Financial Elder Abuse:
A Review of the Literature

Miranda Davies

With
Priscilla Harries, Kenneth Gilhooly, Mary Gilhooly

Working Paper 1

Series Title
NDA Project:
Detecting and Preventing Financial Abuse of Older Adults
The New Dynamics of Ageing Programme is a seven year multidisciplinary research initiative with the ultimate aim of improving quality of life of older people. The programme is a unique collaboration between five UK Research Councils - ESRC, EPSRC, BBSRC, MRC and AHRC - and is the largest and most ambitious research programme on ageing ever mounted in the UK.

The programme aims to develop practical policy and implementation guidance and novel scientific, technological and design responses to help older people enjoy better quality lives as they age. This requires integrating understandings of the changing meanings, representations and experiences of ageing and the key factors shaping them (including behavioural, biological, clinical, cultural, historical, social, economic and technological), through direct engagement with older people and user organisations. The programme will harness inputs from a wide range of disciplines to reveal the dynamic interplay between ageing individuals and their changing technological, cultural, social and physical environments - local, national and global - and to develop methods and means for overcoming the consequent constraints on the quality of life of older people.

Project Title: Detecting and Preventing Financial Abuse of Older Adults: An Examination of Decision-Making by Managers and Professionals

ESRC Ref : RES-352-25-0026

Project Dates: September 15, 2008-March 30, 2011

Working Paper Series Editor: Prof Mary Gilhooly

Project Contact: mary.gilhooly@brunel.ac.uk

The views expressed in this Working Paper are those of the authors and do not necessarily represent the views of the ESRC or the New Dynamics of Ageing Programme and its Director, Professor Alan Walker.
NDA PROJECT TITLE

Detecting and Preventing Financial Abuse of Older Adults:
An Examination of Decision-Making by Managers and Professionals

ESRC REFERENCE

RES-352-25-0026

GRANT HOLDERS

Prof Mary Gilhooly (PI)  Brunel University
Dr Priscilla Harries  Brunel University
Prof Kenneth Gilhooly  University of Hertfordshire
Prof Catherine Hennessy  University of Plymouth
Dr Anthony Gilbert  University of Plymouth
Prof David Stanley  Northumbria University
Ms Bridget Penhale  University of Sheffield

RESEARCH STAFF

Dr Deborah Cairns, Dr Miranda Davies, Ms Libby Notley
Brunel Institute for Ageing Studies

PROJECT PARTNERS

Action on Elder Abuse
AgeUK
British Association of Social Workers
HSBC
North Tyneside Council
Relatives and Residents Association
NDA Older Peoples Reference Group
About the Authors

DR MIRANDA DAVIES, PhD, is a research fellow in the Brunel Institute for Ageing Studies, Brunel University, Uxbridge. This review formed part of her PhD.

DR PRISCILLA HARRIES, PhD, is a Senior Lecturer in occupational therapy in the School of Health Sciences and Social Care and a member of the Brunel Institute for Ageing Studies, Brunel University.

PROFESSOR KENNETH GILHOOLY PhD, FBPsS, CPsychol, AcSS, is Emeritus Professor, Department of Psychology, University of Hertfordshire.

PROFESSOR MARY GILHOOLY, PhD, AFBPsS, CPsychol, AcSS, is Executive Director of the Brunel Institute for Ageing Studies, and Deputy Head Research, School of Health Sciences and Social Care, Brunel University. Professor Gilhooly was the Principal Investigator on the NDA programme grant of which this formed a part.

Please references as

Financial Elder Abuse:
A Review of the Literature

Table of Contents

The context and topic of study: financial elder abuse 6
UK policy documents addressing adult abuse 6
Elder abuse 8
Elder abuse research 10
Financial elder abuse 14
Financial elder abuse research 15
Summary of the financial elder abuse literature 20
References 22
Financial Elder Abuse: 
A Review of the Literature

This paper describes key policy guidance in relation to adult abuse, and presents research investigating elder abuse, to justify the focus of the research on financial elder abuse1. Specific attention will be given to the implications of policy and research on how such abuse is identified and addressed by different professionals. Areas of research interest in relation to financial elder abuse are identified based on the literature evidence. In part two of the literature review different judgement and decision making theories and approaches are presented, evaluating their potential application for researching decision making in cases of suspected financial elder abuse. To begin, key debates in the literature are introduced to consider the implications of these issues for the study of decision making in relation to financial elder abuse.

The context and topic of study: financial elder abuse

UK policy documents addressing adult abuse

The two reports discussed in this section include the guidance document No Secrets (Department of Health [DH], 2000) and the review of this guidance, Safeguarding Adults (DH, 2008). Identifying key UK policy was the starting point for investigating adult abuse, as No Secrets (DH, 2000) can be seen to have had a significant impact on how abuse is defined, as well as the processes adopted to deal with such cases. The guidance review Safeguarding Adults (DH, 2008) demonstrates how perceptions of adult safeguarding have changed since the release of No Secrets (2000), and this change has implications when considering current professional practice in this area.

No Secrets

In 2000, the Department of Health released policy guidance for England and Northern Ireland relating to adult abuse, entitled No Secrets. The National Assembly for Wales (2000) released a parallel document entitled In Safe Hands. For the purposes of this working paper No Secrets (DH, 2000) will remain the focus to avoid diversion into an analysis of policy differences between the two documents.

No Secrets (DH, 2000) suggests a number of aspects that could have an impact on perceptions of abuse, such as the association between abuse and an individual’s perceived vulnerability. No Secrets (DH, 2000) provides the following definition of a vulnerable adult (as shown below), which has been referenced in subsequent research, such as Mansell, Beadle-Brown, Cambridge, Milne and Whelton (2009), due to the impact of the guidance. A vulnerable adult is someone:

“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is unable to take care of him or herself, or unable to

1 The strategy adopted to determine relevant literature in the area of adult abuse involved firstly identifying key United Kingdom (UK) guidance documents. These publications were used to guide a targeted search within the database search engines Scopus and Web of Knowledge (searching for articles referencing ‘No Secrets’, ‘In Safe Hands’ and ‘Safeguarding Adults’) to explore current research in the elder abuse field. A broader literature search was conducted to identify material that had been published in relation to financial elder abuse (search terms included ‘financial elder abuse’, ‘financial exploitation’, and ‘financial abuse & older people’). Specific searches were undertaken to identify material referencing the most recent UK elder abuse prevalence study (search term: ‘UK study of abuse and neglect of older people’).
protect him or herself against significant harm or exploitation”. (Lord Chancellor’s Department, 1997 as cited in DH, 2000, p. 8-9)

This definition incorporates three main components that indicate vulnerability characteristics, one being the supposed ‘reason’ for vulnerability. Given that age is highlighted in this context, older people could be seen to be vulnerable, although no evidence was provided as to the association between age and vulnerability.

