

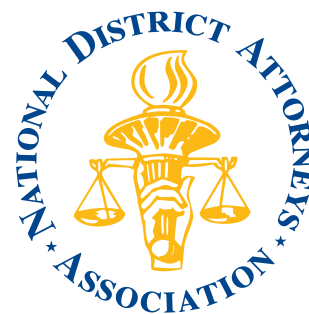


Prosecutors' Challenges in Elder Abuse Cases: Navigating Decision-Making Capacity and Consent Defenses

SUMMER 2025



National District Attorneys Association



NDAA's mission is to be the voice of America's prosecutors and to support their efforts to protect the rights and safety of the people by providing its members with the knowledge, skills, and support they need to ensure justice is attained. NDAA remains committed to serving as the voice of America's prosecutors and ensuring that justice is achieved for the millions of Americans who rely on our members.

As the largest association of prosecutors in the country, NDAA recognizes the vital role that prosecutors play in the safety of local communities. Prosecutors are responsible for ensuring that justice is carried out in a fair and equitable manner, protecting the rights of victims, and holding accountable those who violate the law. NDAA's mission is to support prosecutors in their efforts to fulfill these responsibilities and to promote a criminal justice system that is fair, effective, and accountable.

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We believe that every American has the right to live in a safe and just society, and we are committed to working with our members and partners to make that vision a reality.

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NOTE: The opinions and perspectives shared during the Listening Session and reported here represent those of the participating prosecutors and do not necessarily reflect the official positions or policies of the National District Attorneys Association or the U.S. Department of Justice.



Acknowledgements

The Elder Justice Initiative and the National District Attorneys Association sincerely thank the following prosecutors who participated in the September 2024 listening session on decision-making capacity in elder abuse cases. We are grateful for their time, insight, and openness in discussing the challenges they face in the field.

Their thoughtful contributions provided the foundation for this report, which captures the themes and observations shared during the session and offers recommendations for the next steps to support prosecutors handling these cases. We deeply appreciate their dedication to justice and their ongoing efforts to protect older adults.

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Background and Purpose

To better understand how prosecutors navigate questions of capacity in elder abuse cases, the National District Attorneys Association (NDAA) and the U.S. Department of Justice's Elder Justice Initiative (EJI) convened a two-hour Listening Session in September 2024 with prosecutors from across the country. The session built on insights from EJI's 2022 Decision-Making Capacity Symposium, which identified key challenges in assessing and understanding decision-making capacity in criminal elder abuse cases. This Listening Session focused on the real-world implications for prosecutors, particularly in cases involving financial exploitation, sexual abuse, and caregiver neglect. The perspectives shared reflect the participants' professional experiences and varied approaches, acknowledging differences in training and practice across jurisdictions. The insights in this report are presented as shared by participants and are not intended to reflect formal guidance or authoritative best practices.

The need for this discussion is clear. Research shows that elder abuse prosecutions have increased over the past two decades. Yet despite growing awareness of the issue, many cases still go unreported or are not prosecuted—particularly when questions arise about the victim's ability to make decisions. Uncertainty around capacity and a lack of clear, admissible evidence can prevent cases from moving forward, leaving older victims without justice.

Decision-making capacity intersects with many areas of law and medicine, and uncertainty around capacity can present significant barriers to prosecution. In elder abuse cases, these challenges often arise when consent is raised as a defense. Perpetrators may claim that the older adult agreed to a financial transaction, sexual activity, or care decision—claiming that the individual willingly participated or gave direction. Yet when decision-making capacity is impaired, a person may be unable to fully comprehend or meaningfully participate in decisions, and in some cases, may be entirely unable to engage in the process. Prosecutors must often assess whether there is sufficient evidence that the victim lacked capacity to consent—a determination that can be pivotal in deciding whether to file charges or proceed with a case. At the same time, there is understandable hesitation around limiting or overriding autonomy, as prosecutors aim to respect and support it. These concerns can make prosecutorial decisions about charging especially challenging.

While this session focused on decision-making capacity, the related issue of testimonial capacity—an individual's ability to testify effectively—also affects prosecution decisions but was not included here, as it warrants a separate discussion.

Key Findings



Lack of Training & Education

Many justice system professionals—including prosecutors, law enforcement, and judges—lack the specialized training necessary to fully understand and address decision-making capacity in elder abuse cases.



Resource Barriers

Prosecutors frequently struggle to find clinicians with the expertise to conduct reliable decision-making capacity assessments, especially in rural areas. Cost, limited provider training, and reluctance to participate in trials add additional challenges.



