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Prosecutors' Perspectives on Elder Justice Using an Elder Abuse Forensic Center

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Abstract

Prosecution is a rare outcome in elder financial exploitation. Previous studies have shown that elder abuse forensic centers—multidisciplinary teams that help investigate and respond to elder mistreatment—increase prosecution rates by enhancing teamwork across agencies. Research is needed to identify what aspects of this intervention model lead to better elder justice outcomes. Six District Attorneys (DAs) were interviewed about their experiences working with other agencies at an elder abuse forensic center (the “Center”) and how participating in case discussions influenced their professional perspectives on elder abuse. Transcripts were analyzed qualitatively revealing three themes: (1) “goal-driven” versus “mission-driven” professional orientations; (2) role blurring; and (3) value added from participating in the Center team. Important factors for increasing rates of prosecution were: (1) having key decision-makers present at the meeting; (2) the forensic expertise provided by the geriatrician and neuropsychologist; and (3) cross-discipline learning. Influenced by the other disciplines, DAs sought goals beyond prosecution as the default approach to resolving elder financial abuse and advocated for interventions that could best respond to the victim’s needs, such as restitution or protection.

Keywords

Elder abuse and neglect; Elder justice; Prosecution; Multidisciplinary team; Forensic center; Financial exploitation

Introduction

The Elder Justice Act (EJA) was passed in 2010 as part of the Patient Protection and Affordable Care Act. Although Congress has only started to appropriate limited funds to meet the EJA's ambitious objectives, the goal is to provide federal support for training, research, and grants that prevent elder mistreatment and improve agency response when abuse has been reported (Dong, 2013). The EJA also calls for the establishment of elder abuse forensic centers, multidisciplinary teams (MDT) of community professionals who collaborate to investigate and respond to elder mistreatment. Disciplines that participate generally include law enforcement, criminal justice, medicine, and social services.

Research from the Los Angeles County Elder Abuse Forensic Center (the "Center") found that when professionals from diverse backgrounds work together to gather facts and generate solutions for victims, the abusers who financially exploit vulnerable older adults are more likely to face prosecution (Navarro, Gassoumis, & Wilber, 2013). Compared to "usual response" propensity-matched Adult Protective Service (APS) cases, the cases that were presented at the Center were significantly more likely to receive Deputy District Attorney (DA) case reviews, criminal case filings, and perpetrator pleas and convictions.

We sought to shed light on this outcome given the evidence that forensic centers can potentially enhance elder justice by increasing rates of prosecution. We conducted semi-structured interviews with six of the eight DAs who participated during the first 5 years of the Center's operation from 2006 to 2011. This paper explores their experiences with the MDT intervention approach and their perspectives on how professionals should respond to elder financial exploitation.

Elder Financial Exploitation

The National Research Council of The Academies (NRC) convened an expert panel in 2002 and summarized statutory definitions of elder abuse and neglect. They defined elder financial abuse as "unjust, improper, and/or illegal use of another's resources, property, and/or assets" (Bonnie & Wallace, 2003, p. 38). They noted additional clarifications from state statutes that focused on exploitation:

- For one's own profit or benefit of third party
- In bad faith, person knew or should have known it improper
- Results in detriment of victim
- Involves coercion, enticement, intimidation, and/or undue influence.

All 50 states have legislation authorizing the protection and provision of services for vulnerable, incapacitated, or disabled adults (Daly & Jogerst, 2003), although great variation exists in how and what services are provided. The one fact that cuts across all states is that abuse is very rarely prosecuted (Gibson & Greene, 2013; Quinn & Heisler, 2002). Barriers include a lack of awareness of elder abuse and few resources to investigate complex financial crimes (Connolly, 2010; Miller & Johnson, 2003). In a survey of attitudes towards elder mistreatment, only 16 % of law enforcement officers stated that they received enough

training in elder abuse (Payne & Berg, 1999), yet with the increased criminalization of elder mistreatment, law enforcement and criminal justice workers are expected to take a greater role in helping prevent and intervene in abuse allegations (Payne, Berg, & Toussaint, 2001).