The second component, specifying a link to uptake of care provision, raises concern as this limits the scope of the definition’s application in cases of abuse of people living independently not known to any community agencies. This is highlighted in the 2008 consultation on the effectiveness of No Secrets (DH, 2000), which is considered later in this section. The third component of vulnerability references the individual’s response to the abuse situation. The emphasis implies a degree of helplessness in people affected by abuse, which may affect how they are perceived and dealt with by professionals.

When considering guideline content, No Secrets (DH, 2000) suggested that policies to deal with abuse should be developed at a local level. It specified that different professionals should work together to respond to cases of abuse, with social services co-ordinating this response. Health and social care professionals should be included as well as other agencies with specific expertise in the type of abuse under investigation. One impact of this has been that each local Council social service in the UK has developed guidelines for addressing adult abuse. In the Greater London area, Councils operate within London Boroughs. For example, the London Borough of Merton produced the Safeguarding Adults Multi Agency Toolkit (Merton Council, 2007), which lays out the responsibilities of different organisations in the area and what actions should be taken if abuse is suspected. Social services therefore play a key role in dealing with cases of adult abuse given this outlined responsibility.

No Secrets (DH, 2000) can be seen as a significant document in the sense that as a direct result of its release, social services departments have had to develop a formal process to respond to adult abuse. However, the focus on the vulnerability of those affected by abuse could affect how successfully the guidelines can be implemented. The intention was to protect those at greatest risk, but it may be that this classification is too restrictive to identify and respond to suspected abuse, such as in cases where the individual is not in receipt of community care services. There are also questions about the evidence basis of No Secrets (DH, 2000). The document stated that abuse policy should incorporate a “current state of knowledge based on the most recent research on signs/patterns of abuse and features of abusive environments” (DH, 2000, p. 20), but research findings are not incorporated into the document. The emphasis on current state of knowledge has an underlying assumption that thinking in relation to adult abuse was likely to develop and change, which is in itself evident in the following section where the review of No Secrets (DH, 2000) is discussed.

Safeguarding Adults

In 2008, a consultation paper was released, entitled ‘Safeguarding Adults: A consultation on the Review of the ‘No secrets’ guidance’ (DH, 2008). Its aim was to initiate debate around how effectively No Secrets (DH, 2000) guidelines had been applied, and whether specific legislation in this area was justified. Safeguarding Adults (DH, 2008) showed subtle changes in perceptions of abuse since No Secrets. This included a shift in terminology from ‘adult protection’ to ‘safeguarding adults’ when talking about preventing and reacting to abuse. Use of the term ‘safeguarding’ moves away from associating abuse with powerlessness, as it suggests people working together in response to abuse. This includes those affected by abuse and different professional groups.

Safeguarding Adults (DH, 2008) also acknowledged more explicitly that abuse could affect everyone and not just those defined as vulnerable. It talks about the implications of this for abuse guidelines, but cautions that if the remit of the guidelines is too great, this could limit the ability to apply them effectively. In a development from No Secrets (DH, 2000), Safeguarding Adults (DH, 2008) acknowledges that groups at risk should be identified by “practice and research” (DH, 2008, p. 20).
2. This highlights the importance of research to determine why abuse guidelines should focus in specific areas. For example, why might older people be at greater risk of abuse?

*Safeguarding Adults* (DH, 2008) asked a series of questions to address the effectiveness of the *No Secrets* (DH, 2000) guidance. One of the questions concerned the judgements that have to be made when abuse is suspected. Part of the complexity of dealing with cases of abuse surrounds how people decide the point at which action should be taken. There is potential for person-to-person variation in judging the time for action. *Safeguarding Adults* (DH, 2008) asked whether this level should be more clearly identified. Although not explicitly highlighted as a decision making challenge, this suggests there could be value in researching the decision making process in cases of abuse. This could consider how people decide that something is or is not abuse, and what the response should be.

*Safeguarding Adults* (DH, 2008) also acknowledged some of the challenges different agencies faced when working together, such as the extent of information they are able to share. One of the questions the document asks concerns the responsibility of banks to share information with other agencies if they have suspicions of financial abuse. This highlights the importance of a multi-agency response to identify and address different types of abuse, and understanding the sector specific challenges that need to be overcome.

In summary, *Safeguarding Adults* (DH, 2008) highlighted a number of changes in perceptions of abuse since *No Secrets* (DH, 2000) and key points of concern surrounding how consistent the response by social services is to cases of abuse, as well as the extent to which different agencies are able to work together in response to cases.

Responses from multiple agencies to the questions raised in the consultation document were released in July 2009 (Department of Health, 2009) and the Labour Government at the time responded to the comments in January 2010 (Department of Health, 2010). A commitment was made to release updated guidance in relation to adult abuse. Subsequently the coalition government has been elected. At the time of writing this document it is unclear whether this commitment to updating the *No Secrets* (DH, 2000) guidance will remain, and there is no information available on the expected time scale for delivery.

In terms of current terminology used in relation to adult abuse and safeguarding, there have been further shifts towards referencing ‘adults at risk’ rather than ‘vulnerable adults’ (Law Commission, 2010). Justification for this change in terminology can be demonstrated in the context of elder abuse. Donovan and Regeher (2010) introduce elder abuse as a “potential consequence” of older people’s reliance on family in advancing age alongside age itself as a cause of their vulnerability. This emphasises elder abuse as a product of the older person, rather than who is actually carrying out the abuse. Terminology used in this document reflects the terms prevalent at the point of writing this thesis, but acknowledges that updated policy guidance is likely to result in further changes.

Overall, consideration of the impact of policy guidance on the response to adult abuse demonstrates that there is confusion surrounding the definition of abuse, and the role of professionals in responding to cases. The need for research to address these issues has been highlighted.

**Elder abuse**

One question the *Safeguarding Adults* (DH, 2008) consultation asked was whether abuse guidelines should be focused on groups seen to be at increased risk. *No Secrets* (DH, 2000) suggested factors that might indicate people with increased vulnerability, one being age, in this context meaning older age. It is important to consider the age bracket this could incorporate, as there is variation in how older age is classified between research studies. In the reporting of a systematic review of national and international elder abuse prevalence studies, the age range of older people across the studies was between 40 – 74 years of age (Cooper, Selwood & Livingston, 2008). Old age could be classified on a number of criteria, such as retirement age. In the UK, 65 years is the current standard retirement age, although recent reports indicate that a default retirement age will end from 2011 (BBC, 2011). There is also sometimes a gender difference in when males and females are classified as
‘older’. Some older people’s council services, such as in the London Borough of Merton, are open to women above 60 years, but men above 65 years (Merton Council, 2008).