Gaps in Medical Evidence

Even when medical records are available, they often lack meaningful documentation of the victim's decision-making capacity. The shortage of qualified experts compounds this challenge.



Legal Complexities

State elder abuse laws vary widely in scope and clarity. In some jurisdictions, statutes are absent, vague, or too narrow—complicating application and enforcement.



Need for Cross-Sector Collaboration

Effective prosecution depends on stronger collaboration among clinicians, healthcare providers, financial institutions, adult protective services, and law enforcement to support more thorough investigations, informed charging decisions, and more effective interventions.



Session Overview

Date

September 20, 2024

Facilitator

Page Ulrey, Senior Deputy Prosecuting Attorney, King County, Washington

Participants

Thirty-five prosecutors and one Elder Abuse professional from 27 states voluntarily participated in the listening session, offering insights from a diverse range of jurisdictions:

- The majority represented areas with populations of over 500,000.
- Nearly one-third came from jurisdictions with populations between 100,000 and 500,000.
- Over half of the participants worked in offices with 10–49 staff members, with one-third from offices with 100 or more staff.
- All but five participants had more than 10 years of experience as prosecutors, with most having 1–9 years of experience handling elder abuse cases. See Appendix A for participant statistics.

Purpose

The listening session focused on three key goals:

- Identifying prosecutorial barriers in elder abuse cases when decision-making capacity is at issue.
- Exploring best practices to strengthen investigations and prosecutions when decision-making capacity is a factor.
- Assessing the training needs of prosecutors and other professionals involved in these cases.

Key Discussion Areas



Legal and Systemic Challenges

KNOWLEDGE GAPS

Prosecutors, law enforcement officers, adult protective services (APS) workers, and judges are not well-versed in elder abuse, and they are even less familiar with the nuanced issues surrounding decision-making capacity.

- Prosecutors expressed concern that many law enforcement agencies lack personnel or specialized units trained to investigate these cases—particularly those involving decision-making capacity. In some jurisdictions, elder abuse units have been disbanded, further undermining the ability to conduct thorough investigations and pursue prosecutions.
- Interactions with older adults who do not show obvious signs of impairment pose significant challenges for law enforcement, often limiting the recognition of abuse and the identification of cases where a capacity assessment may be necessary. As a result, cases may never reach a prosecutor for consideration or may lack the evidence needed to proceed with charges.
- Law enforcement often categorizes financial exploitation as civil rather than criminal, leading to cases not even reaching the investigation stage.

“The number of times I heard, ‘Oh, it’s civil,’ and it’s not! We heard that all the time. That it was civil. Luckily, we had really good partners in our law enforcement training academy and [we were able to] start training ... a couple years ago. So, we’re getting help on the training issue, but I understand everyone else’s struggle.”

- Some jurisdictions assign financial exploitation cases to property crime detectives, whose property or financial crime background may leave them unprepared to address the complexities of elder abuse, particularly when cognitive impairment is involved.

“[P]roperty crime detectives ... don’t necessarily have the interpersonal tools to deal with the families of these individuals or our victims, and so they dealt with the financial side—and they do a really good job there—and then we get the case, but we don’t have the diagnosis established.”

- Prosecutors emphasized the invaluable role of APS, recognizing their expertise in aging, abuse, and efforts to both ensure client safety and support investigations. However, they noted that when criminal prosecution is pursued, assessments of decision-making capacity often involve legal standards and specialized training beyond what APS typically receives, particularly given the distinction between assessing capacity to consent to services and evaluating capacity in a criminal context.

“APS workers ... have great care and concern, but they’re not really using any current test models for assessing capacity. And they’re using their personal judgment or personal opinion ...”

Key Discussion Areas

- Judges may misapply legal standards by conflating guardianship laws with criminal proceedings leading to incorrect determinations by the court of capacity and consent.

"And the judge said, well, that sounds like consent to me. And yet [the victim] was under a guardianship."

- Judges sometimes have difficulty grasping the complexities of decision-making capacity, particularly when dealing with retrospective assessments.

"[The judge] doesn't believe that you can have a doctor's opinion that is retrospective ... Even if you have three doctors and they all gave opinions ..."

- Some judges appear to question whether financial exploitation truly constitutes a criminal offense, suggesting that older adults naturally give away money or are simply forgetful—overlooking signs of undue influence and exploitation. Prosecutors also described encountering ageist assumptions in court with judges minimizing concerning evidence by attributing it to aging rather than abuse.

"You get into ageist ideology and the judges all of a sudden saying, 'Oh well, it says this,' and then you start bringing in [other information] but now they've got these bruises ... [and the judge is saying], 'Well, you know that old people have thin skin ...' You say, 'With all due respect, your Honor, that's an ageist ideology and not necessarily so.' You're trying to educate without getting contempt ..."