In Los Angeles County, California's most populous region, financial abuse reports to Adult Protective Services (APS) increased by one-third in the two years following the enactment of a state policy requiring mandatory reporting of abuse by financial institutions. This law was effective January 1, 2007. In the first year alone there was more than a six-fold increase of suspected financial exploitation reports, from 127 reports in 2006, to 940 reports in 2007 (Navarro, Gassoumis, & Wilber, 2009). Perhaps spurred by this increase in reporting, the majority of cases presented to the Center (approximately 75 %) involved financial exploitation, often in addition to other forms of elder abuse and neglect (Navarro, Wilber, Yonashiro, & Homeier, 2010). Moreover, financial exploitation cases are often the most challenging to investigate and resolve, and therefore, this form of elder mistreatment was the primary focus of the DA interviews.

Elder Abuse Forensic Centers

Adult Protective Services is charged with receiving and investigating reports of elder abuse in community settings, yet the complexity of cases and the array of possible solutions mean that healthcare providers, social workers, law enforcement, and other criminal justice agencies need to be involved (Gassoumis, Navarro, & Wilber, 2015). It is not uncommon for these sectors to work a case in parallel fashion instead of coordinating their actions (Payne, 2002), and various layers of bureaucracy burden state and federal mandates to respond to elder abuse at the community level (Blowers et al., 2012).

More than two decades ago, Wolf and Pillemer (1994) identified the value of interdisciplinary approaches for responding to complex abuse situations. Similar to MDTs that address child abuse, elder abuse MDTs vary in their composition, function, type of cases reviewed, policies, procedures, and funding streams (Teaster, Nerenberg, & Stansbury, 2003). Some are medically oriented, such as Elder Death Review Teams, and some focus primarily on one type of abuse, such as Fiduciary Abuse Specialist Teams (FAST). The consistent feature across models is that more than one discipline or agency participates in case discussions.

In 2003, the first elder abuse and neglect forensic center model was developed at the University of California, Irvine, located in Orange County (Wiglesworth, Mosqueda, Burnight, Younglove, & Jeske, 2006). *Forensic* refers to the application of science and technical knowledge to questions of criminal and civil law (Burgess, 2000). Forensic MDTs bring together not only systems of care focused on victim wellness—medicine, social services, and protective services, but also systems related to elder justice—law enforcement, the courts, and victim advocates. The goal is to simplify the complexity and fragmentation often encountered with elder abuse (Navarro et al., 2010) by facilitating better communication and coordination among stakeholders. The forensic MDT model can be superimposed on current delivery systems, so it can improve how agencies work together without fundamentally altering the service delivery structure (Reuben, 2002).

In 2006, Los Angeles County began its own efforts to create an MDT to protect vulnerable adults from abuse, neglect and exploitation. The Los Angeles County Elder Abuse Forensic Center is housed at the Los Angeles County-University of Southern California Medical Center (LAC + USC) and works closely with the county's APS program. Participating agencies include APS, LA Sheriff's and LA Police Departments, the District Attorney's and City Attorney's Offices, the Office of the Public Guardian, public mental health professionals, private forensic neuropsychologists, non-profit legal services, and a geriatrician who is the Center's Director. The Center employs a full-time project manager who sets the agenda for weekly face-to-face meetings, engages the team in problem-solving, and ensures that team members follow through with recommended actions (Navarro et al., 2015). Two to four new cases are presented at each weekly meeting, typically by investigators from APS or law enforcement, and members receive updates on the status of prior cases.

When a case is presented to the team, the referring entity describes the allegations and the characteristics of the client and suspected abuser. Team members then discuss the relevant statutes and regulations and provide recommendations and resources for action, which may include case review, client cognitive and health assessments, law enforcement investigation, court testimony, and consultation/training. The goals of the Center are to ensure the safety of the client, collect comprehensive information useful for legal proceedings to protect the client (e.g., prosecution and/or guardianship/conservatorship), and to safeguard the client's assets from further exploitation (Schneider, Mosqueda, Falk, & Huba, 2010).