In research reports there is also a move towards considering older age itself in terms of younger versus older. For instance, Acierno et al. (2010) classified ‘young-old’ as 60-69 years, and ‘old-old’ as over 70 years in their reporting of influences on elder abuse prevalence. The aim of this approach seems to be to measure whether with advancing age the risk of elder abuse is higher. The different perceptions of what constitutes older age highlight that as yet there is no common consensus. It seems that the context of the classification affects the cut-off applied, and this should be remembered when comparing elder abuse research.

Identifying the extent and impact of abuse on older people is particularly important given the current and projected age distribution within the population. In the UK, National Statistics Online (2008) reports that the number of people of retirement age is now comparable to the number under the age of 16 (this being around 1 in 5). Increasing life expectancy is also likely to mean that the percentage of the population over the age of 60 continues to increase steadily. Although awareness of elder abuse as an issue has been heightened by the implications of projected older population estimates, elder abuse is a relatively recent research area. There has been an increase in research in the field in the last 30 years (Penhale, 2010), perhaps due to the concern of practitioners such as Eastman (1984) about elder abuse.

An aspect of discussion within the elder abuse literature has been how the issue shows parallels with child abuse research (Ogg & Munn-giddings, 1993). In the early stages of awareness raising about child abuse it was viewed by practitioners as an issue of key importance motivating attention and research, with the suggestion that the same pattern can be identified in relation to elder abuse (Perel-Levin, 2008). These parallels can also be seen in how policy makers have attempted to address abuse. In London, a standardised procedure to address abuse of vulnerable adults has recently been released (Social Care Institute for Excellence, 2011). Justification for a standardised approach could be a result of the equivalent model in child protection called the London Child Protection Procedures (London Safeguarding Children Board, 2010).

A key theme within the elder abuse literature is that such abuse is about more than just vulnerability associated with advancing age, including how society views the ageing process and older people in general (Perel-Levin, 2008). This presents interesting challenges when conducting research in this area. Some researchers have discussed ageism against older people. Phelan (2008) looked at elder abuse and ageism in the context of nursing practice and suggested that ageism could result in abuse against older people not being challenged. Professionals may then decide not to take action in cases where they suspect abuse. In summary, it seems that a focus on abuse of older people is important because of the relatively early development of knowledge in this area, as well as the complex environment in which this type of abuse takes place.

**What is elder abuse?**

Different definitions of elder abuse have been applied across policy and research literature. The World Health Organisation uses the definition of elder abuse provided by the charity Action on Elder Abuse (WHO & International Network for the Prevention of Elder Abuse, 2002), which defines elder abuse as ‘A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person’ (WHO, 2002, p. 3). Elder abuse has also been defined by researchers such as Dixon et al. (2010) in reference to the general definition of abuse provided in No Secrets (DH, 2000).

The UK prevalence study of elder abuse (O’Keefe et al., 2007) identified three key elements within the WHO (2002) definition of abuse, including the sorts of behaviour the abuse involves, the relationship between the person being abused and the person responsible and lastly the impact of the abuse on the older person. These provide a useful way to consider aspects that elder abuse is thought to involve. In terms of types of abuse, the broad categories of abuse outlined in No Secrets (DH, 2000) include physical, sexual, psychological, financial, neglect and discrimination. All of these can be illustrated by behaviour examples. For example, financial abuse might include taking money from an older person, or forging their signature to gain access to bank accounts or benefits.
The focus on who is responsible for the elder abuse is interesting, due to the potential implications on how abuse is addressed. Research has considered aspects such as family relationships, and factors that might act as a catalyst for abuse. Elder abuse is categorised by some researchers (e.g. Ogg & Munn-giddings, 1993; Phelan, 2008) as a type of “family violence”, alongside child abuse and domestic violence. This classification might explain why elder abuse and child abuse are addressed in terms of their similarities. Labelling elder abuse as a type of family violence does have the effect of focusing attention onto cases of abuse committed by family members over other groups.

The effects of elder abuse on the older person might include their feelings of safety, security and confidence. This is a particularly important aspect for research, as it makes the experience of the older person central, which is practice suggested in Safeguarding Adults (DH, 2008).

Elder abuse research has tended to adopt different definitions of abuse that focus on specific aspects of what could be seen to constitute abuse. It has been suggested that a universal definition of elder abuse and its component types would be valuable for consistency purposes (Cooper et al., 2008; Phelan, 2008).

**Elder abuse research**

A key concern of the elder abuse literature has been to establish accurate prevalence estimates of the extent of different types of abuse. As highlighted by Action on Elder Abuse, this is important so that queries regarding the true scale of this abuse cannot be used to justify a lack of resources to address the issue (FitzGerald, 2007).

**What is the estimated prevalence of elder abuse?**

Cooper et al. (2008) present findings from a systematic review of prevalence studies of elder abuse conducted worldwide. This included studies published up to October 2006. In all, 49 studies were identified as meeting specified criteria assessing study quality although only 7 of these used measures of elder abuse tested for validity and reliability. Studies that measured the prevalence of elder abuse from samples of older people from the general population reported rates of abuse from 3.2% to 27.5%. The researchers suggested that this range could be a result of the multiple ways in which abuse was defined across the studies, as well as how abuse was being measured, and the different population samples.

Cooper et al. (2008) also looked at studies measuring the abuse of older people who were dependent on others for care. One of the key conclusions from the systematic review was that older people who were reliant on others for aspects of care provision were at higher risk of experiencing abuse. Studies that addressed such cases reported an average of one in four older people having experienced psychological abuse. The literature review raises broader questions about the measurement of specific types of elder abuse such as financial abuse. Cooper et al. (2008) did not report figures specifically relating to financial elder abuse, commenting that there were no measures of this type of abuse that had been experimentally tested.

In the United States, the first national study to estimate incidence of elder abuse was the National Elder Abuse Incidence Study (National Center on Elder Abuse, 1998), which measured the number of reports to Adult Protective Services (APS) as well as cases identified by sentinels; individuals in the community such as bank workers, who had extensive contact with older people. This combined approach reported 449,924 cases of elder abuse or neglect in 1996. 30.2% of cases proved by APS were in relation to financial or material exploitation. A conclusion drawn from the research was that a large proportion of cases of elder abuse were not reported to APS. The use of the dual data collection method was thought to provide a more accurate representation of case incidence.