- Prosecutors note that the term "dementia" is often used as a catch-all to describe a range of symptoms, particularly memory loss. However, the older adult may not have a formal dementia diagnosis—or any diagnosis at all. This imprecise and casual use of clinical terminology can complicate efforts to identify and prove issues related to decision-making capacity, especially in the absence of clinical findings.

LACK OF ADEQUATE ELDER ABUSE LEGISLATION

- Many jurisdictions lack specific laws to address capacity-related issues and defenses in elder abuse cases or have laws that are inadequate.
- In some states, the statutory framework for prosecuting financial exploitation is limited or unclear, particularly where decision-making capacity is a central issue.

"Our statutes are pretty poor here. Our elder abuse statute is essentially a ... theft statute, only they add another element that you have to have a vulnerable adult, which is generally defined as having a mental defect where you can't take care of yourself. So often times as a prosecutor you make a decision to charge the ... theft which carries a stricter penalty and has one fewer element [to prove]."

"We also just recently had to revise a law that said if somebody was put on your bank account, you gifted them all of that money. I don't know who here has had a case where some caregiver got their name put on [the victim's] bank account and that law ... basically allowed [the caregiver] to clear that account out and there were no consequences. That's only very recently been fixed."

- State elder abuse laws often distinguish between victims based on living arrangements—presuming vulnerability for those in facilities while overlooking the potential vulnerability of older adults living in the community, whether independently or with others.

"[I]f you are a resident of a facility, you're presumed [to be] a vulnerable adult. But somehow if you are living at home, you're not, even though you may be incapacitated at home [receiving] different services ... [A]nd there is a push now for more people to stay at home than be in facilities."

- Prosecutors emphasize the challenge of presenting evidence when victims with diminished decision-making capacity are not allowed or are not able to testify in court. Constitutional protections currently limit the admissibility of alternative evidence, leaving prosecutors with few tools to effectively present these cases.

"The laws have advanced to make exceptions for how the forensic interviews can be used, but the constitutional right to confrontation is a barrier really until our laws make some accommodation. I'm wondering what's the best way to convince our lawmakers to make or carve out some space to give us some tools to work with that. I'm very concerned about that."

HIGH COSTS OF CAPACITY ASSESSMENTS

- The significant expense of clinician-conducted capacity assessments and their reports can limit access and impede or halt case progression, especially when no funding source is available.
- Prosecutors uniformly expressed concern about the financial barriers.

"I don't have the budget for it ..."

"We really find that we don't have the resources or the expertise that we need to get the evaluations that would make these cases so much better."

- One prosecutor described a case in which confirming the victim's dementia impaired decision-making capacity required multiple assessments. This not only delayed progress, but it also made it harder to justify the associated costs to their office.

"It's really hard to justify some of the expenses ..."

- Another prosecutor described how a VOCA grant allowed their office to fund capacity assessments and quickly see the significant positive impact these evaluations can have. However, they emphasized that these funding opportunities are rare, short-term, and not accessible to all who need them.

"We did get a grant, so I was able to kind of ... measurably see the difference ... when we had funding available and could get an evaluation quickly ..."

CHALLENGES IN PROVING FINANCIAL EXPLOITATION

- Prosecutors frequently encounter difficulties in establishing whether financial exploitation has occurred, particularly when allegations involve consent, caregiving, or compensation. These challenges are compounded when the victim has diminished decision-making capacity, raising the critical question: "Was this exploitation, and, if so, how can it be proven?"
- Prosecutors emphasized the critical role of expert testimony in overcoming common defense strategies that rely on victim memory issues and skepticism from judges and juries.

"I think a doctor like Doctor Mosqueda or other geriatricians who cannot only testify to the substance of ... our victim's incapacity but also just add something, I think, to the seriousness of the case and get respect from the judge."

Key Discussion Areas

- The challenge of proving decision-making capacity after the fact was emphasized, as capacity can fluctuate and is often hard to establish it with certainty at a specific point in time.

"[The judge] doesn't believe that you can have a doctor's opinion that is retrospective."

"We've had a judge say, 'As [to an acquittal motion], cognitive decline is not a linear thing, and it goes up and down and up and down. So, it's your burden, State, to show that when these financial decisions were made that it was on one of the down slopes. And without an expert other than the generalist to say there's general cognitive decline, what is your proof?'"

- Prosecutors explained how transactions within families or other close relationships are often framed as gifts or payments for services, and prior gifting or compensation can make it more difficult to determine whether the current transaction constitutes exploitation.

