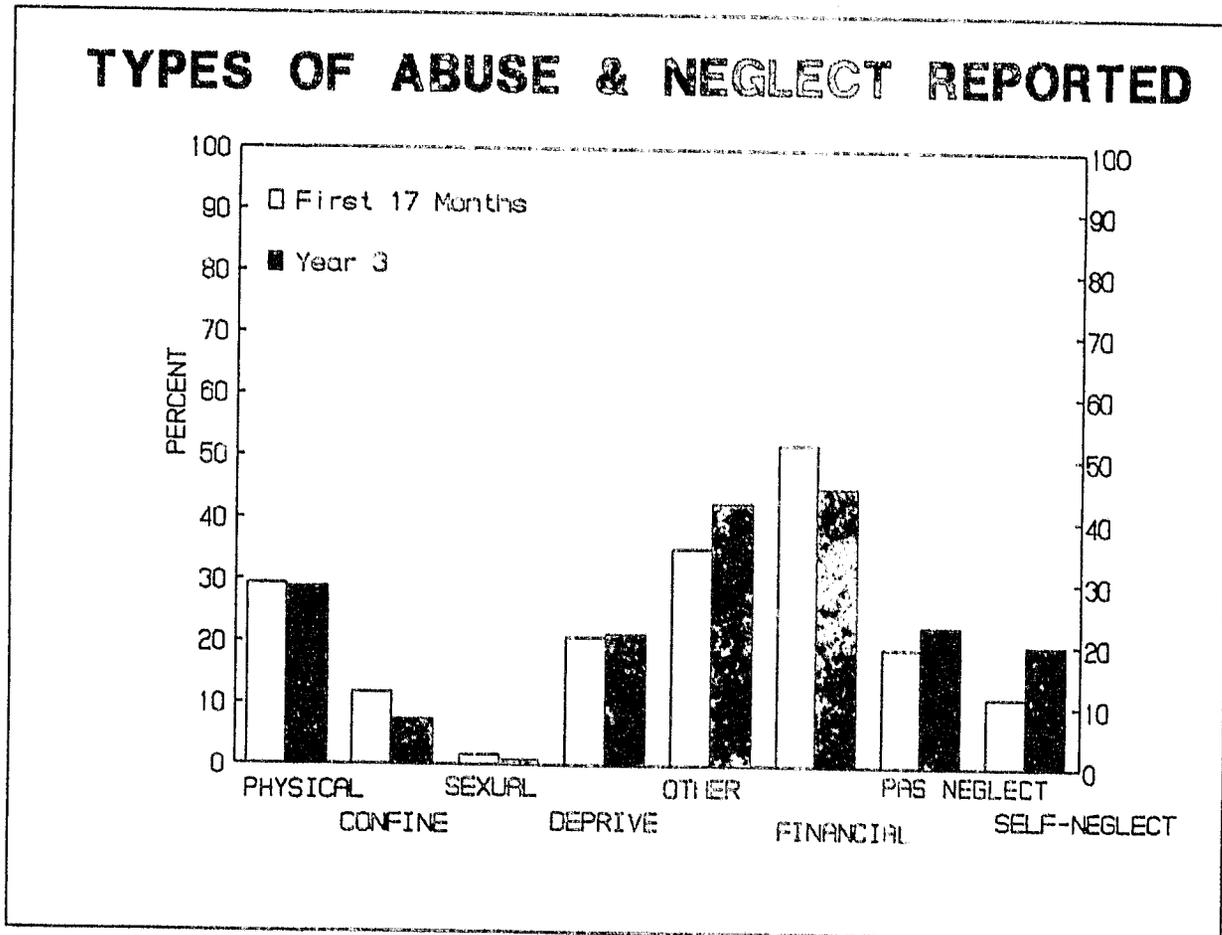


FIGURE 6

**Types of Abuse and Neglect Substantiated**

Investigated cases of physical abuse are substantiated about 80% of the time. About 57% of the cases of confinement are eventually substantiated. About 86% of sexual abuse cases are eventually substantiated. Almost 55% of the investigated cases of psychological or verbal abuse are eventually substantiated. Financial exploitation is substantiated in about two-thirds of the cases, as is deprivation. Passive neglect is substantiated in about 70% of the cases and almost 85% of self-neglect cases are eventually substantiated.

