Holding Abusers Accountable: An Elder Abuse Forensic Center Increases Criminal Prosecution of Financial Exploitation

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Purpose: Despite growing awareness of elder abuse, cases are rarely prosecuted. The aim of this study was to examine the effectiveness of an elder abuse forensic center compared with usual care to increase prosecution of elder financial abuse. Design and Methods: Using one-to-one propensity score matching, cases referred to the Los Angeles County Elder Abuse Forensic Center (the Forensic Center) between April 2007 and December 2009 for financial exploitation of adults aged 65 and older (n = 237) were matched to a population of 33,650 cases that received usual care from Adult Protective Services (APS). Results: Significantly, more Forensic Center cases were submitted to the District Attorney’s office (DA) for review (22%, n = 51 vs. 3%, n = 7 usual care, p < .001). Among the cases submitted, charges were filed by the DA at similar rates, as was the proportion of resultant pleas and convictions. Using logistic regression, the strongest predictor of case review and ultimate filing and conviction was whether the case was presented at the Forensic Center, with 10 times greater odds of submission to the DA (Odds ratio = 11.00, confidence interval = 4.66–25.98). Implications: Previous studies have not demonstrated that elder abuse interventions impact outcomes; this study breaks new ground by showing that an elder abuse multidisciplinary team increases rates of prosecution for financial exploitation. The elder abuse forensic center model facilitates cooperation and group problem solving among key professionals, including APS, law enforcement, and the DA and provides additional resources such as neuropsychological testing, medical record review, and direct access to the Office of the Public Guardian.

Key Words: Elder abuse, Elder financial exploitation, Multidisciplinary team, Prosecution

Over the last several decades, elder abuse has been recognized as a growing social problem that results in significant personal and societal costs. For victims, costs can include serious physical injuries, emotional suffering, shame, depression, shattered trust, financial ruin (Navarro, Wilber, Yonashiro, & Homeier, 2010), and increased risk of mortality (Lachs, Williams, O’Brien, Pillemer, & Charlson, 1998). Recent studies on incidence and prevalence (e.g., Aciero et al., 2010; Aciero, Hernandez-Tejada, Muzzy, & Steve, 2009; Cooper, Selwood, & Livingston, 2008; Laumann, Leitsch, & Waite, 2008) suggest that a substantial number of older adults are victims of abuse. For example, the U.S. study by Aciero and colleagues (2010) found a 1-year prevalence of 11.4% for four types of abuse (physical, psychological, sexual, and neglect); current financial mistreatment by family members was
found in 5.2% of the sample, and lifetime financial fraud by a stranger was found in 6.5% of the sample (Acierno et al., 2009). In addition, evidence is emerging that these rates are especially high among growing racial/ethnic minority groups (Beach, Schulz, Castle, & Rosen, 2010; DeLiema, Gassoumis, Homeier, & Wilber, 2012). Although these studies are helping to shed light on elder abuse as a significant problem with severe consequences for elders’ health, finances, and overall well being, efforts to prevent and address elder abuse appear to be falling behind. A recent report by the United States Government Accountability Office (GAO) noted that elder abuse caseloads are growing nationwide, cases are increasingly complex and difficult to resolve, and community resources directed to elder abuse are not keeping pace with the growing volume and complexity (U.S. GAO, 2011).

Despite increased attention and awareness, very few studies have systematically evaluated interventions developed to prevent or remedy abuse (Bonnie & Wallace, 2003; The National Academics Committee on National Statistics, 2010). The most comprehensive effort to examine interventions, undertaken by Ploeg, Fear, Hutchison, MacMillan, and Bolan (2009), reviewed 1,253 potentially relevant abstracts screening for quantitative results, in studies that targeted adults aged 60 and older. From 183 full text reviews of interventions, only eight studies met the inclusion criteria—elder abuse intervention studies that included a comparison group that weighed the intervention against either a reduced intervention, another intervention, or no intervention. Among these eight studies, four examined case resolution as an outcome, and none found significant differences in outcomes between treatment and control/comparison groups. It should be noted that potential elder abuse interventions include a broad range of approaches, from education focused on preventing abuse or changing behaviors that increase risk, to psychosocial approaches that seek to counsel victims and sometimes perpetrators, to criminal justice system interventions that focus on incarceration of perpetrators and other forms of retribution (Wilber & McNeilly, 2001).