More recent elder abuse prevalence research has been undertaken in the United States, asking older people directly about their experience of elder abuse. The National Elder Mistreatment Study (Acierno et al., 2010) attempted to establish rates of elder abuse that were experienced by older people but not reported to APS or identified from another source such as a sentinel. Telephone
interviews were conducted with a representative sample based on age and gender of people aged 60 and above (n = 5777) about their experience of different types of abuse and neglect. Acierno et al. (2010) reported overall rates of abuse or neglect of around 10% in the last year, with 5.2% having experienced financial mistreatment by a family member in the last year.

In terms of UK based prevalence research, in 1992, Ogg and Bennett used a survey-based design to measure rates of abuse. As part of a survey of 2130 adults aged 16 years and above, they asked those over the age of 60 (n = 589) if they had experienced verbal, physical or financial abuse ‘recently’ by a family member or friend. It was reported that 1.5% of the participants (n= 9) aged 60 years or older had experienced financial abuse. They also asked all survey respondents about whether they had ever carried out either verbal or physical abuse on someone over the age of 60 (this would presumably include older people being asked about committing abuse of other older people). The research did not indicate that participants were asked about their experience of committing financial abuse.

One point of evaluation of this research concerns the lack of detail surrounding how the elder abuse questions were developed, or if they were validated prior to inclusion in the survey. Aspects of the phrasing could be questioned, such as use of the word ‘recently’ to indicate the time span since abuse, as this could mean different things to different people. Given that participants were being asked about committing abuse, it would also have been useful to include financial elder abuse as another category of questioning in addition to verbal and physical abuse.

In an attempt to establish the prevalence of elder abuse in the UK using a larger sample than Ogg and Bennett (1992) and with more rigorously tested measures, Comic Relief and the Department of Health sponsored a representative study, which was carried out by O’Keefe et al. (2007). The study included people above the age of 66 (n = 2111) across the UK living in the community (care homes and NHS facilities were excluded). Similar to No Secrets (DH, 2000), the types of abuse included were psychological, physical, sexual and financial. In addition, neglect was measured as a distinct category, but related to abuse under the heading of mistreatment.

The specific definition of financial abuse used was “...the unauthorised and improper use of funds, property or any resources of an older person” (McCreddie, 1996, as cited in O’Keefe et al., 2007). The researchers also specified that the financial abuse had to have taken place within the last year in order to be included. This was presumably to gain an indication of the situation regarding the incidence of financial elder abuse in the population. In terms of the relationship between the person responsible for committing the abuse and the older person, the primary focus was on abuse committed by family members or friends, with abuse by neighbours and acquaintances as a secondary and separate question area. Abuse by strangers was excluded from measurement in this research.

The impact of abuse and neglect experienced was also measured, by asking participants additional questions about the effects (social, emotional or physical) it had had on them. Questions were tailored to the specific type of abuse reported. In relation to financial abuse, a number of questions were asked. These included whether they had told anyone about it and if so, who that was. Participants were also asked how serious the impact of the abuse was judged to have been. Results were only reported at the overall level given the small number of cases the responses were based upon. Emotional and social impacts were the most commonly reported (O’Keefe et al., 2007).

O’Keefe et al. (2007) reported that 2.6% of the sample had experienced either neglect, or some form of abuse (psychological, physical, sexual or financial) in the last year by a family member, friend or carer. When the definition of elder abuse was extended to include abuse committed by neighbours or acquaintances, 4% of the sample was reported as having experienced some form of abuse or neglect. The prevalence of financial abuse occurring within the last year was 0.7%. The only category of mistreatment with a higher prevalence than financial abuse was neglect, at 1.1%. Data was also collected on financial abuse experienced since the age of 65, with a figure of 1.2%.

There has been some concern regarding how the prevalence figures from this research have been interpreted. Action on Elder Abuse questioned the reporting of the 2.6% overall figure on the basis of it reflecting too narrow a definition of who had committed the abuse. They also argued that the reporting of two overall figures (2.6% and 4%) gave a mixed message (FitzGerald, 2007).
Despite worries regarding the definitions applied within the research and reporting, the O’Keefe et al. (2007) prevalence study has been effective in terms of influencing working practices. Findings from the study have been considered in relation to the role that could be played by health professionals such as nurses to identify elder abuse. Manthorpe et al. (2007) highlighted that nurses can assess the support needs of older carers so that situations do not escalate to become abusive. This is in addition to the need for nurses to be aware of the possible signs of elder neglect and abuse and know what procedure to follow to report cases.

Concerns regarding the measurement of elder abuse

There are concerns as to the extent to which research can effectively capture rates of elder abuse. Crosby, Clark, Hayes, Jones and Lievesley (2008) suggest that prevalence estimates are restricted, due to older people’s unwillingness to report elder abuse. This could be because people find it difficult to discuss, as well as not wanting to accuse others if abuse is within the family and be seen to be causing trouble. Research evidence from Manthorpe et al. (2007) suggests another alternative, that older people do report abuse, but not singularly to individuals in a professional capacity. This may mean that research has not been able to capture the way in which elder abuse is reported more so than people not reporting it at all.

In the future it may be easier to capture the reported cases of elder abuse. The implementation of the No Secrets (DH, 2000) guidelines on the protection of vulnerable adults from abuse required local authorities to keep a record of adult protection referrals. Mansell et al. (2009) conducted an analysis of the content of ten-years of adult protection referrals from two local authorities in the South-East of England from 1998 - 2008. They identified that the average age of an adult protection referral was for someone aged 66 years old, and that overall 59% of all adult protection referral were for older people. Financial abuse represented 14.6% of all referrals. Although no breakdown of financial abuse was provided specifically for older people in the reporting, a significant relationship was identified between older age and financial abuse.

Mansell et al. (2009) identified that local authorities are at different stages in terms of adopting an extensive referral monitoring process. This includes the content of referrals and the degree of detail included. In future years there should be a more developed picture of the exposure of social service staff to such cases as recording becomes more standardised. This would potentially be UK wide, and enable changing trends in case numbers over time to be captured.

In summary, evidence from prevalence research suggests that financial abuse is one of the most common types of elder abuse. Given the rates of elder abuse reported, and the fact that this is likely to be a low indication of the total number of cases, in the next section the range of factors that may lead professionals to identify elder abuse are considered.

How might professionals identify elder abuse?

