



# MILWAUKEE POLICE DEPARTMENT

## STANDARD OPERATING PROCEDURE

### 115 - CRIMES AGAINST THE ELDERLY

**GENERAL ORDER:** 2024-19  
**ISSUED:** March 28, 2024

**EFFECTIVE:** March 28, 2024

**REVIEWED/APPROVED BY:**  
Assistant Chief Nicole Waldner  
**DATE:** February 23, 2024

**ACTION:** Amends General Order 2021-14 (June 18, 2021)

**WILEAG STANDARD(S):** NONE

#### **115.00 PURPOSE**

The purpose of this standard operating procedure is to establish guidelines for the investigation of crimes against the elderly.

#### **115.05 POLICY**

It is the policy of the Milwaukee Police Department to thoroughly investigate all reports of crimes against the elderly in compliance with [Wis. Stat. § 46.90](#).

#### **115.10 DEFINITIONS**

##### A. ELDER ADULT AT RISK

Defined in [Wis. Stat. § 46.90\(1\)\(br\)](#), as any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

##### B. ABUSE

Defined in [Wis. Stat. § 46.90\(1\)\(a\)](#), abuse means any of the following:

1. Physical abuse. Physical abuse means the intentional or reckless infliction of bodily harm.
2. Emotional abuse. Emotional abuse means language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.
3. Sexual abuse. Sexual abuse means a violation of [Wis. Stat. § 940.255\(1\), \(2\), \(3\), or \(3m\)](#).
4. Treatment without consent. Treatment without consent means the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental

research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.

5. Unreasonable confinement or restraint. Unreasonable confinement or restraint includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

#### C. FINANCIAL EXPLOITATION

Defined in [Wis. Stat. § 46.90\(1\)\(ed\)](#), means any of the following:

1. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent.
2. Theft, as prohibited in [Wis. Stat. § 943.20](#).
3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities.
4. Unauthorized use of an individual's personal identifying information or documents, as prohibited in [Wis. Stat. § 943.201](#).
5. Unauthorized use of an entity's identifying information or documents, as prohibited in [Wis. Stat. § 943.203](#).
6. Forgery, as prohibited in [Wis. Stat. § 943.38](#).
7. Financial transaction card crimes, as prohibited in [Wis. Stat. § 943.41](#).

#### D. NEGLECT

Defined in [Wis. Stat. § 46.90\(1\)\(f\)](#), means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under Chapter 154, a power of attorney for health care under Chapter 155, or as otherwise authorized by law.

## E. SELF-NEGLECT

Defined in [Wis. Stat. § 46.90\(1\)\(g\)](#), means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

### **115.15 DEPARTMENT ON AGING**

- A. The Milwaukee County Department on Aging / Aging Resource Center of Milwaukee County is the designated agency that will receive reports of elder abuse and neglect. Their 24-hour phone number is (414) 289-6874.
- B. The Sensitive Crimes Division (SCD) shall be the liaison with the Department on Aging/Aging Resource Center and, when appropriate, shall review and conduct follow up investigations of abuse and neglect elder adult at risk cases. Investigations shall include evidence collection and case development. Elderly victims may later recant, minimize, deny, or fail to cooperate with prosecution to protect the abuser.

### **115.20 POLICE MEMBER RESPONSIBILITIES**

- A. Respond to calls for assistance made by the Department on Aging.
- B. Assist staff members from the Department on Aging in the investigation of reported elder abuse cases. Investigative duties may include the following:
  - 1. Interviews of the following: victim (including all spontaneous statements or dying declarations), suspect, family members, neighbors, and hospital visitors.
  - 2. Review pertinent documents including, but not limited to, the computer aided dispatch (CAD) printouts, 911 tape, medical alerts.
  - 3. Crime Scene and Evidence Collection
    - a. Locate crime scene.
    - b. Photograph crime scene.
    - c. Preserve evidence.
    - d. Document all prescription medications.
  - 4. Photograph Injuries

Photograph injuries and areas where there is a complaint of pain.
  - 5. History of Abuse
    - a. Document prior police contact.

- b. Determine the existence of past contacts or referrals with the Department on Aging or other social service agencies.
  - c. Note information (possibly legal documentation) concerning past court involvement or proceedings such as a guardianship action.
6. History of Treatment
- a. With the proper authorization, obtain past medical records, including paramedic run sheets, nursing station notes, emergency room logs, x-rays and lab results;
  - b. Identify a list of all medications, including each physician's name, dosage, and date of prescription;
  - c. List each medical service provider and physician that has treated the elder over the last several years, including a list of medical professionals who can bear witness to the elder's level of functioning;
  - d. Maintain current contact with treating hospital staff to see if complainant's memory has improved due to improved care, nourishment, and medical treatment.
- C. Members shall notify their shift commander of all reported incidents of abuse to an elder adult at risk.
1. The shift commander shall notify a Criminal Investigation Bureau supervisor at extension [REDACTED]. The Criminal Investigation Bureau supervisor will evaluate and determine a response.
  2. A Criminal Investigation Bureau supervisor shall evaluate all incidents involving crimes against the elderly and may respond or coordinate with investigating members.

**Note: Questions regarding investigation of incidents involving crimes against the elderly shall be directed to the member's shift commander who may consult with the Criminal Investigation Bureau.**



JEFFREY B. NORMAN  
CHIEF OF POLICE