

# CORONA POLICE DEPARTMENT

## Senior and Disability Victimization Protocol

### **RATIONALE:**

This protocol will provide guidance and clarify the responsibilities on how officers and dispatchers will respond to Senior and Disability Victimization. Senior and disability victimization crimes are also domestic violence subject to the mandatory arrest requirements of Section 836 if they met the elements described in Section 273.5. Each investigation should be thoroughly investigated and if an arrest can be made, it should be. This update is a result of SB 338. The Corona Police Department will investigate all reported incidents of alleged elder and dependent adult abuse and ensure proper reporting and notification as required by law. The Training Division shall ensure training is provided on Elder and Dependent Adult Abuse.

### **GUIDELINES:**

#### **DISPATCH PROCEDURE**

- 1) A call for service is received by Dispatch.
- 2) Try to determine if a crime has occurred/is occurring.
- 3) Obtain the reporting party's name and contact information.
- 4) Identify where the crime occurred. If it occurred outside the city of Corona, dispatch would refer the call to the appropriate jurisdiction.
- 5) Identify the relationship between the reporting party and victim.
- 6) Obtain victim's relationship to the suspect(s).
- 7) Identify what injuries the victim may have and determine if medical response is needed.
- 8) Try to identify any disabilities the victim may have (to assist the officer with their investigation).
- 9) Obtain suspect information and location.
- 10) If the suspect is at the location, obtain a description, so the officer knows who to look for.
- 11) Try to obtain a brief overview of the incident.
- 12) Utilize resources if needed or requested by the officer.
  - a. Adult Protective Services 1-800-491-7123
  - b. Voiance (translation services) 1-866-998-0338 (non-emergency)

#### **RECORDS PROCEDURE**

- 1) When a report of Senior and Disability Victimization report is received, the Records Division shall send a written report within two working days of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.
- 2) Submit the report to the District Attorney's office.

## PATROL OFFICER PROCEDURE

- 1) Respond to the location of the dispatched call and contact the reporting party (if at the location). Obtain a statement to determine if a crime has occurred. Officers will utilize the attached check off list during their investigation. The check off list will be attached to the submitted report.
- 2) Interview each victim, witness, and suspect who are available.
  - a. Review Body Worn Camera video.
  - b. Listen to calls from mandated reporters.
  - c. Make reasonable efforts to determine whether any person committed unlawful interference in a mandated report.
- 3) When investigating incidents of elder and dependent adult abuse incidents, if the investigating officer identifies an involved party with cognitive and communication disabilities, steps should be taken to avoid repeated interviews whenever possible. Investigating officers shall speak with witnesses to identify if a crime has occurred. If a crime has been identified, the investigating officer shall seek assistance with qualified personnel (RCAT). Some elders, adults and children with cognitive or communication disabilities may have difficulty narrating events, appear to be poor historians, or lack short-term memory, which adds to their vulnerability and therefore requires officers to make special efforts to provide them with equal treatment.
  - a. Victims and witnesses with disabilities, including cognitive and communicative disabilities, can be highly credible witnesses when interviewed appropriately by trained officers or other trained persons.
- 4) Check for prior reports to Adult Protective Services (APS).
- 5) Victims may delay reporting incidents of sexual assault and other sex crimes for reasons including, but not limited to, shame, embarrassment, self-doubt, fear of being disbelieved, and fear of retaliation by the perpetrator or others.
  - a. Sections 264.2 and 679.04 require officers to notify potential victims of sex crimes that they have a right to have a support person of their choice present at all times.
- 6) When completing a report, it is required that the full term "elder and dependent adult abuse" is used. No shorthand terms, including, but not limited to "elder abuse" or "adult abuse" can be used.
- 7) Victim cooperation is sometimes unnecessary for prosecution, and that in some cases allowing victims the option of preventing prosecution creates an opportunity for the perpetrators to obstruct justice by pressuring or threatening the victims. Each dispatch call or case should be investigated on its own evidential merits.