Research has attempted to identify the risk factors for elder abuse, in order to inform professionals as to how cases may be identified. Age in itself has been one area of interest, but with conflicting results reported. Acierno et al. (2010) report that older people aged 60-69 years were more likely to experience financial abuse than those aged over 70 years. O’Keefe et al. (2007) conversely reported that males aged over 85 had a higher prevalence of financial abuse than those between 66 – 84 years. Elder abuse may also be a factor of increased likelihood of physical and mental problems with age increasing vulnerability to abuse. There is evidence that age increases the risk for conditions such as Alzheimer’s. The Alzheimer’s Society, (2011) report that prevalence of dementia increases to 1 in 5 people aged over 80 years, from 1 in 50 aged 65 – 70 years.

Gender has also been identified as a risk factor in relation to abuse. It has been suggested older woman are at greater risk of abuse, due to the compounding impact of cultural norms concerning behaviour towards women (Perel-Levin, 2008). The National Elder Abuse Incidence Study (National Center on Elder Abuse, 1998) reported that cases of financial elder abuse predominantly involved females. As with age though, some mixed results have been reported, in that older men are at greater risk than younger men (O’Keefe et al., 2007).
Research has also investigated the risk factors for specific types of elder abuse, such as financial. This has included considering the association between declining mental capacity and financial elder abuse. Suspicions of financial elder abuse can result in health professionals being asked to assess a patient’s mental capacity. The involvement of specific health professionals can depend on the type of assessment required. Wiglesworth, Kemp and Mosqueda (2008) report on the role of clinical psychologists in assessing whether in a case of suspected financial elder abuse, the patient’s mental capacity was a factor in the occurrence of abuse. Health professionals such as general practitioners (GP’s) can be asked to witness documents such as a new will, which requires assessment of mental capacity. An additional factor in the relationship between mental capacity and financial elder abuse is that poor capacity to manage finances has in itself been identified as a possible sign of Alzheimer’s disease (Widera, Steenpass, Marson & Sudore, 2011). If limited capacity to make financial decisions can result both in financial abuse and be an indicator of specific conditions such as Alzheimer’s, this has implications for abuse identification. It may be that through diagnosis of Alzheimer’s, financial elder abuse emerges.

Wealth has also been considered as a risk factor for financial abuse. Kemp and Mosqueda (2005) highlight the impact of higher wealth distribution amongst the elderly, which perhaps provides increased opportunity for financial abuse. Although financial elder abuse is thought to more commonly effect older people with higher assets (Wilson, Tilse, Setterlund & Rosenman, 2009) this does miss the potential vulnerability of elderly people without extensive assets to abuse by implying a wealth threshold. This is a point that any research definition of financial abuse should clarify, as the amount of money involved may change whether a situation is classified as financial abuse.

Research also suggests that particular living circumstances can be a risk factor for abuse, with older people being at increased risk of financial abuse where they are living with sons or daughters (Wilson et al., 2009). A study of cases of suspected abuse leading to a professional being referred to the Protection of Vulnerable Adults List identified that financial abuse was significantly less likely to occur in nursing homes or residential care than where domiciliary care was being received in the older person’s own home (Hussein et al., 2009).

In conclusion, consideration as to how professionals might identify elder abuse highlights that a range of factors may be seen as risk factors for financial abuse in particular. Given the limited guidance for professionals as to how to detect and respond to elder abuse and the highlighted issues surrounding measuring financial elder abuse, the following section will consider research regarding financial elder abuse in greater detail.

**Financial elder abuse**

Financial elder abuse is an area gaining increasing attention from policy makers and researchers. There is also rising public awareness of different types of financial abuse, perhaps resulting from targeted campaigns, such as ‘Think Jessica’, (thinkjessica.com) which address financial abuse in relation to scam mail. Scam mail involves letters sent to people, which results in them being conned into sending money. If people respond, they can subsequently receive sometimes hundreds or thousands of scam letters. The Office of Fair Trading reported on research involving asking people about their experiences of scams as part of an omnibus survey of 11,214 people aged over 15 years old (Office of Fair Trading, 2006). It was reported that approximately 50% of people targeted by scam mail were older than 55 years, and that the financial losses resulting from scam letters are higher for older people. Schemes have also been promoted to report incidents of specific types of financial abuse. For instance, the National Fraud Authority (2011) encourage people who have received a scam email to forward them to the action fraud website, so that information about fraud can be investigated by the National Fraud Intelligence Bureau.

As with elder abuse more broadly, projected estimates regarding the relative proportion of older people growing in the population have been a factor in generating interest in financial elder abuse (Kemp & Mosqueda, 2005). Although it does follow that with greater numbers of older people there are more opportunities for financial elder abuse to take place, it is important to consider why financial abuse is an issue affecting the elderly.
What is financial elder abuse?

As with discussion of elder abuse, there is debate concerning what constitutes financial elder abuse. Studies that provide a definition of financial abuse tend to predominantly include examples of behaviour that could be viewed as financial abuse. Setterlund, Tilse, Wilson, McCawley and Rosenman (2007) defined financial elder abuse as the mishandling of an elderly person’s finance or assets that takes place in the context of a “relationship implying trust” (Setterlund et al., 2007, p. 600). The definition of financial (or material) abuse provided in No Secrets (DH, 2000) is ‘Financial or material abuse, 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; (DH, 2000, p. 9).’

Some studies have extended the issue of financial abuse occurring in the context of particular relationships as a reason to limit the focus of the research to abuse committed by particular groups. O’Keefe et al. (2007) when researching abuse prevalence rates, explicitly excluded abuse committed by strangers, on the basis that this type of abuse is qualitatively different from abuse by family members. Financial abuse by strangers is also excluded in the definition of elder abuse used in Australia (Elder Abuse Prevention Unit, 2008).

The scope of definition therefore has potential implications both when comparing the results of different studies, and when considering how large a problem the issue of elder abuse is. Crosby et al. (2008) identified that the ways in which people are committing financial abuse are becoming more varied (such as internet scams which offer a prize if the individual sends money), and this type of financial abuse is more likely to be committed by strangers. If financial elder abuse research is conducted purely within a family context, this makes it difficult to accurately assess the scale of such abuse and how cases are dealt with.

The debate surrounding the definition of elder abuse and financial abuse, and variation in the potential elements that research and policy definitions have incorporated demonstrates the complex issues involved in conducting research in this area. Despite people not always being sure what financial abuse is, general awareness of financial abuse is increasing, with particular attention placed on the effects on older people.

Financial elder abuse research

Academic literature addresses financial elder abuse under two research strands. The first is where financial abuse emerges as an issue as part of the study of elder abuse in general. The second is the specific study of financial elder abuse, this being the smaller of the two areas. As an introduction to research related to financial abuse of older people, a review of literature in this area conducted by Help the Aged is discussed.

