

Article

Financial Elder Abuse Through the Lens of the Bystander Intervention Model

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Introduction

Over the years, there have been many calls for more research on the scope and severity of financial elder abuse (Pillemer, Connolly, Breckman, Spreng, & Lachs, 2015), as well as commentary on the need for society giving higher priority to prevention (Whitman, 2015). Perhaps more worrying than the paucity of research is concern that the quality of the research into elder abuse has advanced little in the decades since it first came to the attention of the research community around the world. Hafemeister (2003), acknowledging the poverty of intellectual debate in the field of financial elder abuse, has argued strongly for a more rigorous approach to developing concepts, definitions, and theory. Like Dessin (1999–2000), he argued that this research should be based on the specific and distinguishing characteristics of this type abuse, comparing and contrasting theorizing in related fields as useful ways of advancing research in the subject of financial elder abuse.

In this article, we shall outline a model of decision making—the bystander intervention model—which has considerable potential as theoretical underpinning for research, as well as for developing training in relation to the detection

and prevention of financial elder abuse. We shall draw on our own research to describe the potential of this model in detecting and intervening in cases of financial elder abuse (Davies et al., 2011; Davies, Gilhooly, Gilhooly, Harries, & Cairns, 2013; Gilbert, Stanley, Penhale, & Gilhooly, 2013; Gilhooly et al., 2013; Harries, Davies, Gilhooly, Gilhooly & Cairns, 2014a; Harries, Davies, Gilhooly, Gilhooly, & Tomlinson, 2014b)

Terminology, Definitions, and Conceptualizations

Interestingly, there is no agreed terminology or definition of elder financial abuse. The World Health Organization report refers to “elder maltreatment” (Sethi et al., 2011). In the United Kingdom, it is common practice to use “elder financial abuse” or “financial elder abuse.” Increasingly, the term “exploitation” is viewed as more appropriate.

In the United Kingdom, elder financial abuse is defined in the guidance document *No Secrets*, as “including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits (Department of Health and Home Office, 2000, p. 9, Section

2.7).” The National Center on Elder Abuse in the United States defines financial exploitation as the “illegal taking, misuse or concealment of funds, property, or assets of a vulnerable elder” (NCEA, 2014). Action on Elder Abuse, a U.K. charity, describes financial elder abuse as follows:

“another name for stealing or defrauding someone of goods and/or property. It is always a crime but is not always prosecuted. Sometime the issue is straightforward, for example a careworker stealing from an older person’s purse, but at other times it is more difficult to address. This is because very often the perpetrator can be someone’s son or daughter, or age prejudice means that other people assume it is not happening or that the older person is to blame.

Despite these differences, all the conceptualizations of financial elder abuse have built on essential notions of rights and trust and the need for prevention of harm and distress. Many organizations in the United Kingdom provide factsheets or practice guidance outlining the nature and types of financial elder abuse, all of which put an emphasis on particular *behaviors* and *settings* (Age UK, 2015; The Law Society, 2015). The motivations of the perpetrators are of importance as well. Drawing on the research by Brown (2003) and her colleagues, we have classified the motivations of perpetrators in our current research as

- Malicious—deliberately not spending assets for the well-being of the donor to protect an inheritance
- Malicious—deliberately spending or taking assets for their own personal benefit
- Opportunistic—a spur of the moment, unplanned act
- Misplaced moral justification—believing the victim would have wanted them to use the assets for their own benefit
- Neglect
- Incompetence

Scope and Severity

Prevalence

If we look at the various studies around the world, it appears that financial abuse is either the most or the second most common type of elder abuse. It must, however, be kept in mind that prevalence has been assessed in many different ways often with small samples, using self-report, and generally only community samples. In fact, in our view, the knowledge base in relation to prevalence is so limited that we are reluctant to even attempt to give an answer as to the size of the problem. Nevertheless, without some estimate of prevalence, we cannot convince policymakers to take this issue seriously and to provide more research funding. The following examples of prevalence studies will provide the reader with a feel of the range of prevalence figures globally.

Table 1. Examples of Prevalence of Financial Elder Abuse by Country

Country	Prevalence (%)	Authors (Year)
United Kingdom	0.7	O’Keeffe, Hills, Doyle, McCreadie, Scholes, and Constantine (2007)
Australia	1.1	Kurrle, Sadler, and Cameron (1992)
Ireland	1.3	Naughton et al. (2010)
United States	2.7/4.7	Peterson et al. (2014)
Spain	4.7	Garre-Olmo et al. (2009)
India	5.0	Chokkanathan and Lee (2005)
United States	5.2	Acierno et al. (2010)
United States	6.4/23	Beach et al. (2010)
China	13.6	Dong et al. (2007)

The European wide survey of Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden reported a pooled rate of 3.8% for financial abuse, with an estimated figure of 6 million people over the age of 60 experiencing financial abuse (World Health Organization Regional Office for Europe, 2011). Even if we postulate that around 2% of older people are abused financially, globally this would be a large number of people indicating the need for a better understanding of how best to address this issue (Table 1).