Prosecuting Elder Financial Exploitation

To enhance the criminal justice system's response to elder abuse, criminologists and elder justice professionals recommend building an infrastructure to enable prosecution of offenders (Payne, 2002). This is echoed by APS workers, who reported that prosecution was the most difficult service to obtain from the criminal justice system (Blakely & Dolon, 2001). According to a 2003 American Prosecutor Research Institute (APRI) survey, some of the challenges prosecutors face are: a lack of dedicated staff; inadequate investigations by law enforcement; lack of training in prosecuting cases where the victim is cognitively impaired, uncooperative, or deceased; and lack of victim advocates to explain the allegations and help transport elders to court (Miller & Johnson, 2003). Other issues include: limited funding for medical and forensic experts to evaluate victims and testify on their capacity; apathy among judges, law enforcement, and attorneys toward elder abuse; and the refusal of many prosecutors to accept cases they are not guaranteed to win (Miller & Johnson, 2003).

The Center has been evaluated since its inception, and compared to cases that received usual APS response, cases referred to the Center had nearly nine times greater odds of being submitted to the DA's Office for review, ultimately resulting in more prosecutions (Navarro et al., 2013). As such, it is one of few interventions building evidence as a promising model to respond to financial exploitation, and may overcome some of the problems identified in the APRI survey. This positive outcome supports replication of the model in other communities, yet more research was needed to determine *why* the Center has been successful and *how* it increases prosecution. To address this gap in the literature, we

interviewed DAs who were instrumental in moving cases forward to better understand how the forensic center approach facilitates criminal justice.

Methods

Interviews

The Los Angeles County District Attorney's Office was the first in the country to establish an Elder Abuse Section dedicated to prosecuting elder abuse felonies and misdemeanors (www.lacounty.gov). It designated some of its staff to participate at the Center's weekly meetings. Of the eight Los Angeles DAs who participated in the Center since its inception in 2006, six (75 %) agreed to participate in semi-structured interviews. These DAs have insight into how the Center serves community agencies to protect vulnerable adults.

Participants were recruited by mail and instructed to respond by phone if they wished to participate. Interviews were conducted in-person by the second author who had participated in the previous Forensic Center evaluation studies. Respondents read and signed a consent form acknowledging that their participation was voluntary and that their comments would not be attributed in the study report. No monetary compensation was provided for participation and interviews took approximately 1 hour, on average.

Interviews began with participants completing a brief demographic questionnaire that asked their gender; current affiliation; time spent in their current position; time spent working in elder abuse, neglect, and exploitation; and time spent working with the Center team. In the second part of the interview they were asked about their experiences at the Center. The questions were as follows:

1. How does the Elder Abuse Forensic Center meeting impact your role as a prosecutor of elder financial abuse cases?
2. Do you find the meetings to be a good use of your professional time and energy?
3. Which disciplines do you feel are most helpful when discussing cases? Is there a specific discipline that offers a perspective more valuable to prosecution?
4. Have there been interactions with disciplines that hamper the prosecution prospects for a case?
5. Previous studies have shown that cases brought to the Center are more likely to proceed to prosecution. What do you feel is the reason that prosecution rates are higher in cases brought to the Center?
6. Do you feel that the Center could become more efficient in moving cases to prosecution? If so how?

Analysis

Interviews were audio recorded and transcribed by a professional transcription service. They were uploaded into QSR NVivo 10, a computerized text analytic software program designed for content categorization. All authors read the transcripts several times to familiarize and immerse themselves in the data. Working independently, the first three authors generated

preliminary codes (Miles, Huberman, & Saldaña, 2013) by identifying phrases and passages that contained key ideas, descriptions, attitudes, beliefs, and values. After this initial cycle of open coding (Saldaña, 2012), the research team held a consensus meeting to discuss, sort, and refine the coding schema, collapsing similar codes into more distilled categories. Each researcher independently re-coded all six transcripts using this final list. Another consensus meeting was held to resolve differences in coding assignment and discuss any ambiguous statements. NVivo's analytic tools such as code hierarchies, relationship networks, and code matrices assisted in identifying patterns and linkages in the data; and were used to calculate inter-rater agreement.

Results

Participants were both male and female and all DAs had over 2 years' experience working in elder abuse, neglect, and exploitation. Their participation in the Center meetings ranged from a minimum of 2 years to a maximum of five and a half years. Four DAs attended between one and 12 meetings per year and the other two DAs attended 24 meetings and more per year.

