



Elder Abuse in the COVID-19 Era

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USC Roybal Elder Abuse & Maltreatment Roundtable
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Background



Board Certified Clinical
Neuropsychologist

Financial exploitation of
older adults



Rush Alzheimer's Disease Center Collaborative Work to Date

Archives of Gerontology and Geriatrics

Financial literacy is associated with medial brain region functional connectivity in old age

S. Duke Han^{a,b,c,*}, Patricia A. Boyle^{a,b}, Lei Yu^{b,c}, Debra A. Fleischman^{a,b,c}, Konstantinos Arfanakis^{b,d,e}, Sue Leurgans^{b,c}, David A. Bennett^{b,c}

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 eMental Health Care Group, VA Long Beach Healthcare System, Long Beach, CA, USA

Experimental Gerontology

Ventromedial PFC, parahippocampal, and cerebellar connectivity are associated with temporal discounting in old age

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Behavioural Brain Research

Neural intrinsic connectivity networks associated with risk aversion in old age

S. Duke Han^{a,b}, Patricia A. Boyle^{a,c}, Konstantinos Arfanakis^{b,c,d}, Debra A. Fleischman^{a,c}, Lei Yu^{b,d}, Emily C. Edmonds^e, David A. Bennett^{b,d}

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NeuroImage

Financial literacy is associated with white matter integrity in old age

S. Duke Han^{a,b,c}, Patricia A. Boyle^{a,c}, Konstantinos Arfanakis^{b,d}, Debra Fleischman^{a,c,f}, Lei Yu^{d,f}, Bryan D. James^g, David A. Bennett^{d,f}

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Brain Imaging and Behavior (2016) 10:524–532

ORIGINAL RESEARCH

Grey matter correlates of susceptibility to scams in community-dwelling older adults

S. Duke Han^{1,2,3,4}, Patricia A. Boyle^{1,2}, Lei Yu^{1,3}, Konstantinos Arfanakis^{6,7}, Bryan D. James^{1,5}, Debra A. Fleischman^{1,2,3}, David A. Bennett^{1,3}

Brain Structure and Function

ORIGINAL ARTICLE

White matter correlates of temporal discounting in older adults

S. Duke Han^{1,2,3,4,10}, Konstantinos Arfanakis^{5,6,7}, Debra A. Fleischman^{8,9}, Lei Yu^{6,9}, David A. Bennett^{6,9}, Patricia A. Boyle^{6,8}

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Brain Imaging and Behavior

ORIGINAL RESEARCH

White matter correlates of scam susceptibility in community-dwelling older adults

Melissa Lamar^{1,2}, Konstantinos Arfanakis^{1,3,4}, Lei Yu^{1,5}, Shengwei Zhang¹, S. Duke Han^{1,2,5,6,7,8,9}, Debra A. Fleischman^{1,2,5}, David A. Bennett^{1,5}, Patricia A. Boyle^{1,2}

Mild Cognitive Impairment Is Associated with Poorer Decision-Making in Community-Based Older Persons

S. Duke Han, PhD, ^{a,b,c} Patricia A. Boyle, PhD, ^{a,d} Bryan D. James, PhD, ^{a,b} Lei Yu, PhD, ^{a,d} and David A. Bennett, MD ^{a,d}

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CLINICAL INVESTIGATION

Literacy Mediates Racial Differences in Financial and Healthcare Decision Making in Older Adults

S. Duke Han, PhD, ^{a,b,c,d} Lisa L. Barnes, PhD, ^{e,f,g} Sue Leurgans, PhD, ^{h,i} Lei Yu, PhD, ^{h,i} David A. Bennett, MD, ^{h,i} and Patricia A. Boyle, PhD ^{h,i}

Aging Clin Exp Res

ORIGINAL ARTICLE

Discrepancies between cognition and decision making in older adults

S. Duke Han^{1,2,3,5}, Patricia A. Boyle^{1,2}, Bryan D. James^{2,3,4}, Lei Yu^{2,3}, Lisa L. Barnes^{1,2,3}, David A. Bennett^{2,3}