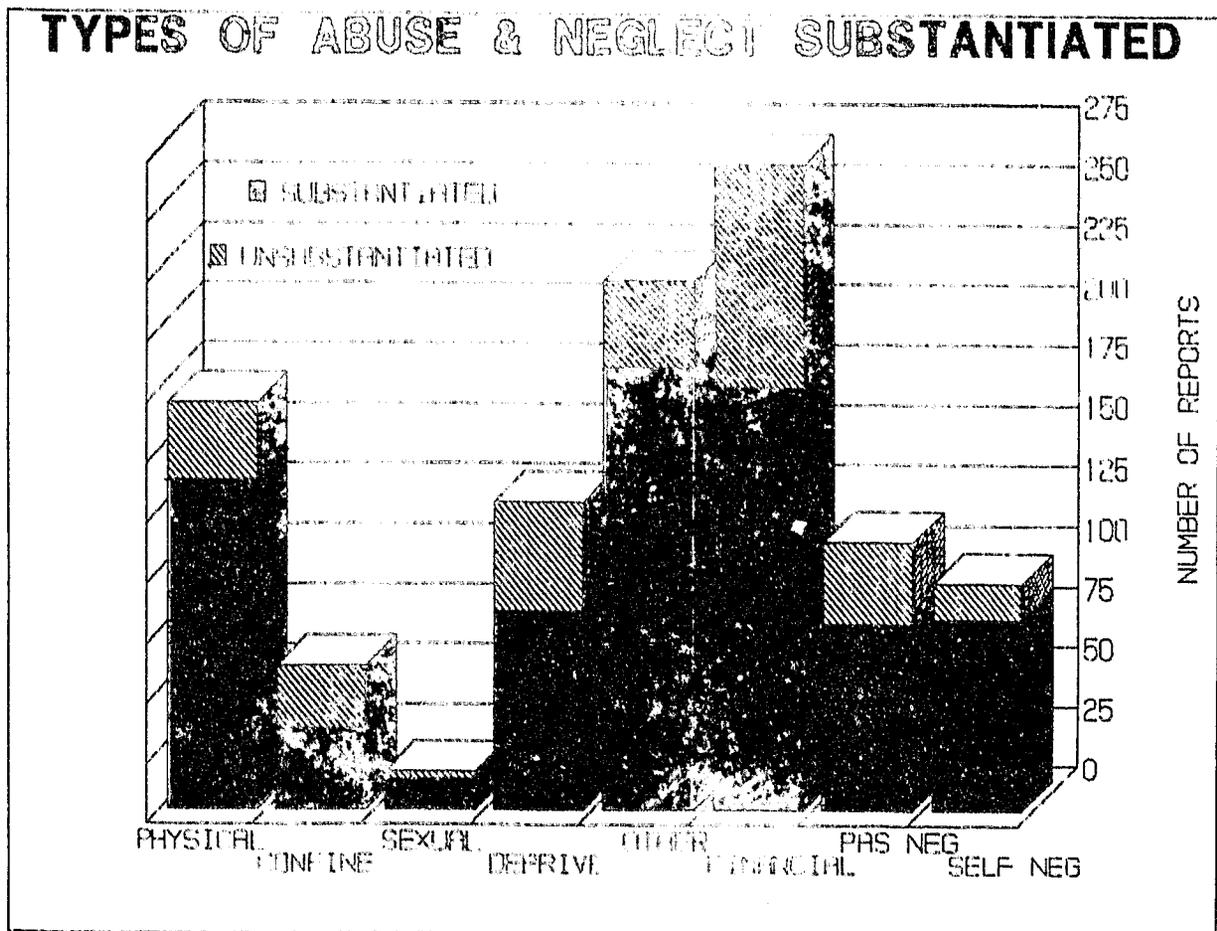


FIGURE 7

## Multiple Reports of Abuse and Neglect

Alleged perpetrators often subjected their victims to more than one type of abuse. This is indicated by the fact that the sum of the reports of abuse is larger than the number of alleged victims entering the system. In addition to being the victims of more than one type of abuse, about 9% of the reports of elder abuse are second or third reports on the same person (Figure 8). Over the 29 months of the study, 46 of the reports (7%) were the second report about the victim, and 9 (2%) were third reports.