While the research team differed in their coding approaches—one author coded only key words while the other two authors coded full sentences and phrases—there was a high level of agreement on which codes to assign. Average level of agreement between coders across all six transcripts was 93 %, with a range of 77–99 % across 21 total codes. Authors also had consensus when identifying overarching themes, which were: (1) professional orientation, subdivided into “goal-driven” and “mission-driven” perspectives; (2) “role blurring;” and (3) the value added from participating in the Center case discussions. These three themes were present in all six interviews, although participants sometimes offered different perspectives on each theme.

Based on the interviews, three factors lead to increased criminal prosecution of financial exploitation cases presented at the Center. These factors are: (1) having key decision-makers present at the meetings to streamline case processing; (2) the forensic expertise provided by the geriatrician and neuropsychologist; and (3) the cross-discipline learning that emerges from working with other agencies. Table 1 presents a summary of the major themes and the factors that enhance likelihood of prosecution.

Theme 1. Professional Orientation: Goal-Driven vs. Mission-Driven

“So to me, I think the forensic center is far more important to the general cause of working to eliminate elder abuse, and not just to prosecute it” (DA #5).

Professional orientation refers to how DAs described their role at an elder abuse MDT. “Goal-driven” means aiming to fulfill one's primary professional obligation, which is to criminally prosecute offenders, whereas “mission-driven” means adopting a more victim-centered perspective and pursuing outcomes based on the victim's needs, which is not always prosecuting the abuser. DAs with goal-driven perspectives (33 %, $n = 2$) tended to describe the Center as a place to gather information to build a criminal case and preferred to attend meetings where the cases involved clear criminal misconduct. According to DA #5

with a goal-driven outlook, “Well, my point of view is as a prosecutor, so all I care about is, ‘Can I build a criminal case?’” This participant favored having disciplines present at the meeting who could move that objective forward, such as law enforcement officers to present the evidence and to follow-up with the investigations. DA #6 reflected a goal-driven orientation in the statement, “From my point of view, I am certainly much more interested in a case where there’s a potential suspect and the potential ability of developing the case.”

Goal-driven statements indicated that some DAs’ might view their role as highly focused on prosecution: “My job is to basically prosecute people. I can protect them [*the victim*] only in terms of the individual defendant that I go after in terms of a protective order” (DA #6). DAs with this orientation made fewer statements about seeking other forms of resolution, such as conservatorship/guardianship protection, social services, or asset restitution. They tended to use criminal justice terminology, such as referring to the involved parties as “victims” and “suspects.”

Alternatively, DAs with mission-driven perspectives showed greater interest in participating in all case discussions at the Center, even if the cases were not likely to result in prosecution, such as elder self-neglect. These DAs tended to use protection-based terminology and referred to alleged victims as “clients”. They also emphasized the need for enhanced safety and asset restitution compared to DAs with goal-driven orientations. For example, DA #4 reflected a mission-driven orientation: “I would not jump on the prosecution bandwagon, necessarily. The goal is to make her [*the victim*] whole, to make sure there’s no financial bleeding going on here and to keep her financially safe.”

Before coming to the Center, DAs defined successful prosecution as a positive case outcome. According to DA #4, “I was very lukewarm when I first started going to the meetings. I thought, ‘Well, I am not a do-gooder. I am a lawyer in court. I prosecute people.’ So I was very much on the fence about it.” After working more closely with other disciplines, DAs considered pursuing other outcomes to resolve the case, such as ensuring the victim’s financial security and connecting him or her to trustworthy family members: “...because normally as a prosecutor it’s, ‘Here is our crime. Let us see if we can have enough evidence to file charges. Let us go to court. Let us convict the bad person, maybe get a restitution order.’ I started thinking beyond that” (DA #1). Similarly, DA #3 stated, “The Forensic Center is where I have learned how to look at those issues while still considering the prosecutor’s case. I am not just looking at the case anymore as a prosecuting attorney. I look at the full picture.”

Theme 2. Role-Blurring

“I do not know if the phrase is like a ‘bleed-over effect,’ but there’s definitely an effect” (DA #1).

Role blurring is when professionals function as part of an interprofessional team, becoming more competent in disciplines other than their own (Hall, 2005). After listening to the perspectives of other agency representatives seated at the table, prosecutors stated that they adopted broader goals for financial exploitation cases. DA #1 shared, “The sense of cooperation and sharing and pointing towards the same goal whether it be helping the

elder...moving them to a different location or not, it was just amazing...The sense of cooperation spanned out into my casework.”