As part of the effort to begin building, an evidence base in elder abuse research, the purpose of the present study was to systematically evaluate the effectiveness of the Los Angeles County Elder Abuse Forensic Center in prosecuting elder financial exploitation cases. In elder abuse, prosecution is rare for a number of reasons. Cases are often complex, involving difficult and convoluted transactions that the elder appeared to have agreed to that serve the abusers’ interests at the expense of the elder (Conrad, Iris, Ridings, Langley, & Wilber, 2010; Wilber & Reynolds, 1996). Moreover, the elder may be reluctant to or lack capacity to testify. Resources needed to obtain and track information are scarce and are often deployed to address other types of criminal behavior. Additionally, it is rare to find the types of diverse professionals knowledgeable about elder abuse, which is necessary to pursue prosecution (Brandl et al., 2007; Connolly, 2010). Although holding abusers accountable has the potential to support victim safety and improve quality of life, a 43-state survey of Adult Protective Services (APS) workers indicated that prosecution was the most difficult service to obtain from criminal justice professionals (Blakely & Dolon, 2001). A national survey of prosecutors identified challenges to investigating and prosecuting elder abuse cases, citing the need for added resources such as better training and education for prosecutors, judges, law enforcement, and other professionals (Miller & Johnson, 2003).

**Background**

All states have a designated agency tasked with receiving and investigating reports of suspected elder abuse. In California, where our study was conducted, the APS agencies provide a 24-hr service that investigate at-risk situations involving older adults (people aged 65 and older) and dependent adults (individuals aged 18–64 who are physically or mentally impaired). California statutes define APS as the agencies that provide “preventive and remedial activities performed on behalf of elders and dependent adults who are unable to protect their own interests, harmed or threatened with harm, caused physical or mental injury due to the action or inaction of another person or their own action as a result of ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health, lacking in adequate food, shelter, or clothing, exploited of their income and resources, or deprived of entitlement due them” (Elder Abuse and Dependent Adult Civil Protection Act of 1991, §15610.10). Types of referrals include physical or sexual abuse, financial exploitation, isolation, neglect, and self-neglect. It is not uncommon for referrals to have more than one type of abuse indicated. In Los Angeles, referrals to APS are received through a centralized intake unit (the “Elder Abuse Hotline”) from various referral sources, including hospitals, other health and social service providers,
public and private programs, law enforcement, financial institutions, relatives, friends and neighbors, self-referrals, and unknown sources. California is a mandatory reporting state, meaning that professionals are required to report suspected abuse that occurs in community settings to APS. The Ombudsman receives reports for suspected abuse occurring in institutional settings.

Almost two decades ago, Wolf and Pillemer (1994) identified elder abuse multidisciplinary teams (MDTs) as a means to address complex cases that require coordination across diverse settings and professional areas. Because the MDT model offers a potential means to cross professional silos within health care, social service, and legal services, it offers a promising approach to address elder abuse (Connolly, 2010). Building on and adding to an MDT model, elder abuse forensic centers (forensic centers) were designed to address complex cases of abuse by bringing together professionals from fields within the justice system, health care, protective services, and mental health (Navarro et al., 2010; Wiglesworth, Mosqueda, Burnight, Younglove, & Jeske, 2006). Forensic centers typically offer a one-stop shop in which professionals from a variety of disciplines discuss cases and bring recommendations primarily through face-to-face interactions during weekly meetings. In addition to the case discussions and team-based problem solving that occurs at regularly scheduled meetings, team members provide ongoing services (e.g., client assessment, compiling and reviewing evidence, reviewing medical records, etc.) within their scope of practice and the constraints of their roles and the organizations involved (Schneider, Mosqueda, Falk, & Huba, 2010).