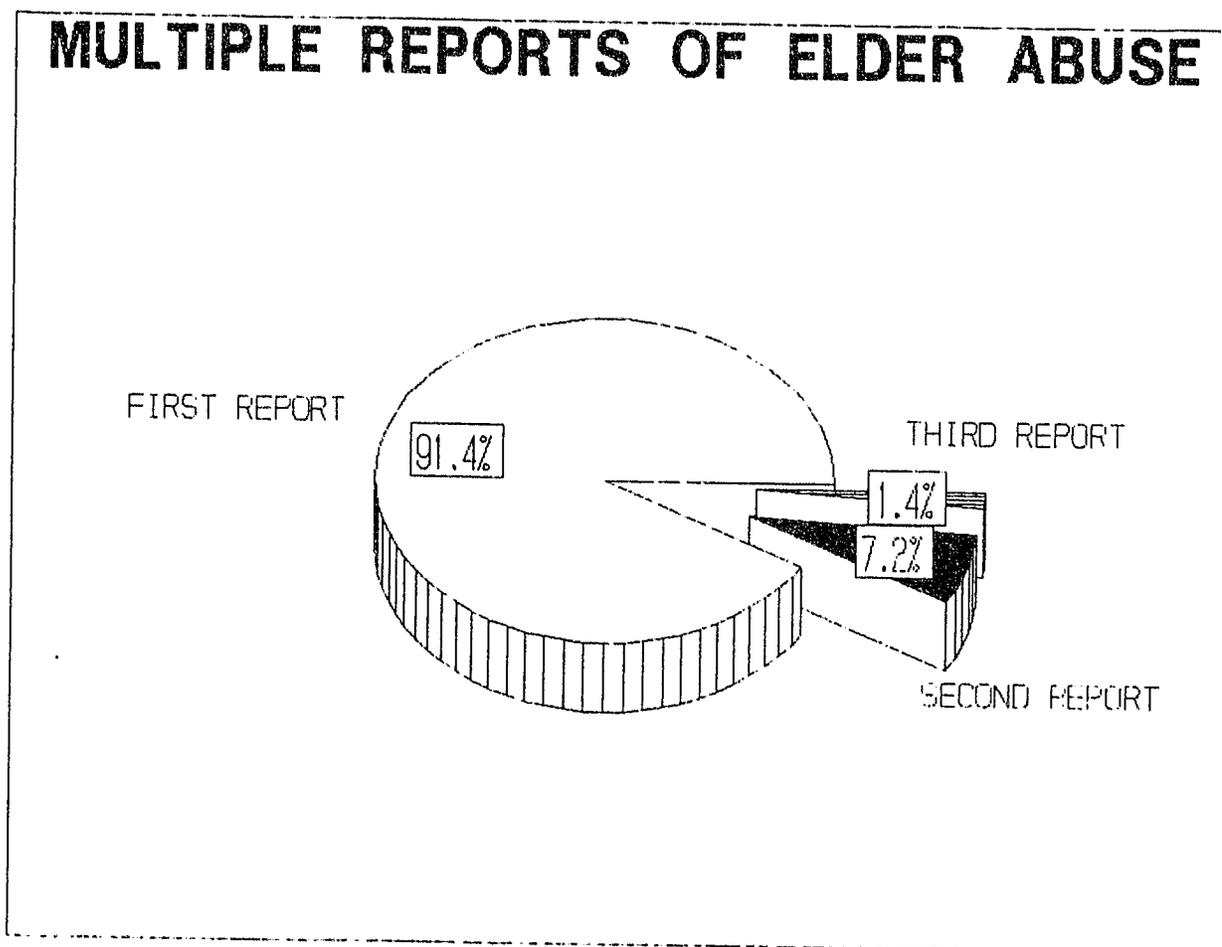


FIGURE 8

### Types of Abuse Reoccurring In the System

Figure 9 shows the types of abuse that are reported more than once. Multiple reports of abuse involve all types except sexual abuse. The relative frequency of each type of abuse reported more than once is similar in pattern to the distribution of the types of abuse reported overall. Exploitation and "other" abuse are most frequent among multiple reports, followed by physical abuse and deprivation. Multiple reports of neglect appear less frequently than those for abuse. This may suggest that the demonstration projects were better able to resolve neglect cases than cases of abuse or exploitation.

These data support the need for follow-up on cases that are closed to prevent future abuse, and to the need to efficiently readmit abuse cases into the elder abuse programs.