Weekly meetings provided a forum for each representative to learn about the other agencies’ roles: “Knowledge of what each other discipline does at times can help me with other cases. I did not understand a whole lot about guardianship and probate proceedings before. Now, I do.” DA #5 stated, “I think everyone who participates in the Forensic Center, all the disciplines, they bring a unique expertise. They bring an understanding of how their organization works, so I think it adds for a rich discussion and it probably adds for the most efficient way to resolve the case the way it needs to be resolved.”

There was consensus that the Center’s culture around client protection encouraged the DAs to think outside their practice boundaries. They came to see the victim as a whole person with a diverse set of social, emotional, and clinical needs. DA #2 stated, “I think it helps me look at my victims beyond them being in a criminal case. Counseling and restitution are always a part of our considerations, but I did not know to think beyond that in terms of, ‘Do they have a safe home situation outside of the criminal case? Might they need intervention from somebody else that needs to help them with their life and look into the family members helping and things like that— their placement, their residential placements?’ Those are kinds of things that I might not have looked into before.”

There was evidence in four of the interviews of increased empathy toward clients: “...you become more involved with the elder person themselves, at least for me, I tend to worry more about how I think the “dispo” [*disposition*] or the settlement will affect the elder” (DA #5). While asset restitution and victim safety are typically the goals of the civil attorney and APS workers, these goals were discussed by five of the DAs interviewed. DA #4 stated: “I do not think the Center should be thought of as a vehicle to move cases to prosecution. I like thinking of the Center as a resource to protect and safeguard seniors.”

Theme 3. Value Added

“What the Center does is it clarifies the issues, simplifies them, and gives you a roadmap for how to put the case on” (DA #4).

Participants were asked to describe why they think the Center improves financial exploitation case outcomes, particularly prosecution. All respondents mentioned the benefits of working collaboratively to generate ideas and streamline cases. DA #2 reported that, “... when everybody is in the same room, each discipline triggers the information for each other discipline. You get all the information out at one time... You are able to attack all the different goals at one time.” Even goal-oriented prosecutors valued the collaborative spirit of the multidisciplinary team approach. According to DA #6, “...the biggest asset of the Forensic Center is that it’s a great place to brainstorm.”

DA #1 said that having agency supervisors attend the meetings made case processing more efficient. In discussing the role of the Public Guardian, this individual stated: “It’s always wonderful to have them there so we do not delay if in fact the conservatorship needs to happen... When we actually have somebody at the table and we are getting that referral done *now*, and it’s a supervisor who’s getting the referral, we seem to jump over a lot of

hurdles and we immediately get assistance.” In other words, having key decision-makers present catalyzed interagency response and increased accountability.

Another added value was the training that emerged from collaborative case discussions. Four DAs stated that they had become familiar with the physiological indicators of abuse and neglect as a result of having a geriatrician and neuropsychologist on the team. One respondent stated as a joke, “I am not a doctor, even though I know a lot of the words now” (DA #1). Participants described how they used this knowledge to enhance their work on other cases, and other times when they passed it along to law enforcement. DA #1 stated, “I take that information and I use it in how I talk to detectives...So, going to the Forensic Center and just listening to what we talk about definitely heightens my own awareness for certain things like medications. And so then I take that knowledge and it affects all my other cases.”

All prosecutors reported that the MDT approach encouraged professional networking. According to DA #1, “...it’s really about having the community.” Two DAs stated that they had contacted the Center’s geriatrician and neuropsychologist to help them with non-elder abuse cases. “That’s another value that the Forensic Center has, networking and learning the people involved in the different disciplines so you can reach out to them easier and they know who you are, and you know who they are, and you have worked together, and you establish a trust among the different disciplines” (DA #2).