- 8) When investigating the incident, officers will determine if an emergency protective order is needed. If determined that it is, officers will follow established protocol from the Riverside County Courts system on the proper procedure to request one. When a relevant protective order has been issued, the officer shall make reasonable efforts to determine if the order prohibits the possession of firearms or requires the relinquishment of firearms, and if the order does so, a requirement that the officer shall make reasonable efforts to do each of the following:
  - a. Determine if the restrained person possesses firearms.
  - b. Check CLETS to determine if any firearms are registered to the restrained person.
  - c. Receive or seize prohibited firearms located in plain view or pursuant to a consensual or other lawful search.
- 9) During the investigation, if a suspect is identified and available for an arrest, an arrest should be made. If the suspect cannot be located, officers should complete an arrest warrant declaration for the individual and submit it to the Riverside District Attorney's office.
- 10) Include in any arrest warrant or arrest report the following information:
  - a. Relationship between victim/suspect
    - i. Caretaker: how are they paid
    - ii. Non-caretaker: relative/friend/stranger
  - b. Victim's full-name, DOB, height, weight, and medical conditions
  - c. When Financial Abuse has occurred include the following:
    - i. Bank/credit card statements (before and after to compare)
    - ii. Check copies (front and back)
    - iii. Power of attorney or trust documents
    - iv. Prove suspect ID: surveillance videos/photo lineup/receipts, etc.
- 11) If during the investigation, victimization has been committed in an officer's presence, including but not limited to a violation of a relevant protective order, the officer shall make a warrantless arrest based on probable cause when necessary or advisable to protect the safety of the victim or others.
- 12) If during the investigation, it is determined a felony has been committed, officers shall make a warrantless arrest based on the probable cause when necessary or advisable to protect the safety of the victim or others.
- 13) Cross-reports need to be completed. APS shall be notified immediately when an investigation reveals elder, adult or dependent abuse (physically or financially) has occurred. If then investigation indicates that the alleged abuse occurred in a long-term care facility, the long-term care ombudsman program shall be notified.  
**Reports need to indicate \*Forward to APS\* so that the Records Division processes them correctly.**
  - a. ADULT SERVICES ONLINE REPORTING Adult Services offers electronic submission of the SOC 341(Report of Suspected Abuse) or SOC 342 (Report of Suspected Financial Abuse) for all NON-EMERGENCY reports of neglect or abuse. Electronic submission meets the reporting requirement for mandated reporters in lieu of a telephone call to the APS hotline. Department members shall be mindful of the

following parameters before choosing the online system: (a) Emergency or immediate response reports must be submitted by telephone only. 1-800-491-7123 (b) Online reports submitted after hours, weekends, or holidays will not be acknowledged by APS staff until the following business day.

<https://riversideaps.com/LEAPSIntake/VerifyIntakeEmergency.aspx>

- b. If abuse occurs in a facility, fax the SOC 341 to Ombudsman at 909-204-4141 and Community Care Licensing (CCL) at 844-538-8766. Ombudsman [www.dhcs.ca.gov/services/MH/pages/mh-ombudsman.aspx](http://www.dhcs.ca.gov/services/MH/pages/mh-ombudsman.aspx) 1-888-452-8609

14) Officer shall treat an unexplained or suspicious death of an elder, dependent adult or other adult or child with a disability as a potential homicide until a complete investigation, including an autopsy, is completed, and not to assume that the death of an elder or person with a disability is natural simply because of the age or disability of the deceased. The Investigation Division shall be notified.

15) Resources

- a. Elder and Dependent Abuse Hotline 800-491-7123
- b. Ombudsman (Facility Abuse) 800-231-4024
- c. Office on Aging (Resource Info) 800-510-2020
- d. Mental Health Helpline 951-686-4357
- e. Alzheimer's/Dementia Registry 951-765-3172
- f. Alzheimer's "Safe Return" 800-572-1122
- g. Riverside Co Info Referral Line 211
- h. RCAT 951-486-4345 or 951-486-2633

### Elder Abuse First Responder Checklist

#### Does the adult have any impairments?

- Hearing impaired/uses hearing aid
- Visually impaired (wears glasses, full or partial blindness, cataracts)
- Requires walker, wheelchair, or cane
- Wears dentures
- Mental Impairments

#### Does the adult take medications? If so, list:

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#### Does the adult have any medical conditions? If so, list:

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#### Can the adult do the following things independently (without assistance)?

- |                              |                              |                             |                                  |
|------------------------------|------------------------------|-----------------------------|----------------------------------|
| Bathing                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Dressing                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Toileting                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Continence                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Ability to use the telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Travel                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

#### Signs of Physical Abuse

- |                                       |                              |                             |                                  |
|---------------------------------------|------------------------------|-----------------------------|----------------------------------|
| Victim Aware of How Injuries Occurred | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Bruises                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Black Eyes                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Lacerations                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Ligature/Restraint Marks              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Broken Bones                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Burns                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Bite Marks                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Over/Under Medicated                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Hair Pulled Out                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Uncooperative Caretaker               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Weapons                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Broken Bones                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

#### Signs of Sexual Abuse

- |                              |                              |                             |                                  |
|------------------------------|------------------------------|-----------------------------|----------------------------------|
| Victim Aware of Sexual Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Bruises: Breast/Genital Area | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Torn/Bloody Underclothing    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Difficulty Walking/Sitting   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sexually Transmitted Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Broken Bones                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Burns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Bite Marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Over/Under Medicated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Hair Pulled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Uncooperative Caretaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**Signs of Neglect/Cruelty**