**Intervention**

The Los Angeles Elder Abuse Forensic Center (the Forensic Center), the focus of this study, provides comprehensive case examination, documentation, consultation, and prosecution for cases of elder and dependent adult abuse. The structure includes administrative leadership by the director, a geriatrician, and a full-time Special Project Manager. Core members include: Los Angeles County APS, Los Angeles Police Department, Los Angeles Sheriff’s Department, Los Angeles District Attorney’s Office (DA), Victim/Witness Assistance Program, Los Angeles City Attorney’s Office, Los Angeles County Office of the Public Guardian, Los Angeles County Department of Mental Health (GENESIS), the University of Southern California’s Keck School of Medicine, forensic neuropsychologists, and Bet Tzedek, an Older American’s Act legal services provider. Others participate as needed, including the Long-Term Care Ombudsman Program, the Los Angeles County Department of the Coroner, and the area Regional Centers. Since its inception in January 2006, an external evaluation team has been examining the Forensic Center’s structure, process, and outcomes. This work is currently expanding to include a cost-effectiveness study that will systematically examine the range of costs required to implement and maintain the model.

The members hear three to four new cases each week and receive updates on previous cases. Planning time is set aside monthly, as needed, for managing administrative issues, coordinating special trainings, and organizing annual retreats. Most cases are presented by APS and/or law enforcement either in person or through teleconferencing. Presentations include a brief background and history of the problem with descriptions of interventions attempted or completed. Following the case discussion, attendees identify goals and make recommendations. In addition to participating in the weekly meetings, team members assist those working the case (usually APS and law enforcement) through such activities as assessing the client’s health status, capacity, and need for health/mental health care or social services; reviewing medical records; conducting home assessment; doing neuropsychological testing; and proving ongoing case consultation. (See Navarro and colleagues [2010] for a comprehensive overview of the Forensic Center’s structure and processes.)

**Methods**

To measure the effectiveness of the Forensic Center to prosecute cases of elder financial exploitation, a propensity score matched comparison group was selected from all APS cases that met our inclusion criteria (described in the following). The analytical sample consisted of older adults, aged 65 and older, who were either seen by the Forensic Center or referred to the Los Angeles County APS for suspected financial exploitation. Administrative data were compiled from the Forensic Center and from the APS division of Los Angeles County’s Community and Senior Services department. Only anonymous records were used in the study; all identifying information was redacted from the files. The evaluation was approved by the University of Southern California’s institutional review board.
**Procedure**

This was a quasi-experimental, matched comparison study using propensity score matching. The propensity score approach has been used in health and social science research to estimate the probabilities that members of a population would have been in the targeted intervention group (Braitman & Rosenbaum, 2002; D’Agostino, 1998). The classic propensity score (p score) is defined as a predicted probability, computed from an estimated logistic regression model (Guo & Fraser, 2010; Rosenbaum & Rubin, 1985). With one-to-one matching, this method identifies the nearest neighbor case within specified calipers, so that every “intervention” case has one matched “comparison” case to create the full sample (Braitman & Rosenbaum, 2002; Guo & Fraser, 2010).

Inclusion criteria for both the intervention and the comparison groups consisted of individuals aged 65 and over, with an APS referral between April 1, 2007 and December 31, 2009. One exclusion criterion was used for the comparison group—any APS client that was ever served by the Forensic Center was removed from the population before matching.

The Forensic Center team heard 296 cases during the study period, 287 of which involved clients aged 65 and over. These cases were propensity score matched with a population of 33,650 APS cases involving clients aged 65 and older (65% of the referrals received by Los Angeles County’s APS during the study period). Matching variables were selected from available administrative electronic data; after five stages of backward variable selection, the model’s variables were age (coded categorically: 65–74 vs. 75 and older), race/ethnicity, APS Office (16 geographic categories), total number of abuse types reported (maximum of nine types), and dichotomous variables for select types of abuse (physical, financial, neglect, isolation, self-neglect, and financial-neglect interaction). Matching was completed in SAS version 9.1.3 using a slight modification of the macro from Parsons (2004). There were no significant differences between the intervention group and the final propensity score matched group on any of these variables at the p < .05 level, suggesting a successful match. The present study focused on the elder financial exploitation cases (n = 476).