Of all the disciplines represented at the Center, DAs were consistent in naming the Center’s geriatrician and neuropsychologist as the most important team members in helping obtain information needed for prosecuting a case. According to DA #6, who presented a goal-driven perspective, “It’s extremely important that we have a medical doctor, Dr. [redacted], present for the neglect and the physical issues. From my point of view, I need to have those experts in terms of building my cases.” In response to the same question, DA #1 stated, “I think that there are some of those cases that would’ve never gone anywhere because of the cognitive impairment issue. Being able to have the evaluation is a huge part of that. That’s a whole group of cases that would’ve never been prosecuted had they not come [*to the Center*].” Similarly, DA #2 said, “...prior to the existence of the forensic centers, these cases just did not get filed often because we do not have the ability to prove the cognitive aspect. The fact that the doctors will go to the patient’s home to do the evaluations, if we did not have that, we are not going to get a private doctor to go to a patient’s home. We do not have the funds or the resources to do that.”

DAs also offered suggestions for improving the Center and enhancing participation among agency representatives. One suggestion was triaging cases so that only the professionals whose roles were needed to work the particular case would attend that week’s meeting. For example, DA #6 suggested that prosecutors do not need to be present for self-neglect and civil cases. They could maximize their time better by attending only when cases involved criminal allegations. However, the majority of respondents felt there was value in coming to all meetings no matter the allegations, so this viewpoint was not consistent across interviews.

Another recommendation for improving efficiency was adding a mobile forensic unit to enhance coordination of home visits. DA #2 suggested that this mobile unit would streamline case processing activities because the geriatrician, law enforcement officers and APS workers could simultaneously evaluate a client's physical and cognitive functioning, collect evidence, and ensure the client is safe and well-cared for all in one visit.

The last concern raised by two DAs was that the Center was underutilized. According to DA #2, "There're a lot of agencies, people working at agencies, that do not know the value of the Forensic Center or even that it exists, so it could be improved that way." Based on this insight, more community outreach is needed to persuade agencies to encourage staff, particularly APS workers and law enforcement officers, to present their challenging cases at the Center.

Discussion

"I have to say it was probably the most gratifying part of my career in 20 years as a DA. I felt that in elder abuse you could really make a difference in a way that I never could in any other area." (DA #1).

While prosecution is not the only pathway to elder justice, holding abusers accountable can potentially protect victims of financial exploitation and other vulnerable adults. Successful prosecution requires expertise and collaboration across multiple disciplines (Brandl et al., 2006; Connolly, 2010; Payne, 2002); yet it is perhaps the most difficult outcome to obtain because social services, law enforcement, and medical providers typically have little opportunity to collectively seek justice (Heisler, 2012; Wilber & Reynolds, 1996).

The Center is a promising approach to overcoming this fragmentation. Prosecutors who participate have access to multiple resources to build strong criminal cases. According to the six DAs interviewed, the key factors leading to increased prosecution are: (1) having all the key decision-makers at the table to streamline case processing, (2) the forensic expertise provided by the geriatrician and neuropsychologist, and (3) the cross-discipline learning that emerges from working closely with other agencies.

In a study of perceptions of different elder abuse scenarios, Payne, Berg, and James (2001) found that police chiefs, nursing home workers, and students ranked the scenarios very differently in terms of their seriousness and how best to intervene. Their findings suggest that occupational experiences and organizational cultures influence workers' values, behaviors, and beliefs toward elder abuse. In this study, prosecutors stated that participating in case discussions helped them understand each agency's rules, jurisdictions, and terminology; and become familiar with professional cultures that differed from their own. One DA labeled these cross-discipline learning experiences as the "bleed-over effect." Although the interviews focused on financial exploitation, the DAs stated that discussing cases with the geriatrician improved their ability to identify the physiological markers of abuse and neglect and how these markers differ from normal aging and disease. This knowledge is valuable not only to prosecutors, but also to the APS workers and law enforcement officers who are first to respond to reports of abuse.

Daniels, Baumhover, Formby, and Clark-Daniels (1999) found that police officers in Alabama reported difficulty in detecting elder mistreatment and thus had little knowledge of the relevant reporting statutes. Enhancing investigation skills among first responders can help build stronger criminal cases by avoiding missed opportunities for evidence collection (Connolly, 2010). Elder abuse MDTs create a place for law enforcement and other agencies to learn about elder abuse and how they can work better together in the field (Blowers et al., 2012). By discussing cases in a collaborative setting, DAs can train detectives and APS workers on what evidence they should document in the elder's home and how to interview suspected abusers.