Help the Aged: The financial abuse of older people literature review

In 2008, a report entitled ‘The financial abuse of older adults: a review from the literature’ (Crosby et al., 2008) was published by Help the Aged, who have now joined with Age Concern to form the Charity AgeUK. Despite its focus on financial abuse, one of the points highlighted by the review was that financial abuse tended to be considered in comparative terms to other forms of elder abuse, rather than in isolation. The review process involved two search strategies; the first being to look for material specifically about the financial abuse of older adults, and the second to identify material about how older people’s financial affairs are managed. In total over 1,000 documents were selected, which were then rated on a 1-10 scale to determine their degree of relevance. The review reference list includes 100 reports and articles highlighted in the review itself, and in addition the bibliography provides references for 700 of the total article set reviewed. The aim of the review was to identify key issues relating to financial abuse of older people, as well as reference materials. The involvement of Help the Aged as a charity with specific objectives relating to the protection of older people may have therefore have had an impact on the issues that were chosen.
The report commented on the profile of likely victims of financial elder abuse as well as those who commit financial abuse. This emphasised family relationships, highlighting research evidence of the proportion of financial abuse that occurs within families. Action on Elder Abuse (2006) in a summary report of calls to their helpline reported that 53% of those accused of financial elder abuse were sons or daughters of the victim. The review also included a section on recognising abuse, which highlights the number of researchers who have attempted to specify indicators of abuse. Although within the scope of the Crosby et al. (2008) literature review it was not feasible to identify the methodology applied in the development of all study indicators, the review does not provide any comment on how these indicators are used in practice, or if indicators vary depending on the professionals who are using them.

Abuse within families is a complex issue, in part because of the reliance on unofficial care arrangements for older people. Figures from the 2001 census report that there are approximately 6 million people in England and Wales who support family members or others with unpaid care, with a proportion of this being to support people with older-age related health issues (National Statistics Online, 2006). Although the reported figure also includes those caring for individuals with a disability or a chronic health complaint, highlighting care for the elderly as a core group recognises the role of unpaid carers in provided support for those with health problems in old age. The fact that the carers are unpaid also means that they represent a financial value to the economy and a resource not provided by the national health services, and perhaps beyond the scope of the existing system to replace. Carers UK (2007) report that the financial value of carers equates to £87 billion per year.

Bearing in mind the time since the last census, it will be interesting to see if figures have changed substantially in the reporting of the 2011 census. In addition, a breakdown of care provided for specific groups would be valuable to identify the proportion of those providing informal care for the elderly. Given the personal and practical value of carers, it is important that the role they play is respected as well as detecting and preventing cases of financial elder abuse. Accurate detection of financial elder abuse should also aim to safeguard carers from false accusations as well as protecting the elderly.

The review ends by making a series of recommendations, including for different agencies to work together to develop a response to financial elder abuse. The Crosby et al. (2008) review can be seen as a sign of the growing awareness of financial elder abuse as an issue, but there was a lack of attention to the limitations of the available evidence in this area. The following sections review more recent research conducted in relation to financial elder abuse, beginning with international research.

**International financial elder abuse research**

Much of the research looking at financial abuse rather than elder abuse more generally has been conducted abroad. In Australia, the Assets and Ageing research program has addressed the issue of financial elder abuse by examining the experiences of older people, carers and professionals as to how money and assets are managed (Wilson et al., 2009). Setterlund et al. (2007) report on one aspect of the Assets and Ageing research program, which examined the management of elder people’s finances from the perspective of Routine Activities Theory. This theory sets the context of family involvement in the management of an elderly person’s finance as a standard carer’s task, with financial abuse being at the extreme end of likely occurrences. This research approach is therefore similar to that adopted in the Crosby et al. (2008) literature review, identifying what financial management was part of carers’ responsibilities, to then consider how common practices could potentially lead to abuse.

Setterlund et al. (2007) carried out semi-structured interviews with 81 family members who were responsible for managing the financial affairs of 86 elderly people in total. The participants were asked questions about how they managed the finances of the elderly person they were helping. It was noted that participants were willing to talk freely about practices that may be perceived in a negative light as the focus was on finance management rather than looking specifically at practices of financial abuse. Setterlund et al. (2007) reported the opportunities for financial abuse that exist when managing even straightforward financial matters such as bill paying, as well as how mechanisms such as accurate report keeping are used by carers to evidence good practice. This links to one of the tenets of Routine Activities Theory thought to limit the possibility of
abuse, the perceived presence of a ‘capable guardian’. This led to some carers consciously keeping accurate records in case they were called to account for anything.

This research is interesting as it highlights the role of family dynamics and relationships in cases of abuse, which may mean that those responsible do not view what they are doing as abuse. The family dynamics that can surround financial elder abuse also need to be considered in relation to prevalence reporting, to understand why those affected might not be willing to report it.

The Australian Assets and Ageing research program has also investigated issues associated with the financial abuse of older people and the impact of their mental capacity. McCawley, Tilse, Wilson, Setterlund and Rosenman (2006) report that people often hold perceptions about their entitlement to an older person’s money or resources, perhaps through future inheritance. In circumstances where such beliefs are held, if the older person also has declining mental capacity to make financial decisions this could result in financial abuse. This was linked to the individual having access to manage finances through formal arrangements such as Enduring power of attorney. McCawley et al. (2006) also commented that the actions of the holder of the power of attorney are not consistently monitored, which can mean cases of financial abuse are not noticed.

The overall focus of the Ageing and Assets research programme was on abuse by carers and family members in relation to money management practices. This raises questions as to whether financial abuse is accompanied by similar issues where abuse by others outside of the family unit is suspected. It would be interesting to see whether the issue of increased opportunity for abuse through easier access to assets and limited monitoring where an individual has declining mental capacity were consistent across abuse by different perpetrators.

Research looking specifically at financial elder abuse has also been carried out by Kemp and Mosqueda (2005), using a questionnaire-based design. This research was conducted in the USA. The aim was to develop and test a framework that could be used by practitioners to identify cases of financial elder abuse. The researchers firstly reviewed literature that addressed the identification of financial elder abuse to determine key factors of abuse. This was done alongside collating observations from practitioner experience of other relevant factors, which ultimately produced a draft framework consisting of eight items. Framework items were then reviewed on 20 new cases of financial elder abuse received by the Elder Abuse Forensic Center in California, who were supporting the research as experts in the field. The eight items were all found to be present in each case (Kemp & Mosqueda, 2005). The framework items included: (1) Vulnerability to abuse as a result of health or social problems (2) Exploitation of a trusting relationship between the abuser and the older person (3) Assets being procured from the older person (4) A lack of openness in the situation (5) No assessment of the older person’s mental capacity or best interests by a ‘qualified expert’ (6) Asset management practices not being in the older person’s best interest or what they actually want (7) A lack of clarity or clear accountability, such as accurate record keeping (8) No consideration of the impact of abuse on others.