**Measures**

This study addresses three dichotomous prosecution outcome variables: (a) whether the case was submitted to the DA’s office for review; (b) whether criminal charges were filed; and (c) whether guilt was established by plea or conviction (see Figure 1). Sentencing outcomes were collected for cases in which the perpetrator was found guilty, measured as years of probation and/or confinement in jail or prison. Finally, two case resolution times were calculated: (a) among those cases that the DA filed for prosecution, the number of days from the time the case was opened with APS to the DA filing charges and (b) among those with successful prosecution outcomes, the number of days from the DA filing to a successful prosecution.

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**Figure 1.** Flowchart of prosecutorial outcomes. Note: APS = Adult Protective Services; DA = District Attorney’s office.
The primary independent variable of interest was involvement of the Forensic Center (1 = yes; 0 = no). Additionally, several sociodemographic and abuse characteristics were considered. Age was treated as a continuous variable, and gender was coded as female (1) versus, male (0). Race/ethnicity included non-Hispanic white; African American; Hispanic; and Asian/Pacific Islander. Because marital status and living situation had missing data on more than 75 cases, these variables were not included; the analyses described subsequently were replicated using Mplus Version 6.11 to allow for the inclusion of all available data on these two variables using a full-information maximum likelihood approach, which revealed no detectable effects of marital status or living situation but compromised the goodness-of-fit of the models (results available upon request).

Abuse variables included multiple abuse types, collected as a count variable but treated categorically as one type, two types, three types, and four or more types of abuse. In addition to the report of elder financial exploitation on all sample cases, any existing co-occurring types of alleged abuse were coded dichotomously, including neglect, self-neglect, isolation, physical abuse, and other abuse. “Other abuse” grouped less frequent types of abuse, including abandonment, abduction, coercion, psychological abuse, sexual abuse, and chemical restraint. APS referral sources included relative, financial institution, hospital, law enforcement, other health or social service provider, other public agency, other private agency, friend/neighbor, self, and unknown; and any case could involve referral by multiple sources.

**Analysis**

Descriptive and bivariate statistics were used to compare Forensic Center cases with matched cases on all sociodemographic, abuse, and outcome variables. Logistic regression models examined the effect of sociodemographic characteristics, abuse characteristics, and presentation to the Forensic Center on the three dichotomous prosecution outcomes: submitted for DA review, criminal charges filed, and guilt established. Data analysis was completed using SAS version 9.2.

**Results**

As confirmed in Table 1, Forensic Center cases (n = 237) and comparison cases (n = 239) were well matched, with significant differences on only three variables, all of which were APS referral sources. Forensic Center cases were referred less by hospitals (11% Center vs. 19%), more by law enforcement (14% Center vs. 6%), and more by unknown sources (34% Center vs. 13%). Frequent referral sources for both groups included: relatives (20% Center vs. 19%), financial institutions (19% for both), hospitals (11% Center vs. 19%), and public programs (17% Center vs. 13%).

The average age of the sample was 82 years old; two-thirds were female (67%). The majority were non-Hispanic white (57%); approximately one-fourth were African American (24%), and a smaller percentage were Hispanic (15%) or Asian/Pacific Islander (5%). Less than half (46%) were referred only for financial exploitation. The mean count of abuse types reported was 1.8 (standard deviation [SD] = 0.9). Co-occurring abuse categories included suspicion of neglect (23%), self-neglect (14%), isolation (11%), and physical abuse (9%).