Forensic expertise is instrumental to prosecuting cases involving a misappropriation of assets or a violation of fiduciary duty (Falk & Hoffman, 2014). Most communities do not have resources to hire medical experts to evaluate the cognitive functioning of potential victims, especially *before* the case is filed. These evaluations are a standard practice at the Center if members are concerned about the elder's financial decision-making capacity and believe that documentation will lead to better case outcomes. Forensic evaluations generally include an assessment of the elder's psychological and physical wellbeing, his or her functioning in multiple cognitive domains, and documentation of the home environment (e.g., available food, utilities, and health and safety hazards) (Wood et al., 2014). In addition to completing assessments, the geriatrician and neuropsychologist can provide expert testimony on behalf of the State if the case is filed. Because of the resources they bring to the table, these professionals are two of the Center's most valuable assets who help overcome a major barrier to prosecuting elder financial exploitation: a lack of forensic expertise.

The Center is a unique service in its ability to marshal resources and take action on team-based recommendations. The DAs were consistent in naming the action-oriented culture of the team as one of the drivers of successful prosecution. As a one-stop shop, team members gather information about the alleged victim, perpetrator, and crime simultaneously. For example, law enforcement detectives can issue subpoenas to obtain a victim's medical records, the geriatrician can review them, and the neuropsychologist can schedule a joint home visit with APS to evaluate cognitive functioning if capacity questions remain. The DAs can search property titles in cases involving misappropriation of real estate, detectives can review victims' financial statements to identify unusual spending patterns, and together they can access criminal databases to determine if the alleged abuser has a criminal history. If the team is concerned that exploitation may continue, law enforcement can work with the elder's financial institution to freeze assets and hold transactions, APS workers can contact trustworthy family members to intervene on the elder's behalf, and/or the team can file a petition with the Public Guardian's Office to conserve the elder. Thus, team members work in concert to gather facts, identify goals, and complete the tasks required to meet those goals. Although representatives from each agency rotate their participation, core team members and the project manager ensure that each agency is held accountable for completing recommended tasks.

Participating members also learn what each agency can and cannot do on behalf of victims. For example, the Public Guardian's Office can file for conservatorship for highly impaired

victims, but only if the victim meets a specific income threshold. The long-term care ombudsman can advocate for victims in skilled nursing facilities, but only with their consent; and the Regional Center works only with individuals who were diagnosed with a developmental disability prior to age 18. Understanding these boundaries is important so that members avoid pursuing case outcomes that are not feasible.

Based on the interviews presented in this study, one of the most profound effects of participating in the Center was the shift in DAs' perspectives around elder financial exploitation. Three DAs described themselves as being goal-driven when they first joined the Elder Abuse Section of the District Attorney's Office and initially defined criminal prosecution as a positive or "successful" outcome for financial abuse victims. Yet, after joining the Center, nearly all participants went beyond these traditional occupational perspectives and adopted a more holistic, mission-driven perspective around elder mistreatment. Working in partnership with other disciplines contributed to this occupational boundary-spanning effect. DAs were encouraged to take the victim's perspective and work toward outcomes such as restitution or protection instead of prosecution alone, which is not always what victims want (Enguidanos, DeLiema, Aguilar, Lambrinos, & Wilber, 2014). Based on the findings, DAs with mission-driven orientations may have personalities that are better suited for working with MDTs. Therefore, when communities establish new elder abuse forensic centers, organizers should recruit DAs who have a passion for helping victims achieve outcomes that address their personal conceptualizations of a successful case outcome, even if it is not prosecution.

Forensic center activities enhance the elder justice system. Stakeholders come from diverse professional backgrounds with different expertise and occupational identities. Although each agency may begin with a different agenda, representatives are intelligent agents who modify their beliefs and values when exposed to new situations, orientations, and ideas. The DAs in this study learned to consider a variety of solutions to resolve financial exploitation and other types of elder abuse, yet still pursued criminal prosecution when cases warranted action by the justice system.

Limitations

Elder abuse response requires a complex network of key players and there is significant variation across the four forensic center models in California, particularly in the level of participation from DA Offices in the case review process. The Los Angeles County Elder Abuse Forensic Center is an outlier due to the existence of an Elder Abuse Section within the DA's Office and the community's commitment to building an effective elder abuse response system. Only six out of the eight DAs who worked for the Elder Abuse Section within the DA's Office were available to participate in the interviews. Therefore, the findings described in this study highlight only one jurisdiction and six individuals' perspectives. They are not representative of all DAs who prosecute elder financial exploitation and who may not have participated on a forensic center team.