Victim Aware of Neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack of Basic Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Abandonment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inappropriate Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inadequate Heating/Cooling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Bed Sores	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsafe Environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fleas/Lice/Roaches/Rodents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fecal/Urine Odor/ Stains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lock/ Chains on Interior Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsanitary Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Dehydration/Malnutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**Signs of Emotional Abuse**

Victim's Aware of Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Upset/Agitated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Withdrawn/Non-Responsive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Nervous Around Caregiver/Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Caregiver Restricts Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fearful to Say or Do Anything	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**Signs of Financial Abuse**

Victim Aware of Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unemployed Adults Reside in Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
New Names on Signature Card(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unauthorized Withdrawal(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Abrupt Changes in Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unaccounted for Funds/Possessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unpaid Bills/Adequate Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Forged Signatures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sudden Transfer of Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unlicensed Personal Home Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Purchases for the Abuser's Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inappropriate Reimbursement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**Signs of Self-Neglect**

Dehydration/Malnutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack of Medical Attention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsafe Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsanitary Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inappropriate Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack of Assistive Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inadequate Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

## **Elder Abuse Evidence Collection Checklist**

### **Medical Records**

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Room        | <input type="checkbox"/> X-rays                          |
| <input type="checkbox"/> Treating Physician(s) | <input type="checkbox"/> Social Workers' Notes           |
| <input type="checkbox"/> Nursing Facilities    | <input type="checkbox"/> Adult Protective Services (APS) |
| <input type="checkbox"/> Pharmacy              | <input type="checkbox"/> Dentist(s)                      |
| <input type="checkbox"/> Prescriptions         | <input type="checkbox"/> Lab Reports                     |
| <input type="checkbox"/> Nurses' Notes         | <input type="checkbox"/> Other                           |

### **Legal Records**

All law enforcement contacts with involved parties and witness, including:

- Physical Inventory Checklist (Elder Abuse First Responder Checklist)
- 911 Tapes
- Arrest Reports
- Criminal Histories
- Jail Records, Including:
  - Phone calls

### **Interviews**

- Witnesses who can describe the victim's condition, activities, and level of functioning and interaction with the defendant at the time of incident and before. Describe changes over time.
- Possible Witnesses:
  - Family and Friends
  - Acquaintances/Social
  - Banking/Financial
  - Medical Providers
  - Hair Stylists/Barbers
  - Faith Community
  - Local Businesses
  - Neighbors
  - Adult Day Care Services
  - Social Services (Meals on Wheels, etc.)
  - Adult Protective Services
  - Payees for Expenses Paid
  - Civil Attorneys
  - Delivery Personnel
  - Postal Carriers
  - Meter Readers
  - Gardening Personnel/Home improvement

### **Financial and Legal Records**

- |   |   |
|---|---|
| <input type="checkbox"/> Credit Card Records        | <input type="checkbox"/> Prior Civil Cases                      |
| <input type="checkbox"/> Investment Account Records | <input type="checkbox"/> Court/Protection Orders                |
| <input type="checkbox"/> Credit Reports             | <input type="checkbox"/> Wills and Trust                        |
| <input type="checkbox"/> Suspect's Bank Records     | <input type="checkbox"/> Property Deeds                         |
| <input type="checkbox"/> Victim's Bank Records      | <input type="checkbox"/> Advanced Care Directives/Living Wills  |
| <input type="checkbox"/> Checkbook Registers        | <input type="checkbox"/> Guardianship/Conservatorship Documents |
| <input type="checkbox"/> Power of Attorney          |   |

### **Physical Evidence**

Crime scene photos and video, including:

- |   |  |
|---|--|
| <input type="checkbox"/> Victim's Living Area       | <input type="checkbox"/> Suspect's Living Area (warrant/consent) |
| <input type="checkbox"/> Major purchases by Suspect | <input type="checkbox"/> Medication bottles (dates of refills)   |
| <input type="checkbox"/> Injuries over time         | <input type="checkbox"/> Legal file from victim's civil attorney |
| <input type="checkbox"/> Victim's body              | <input type="checkbox"/> Assistive Devices (or lack thereof)     |
| <input type="checkbox"/> Nutritional Supplements    | <input type="checkbox"/> Other signs of Neglect                  |

- Receipts for purchases
- Restraints and Bindings
- Checkbooks
- Writings/letters
- Address books/Calendars
- Photos and videos related to conduct
- Suspect's computer, USB drives, Cell phone (warrant/consent)
- Clothing worn by victim at time of incident
- Bedding
- Locks on the outside of doors
- Contents in refrigerator/cupboards