Table 2, showing prosecution outcomes, indicates that the Forensic Center had significantly more cases submitted for DA review (p < .001; 22%, n = 51 Center vs. 3%, n = 7). The proportion of cases for which the DA’s office filed charges was not significantly different between groups (73%, n = 37 out of 51 Center vs. 86%, n = 6 out of 7), despite a substantially higher number of overall charges filed for Forensic Center cases. Similarly, despite a much higher number of Forensic Center filings that resulted in a successful plea or conviction, the proportion of cases that were successful was not significantly different between the two groups (92%, n = 33 out of 36 Center vs. 100%, n = 5 out of 5). Because of increased overall volume of Forensic Center cases presented to the DA, a significantly higher proportion of all Forensic Center cases resulted in a plea or conviction (14.0%, n = 33 out of 237 Center vs. 2.1%, n = 5 out of 239; χ² = 22.69, p < .001). Sentencing for both probation and confinement were not significantly different for Forensic Center cases. Similarly, time to case resolution (i.e., days between APS referral to DA filing and between filing of charges to a plea or conviction) was not significantly different between the two groups.

Table 3 reports the logistic regression results from three models, identifying characteristics that predict prosecution outcomes for elder financial exploitation cases. All three models demonstrate sufficient goodness-of-fit, based on Hosmer and Lemeshow’s χ². The first outcome, submitted for DA review, had
three significant predictors. Co-occurring physical abuse increased the odds of submission by nearly two times (odds ratio [OR] = 2.91 confidence interval [CI] = 1.09–7.77), and co-occurring self-neglect decreased the odds by 80% (OR = 0.20, CI = 0.05–0.77); none of the referral sources were significant predictors. The strongest predictor was the case having been presented at the Forensic Center, resulting in over 10 times greater odds of the case being submitted to the DA for review (OR = 11.00, CI = 4.66–25.98).

The next outcome, whether charges were filed by the DA, had similar findings. Co-occurring physical abuse resulted in over two times greater odds of charges being filed (OR = 3.25, CI = 1.16–9.07), and co-occurring self-neglect reduced the odds by 85% (OR = 0.15, CI = 0.03–0.80). Having the case reviewed by the Forensic Center increased the odds by over seven times (OR = 8.44, CI = 3.32–21.46) that charges were filed by the DA.

The third model in Table 3 predicts guilt being established via a plea or conviction. Co-occurring physical abuse resulted in three times greater odds of a plea or conviction (OR = 4.11, CI = 1.41–11.93), and self-neglect again decreased the odds by 85% (OR = 0.15, CI = 0.03–0.81). The intervention of the Elder Abuse Forensic Center increased the odds of establishing guilt via plea or conviction by 8.5 times (OR = 9.52, CI = 3.41–26.57).

**Discussion**

Elder justice is the right of every older American to be free of abuse, neglect, and exploitation (U.S. GAO, 2011). Although prosecution is a powerful
remedy that promotes justice by holding abusers accountable, it is rarely used in elder abuse cases (Connolly, 2010; Jackson & Hafemeister, 2010; Miller & Johnson, 2003). To achieve a higher level of elder justice, a number of professionals and researchers have suggested that MDTs offer a powerful tool with which to respond to elder abuse and hold abusers accountable. For example, testimony by

### Table 2. Prosecution Outcomes for the Forensic Center and APS Comparison Cases of Financial Exploitation, 2007–2009

<table>
<thead>
<tr>
<th></th>
<th>Forensic center (n = 237)</th>
<th>Comparison (n = 239)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% or M ± SD</td>
</tr>
<tr>
<td>Submitted for DA review</td>
<td>51</td>
<td>21.5</td>
</tr>
<tr>
<td>Declined to file charges</td>
<td>14/51</td>
<td>27.5</td>
</tr>
<tr>
<td>Charges filed</td>
<td>37/51</td>
<td>72.5</td>
</tr>
<tr>
<td>Pending</td>
<td>1/37</td>
<td>-</td>
</tr>
<tr>
<td>Dismissed</td>
<td>3/36</td>
<td>8.1</td>
</tr>
<tr>
<td>Successful plea/conviction</td>
<td>33/36</td>
<td>91.7</td>
</tr>
<tr>
<td>Probation sentence (years)</td>
<td>33</td>
<td>2.5 ± 2.1</td>
</tr>
<tr>
<td>Confinement: Jail/prison (years)</td>
<td>33</td>
<td>1.6 ± 1.8</td>
</tr>
<tr>
<td>APS to DA file time (days)</td>
<td>37</td>
<td>253.7 ± 198.8</td>
</tr>
<tr>
<td>File to plea/conviction time (days)</td>
<td>33</td>
<td>221.4 ± 236.0</td>
</tr>
</tbody>
</table>