The researchers decided that all eight framework aspects should be retained for wider evaluation, although it would have been useful to know the scale that the framework items presence was reviewed on. Reporting indicates that the professionals ‘rated the degree to which element was present/absent’ (Kemp & Mosqueda, 2005, p. 1124). If this was on a dichotomous scale, it is questionable as to the extent to which the results can subsequently extrapolate the ‘importance’ of the elements as suggested.

Kemp and Mosqueda (2005) then assessed the framework using a larger sample including 159 professionals primarily from a legal background (deputy district attorneys and law enforcement), but also health and social care (nurses and social workers) who were recruited at two conference events held in California. They were asked to rate how well they thought the framework as a whole was relevant to their professional experience of financial abuse cases, with 90% assessing it as ‘Almost entirely’ or ‘Very Much’ relevant. There are various points of interest about this research. When rating the relevance of the scale as a whole, participants were told to only think about cases where they were sure financial elder abuse was occurring, and not those where they had any doubt. This criterion is questionable for two reasons. Firstly, at the stage of making the decision as to whether financial abuse is occurring, all cases may involve a degree of doubt. An aspect of the decision making process is how professionals navigate these doubts. Secondly, if the framework
were to have practical application it would need to be applicable to all potential cases of financial abuse, regardless of the professionals’ strength of belief.

Given that group assessment of the framework was only at the overall level, the framework provides an explanation of financial abuse, but not a test of how its use in practice would support decision making. This may therefore be a potential direction for future research, whereby similar to the initial phase where the 8 items were reviewed against 20 cases, the final framework is used in practice by a larger sample. Considering the application of the framework to different professional groups may also support the testing of a framework for wider audiences such as other health and social professionals and those working in the finance services sector.

**UK financial elder abuse research**

Adopting a similar research perspective to Setterlund et al. (2007) and focusing on financial management practices rather than instances of abuse, Arksey, Corden, Glendinning and Hirst (2008) carried out a scoping study looking at the management of older people’s finances. The aim of the study was to consider the role of family members and friends in managing older people’s financial affairs to collate different areas of research evidence. Part of the study involved reviewing research on elder financial management. Worldwide research was included (up to 2007) involving financial elder abuse cases as well as financial management by paid carers and financial management by family and friends.

The study also looked at information and guidance relating to the management of elder people’s finances. The key conclusions drawn were that formal requirements were complex, and that in some instances advice could be contradictory. Most importantly, there was limited information relevant to the experiences and responsibilities of family and friends carrying out elder financial care.

Arksey et al. (2008) also conducted interviews with 12 finance professionals in England who had experience advising on financial management for older people. The professionals were asked questions about the sorts of financial support carers were giving, and common problems that emerged. One point reported was that families had different ideas about what sorts of behaviour was acceptable in terms of dealing with money. Interestingly, when talking about this perceived “grey area”, the researchers refer to examples of misuse of assets before going onto discuss reports of intentional financial abuse. There is therefore an issue of a threshold at which something is classified as abuse, whether it was intentionally abusive or not. It was also identified that situations that could be perceived as potentially abusive sometimes emerged only when family members were critical of financial decisions made by other family members. This therefore identifies a problem professionals may face when trying to identify cases of financial abuse, as it can be difficult to be aware of what goes on within families.

This research is relatively unique in the sense that it focuses in part on the experiences of finance professionals in dealing with elder financial management, and this has been identified as an area in need of research (Manthorpe, Penhale, Pinkney, Perkins & Kingston, 2004). In terms of the value of focusing on management rather than instances of abuse, such research is valuable from a prevention standpoint to identify and communicate what constitutes good practice. In terms of identifying and intervening in financial elder abuse cases it would be useful to further investigate the role of finance workers from this perspective. There may also be value in comparing the contribution of different professionals in terms of prevention and intervention.

In summary, research evidence identifies minimal research focusing specifically on financial elder abuse outside of the study of elder abuse more broadly. Where research is specific to financial elder abuse, the emphasis has been predominantly on the carer and older persons’ perspectives. Research into carer financial management (Setterlund et al., 2007; Arksey et al., 2008) is valuable because it is part of the carer role and financial abuse is not a necessary outcome of care. Although the researchers have extracted from the findings how financial management could lead to financial abuse, safeguarding finances managed by a carer is only one aspect of abuse prevention. There seems to be a lack of research into how professionals should identify and respond to abuse, and such research could be used to inform guideline development in this area. *Safeguarding Adults* (DH, 2008) identified a need for research so that action guidelines are based on the best possible evidence. The
Kemp and Mosqueda (2005) research to develop a framework of financial abuse involved professionals, but there are questions surrounding the validation of the framework measure, and it is unknown if it would be applicable within a UK setting.

Identifying and responding to financial elder abuse

The implementation of No Secrets (DH, 2000) means that a wide range of professionals could be involved in addressing financial elder abuse. Addressing abuse could include prevention in terms of identifying factors that might place an older person at increased risk of abuse, as well as taking action where abuse has been identified. Given the central role of social care services in the response to cases of abuse, consideration of how social care professionals address abuse is of key concern.

Other professionals that could play a role in detecting financial abuse are health professionals. The role of health professionals in tackling elder abuse is generally discussed in terms of detecting the full range of abuse of the elderly. Financial elder abuse is particularly difficult to identify through (Levine, 2003), and so would perhaps benefit from specific guidelines as to how it should be identified and addressed. Tung, Schipper and Takahashi (2007) suggest that health professionals may be able to detect abuse given the access that they have to older people when conducting routine check-ups and dealing with underlying health conditions. GP’s may also be seen to hold a position of trust whereby sensitive information could be disclosed to them under the confines of doctor/patient confidentiality that raises suspicions of financial abuse. As yet the extent of GP reporting of suspected abuse is minimal (Almogue, Weiss, Marcus, & Beloosesky, 2010).

Research has suggested that to improve abuse identification by GP’s, they should ask elderly patients a series of questions about abuse as a standard part of the patient consultation, therefore explicitly making the subject of abuse accessible (Levine, 2003). Researchers (Wilson et al., 2009) have also discussed whether social care professionals should ask older people directly about abuse. Although this approach may increase attention to elder abuse, it would not have an impact on the professional’s ability to identify cases where older people are not forthcoming with information. In addition, even if direct questions improved rates of identification this would not necessarily ensure appropriate action is taken in such cases.

