IMPORTANT DEFINITIONS FROM THE ILLINOIS DEPARTMENT ON AGING’S “ELDER ABUSE AND NEGLECT PROGRAM STANDARDS AND PROCEDURES MANUAL”

A complete copy of the Illinois Department on Aging’s “Elder Abuse and Neglect Program Standards and Procedures Manual”, is available at https://www.aging.state.il.us/eps/manual.htm

The Elder Abuse and Neglect Program administered through the Illinois Department on Aging is designed to respond to older persons who are victims of abuse, neglect, and exploitation by building on the existing legal, medical, and social service system to assure that it is more responsive to the needs of elder abuse victims and their families.

Definition of Service Delivery Components

1. **Intake of Abuse, Neglect and Exploitation Reports**
   
   A screening process to determine if there is reasonable cause to suspect that elder abuse, neglect, or exploitation has occurred.

2. **Assessment**

   A systematic, standardized system to respond to reports of abuse, neglect, exploitation, and for the purpose of determining whether abuse has occurred, the degree of risk to the older person of further harm, and if the need exists for immediate interventions.

3. **Case Work**

   Intensive case work activities on substantiated cases of abuse, neglect, and exploitation. Case work includes working with the older person on the development and implementation of a case plan for the purpose of stabilizing the abusive situation and reducing the risk of further harm to the older person. The case plan could include legal, medical, social service and/or other assistance needed.

4. **Follow-Up**

   Because abuse, neglect and exploitation are sometimes recurring problems even after intervention, a systematic method of follow-up on substantiated cases is essential to the Elder Abuse and Neglect Program. Follow-up may be effective in preventing
further abuse by working with the older person in detecting recurring signs of abuse before the situation becomes life-threatening.

5. Early Intervention Services

While an array of services is usually available in communities, often older persons who are victims of abuse face unique barriers which prevent access to available resources. Early Intervention Services funds are available for short term and/or emergency assistance where resources are not available for the victim. These services include: legal assistance, housing and relocation assistance, respite care, and emergency aid (i.e., food, clothing, medical care).

6. Multi-Disciplinary Teams

A Multi-Disciplinary Team (M-Team) allows representatives from the legal (law enforcement, attorney) clergy, mental health, medical, banking, social work and domestic violence or substance abuse fields to be involved with the elder abuse provider agency. An M-Team acts as a support system for provider agency staff by providing for case conferencing to occur on the most difficult cases.

7. Public Awareness/Education

Public awareness and education focus on prevention efforts and identification of abuse, neglect, and exploitation. In addition to general public awareness through posters, brochures, and public service announcements, education efforts will focus on those professional groups most likely to come into contact with victims of abuse.

**Definition of Elder Abuse, Neglect and Financial Exploitation**

A. Abuse

1. **Physical Abuse** means causing the infliction of physical pain or injury to an older person.

2. **Sexual Abuse** means touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an older person when the older person is unable to
understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.

3. **Emotional Abuse** means verbal assaults, threats of maltreatment, harassment, or intimidation so as to compel the older person to engage in conduct which he or she has a right to abstain or to refrain from conduct in which the older person has a right to engage.

4. **Confinement** means restraining or isolating an older person for reasons other than medical reasons.

**B. Neglect**

1. **Passive Neglect** means a caregiver's failure to provide an eligible adult with, the necessities of life including, but not limited to, food, clothing, shelter, or medical care. This definition does not create any new affirmative duty to provide support to eligible adults; nor shall it be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.

2. **Willful Deprivation** means willfully denying a person who, because of age, health, or disability, requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, and thereby exposing that person to the risk of physical, mental, or emotional harm, except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment.

**C. Exploitation**

Financial Exploitation means the misuse or withholding of an older person's resources by another person to the disadvantage of the elderly person and/or the profit or advantage of a person other than the older person.

**Criteria For Categorizing Abuse, Neglect, And Exploitation Reports**

The following criteria must be met in order to be categorized as an abuse, neglect and/or exploitation report:
1. There must be an alleged victim who is sixty years of age or older;

2. An allegation or allegations must have been made that, if true, would constitute abuse, neglect and/or exploitation; and, the alleged abuse must have occurred within the past 12 months, or, if the abuse occurred prior to twelve months previous, the effects of the abuse must continue to adversely affect the alleged victim.