Financial and Psychological Impact

Little is known about the impact of financial elder abuse (Fealy, Donnelly, Bergin, Treacy, & Phelan, 2012). Nevertheless, as noted by Cassandra Cross in her study of relationship scams, elderly victims of financial abuse do not just lose money, they experience humiliation, depression, and may even commit suicide (Cross, 2012). Lowndes, Darzins, Wainer, Owada, and Mihaljcic (2009) report that financial abuse via fraud and telemarketing can be as shattering for an older adult as violence. The financial impact is greater on older people because they have less time and fewer opportunities to recover their financial losses (Crosby, Clark, Hayes, Jones, & Lievesley, 2008; Dessin, 1999–2000). Loss of money may also make older people more dependent on the state and reduces the ability of victims to care for themselves. Yearly fraud loss has been calculated at £38.4 billion per year in the United Kingdom (Social Care Institute for Excellence, City of London Police, and National Fraud Intelligence Bureau, 2011).

Decision Making and the Bystander Intervention Model

It is often stated that the cases we see are just the “tip of the iceberg.” This suggests that financial abuse may be suspected but no one intervenes. We must, therefore, come to a better understanding of the factors that influence decision

making when professionals, family members, neighbors, and others suspect elder abuse and decide either to act or remain silent. We believe that the “bystander intervention model” has considerable potential for theoretical underpinning research on detecting and preventing financial abuse as well as a method of structuring training for professionals.

Professional Bystander Intervention Model

Although developed to explain why people fail to act in emergencies (Darley and Latané, 1968; Latané and Darley, 1970; Latané and Nida, 1981), the bystander intervention model has considerable potential to help us understand decision making in relation to the detection and prevention of elder financial abuse. There are five stages to our modified “professional bystander intervention model” (Gilhooly et al., 2013):

- (1) noticing relevant cues to financial abuse,
- (2) construing the situation as financial abuse,
- (3) deciding the situation is a personal responsibility,
- (4) knowing how to deal with the situation,
- (5) deciding to intervene.

In the same way that a number of stages must be negotiated in cases of bystander intervention in emergencies, in non-emergencies such as elder financial abuse, the same stages must also be negotiated. Although policies and guidelines might indicate what should be done and who should take responsibility once elder financial abuse is identified, the identification of elder financial abuse itself involves complex judgments that are also part of the decision-making process.

Stage 1—Noticing the Cues to Financial Abuse

In traditional bystander intervention experiments, the study participant notices an event that he or she must then judge as an emergency or not. The cues to financial abuse, however, come to the attention of professionals in a variety of ways, for example, reports by family members, neighbors, and other professionals, as well as through “direct observation,” that is, reports of the abuse by the victim or observation of some anomaly by the professional.

Direct Observation versus Reports—Layers of Complication

In our study, comparing professionals in finance (banking and other financial organizations), health, and social care, finance professionals directly observed more cases of abuse than those reported to them by someone else. Social care professionals, however, were more reliant on cases being reported to them rather than directly observed. Health professionals directly observed a similar number of cases as those reported to them by someone else.

The higher number of directly observed cases among finance professionals is perhaps unsurprising given that these professionals work within the financial sector, deal with monetary issues and often work very closely with customers on a day-to-day basis. Those in finance are also trained, as part of their role, to identify any unusual financial behaviors or transactions made by customers. In social care, the higher number of reported rather than directly observed cases may be reflective of the formal processes by which adult protection cases are dealt with. It is also unsurprising that there were more reported cases or referrals than directly observed as social care professionals’ work with a range of cases, not just those who are at risk of abuse. Finally, health professionals are not only in a position to witness cases of potential abuse (e.g., general medical practitioners or community nurses visiting patients at home) but they are also likely to be informed about cases of abuse. Patients are seen to hold them in a position of trust where sensitive information can be disclosed to them under the confines of patient confidentiality.

. . . we’re GPs, we’re medical doctors, we’re not sort of financial advisors and you know a person’s finances are not really any of our business. However, you know, if someone’s being abused; physically, mentally, psychologically, financially, there’s someone who’s taking advantage of somebody else, then you know we do have a duty of care, but it is a very very difficult thing to pick up (GP Partner)

Professional Variations in Noticed Cues

What are the “cues” or case features that raise suspicions of financial abuse? Various Web-based sources of information provide lists of the “indicators” of financial abuse. For example, the U.K. charity Age UK (2015) lists change in living conditions; lack of heating, clothing, or food; inability to pay bills/unexplained shortage of money; unexplained withdrawals from an account; unexplained loss/misplacement of financial documents; the recent addition of authorized signers on a client or donor’s signature card; or sudden or unexpected changes in a will or other financial documents. Which of the indicators or cues of abuse are likely to be noticed will, of course, depend on the “observers” relation to the “victim.”

