Americans became more aware in the 1960s that the elderly are vulnerable to abuse and in need of protection. As federal funding to support such services became available in the 1970s, Ohio joined other states in implementing laws and providing services. State funding was used in the past to augment federal sources, but it has sharply declined. In 2005 the Elder Abuse Task Force Report found weakness in Ohio’s protective services for the elderly, but the situation since then has only grown worse. As budget deliberations for the next two years conclude in conference committee, funding adult protective services should be increased.

**Silent epidemic**

While 14,344 incidents of alleged abuse were reported in Ohio in 2012, research suggests that actual incidents are far higher. Estimates for Ohio range from five incidents for each reported case, for a total of nearly 72,000, to a 2010 estimate of up to 115,000 by the Family Violence Statewide Assessment Report. This is why abuse of the elderly is called a silent epidemic.

Ohio provided state funding of between $2.5 and $3.3 million a year for adult protective services in the 1990s, but also relied heavily on Federal Social Service Block Grants (SSBG); this dependence increased over the last decade, as state funding was phased out for a period of years. While some state funding has been restored, Ohio’s dependence on federal funds to provide adult protective services is unusually high compared to other states. This dependence is particularly concerning because the social service block grant is subject to the federal sequester. In April, the Ohio Department of Job and Family Services was notified that the sequester would take $2.1 million from Ohio’s SSBG allocation; as a result, each county would lose 4.77% of its federal fiscal year funding. Many services are endangered by the sequester, but since adult protective services get most of their funding through this federal source, they are directly in harm’s way. Nine more years of the sequester could destroy the ability of Ohio counties to provide needed services to a vulnerable population.

Based on national standards for staffing and caseloads, staffing to meet estimated needs of this silent epidemic would require between $11.5 and $18.4 million dollars a year. This is an investment Ohio’s General Assembly needs to make.