Note: Percentage and relevant χ² statistic are presented for categorical variables, and M ± SD and relevant t statistic are presented for continuous variables. APS = Adult Protective Services; DA = District Attorney’s office.

*p < .05; **p < .01; ***p < .001.

### Table 3. Logistic Regression Models of Prosecutorial Outcomes in Cases of Elder Financial Exploitation, 2007–2009 (N = 476)

<table>
<thead>
<tr>
<th></th>
<th>Submitted for DA review</th>
<th>Charges filed</th>
<th>Plea/conviction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>Age, years</td>
<td>0.98 (0.94–1.03)</td>
<td>1.00 (0.95–1.05)</td>
<td>1.03 (0.97–1.09)</td>
</tr>
<tr>
<td>Gender (female)</td>
<td>1.36 (0.70–2.63)</td>
<td>1.48 (0.70–3.16)</td>
<td>1.69 (0.74–3.83)</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic (referent)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>African American</td>
<td>0.92 (0.44–1.94)</td>
<td>0.87 (0.38–2.03)</td>
<td>1.03 (0.43–2.48)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.42 (0.14–1.22)</td>
<td>0.46 (0.14–1.51)</td>
<td>0.40 (0.10–1.58)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2.24 (0.60–8.30)</td>
<td>2.42 (0.57–10.27)</td>
<td>3.32 (0.75–14.73)</td>
</tr>
<tr>
<td>Co-occurring types of abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>2.91 (1.09–7.77)</td>
<td>*</td>
<td>3.25 (1.16–9.07)</td>
</tr>
<tr>
<td>Neglect</td>
<td>0.70 (0.29–1.70)</td>
<td>0.73 (0.27–2.00)</td>
<td>0.44 (0.13–1.42)</td>
</tr>
<tr>
<td>Isolation</td>
<td>0.55 (0.17–1.72)</td>
<td>0.36 (0.08–1.65)</td>
<td>0.47 (0.10–2.24)</td>
</tr>
<tr>
<td>Self-neglect</td>
<td>0.20 (0.05–0.77)</td>
<td>*</td>
<td>0.15 (0.03–0.80)</td>
</tr>
<tr>
<td>APS referral source(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial institution</td>
<td>1.05 (0.48–2.31)</td>
<td>1.32 (0.56–3.12)</td>
<td>1.27 (0.51–3.15)</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>1.61 (0.69–3.72)</td>
<td>2.21 (0.92–5.33)</td>
<td>2.19 (0.86–5.54)</td>
</tr>
<tr>
<td>Hospital</td>
<td>1.21 (0.42–3.46)</td>
<td>1.48 (0.47–4.64)</td>
<td>1.93 (0.59–6.31)</td>
</tr>
<tr>
<td>Home and community-based services and mental health</td>
<td>0.27 (0.03–2.34)</td>
<td>0.34 (0.04–3.10)</td>
<td>0.35 (0.04–3.32)</td>
</tr>
<tr>
<td>Other public agency</td>
<td>0.87 (0.35–2.14)</td>
<td>1.10 (0.42–2.90)</td>
<td>1.04 (0.36–2.99)</td>
</tr>
<tr>
<td>Other private agency</td>
<td>0.61 (0.21–1.80)</td>
<td>0.45 (0.12–1.71)</td>
<td>0.48 (0.12–1.90)</td>
</tr>
<tr>
<td>Relative</td>
<td>0.81 (0.36–1.83)</td>
<td>1.01 (0.41–2.45)</td>
<td>1.02 (0.40–2.62)</td>
</tr>
<tr>
<td>Friend/neighbor</td>
<td>0.23 (0.05–1.11)</td>
<td>0.32 (0.07–1.59)</td>
<td>0.35 (0.07–1.81)</td>
</tr>
<tr>
<td>Self</td>
<td>0.43 (0.09–2.13)</td>
<td>0.72 (0.15–3.54)</td>
<td>0.93 (0.19–4.62)</td>
</tr>
<tr>
<td>Elder abuse forensic center</td>
<td>11.00 (4.66–25.98)***</td>
<td>8.44 (3.32–21.46)***</td>
<td>9.52 (3.41–26.57)***</td>
</tr>
<tr>
<td>Hosmer and Lemeshow χ² (df)</td>
<td>6.26 (8)</td>
<td>8.58 (8)</td>
<td>12.56 (8)</td>
</tr>
<tr>
<td>p</td>
<td>0.618</td>
<td>0.379</td>
<td>0.128</td>
</tr>
</tbody>
</table>