"[The] defense is claiming it was a gift and you think that your victim had dementia and so didn't have capacity to give a gift ..."

"[T]he defendant [is saying], 'They gave it to me.'"

"[I]n the exploitation realm, where there's diminished capacity but not total incapacity, is this a gift or is this a theft?"

- Power of attorney, guardianship, and conservatorship issues—rooted in civil law—add additional complexity to criminal financial exploitation cases. Prosecutors described the challenge of applying civil standards that define authorized actions to criminal cases where they must prove that the defendant's conduct exceeded authority and constituted a crime.

"[There is a] civil rule that says [the spending] has to be for the benefit of the principal."

- Prosecutors also expressed concerns about the fluid nature of decision-making capacity and its impact on their cases. They noted that fluctuating capacity can make it challenging to determine whether the victim was capable of consenting at the time of the alleged offense. This variability complicates efforts to establish a clear timeline pinpointing when the victim either had or lacked capacity to consent to the transaction or action in question.

"[C]apacity is such a moving target."

- One prosecutor noted that pursuing a case based on undue influence can be simpler than proving a lack of decision-making capacity. Emphasizing the defendant's manipulative behavior allows prosecutors to avoid complex capacity issues and put the focus on wrongful conduct.

"I'm going to go back to undue influence whether they're competent or capable or [not] ..."



Defense Strategies

CHALLENGING CAPACITY EVIDENCE

Defense attorneys frequently dispute medical or expert evaluations by pointing out gaps or inconsistencies in the records. They challenge the victim's capacity in multiple ways: if a diagnosis exists, they argue the victim does not remember consenting or directing the conduct, undermining the victim's credibility; if no diagnosis is present, they claim the victim was fully aware and knowingly consented to the transaction or action. Both strategies are used to create doubt and potentially weaken the prosecution's case.

CONSENT AS A DEFENSE

Defense attorneys often argue that victims retained capacity to consent, even when cognitive impairment is evident. They point to the victim's ability to manage certain aspects of daily life or finances as evidence of overall capacity. This argument relies on the concept of partial capacity—the idea that a person can have capacity in some areas while lacking it in others—and is used to claim that the victim was capable of consenting to the specific transaction or action in question. Prosecutors face the challenge of carefully distinguishing between decisions the victim could make independently and those where diminished capacity made them vulnerable to exploitation. To navigate these nuances effectively, prosecutors rely on trained clinicians who can assess and clarify which decisions victims can make and which require protection. At the same time, prosecutors strive to respect and uphold the independence and autonomy of victims.

"The [victim] must have capacity because they knew to write a check to the electric company and they were able to give their grandson \$2000. So maybe they decided to give \$200,000 to their [care] aid."



Evidence and Expert Witness Challenges

ADMISSIBILITY OF SCREENING TESTS AND ASSESSMENTS

Prosecutors highlighted several challenges related to capacity assessments, including the limitations of commonly used screening tools, questions about the required level of expertise for admissibility, and uncertainty over legal standards for introducing assessments in court.

- It was widely acknowledged that screening tools—such as the St. Louis University Mental Status (SLUMS), Montreal Cognitive Assessment (MoCA), Min-Mental State Exam (MMSE)—are generally inadmissible in court and cannot replace formal decision-making capacity assessments. Prosecutors noted that many primary care providers lack sufficient training in cognitive screening and may rely on tools that inadequately assess domains of cognition, particularly executive function.

"[Materials like APS screening tools might be helpful for context] but, generally, we want a doctor or somebody else by the time we get to trial."

"[S]o many of these primary care providers have no training in screening for dementia and that if they do any kind of screening test, they do the Mini Mental State Exam, which is usually not adequate to screen for decline of cognitive function, certainly not executive function ..."

- Prosecutors also highlighted confusion among judges about the proper legal standards for admitting capacity assessments, which can complicate cases. In some instances, judges may misapply or fail to apply the appropriate evidentiary standards.

"[I]n one of the preliminary hearings we applied guardianship law [but the judge] wanted us to apply the standard for admitting expert testimony. ... We're a Daubert state [so] that's not an issue before trial."

Several prosecutors noted that formal capacity evaluations not only provide critical expert opinions but can also serve to educate judges and juries about the nuances involved in assessing decision-making capacity.

UNRELIABLE MEDICAL RECORDS

Medical records frequently lack comprehensive capacity assessments, and many healthcare providers are reluctant to testify in these cases.