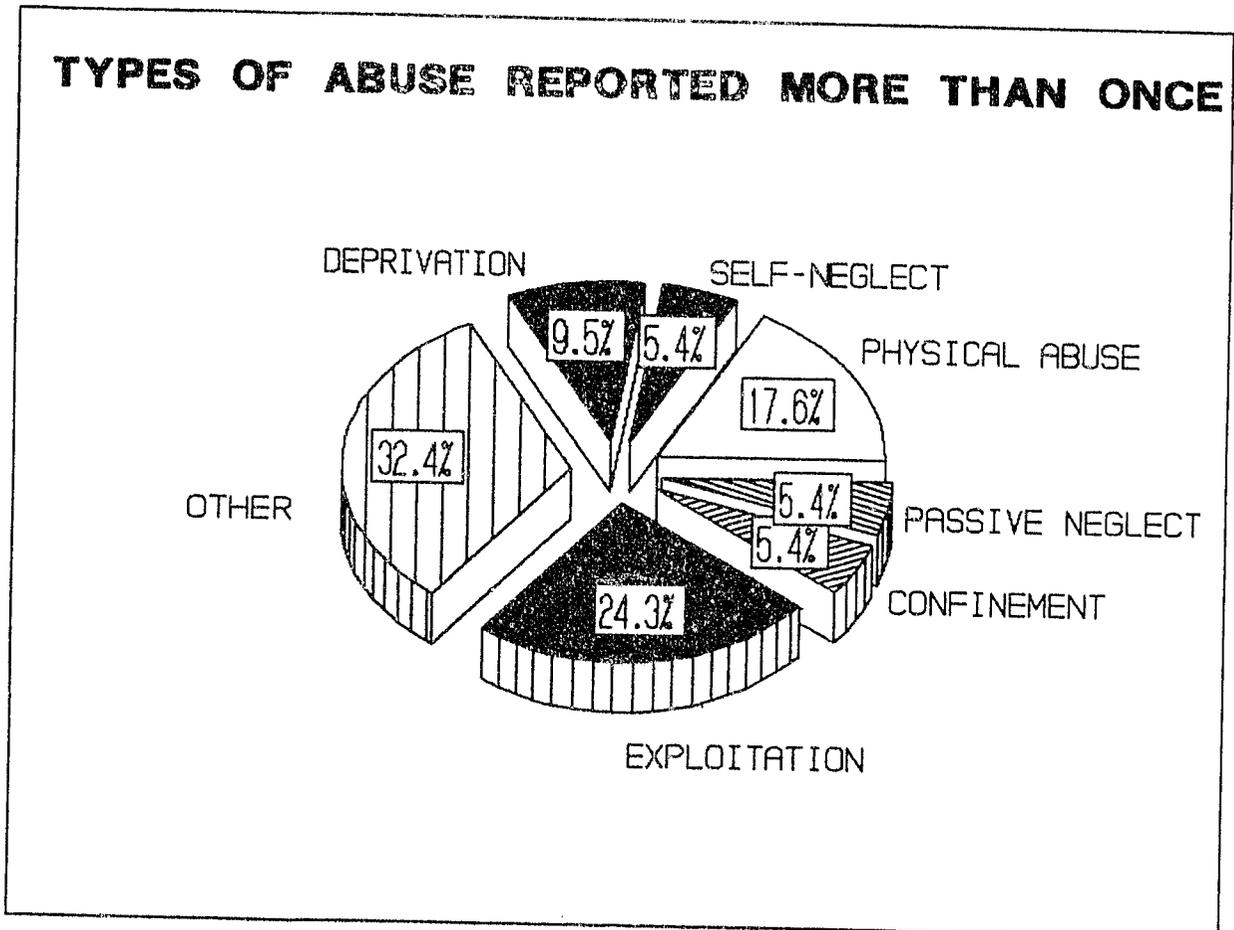


FIGURE 9

## Services Provided to Elder Abuse Clients

Figure 10 shows the services that were provided to elder abuse clients. It should be noted that the meaning of a unit differs for various services. For example, a unit of nursing home service is one day, while a unit of in-home or integrative services is one hour. Therefore, direct comparisons across different services are only recommended when the units are comparable.

It can be seen that almost 40,000 units of in-home services (INH) were provided to victims over the 29 months of the evaluation. These included primarily homemaker and chore housekeeping. Almost 20,000 units of integrative services (INT) were also provided. These included both assessment and case management. The 4,000 units of supervisory services (SUP) included day care, respite care, and companion programs. Nutrition services (NTR), which totaled about 5,000 units, included mostly home-delivered meals along with some congregate meals. About 4,500 units of institutional services (NH) were provided, which included long-term care facility placement assistance and admission/days in long-term care facilities. In-home health services (HH) were also frequently provided, accounting for a total of 2,500 units of nursing, physical therapy and home health aides.

Medical (MED) and mental health (MH) services were used in moderate quantities. About 700 units of mental health services were provided, and about 1,600 units of medical services. About 1,100 units of legal (LGL) services were provided.

The least frequently used services were income/material support (MAT), housing (HSG), socialization (SOC), education (EDU), and transportation (TRNS). Less than 300 units of services were provided in any of these areas.