Note: DA = District Attorney’s office; OR = odds ratio; CI = confidence interval; APS = Adult Protective Services.

*p < .05; **p < .01; ***p < .001.
Lachs (Justice for All, 2011) informed the Senate Special Committee on Aging—and the greater community—that Multidisciplinary Elder Abuse Centers are a growing national model that not only addresses victims’ abuse and injuries but also potentially averts financial exploitation. Brandl and colleagues (2007) describe the benefits of using a multidisciplinary intervention to improve prosecution rates. Nevertheless, we are not aware of previous studies that have systematically tested an MDT’s role in improving prosecution.

The Forensic Center is as an elegant MDT model. It brings together the resources and expertise of a number of different types of professionals who hear cases and make recommendations. Where necessary, Forensic Centers marshal professional participants to act within the scope of their roles to seek remedies. To test the effectiveness of this model to improve rates of prosecution, we first compared DA submission of Forensic Center cases to a similar number of matched APS cases. We found 10 times greater odds of getting an APS case submitted to the DA for review, when the Forensic Center was involved. We then tested the rate of criminal charges that the DA filed. Not surprisingly, given the greater number of cases referred to the DA, cases heard at the Forensic Center had significantly higher odds of charges being filed in criminal court—over seven times greater than in usual APS treatment. Finally, we examined the likelihood of court findings of guilt, defined as plea agreements, and convictions by the court. Cases heard in the Forensic Center had over eight times greater odds of a successful prosecution.

We looked back to the bivariate data to consider this question another way—did the increased number of Forensic Center cases submitted for DA review result in actual increases in case filings and successful prosecution, or were these cases less likely overall to result in successful prosecutorial outcomes. The high number of Forensic Center cases that were submitted for review by the DA (51 vs. 7 usual care) were no less likely to be submitted for prosecution or to result in a plea or conviction, indicating that the cases’ DA submission was appropriate.

Although not significantly different between the two groups, time to resolution shows the extensive amount of time that it takes for cases to be fully investigated, reviewed, and prosecuted. Cases took an average of 8 months to be filed and an average of 7 additional months to be successfully prosecuted, with some cases lasting considerably longer. These findings indicate that studies with short windows for follow-up will miss these prosecutorial outcomes. By necessity, our data were truncated such that cases heard toward the end of the study period in 2009 had had less time to track resolution, suggesting the possibility that more prosecutions could occur from these cases, if they are tracked for a longer period of time.