The interviewer's previous professional exposure at Center provided a helpful connection for recruiting DAs to this study, and it is possible that this familiarity affected their responses

to interview questions. However, participants were accustomed to having the interviewer attend meetings as an external observer, rather than a colleague or agency participant. Every effort was made to reduce social desirability bias by explaining that respondents would not be identified by name and that their statements would be presented anonymously.

This research should be replicated at the other forensic centers to determine if prosecutors at other sites have similar or different perspectives on elder financial exploitation and what impact their team has had on rates of prosecution. Perhaps other MDT models have been able to overcome some of the barriers identified in the present study, such as underutilization by APS, need for a mobile forensic unit, and triaging cases based on the suitability of criminal prosecution as an outcome.

Conclusion

To increase rates of prosecution, the National Policy Summit on Elder Abuse working group identified a need for multidisciplinary, coordinated responses to elder mistreatment that include representatives from aging, health care, mental health, pathology, civil law, community organizations, domestic violence, and sexual assault networks (Heisler & Stiegel, 2002). Findings from this study suggest that the elder abuse forensic center model helps DAs overcome many of the challenges to prosecution that were identified in previous studies (e.g., Miller & Johnson, 2003), and adds to the evidence that elder abuse MDTs are effective at increasing criminal justice outcomes (Navarro et al., 2013; Quinn & Heisler, 2004). This study can inform other jurisdictions that are considering establishing an elder abuse forensic center, including where to house their team, how often to meet, and what agencies to include.

The DAs described the Center as a resource to learn about a range of elder abuse interventions, familiarize themselves with the roles of other agencies, train APS and law enforcement, and build a professional network that can be called on to assist in future cases. Regardless of their professional orientation, both mission-driven and goal-driven DAs were equally motivated to prosecute abusers who financially exploited older adults, but also recognized that some cases are not appropriate for prosecution. In keeping with the goals of the Center, DAs increasingly came to support case outcomes that responded to the victim's present needs, whether that involved criminal or civil prosecution, restitution, protection, or a combination of interventions. Future research should broaden the scope to include prosecutors who collaborate with forensic centers in other jurisdictions to determine whether multidisciplinary teamwork similarly affects their perceptions and attitudes toward elder financial exploitation and their goals for intervention.

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Dr. Adria E. Navarro Assistant Professor of Clinical Family Medicine at the University of Southern California, has worked in health and aging for more than 25 years. Her integration of elder care services with the criminal justice system developed during her graduate work studying the effect of an elder abuse forensic center with lead evaluators at the Davis School of Gerontology, USC. She currently works at the National Center on Elder Abuse, where she is focused on implementing grants related to maximizing health outcomes for vulnerable adults.

Melyssa Moss received her Bachelor's of Science in Public Policy and Management from the University of Arizona and Master's of Social Work from Azusa Pacific University. Mrs. Moss currently works in child welfare and foster care licensing in Ventura County, California.

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Table 1

Interview themes and factors that enhance prosecution at the Los Angeles County Elder Abuse Forensic Center

Theme	Definition
1. Professional Orientation	How DAs described their role on an elder abuse multidisciplinary team
A. Goal-Driven	Aiming to fulfill one's primary professional obligation: criminal prosecution of offenders
B. Mission-Driven	Aiming to pursue holistic case outcomes more oriented to the victim's present needs (e.g., conservatorship/guardianship protection, social services, asset restitution), and prosecution when appropriate
2. Role-blurring	Functioning as part of an interprofessional team and becoming more knowledgeable about disciplines and professional cultures other than one's own
3. Value added	Benefits provided from working collaboratively with a multidisciplinary team to enhance elder abuse case outcomes
A. Presence of key decision makers	Increased efficiency in case processing due to the presence of agency supervisors at team meetings
B. Neuropsychologist & geriatrician	Important team members in helping obtain information needed for prosecuting a case, such as conducting cognitive capacity and medical evaluations and providing expert testimony
C. Cross-discipline learning	Improved understanding of other agencies' roles and limitations and the signs/symptoms of elder abuse by attending case discussions