The potential role of a range of health professionals has been considered, including dentists. Dougall and Fiske (2008) in a discussion of how dental staff can best support older adults affected by stroke, Parkinson’s disease or dementia reported that such conditions can mean individuals are more vulnerable to abuse. It was suggested that dental staff should be aware of the potential signs of abuse and know what action to take.

Given the monetary aspects of financial abuse, another group to consider is banking professionals. Crosby et al. (2008) recommended that further research is needed looking specifically at the role of finance services in reducing the risk of financial elder abuse. Identification of suspected financial abuse by banking professionals may enable action to be taken before money or assets are lost (Wilson et al., 2009). Literature relating to the banking industry and financial elder abuse is limited, and is primarily based internationally. In Australia, Lowndes, Darzins, Wainer, Owada and Mihaljc (2009) conducted a literature review as part of the Protecting Elder’s Assets Study, which covered issues related to the definition of financial elder abuse, what constitutes such abuse and what can be done about it. This included discussion of the involvement of the banking and financial services sector in addressing financial elder abuse.

In the some states of the US such as California, banking staff are legally obliged to report suspected financial elder abuse (Office of Governor, 2009). US literature is predominantly focused on training that exists for banking staff about financial elder abuse, rather than how they decide what to do in such cases. Kaye and Darling (2000) reported that in the state of Oregon, every bank was sent a training pack about financial elder abuse. This included a video of potential financial abuse scenarios, information about the sorts of circumstances that should lead to referral to other agencies, and information cards for cashiers to have at the cash desk. The article contained minimal information about how the materials were created, aside from saying that they were developed by the Oregon Attorney General’s task force on elder abuse.
The role of legislation in the response to elder abuse

It is important to identify recourse available in response to financial elder abuse, as this has the potential to impact on actions taken in such cases. No Secrets (DH, 2000) provides recommendations to local authorities as to how they should deal with elder abuse, but as a guidance document (under Section 7 of the Local Authority Social Services Act 1970), these do not have to be adopted if significant argument can be given as to why they should not be. This therefore leads to inconsistency in the response to cases of elder abuse. Action on Elder Abuse (2010) has suggested that the status of No Secrets (DH, 2000) as guidance only, minimises the perceived seriousness of such abuse. An objective of the Safeguarding Adults (DH, 2008) consultation was therefore to consider the need for legislation. Potential developments in this area are unknown at present given the recent change in UK Government leadership.

In the UK, current legislation that could be used in relation to elder abuse focuses on those who are part of the formalised care system. The Care Standards Act 2000 (see Legislation.gov.uk, 2000) incorporated a number of measures to address and monitor standards in local authority care, and the Safeguarding Vulnerable Groups Act 2006 (see Legislation.gov.uk, 2006) attempts to reduce the risk of abuse by restricting people who are able to work with adults defined as vulnerable, such as older people in receipt of care services. These acts are not specific to older people or the circumstances of elder abuse. In terms of responding to financial abuse, there is the potential for cases to be considered under the criminal justice system, but this would be dependent on available evidence.

The Mental Capacity Act 2005 should also be highlighted in the context of action in cases of abuse and the role of professionals as decision makers in such cases. Under Section 44 of the Mental Capacity Act 2005, “ill-treatment or wilful neglect” of someone without capacity is grounds for criminal prosecution (Department for Constitutional Affairs, 2007). This could include where elder abuse was suspected, but would not be applicable in instances of abuse where capacity was not in doubt. The Mental Capacity Act 2005 could also be seen to be relevant to decision making in relation to suspected financial elder abuse. Professionals have to decide the action to take which would be in the best interests of the older person. In addition, the Mental Capacity Act 2005 specifies that people cannot be presumed to be without capacity based on making a seemingly unwise decision. This may be an issue in relation to financial elder abuse as people have different ideas of what constitutes wise financial decisions.

In Scotland there is definitive legislation in response to elder abuse under the Adult Support and Protection (Scotland) Act 2007 (see Legislation.gov.uk, 2007). This Act requires Councils to look in to any cases of suspected abuse, including abuse occurring in a person’s own home or in a care home. As a result of the Act, different agencies are required to work together to respond to abuse under the development of multi-disciplinary Adult Protection Committees. Given that the Act was applied from 2008, it will be interesting to assess the impact of this Act on working practices and perceptions of abuse in future years. Given the current review of No Secrets (DH, 2000) and the drive for legislation in response to elder abuse, the legal response to cases of abuse may be very different within a relatively short time period. This is therefore an area that should be monitored due to the potential impact on working practices.
Summary of the financial elder abuse literature

• There is currently no consensus as to how financial elder abuse should be defined, with different definitions applied in policy documents such as No Secrets, as well as in a research context. Despite this, definitions are commonly based upon examples of behaviours that might be seen to constitute financial abuse.

• In the UK, the most recent elder abuse prevalence study reported that the prevalence of financial elder abuse occurring in the last year was 0.7%, making it the most common form of elder abuse after neglect. Prevalence figures are also likely to represent an underestimation, suggesting that the scale of the problem is likely to be higher than formally identified.

• Reported risk factors for elder abuse have included advancing age (O’Keefe et al., 2007), being female (National Centre on Elder Abuse, 1998; Perel-Levin, 2008), declining mental capacity (Wiglesworth et al., 2008), higher wealth (Kemp & Mosqueda, 2005), and living with family (Wilson et al., 2009).

• Research in the area of financial elder abuse is limited, focused mainly on factors that might lead to financial abuse if carers are managing finances (e.g. Setterlund et al., 2007). There is no evidence of research that has explored how professionals make decisions in relation to financial elder abuse.

• Research needs to be undertaken to explore decision making in the context of financial elder abuse. This is important to determine how professionals identify that financial abuse is occurring, the decisions that have to be made in such cases and factors that can help or hinder decision making.
References


Hussein, S., Stevens, M., Manthorpe, J., Rapaport, J., Martineau, S., & Harris, J. (2009). Banned from working in social care: A secondary analysis of staff characteristics and reasons for their
referrals to the POVA list in england and wales. Health and Social Care in the Community, 17(5), 423-433.


This literature review describes key policy guidance in relation to adult abuse, and presents research investigating elder abuse, to justify the focus of the research on financial elder abuse. Specific attention is given to the implications of policy and research on how such abuse is identified and addressed by different professionals. Areas of research interest in relation to financial elder abuse are identified based on the literature evidence.

Published by the
Brunel Institute for Ageing Studies
Brunel University
Kingston Lane, Uxbridge, Middlesex
England, UB8 3PH

Printed by Brunel University
© Miranda Davies 2011
Email: bias@brunel.ac.uk

ISBN 978-1-902316-88-8