The decision to prosecute must clear at least three high thresholds. First, an APS worker and his/her supervisor must decide to seek a full investigation of the crime, usually requiring activity beyond the case simply being cross-reported to law enforcement. The context for this decision is that APS workers have high caseloads that often involve compelling and complex personal situations coupled with ambivalence or resistance on the part of many clients to engage with APS and law enforcement. There are strong incentives, including the short timelines of a crisis intervention model, that encourage APS workers to close their cases when faced with these barriers or when they are unable to enlist the resources needed to determine next steps. Those who continue must try to engage other busy professionals with competing priorities in investigating the case. The second hurdle is that the DA’s office must decide that there is sufficient evidence to take the case forward. The forensic center model offers a means to clear these hurdles. First, the forensic center supports the APS worker who brings the case. Team members help by examining what is known about the facts and, when appropriate, providing the resources needed to determine if the evidence merits filing the case for prosecution. If law enforcement has not been involved, they can be brought in through the law enforcement representatives who act as part of the Forensic Center team (Navarro et al., 2010). A representative from the DA’s office participates in the meetings and works with the team to identify what is known and what additional information is needed. If additional information gathering is required, the team is available to collect this information (e.g., medical records, bank documents, real estate records, cognitive assessments).

The final threshold for prosecution occurs after the evidence has been presented. This is the burden of proof under which a criminal verdict must be rendered: “beyond a reasonable doubt.” This high standard of evidence in criminal cases—above the “preponderance of the evidence” and “clear and convincing evidence” standards typically used in civil cases—requires a strong and well-prepared case. Through the mix of professionals on the
team, the Forensic Center has resources available to prepare the case and a greater ability to coordinate, beginning with the case presentation at the weekly meeting. Discussions at the meetings allow solutions to be reached based on the synergy of team-level problem solving. The team’s discussion of each case results in a plan of action, a timeframe for activities, and clearly delineated roles and responsibilities for carrying out the plan. Team members are invited to bring the case back for follow-up if more information is discovered or additional resources and/or discussion are needed.

Although taking a case before a court of law offers a way to hold abusers accountable, the decision to prosecute is not entered into lightly. It is important to point out that prosecution should serve as a last resort remedy for elder financial exploitation. Upstream efforts to prevent abuse or address the problem early should be vigorously pursued. Prosecution is a blunt instrument that is unlikely to make the victim whole; future studies should examine the impact of the various legal outcomes on victims and how alternative approaches to resolving cases of elder abuse—for example, psychosocial approaches—might have different objectives and outcomes. At the same time, prosecution requires extensive public resources from a wide range of professionals, including the DA’s office, APS, law enforcement, and others. Like many areas, Los Angeles County is trying to serve its most vulnerable citizens at the same time that it faces growing budgetary challenges. The courts have not been immune from funding constraints, and resources appear to be growing tighter. In addition to the model’s ability to secure case outcomes, studies underway to test the model’s cost effectiveness should be of value to those interested in replication.

Several limitations of the present study must be noted. First, we were not able to conduct a randomized controlled trial, which is generally regarded as the best approach to use when testing an intervention. Therefore, to develop an effective comparison group, we used a propensity-matched sample. We had a large population from which to draw the sample and on almost all variables there was a significant difference between the two groups. We also controlled for key covariates in our regression models and had strong goodness of fit results. A second limitation was that the study was conducted in only one center located in a primarily urban area, Los Angeles, California. The Forensic Center, however, heard a large number of diverse abuse cases. Cases included substantial variation in client age, race/ethnicity, and gender. The Forensic Center is a relatively new model with four centers in California and one in New York; Los Angeles was the second center to be established. Given likely variations in how Forensic Center members (e.g., APS, law enforcement, DAs) operate, future research should build on the evidence presented here by testing the model in other centers.

With rapid population aging, a growing number of older adults are at risk of financial exploitation. In the present study, rigorous methods—linking APS administrative data to DA records—suggest that the Los Angeles County Elder Abuse Forensic Center is effective in bringing cases to the DA’s attention for review, filing criminal charges, and establishing abuser guilt (through pleas or conviction). As the nation wrestles with elder abuse, neglect, and exploitation, the Elder Justice Act stands poised and ready for funding to expand the elder abuse forensic center initiative. Much more work remains to be done, however, to test interventions that remedy abuse as well as those that prevent abuse from happening in the first place. Although a number of innovative programs are being developed, it is important to recognize the observation noted by Connolly (2010) that elder abuse remains largely hidden, leaving the problem “unrecognized, let alone investigated or prosecuted” (p.38). Much remains to be done on all fronts.

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