- Medical records are essential at every step of prosecution, yet they can be difficult to obtain. Prosecutors rely on cooperation from healthcare providers, and current processes often create obstacles that slow or prevent timely access.
- Even when available, information about a victim's cognitive status is often absent from medical records. When such information exists, it may be inaccurate, incomplete, or based on flawed assessments. Several prosecutors noted discomfort relying solely on medical records to establish diminished capacity.

"Even when I get medical records, either the competency evaluation wasn't done, isn't included, or doesn't have the relevant information I need."

"I went back 15 years on her medical records to finally find where ... it was actually referenced as Alzheimer's—that [the victim has] Alzheimer's—and that stuck, and it transferred through everything. And it was inaccurate."

- Medical records may lack information about cognition because physicians may be reluctant to document cognitive decline, especially when a suspected abuser has access to the records. Although digitization may improve record completeness, prosecutors noted that the absence of a diagnosis in the records does not mean the condition is absent.

"[Doctors] are hesitant to start putting some of these things in the charting because it goes automatically and [those who may seek to exploit] can see it right away."

- When family members or others—especially perpetrators—heavily influence the information provided during an assessment, the reliability of that assessment can be compromised. Treating physicians may not fully recognize the potential for manipulation or the possibility that the information they receive has been shaped by someone whose interests conflict with those of the older person. As a result, capacity assessments documented in the medical records may reflect the perpetrator's perspective rather than the patient's true condition.
- Prosecutors also emphasized the importance of ruling out other potential causes of cognitive impairment—such as delusions, medication side effects, or urinary tract infections (UTIs)—before drawing conclusions about capacity.
- They noted that primary care physicians and other providers sometimes overlook or fail to adequately consider these contributing factors.

"We're bringing somebody from the medical school just on [pharmacology] as one of our speakers about the impact of pharmacology on seniors in terms of prosecuting those cases."

CLINICIAN SHORTAGES

Shortages of qualified clinicians create significant obstacles to obtaining decision-making capacity assessments. The demand for qualified clinicians, such as psychologists or physicians, to conduct these assessments far exceeds the supply, particularly in rural areas.

- Prosecutors noted that primary care physicians often lack the specialized training and experience necessary to conduct reliable capacity assessments, which can hinder their ability to obtain clear, authoritative medical evidence crucial for prosecution.
- A major obstacle is the shortage of professionals trained to conduct forensic capacity evaluations, which can delay or even block cases. This shortage is especially pronounced in rural communities, where access to qualified clinicians is severely limited.

"[I]n a situation where you need to establish incapacity of your victims, most of us, with a few exceptions, just don't have anyone to turn to."

"[The gap in access to qualified evaluators [is] causing [us] not to be able to bring cases."

- Further complicating prosecution, many physicians and clinicians are hesitant to participate in criminal cases. Law enforcement and prosecutors face resistance from experts who are reluctant to testify, cite scheduling conflicts, or require substantial compensation.

"[T]here is a real resistance I found in the field where you know, there's a significant proportion of experts that we contact just do not want to go anywhere near criminal trials."

- Prosecutors distinguished between primary care physicians and specialists with expertise in capacity evaluations, such as psychologists and neuropsychologists. While some acknowledged the value of the continuity of care offered by primary care physicians, concerns about the quality and rigor of their capacity assessments were widespread.

"[G]eneral practitioners ... actually know these victims and they can see the change in them, if you will, from being in a position where they're fairly cognizant to where they're no longer cognizant."

"[W]e've had significant issues with primary care providers who are not doing very good capacity assessments."

"[The physician] spent a good bit of time with [the victim]. It didn't seem like he had dementia. He had perfect recall. We call the doctor. We were like, 'Well, what's going on? You signed a paper saying that he has dementia. How did you assess this?' And the answer was, basically, 'I didn't.' So that was a disaster."

"[We had a] doctor that would say, 'I don't need to be an obstetrician to tell you that you're pregnant, and I don't need to be a gerontologist to tell you that you got cognitive decline,'—which is all nice and folksy."

"[We now have] in three different trials [the] defense calling the victim's primary care provider to say [the victim doesn't] have any dementia, because [the physician] never actually even tested for it."

- To address the shortage, prosecutors described consulting multidisciplinary teams (MDTs) or partnering with APS to identify potential experts when clinical resources are scarce. Some are expanding access using virtual assessments, particularly in rural or underserved communities, though emphasizing the need for safeguards to prevent undue influence during virtual assessments.

"[M]aking sure that our suspect is not sitting in the room with our victim when [the clinicians] are trying to do those evaluations."

- Other strategies include working with retired professionals to help manage the volume of cases.