Our in-depth interviews revealed a very large number of “cues” that financial abuse might be taking place. As a consequence, we categorized the cues and explored variations between our three groups of study participants. What emerged was a similar picture for health and social care professionals, with three cue categories of importance in judgments: (1) types of abuse, (2) mental capacity, and (3) physical capacity (Davies et al., 2011).

Stage 2—Construing the Situation as Financial Abuse

This stage of decision making is particularly problematic. It is not unknown for older people with lots of money to live very modestly. Warren Buffet, one of the richest men in the world, lives relatively modestly, but most of us would not see the difference between his wealth and the size of his house as an anomaly that would cause us to conclude that he is being financially exploited. Many of us make large cash withdrawals when we are about to go on holiday, but when would this be a cue for financial exploitation? There are many more examples that could be provided indicating that it is not just the behavior or the incident itself that brings about the conclusion that someone is being financially abused. A very complicated set of subdecisions have to be made to come to the conclusion that the cues represent actual financial abuse.

Our research revealed that certain cues are more important to lead to certainty that abuse is taking place and, importantly, these cue categories were different for different professional groups. Among those in banking and finance, certainty of abuse was determined largely by the type of abuse, with mental and physical capacity accounting for only a small percentage of variance in judgments. Mental capacity was the most important cue for health and social care professionals, followed by the type of abuse (Davies et al., 2013; Gilhooly et al., 2013; Harries et al., 2014a). These differences in the impact of the cues on certainty that abuse is taking place are perhaps unsurprising. The focus in banking is often on protecting the money. Our finding that certainty was higher if more money was lost is interesting. When someone else was in charge of the money (lasting power of attorney or a third party signatory) those in finance more often noticed the cues to financial abuse. Professionals in social care, on the other hand, are charged with dealing with “vulnerable” people and, hence, are vigilant for signs of abuse of those lacking mental capacity and those who are dependent on others because of physical incapacity.

Our finding that some cues are weighed more heavily than others, and that certainty that abuse is indeed taking place is often determined by only a few factors, fits with other studies in the judgment and decision-making field (Kahneman and Frederick, 2005).

Stage 3—Deciding the Situation Is a Personal Responsibility

One might notice the cues of financial abuse, and might even decide that such abuse is most certainly taking place, but then decide that it is not a personal responsibility to act. In the United Kingdom, there is no legislation for mandatory reporting of elder abuse like that in the United States or Canada and, hence, it could be argued that it is somewhat easier to make the decision that it is not a personal responsibility to act. Recent legislation in the United Kingdom—the Mental Capacity Act 2005 and the Care Act 2014—has resulted in improved structures and processes for ensuring

protection against abuse as well as imposing a responsibility on local councils for the well-being of all adults at risk in their local area. Professional codes of conduct too have been revised or strengthened to ensure greater recognition of the issue among professions dealing with vulnerable clients.

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Stage 4—Knowing How to Deal with the Situation

Lack of experience in identifying and dealing with cases of financial abuse, as well as knowing how to appropriately deal with the victim of abuse and potential abusers (particularly family members), were frequently reported in our research as difficulties faced by social care, health, and finance professionals. Our study participants reported a need for guidance and training tools to be developed to enable them to improve their ability to accurately identify financial elder abuse and to make the appropriate decisions:

if there was something set in stone, that says this is what you need to do, and this is what you can do within your own powers kind of thing

Stage 5—Deciding to Intervene

Even if one has noticed the cues, decided that they represent real financial abuse, assumes responsibility, and knows what to do, it is still possible that the decision taken will be to not intervene. Years of bystander research has supported the original findings that the greater the number of people involved, the less likely it is that any individual is likely to intervene (Fisher et al., 2011). Even when it was relatively clear that financial abuse was taking place, participants in our study indicated that there were many barriers to acting. Finance professionals frequently highlighted the restrictions they faced particularly as a result of the Data Protection Act (UK Parliament, 1998) and the difficulty of reporting their suspicions for fear of consequences.

well the problem we have is Data Protection. Now we are very concerned you know, if we breach that, you know, it's all very well and good if it turns out to be a genuine case but if we've misread the signs then . . . whether we're in breach of Data Protection. So, you know, we're a bit unsure of what exact procedures we can take (Investment Manager)