3. The alleged victim resides in a domestic setting but not in a long term care or other institutional facility; and

4. The alleged abuse, neglect and/or exploitation were caused by somebody other than the alleged victim. If the identity of the alleged abuser is unknown it is not considered an elder abuse case unless there is continued accessibility to the alleged victim. Not every crime against an older person is considered elder abuse.

**Definition of the Guiding Principles of the Elder Abuse and Neglect Program**

A. Advocacy Intervention Model

Illinois has selected an Advocacy Intervention Model to implement the Elder Abuse and Neglect Program. This model adopts principles to guide the intervention, based on the recognition that a victim of elder abuse and neglect is an adult in a vulnerable position. Under this model, the responsible agency assists the older person through intervention on his or her behalf for the purpose of serving as an advocate in guaranteeing protection of the older person’s rights, and in order to assist the older person in obtaining needed legal, medical, and social service supports.

B. Limited Mandatory Reporting

Illinois has adopted a law which 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 persons, 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 persons to report voluntarily for other older persons, and provides immunity from liability for anyone making such and elder abuse report in good faith. Note: For a list of mandatory reporters refer to the “Elder Abuse and Neglect Program Standards and Procedures Manual”.

C. 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 persons have the right to:

1. Decide where and how they will live.
2. Choose whether to accept social services or other community assistance.
3. Make decisions different from those society would make, including "bad" decisions which are not harmful to others. There are times, however, when a disabled older person is incapable or unwilling to protect him or herself, and under the law, has the right to have protective measures taken in his or her behalf. Protective measures are contained in the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100 et seq.) and the Probate Act (755 ILCS 5/1-1 et seq.)

Definition Of Priority Response Timeframes

The Elder Abuse and Neglect Program have established priorities for the provision of assessment services. In establishing priorities, timeframes are defined for initiating the assessment and conducting a face-to-face interview with the client based on the severity and immediacy of the real or potential harm.

The agency receiving the report of abuse, neglect, exploitation, and will assign a priority to the report according to the following:

Priority One: Reports of abuse or neglect where the older person is alleged to be in serious physical harm, or in immediate danger of death or serious physical harm. Priority one intake reports include, but are not limited to, the following:
1. Serious physical abuse such as fractures, head injuries, internal injuries, or burns; when the injury is of a serious nature (e.g., require medical treatment);
2. Threats of serious injury or death;
3. Lack of basic physical necessities severe enough to result in freezing, serious heat stress or starvation;
4. Immediate medical attention is needed to treat conditions that could result in irreversible physical damage such as unconsciousness, acute pain, severe respiratory distress;
5. Alleged sexual abuse which has occurred within the last 72 hours;
6. Threats of sexual abuse where the alleged abuser has access to the victim; and,
7. Punishment by the alleged abuser such as locking the alleged victim in the closet.

**Priority Two:** Includes reports alleging that an older person is being abused or neglected or exploited and the report taker has reason to believe that the consequences are less serious than priority one reports. Priority two intake reports include, but are not limited to, the following:

1. Physical abuse involving bruises or scratches;
2. Inadequate attention to physical needs such as insufficient food or medicine;
3. Unreasonable confinement; and,
4. Probability of liquidation and depletion of an alleged victim’s income and assets.

**Priority Three:** Reports alleging that an older person is being emotionally abused by a caregiver or the older person's financial resources are being misused or withheld and the report taker has reason to believe that there is no immediate threat of harm to the alleged victim.

If a report includes allegations or conditions of more than one priority, the agency who received the report assigns it the higher priority.

The priority assigned to the report will determine the timeframe for requiring an elder abuse case worker to attempt a face-to-face visit with the alleged victim. The following are the required timeframes for each priority:

1. **Priority One** -- within twenty-four hours of the receipt of the report.
2. **Priority Two** -- within seventy-two hours of the receipt of the report.
3. **Priority Three** -- within seven calendar days of the receipt of the report.

When a Priority One report is received requiring immediate action, the Illinois Department on Aging's Senior HelpLine and the After-Hours Hotline, will telephone the elder abuse provider agency or the designated on-call staff immediately or, if the elder abuse provider agency or staff cannot be located, the local law enforcement unit regardless of time or day.