"I've been working with a retired psychiatrist [who worked for state government] ... on my mental health cases. That has been helpful because of just the volume of cases that that my office is seeing."

- Many prosecutors expressed a strong need for a centralized resource or directory to help locate qualified professionals willing and able to conduct capacity assessments. They also noted that these assessments are more likely to be completed when strong partnerships exist between APS or social services organizations and clinicians or healthcare providers.

ALTERNATIVE WITNESSES

Because expert assessments can be difficult to obtain, prosecutors are increasingly turning to other sources of evidence to demonstrate patterns of diminished capacity, such as bank employees, care facility staff, or family and friends. These individuals can provide valuable observations of changes in the victim's behavior, judgment, or spending patterns, offering crucial context for understanding the victim's capacity at the time of the offense. This reliance reflects necessity, not preference.

"[W]e've really had to rely upon the lay witnesses ..."

FEDERAL AGENCY BARRIERS

Prosecutors face significant challenges obtaining cooperation from federal agencies, particularly the Social Security Administration (SSA) and Veterans Affairs (VA) during elder abuse investigations.

- Accessing Social Security records is often slow and cumbersome, hindering investigations—including those involving homicides. Although local jurisdictions handle prosecution, they frequently encounter substantial obstacles in obtaining federal information and records.

"I mean if you want Social Security information, it's like getting, you know, an act of God sometimes ..."

"I think if you get the right general counsel, you can get through."

- Similarly, cases involving VA evaluations are complicated by challenges in obtaining records or contacting clinicians or healthcare professionals who conducted the assessments, sometimes leading to plea agreements rather than trials.
- Prosecutors suggested that the federal government could better support local investigations by streamlining access to essential records and resources. One prosecutor shared an example from their jurisdiction where collaboration between local and federal authorities improved information access: an SSA agent actively participated in the local MDT and facilitated the records request. This prosecutor recommended that this model—federal involvement in local teams—be adopted more broadly to strengthen elder abuse investigations, including greater engagement by federal prosecutors.

"[As to getting the records], sometimes [we] enlisted the U.S. Attorney's Office [in the SSA's agent's jurisdiction] to assist."

Actionable Next Steps



Develop Training

NDAA and EJI are collaborating to create web-based training and resource materials for prosecutors, focusing on capacity-related issues and best practices in handling elder abuse cases.



Create and Support an Online Network

The NDAA, in collaboration with EJI, has launched a dedicated webpage and discussion forum where prosecutors can exchange best practices, legal strategies, and resources. EJI is developing complementary online tools and materials to further support this growing network.



Survey Prosecutors Nationwide

The NDAA, with support from EJI, will conduct a national survey to gather data on both the challenges prosecutors encounter and the resources available within prosecutor offices for handling elder abuse cases.



Strengthen Expert Networks

The NDAA, in collaboration with EJI, will focus on developing strategies to connect prosecutors with clinicians, addressing the challenges posed by shortages in many communities.



Promote Legal Clarity

The NDAA and EJI intend to support efforts to clarify capacity-related issues and establish clearer definitions of undue influence.



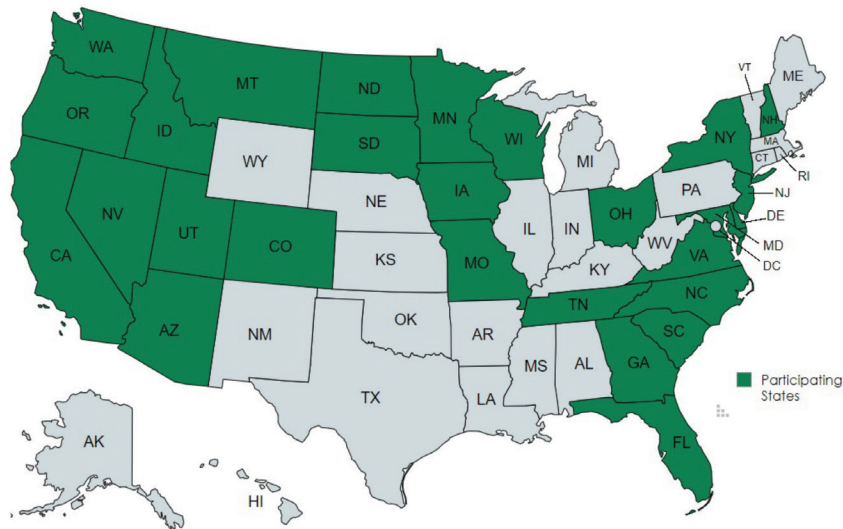
Conclusion

The Listening Session underscored both persistent challenges and meaningful opportunities for progress. Closing training gaps, expanding access to expert evaluations, and strengthening legal frameworks are critical steps toward advancing elder abuse prosecutions with the goal of improving the legal system's responsiveness to the needs of older Americans. The NDAA and EJI remain committed to supporting prosecutors through continued collaboration and the development of practical tools and resources.