Interestingly, our study participants seemed unable to explain what the Data Protection Act (1998) stipulated that prevented them from reporting a case of suspected financial abuse

(Gilhooly et al., 2013). According to the [British Banking Association \(2010\)](#), only the refusal of the customer's consent will prevent a case from being reported. If a bank suspects financial abuse but the customer either does not or is not prepared to admit, they may be a victim; this is a difficult area for banks in terms of the customer mandate. There is only one reporting route that is via the Suspicious Activity Reports (SARs) regime to the Serious Organised Crime Agency under the Proceeds of Crime Act 2002 ([The Stationery Office, 2015](#)). Contacting any other organization or person, whether it be the customer, law enforcement, social services, or the victim's family, before an SAR has been made to SOCA constitutes an offense for which the bank may be criminally liable.

A further difficulty faced by professionals was working with other agencies. Cases of financial elder abuse rarely had a positive outcome, often due to insufficient evidence to prosecute the perpetrator. Part of the problem involved working with various agencies that were unable to share information to support a case:

we tried to make some enquiries via the bank very tentatively, and obviously even though she'd sort of said 'right this is my social worker and things put her on the line there's been some irregularity here I don't understand what's happened,' they obviously wouldn't really tell us anything. (Team Manager)

All professional groups reported the need for more collaborative interagency working when detecting and preventing elder financial abuse to address this difficulty.

Layers of Complication

The bystander intervention model leads to an expectation of a strong association between certainty that financial abuse was taking place and likelihood of action. Our study found such an association. However, what surprised us was that when comparing mean ratings for the scales, the mean for "likelihood of taking action" was greater than "certainty that financial abuse" was taking place ([Davies et al., 2013](#)). This suggests that when in doubt, many professionals play safe and take action to intervene. However, the finding that participants from social care were more likely to take action, and to take stronger actions than participants from health and finance, again shows that the setting and professional grouping is a strong determinant of intervention.

An interesting study in the United States, where most states have mandatory reporting, revealed another layer of complication in the process leading from noticing the cues for abuse to actually intervening. [Rodriguez, Wallace, Woolf, and Mangione \(2006\)](#) were interested in the factors that inhibited reporting of elder abuse by physicians. They found three "paradoxes" that inhibited reporting: (1) physician-patient rapport—patients might reveal abuse because of rapport but would feel letdown and deceived if the abuse was reported; (2) quality of life—this paradox concerned the contradictory effects of reporting, which could include both improving and harming the patient's life, for example, via placing a patient in a care home; and (3) physician control—mandatory reporting

both decreased the onus on the physician to make the decision, while at the same time decreasing the physicians exercise of judgment as to how to improve the patient's welfare. It was, however, the finding that physicians would "give the benefit of the doubt" as to whether or not abuse was occurring and would increase the strength of the evidence needed to bring about reporting that was to us of particular interest. It appears that physicians cognitively manipulate the cues to ensure the best outcome, a very intriguing, and perhaps unintended consequence, of mandatory reporting laws.

Conclusion

Exploring decision making via the bystander intervention model has been instructive in a number of ways. First, our finding that professionals were more likely to decide that financial abuse is definitely taking place and were more likely to act, if the victim is mentally incapacitated, is a matter for serious concern. After all, we might want financial abuse to be detected and prevented well *before* people become mentally incapacitated. Determining the most urgent cases, based on mental capacity could, of course, be reflective of the pressure in the United Kingdom to direct scarce services where they are perceived as most needed as well as requirements of the Mental Capacity Act 2005 ([Department of Health, 2005](#)) and the Care Act 2014 ([Department of Health, 2014](#)) that adults at risk be protected.

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The fifth stage of our professional bystander intervention model is taking action. The United Kingdom has strong social and cultural norms of nonintervention in the affairs of neighbors, other family members, and friends. Although the norms for those in professional roles are different, the general cultural norms are likely to influence decision making in relation to the strength of the evidence needed to conclude with certainty that financial abuse is taking place and taking the decision to intervene.

More research is, of course, needed to determine the utility of the bystander intervention model in detecting and preventing financial elder abuse. However, we are of the view that the bystander intervention model has considerable potential for studying the decision making of both professionals and the public in relation not only to financial elder abuse in the community but also to neglect in hospitals and care homes. At any one of the five stages of our professional bystander intervention model, decisions could be taken that prevent financial abuse coming to the attention of those in a position to intervene. Given that financial elder abuse is rarely observed directly, those who report their suspicions of abuse to a professional who might intervene, must also go through all the stages of the bystander model, adding another layer of complexity to the decision making that brings cases of financial abuse to

the attention of authorities. In conclusion, looking through the lens of the bystander intervention model, it is perhaps unsurprising that reported cases are only the tip of the iceberg.

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