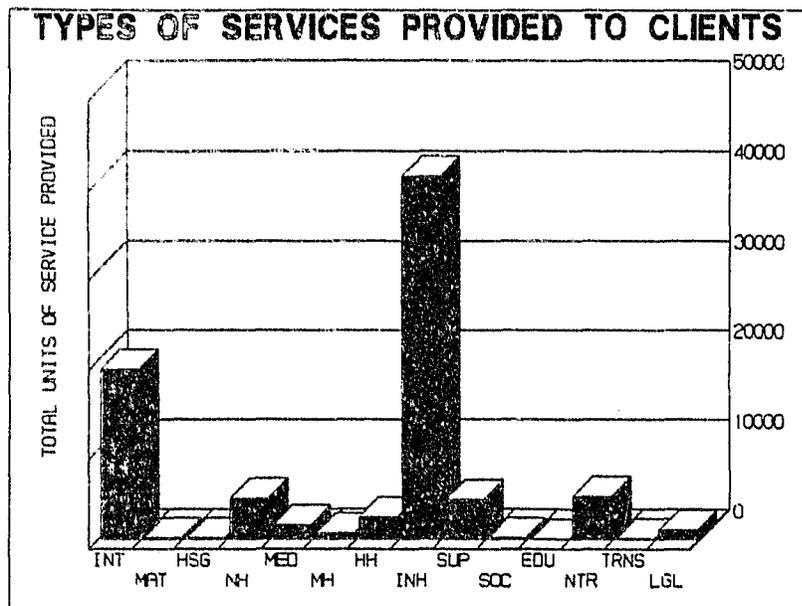


FIGURE 10

## Disposition of Closed Cases

Figure 11 illustrates the reported disposition of those cases that were closed before the study ended. The most frequent outcome of closed cases was that the situation is safe and stable (31%). In 12% of the cases, the victim refused assistance from the program. In 6% of the cases, the victim refused the assessment, and in 1% of the cases, the abuser was able to continually maintain barriers to accessing the victim. Entering a long term care facility (13%) and death of the victim (8%) were also fairly frequent dispositions of closed cases.