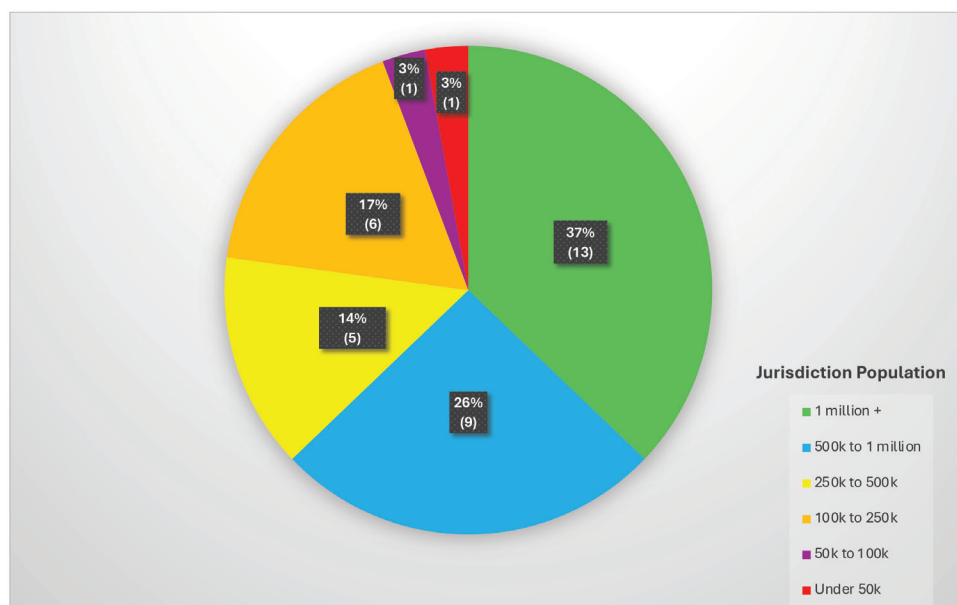
Appendix A.

