Elder Abuse and Financial Exploitation
Unlawful and Just Plain Awful!

Did you know that financial exploitation, a significant form of elder abuse, is on the rise? It is often hidden, underreported, and considered a serious public health problem (Centers for Disease Control and Prevention, 2010). Recent findings indicate that approximately 13% of older Americans are mistreated, often verbally or financially (Laumann, Letisch, & Waite, 2008). These findings are more than four times higher than the previous incidence estimates (National Center on Elder Abuse [NCEA], 2005; Pillemer & Finkelhor, 1988) and are significant because the prevalence of elder abuse is now similar to that of child abuse (14%) and of domestic violence (18%; The Health Policy Institute of Ohio, 2008).

Though elder abuse includes many kinds of unlawful and awful behaviors perpetrated against older adults, we focus this commentary on financial and material exploitation to raise awareness and a call for increased action against elder financial abuse. The NCEA (2007) defines financial or material exploitation of older adults as:

The illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person’s checks without authorization or permission; forging an older person’s signature; misusing or stealing an older person’s money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney. (para. 8)

Shocking stories in recent headlines and journal articles have chronicled the outrageous behaviors perpetrated toward older adults by trusted people in their lives, who steal money or resources for their own personal benefit. The following two stories are but brief examples of financial abuse, often hidden in plain sight and happening to thousands of older adults in this country.

Mary, a 78-year-old widow who lives alone, is conned out of her monthly pension check, which she counted on to pay her rent, by her son with a drug habit to maintain. This loss forced Mary out of her apartment, resulting in loss of her independence. Ollie is an 82-year-old man who lost every dime of his $250,000
As gerontological nurses, we should become outraged as we consider that financial abuse could happen to us, our relatives, or those we serve as health professionals. We must take it personally and believe we are an important, critical link in the chain of awareness, identification, prevention, and perhaps prosecution of elder financial abuse. As nurses, we have a professional responsibility to be informed and competent in the care of older adults, including identifying and addressing elder abuse. The importance of competence needed to care for older adults cannot be understated. The American Association of Colleges of Nursing (AACN) and The John A. Hartford Foundation Institute for Geriatric Nursing (HIGN, 2000) have named 30 core competencies in the educational preparation of professional nurses to care for older adults. This document includes two recommendations that focus specifically on core educational aspects deemed critical for competency in older adult care, including knowledge of risk factors, recognition, and reporting of elder abuse and mistreatment:

11. Prevent or reduce common risk factors that contribute to functional decline, impaired quality of life, and excess disability in older adults.


Although elder financial abuse is not typically an initial consideration during a clinical encounter with older adults, nurses in all settings need the ability to identify and address the common risk factors for abuse and mistreatment. In risk identification, we need to assess factors related to both the older adult and the perpetrator (National Committee for the Prevention of Elder Abuse, 2008). For the older adult, these include level of cognitive impairment, having medications that abusers need to support addictions, lack of social support (e.g., isolated, no one checking in), and physical or sensory impairments (e.g., mobility, hearing, vision). For the perpetrator, factors include mental condition (e.g., frustration, anger), lack of oversight of legal powers (e.g., guardianship, power of attorney), available financial resources (e.g., “waiters” for death or disability of the older adult), and other stressors such as dysfunction, history of abuse, and family issues (e.g., job loss, debt, downward economy).

For example, imagine the scenarios possible as the economic downturn or pressures of daily uncertainty bear down on those who, although trusted, break that trust with the older adult relative or client and take for themselves what is not theirs, robbing the older adult of self-esteem, health, and sometimes, independence. Studies indicate that elder financial abuse often precedes other kinds of elder abuse (The Health Policy Institute of Ohio, 2008; Price & Fox, 1997). It is logical to think that if nurses identify and intervene in financial elder abuse, we may prevent other kinds of abuse. We need to understand that the results of financial abuse often lead to a marginal existence for the older adult victim. The ramifications may last for the remainder of the older adults’ lives because there is little or no time to replace the exploited resources or money. In addition, if exploitation occurs, it could lead to an exacerbation of the older adult’s health problems, such as hypertension, heart disease, and other stress-related conditions such as depression, anxiety, and post-traumatic stress disorder; it may even lead to premature death (Brandl et al., 2007; Nerenberg, 2008).

Minimal research is available regarding effective interventions for older adults who have experienced abuse of finances and exploitation of resources. However, health professionals including nurses, physicians, and social service agents, as well as government and aging organizations, provide standards of practice and guidelines for assessment, intervention, and care strategies focused on elder abuse and exploitation. Several organizations have helpful information and resources available online to address this serious problem (see the Sidebar on this page).

In most states, nurses are mandated to report suspected elder abuse. Nurses should be suspicious during any clinical encounter with older adults if the following are discovered: bruises in varying stages of healing, unexplained injuries, depression, withdrawal, agitation, pattern of missed/cancelled appointments, verbalized inability to pay bills due to lack of money, frequent changes of health care providers, and missing assistive

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**RESOURCES ON ELDER ABUSE**

- Centers for Disease Control and Prevention
  [http://www.cdc.gov/features/elderabuse](http://www.cdc.gov/features/elderabuse)
- National Center on Elder Abuse
- National Committee for the Prevention of Elder Abuse
  [http://www.preventelderabuse.org](http://www.preventelderabuse.org)
- U.S. Administration on Aging
- U.S. Department of Justice, Office for Victims of Crime
  [http://www.preventelderabuse.org](http://www.preventelderabuse.org)
  [http://www.cdc.gov/features/elderabuse](http://www.cdc.gov/features/elderabuse)

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devices. Nurses must use their gut instinct when something just does not seem right. They should trust their instincts and report the suspected abuse to the adult protective service, law enforcement, or other agencies that serve older adults. If elder abuse, neglect, or exploitation is suspected, nurses can telephone the Eldercare Locator at 1-800-677-1116 or find a list of state reporting numbers on the NCEA website at http://www.ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/State_Resources.aspx.

Having knowledge about elder abuse and financial exploitation makes it real. Nurses have a legal, ethical, and moral responsibility to act on this knowledge, just as if a child or a domestic partner were the victim. Abuse knows no age, gender, socioeconomic, or cultural bounds. It happens everywhere. It may be happening even as you read this. Join this call to action and help stop elder financial abuse!

REFERENCES

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