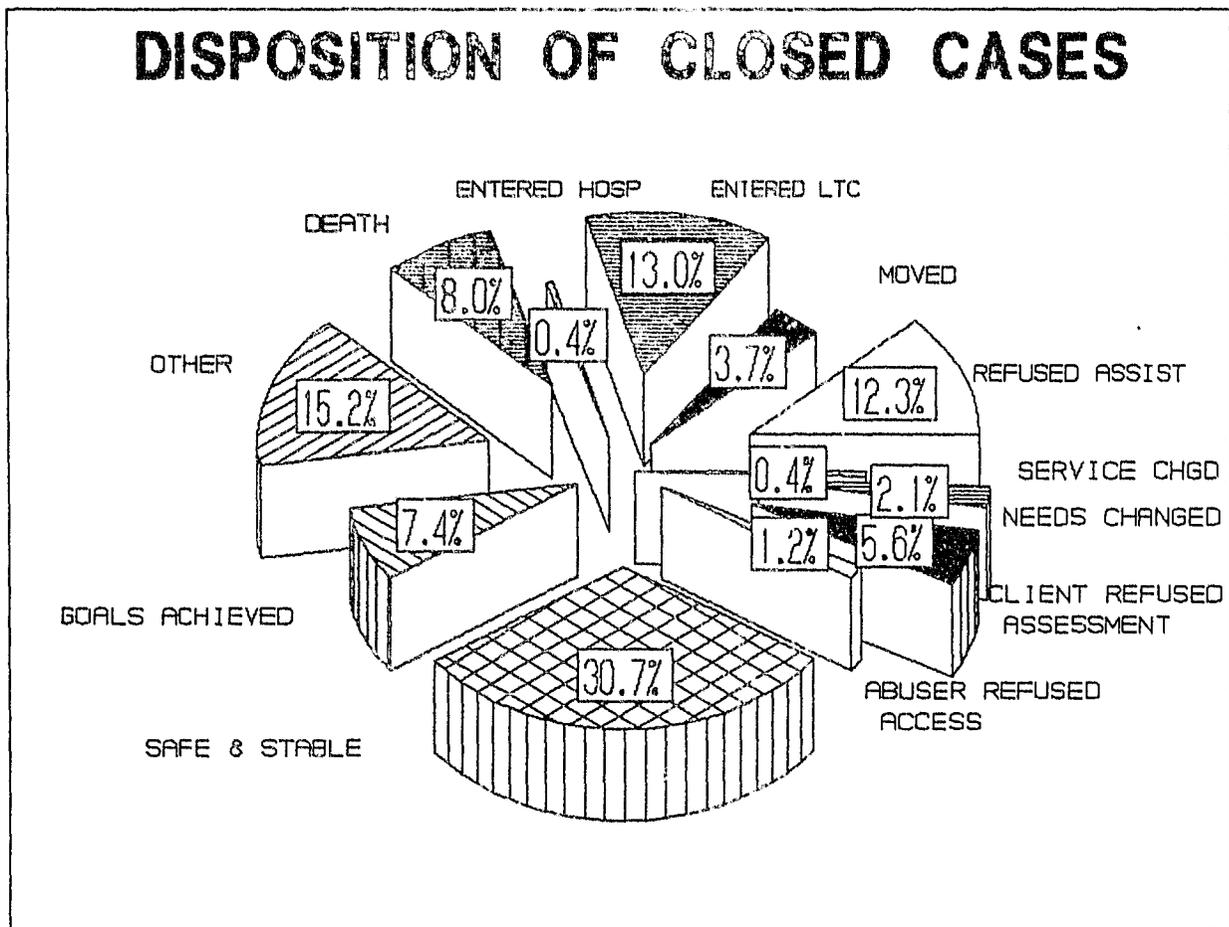


FIGURE 11

## SUMMARY

The Department on Aging administered demonstration projects in accordance with the Elder Abuse Demonstration Program Act through June 30, 1987. Over 640 reports of abuse and neglect were received by the four demonstration sites during the three year project period.

The findings of the demonstration program have been both surprising and dismaying. About 72% of all reported cases were eventually substantiated, meaning that some type of abuse had, in fact occurred. The abused older person was typically female, 77 years old, and widowed. About two-thirds of the older persons had a chronic health condition, and over one-quarter were reported as being disoriented. Many suffered some form of functional impairment. The problem of elder abuse is clearly a family problem in that over 62% of the abusers were either the spouse (13%), child (34%), or other relative (25%).

Based upon the findings of the demonstration program, the Department on Aging recommends the adoption of elder abuse legislation requiring a statewide program. Components of a statewide program should include:

- . Implementation of a statewide response to victims of abuse, neglect, and exploitation based on the **advocacy intervention model** by building on the existing legal, medical and social service system to assure that it is more responsive to the needs of elder abuse, exploitation, and neglect victims and their families.
- . **Voluntary reporting** of suspected cases of abuse serving persons aged **60 years and older**.
- . **Immunity from liability** for persons reporting abuse situations and for those assessing the reports.
- . **Definition of abuse** to include physical, sexual, psychological/verbal abuse, financial exploitation, deprivation, confinement, and passive neglect.
- . Regional administrative agencies (i.e. area agencies on aging) for designating local provider agencies to provide an **assessment** on all reported cases and **case work and follow-up** on substantiated cases of abuse. Case workers serve as advocates working for and on behalf of older persons to resolve the abuse situation.