Participant Statistics

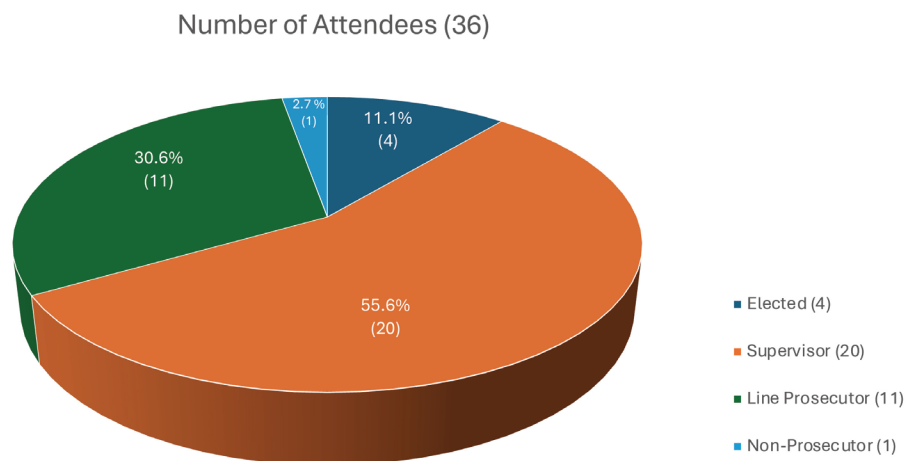
Participant Locations



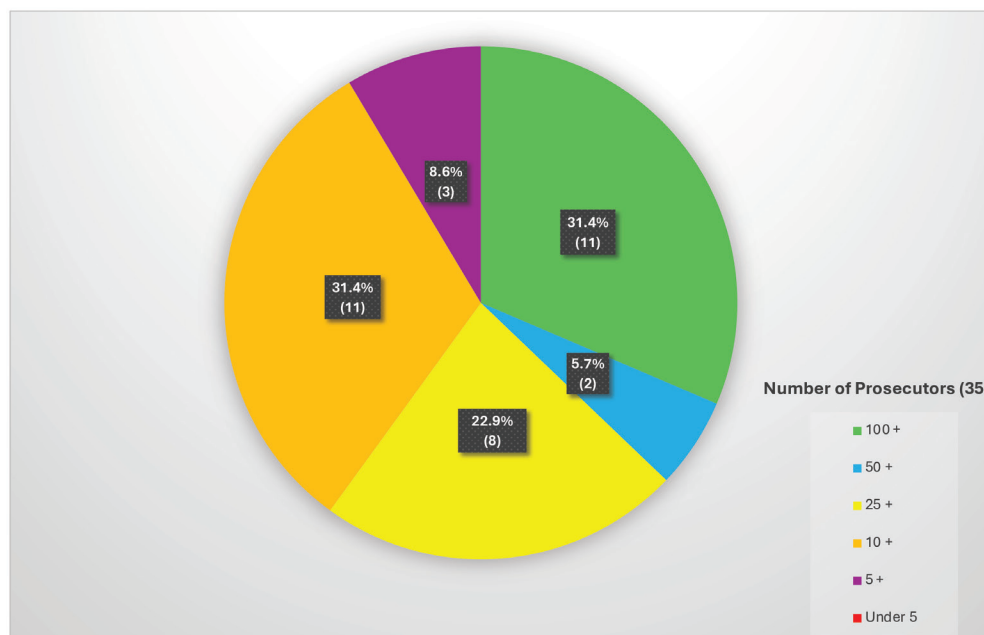
Attendee by Jurisdiction Size



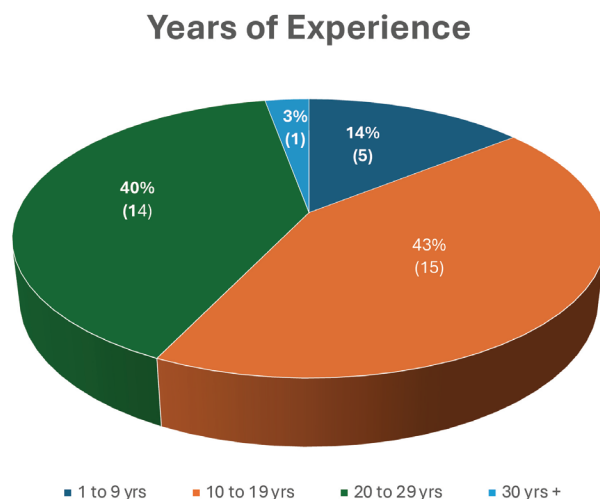
Attendance by Position



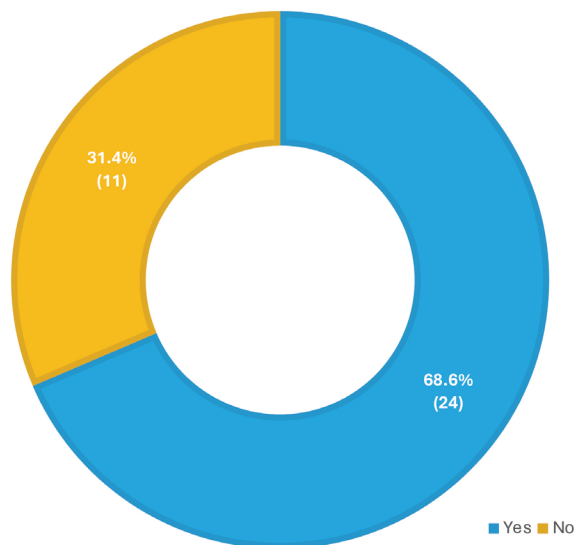
Size of Office



Participant's Total Prosecution Experience

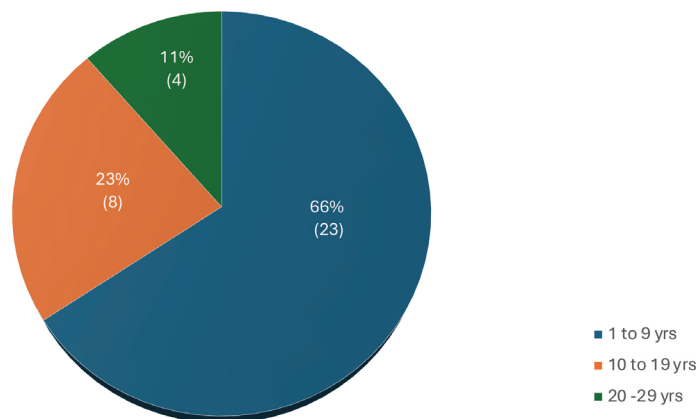


Attendance by Supervisory Attorney



Participant's Elder Abuse Prosecution Experience

Years of Experience



Office Elder Abuse Unit/Dedicated Prosecutor