- . **Supplemental services** available for short term and/or emergency services where resources are not available for the victim. These services would include: legal assistance; housing and relocation assistance; respite care; and emergency aid (i.e. food, clothing, medical care).

- . **Public education** focused on prevention efforts and on the identification of abuse. Education efforts on identification would focus on those professional groups (i.e. legal, medical, law enforcement, social workers, and in-home workers) most likely to come into contact with abuse and neglect victims.

Experience from the demonstration program also suggests that during the first year of operating a statewide elder abuse program over 2,500 reports of suspected abuse could be expected. It is also estimated that in its third year of development, a statewide program could receive as many as 4,000 reports of suspected abuse.

If a statewide program were implemented beginning in FY 1989, the Department on Aging estimates the cost to be approximately \$3.2 million. This funding projection would include the cost of administering the program at the Department and regional level, the intervention (i.e. assessment, case work, and follow-up) and supplemental services described above, and the cost of developing public education materials and continuing research efforts.

The Department on Aging has long served the physically frail and vulnerable elderly. The one major segment of vulnerable elderly left, for which Illinois currently does not have sufficient intervention services, is the segment consisting of those elderly who are abused, neglected, or financially exploited. Until such time as legislation is passed and funds become available, the Department will continue to coordinate its advocacy efforts in cooperation with other organizations on behalf of abuse victims.



The Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the U.S. Civil Rights Act – Titles VI and VII, Section 504 of the Rehabilitation Act, as amended, the Illinois Human Rights Act, and the U.S. and Illinois Constitutions.