Journal of Alzheimer's Disease 49 (2016) 845–851

Mild Cognitive Impairment and Susceptibility to Scams in Old Age

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Journal of Aging and Health 1–13

Poorer Financial and Health Literacy Among Community-Dwelling Older Adults With Mild Cognitive Impairment

S. Duke Han, PhD^{1,2}, Patricia A. Boyle, PhD¹, Bryan D. James, PhD¹, Lei Yu, PhD¹, and David A. Bennett, MD¹

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Brain Imaging and Behavior

ORIGINAL RESEARCH

Self-reported experiences of discrimination in older black adults are associated with insula functional connectivity

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With David A. Bennett, Patricia A. Boyle, Lisa B. Barnes, and others, along with tremendous support from the National Institute on Aging (NIA)

This online-first version will be replaced with a final version when it is included in the issue. The final version may differ in small ways.

Annals of Internal Medicine

IDEAS AND OPINIONS

Age-Associated Financial Vulnerability: An Emerging Public Health Issue

Mark S. Lachs, MD, MPH, and S. Duke Han, PhD

Various processes common in the aging brain may affect an older adult's ability to manage personal finances, the most recognized of which are dementing illnesses (1). These conditions can affect cognitive abilities, which may jeopardize an older adult's financial well-being over their longitudinal course. However, recent studies suggest that even cognitively intact older adults can have "functional" changes that may render them financially vulnerable. Social isolation also increases dramatically with age, which places older persons at risk for exploitation from predators. Furthermore, capitalistic enterprises can threaten the financial security of this group, which is perceived to be a large untapped market and, in an era of information overload, is often presented with a dizzying array of products and services.

We propose the concept of age-associated financial vulnerability (AAFV) and discuss aspects of its epidemiology from the vantage of a neuropsychologist (S.D.H) and geriatrician-epidemiologist (M.S.L) who are both researchers and clinicians working in the field of elder abuse. We believe that considering AAFV a clinical syndrome may be advantageous to further critical research, promote public policy work, and encourage physicians to recognize it.

need not be associated with cognitive impairment differentiates research on this condition from previous work that has focused on cognitive impairment as the driving force for financial vulnerability (3).

Age-associated financial vulnerability and financial exploitation (4, 5) can be linked—AAFV may predispose an older adult to financial exploitation—however, we perceive them as conceptually different. Age-associated financial vulnerability focuses on a potential condition that may have multiple causes and ultimately may or may not lead to exploitation. We view financial exploitation as focusing on specific mechanisms that drive a particular outcome, often consisting of intentional or forceful methods of exploitation. In this sense, persons who do not show AAFV can be victims of financial exploitation. More is known about the effects of financial exploitation; less is known about AAFV because we believe that this concept is new.

EPIDEMIOLOGY OF AAFV: PREVALENCE AND RISK FACTORS

Although a precise determination of the prevalence of AAFV would require assessment of a large population-based sample of older adults, community-

Table. Possible Factors Contributing to Age-Associated Financial Vulnerability

Domain Factor	Mechanism
Cognitive/emotional	
Executive dysfunction	Reduced ability to multitask, organize by time, and abstractly comprehend future ramifications of current financial actions
Acalculia	Inability to quickly calculate figures mentally to verify numbers or to perform numerical calculations
Frontal disinhibition	Reduced ability not to commit to financial courses of action with potentially negative consequences
Anxiety	May increase pressure to take bad financial risks or not pursue appropriate financial safeguards
Reduced ability to discern trustworthy persons	Results in having less information by which to discern good financial opportunities from bad financial risks
Medical and functional	
Serious progressive illness	Serious underlying medical illness unresponsive to traditional therapy may motivate patients to seek expensive and unproven treatments, creating susceptibility to fraud
Impaired mobility	Reduced ability to extricate themselves from an environment in which they are being pressured to make financial decisions
Vision and hearing loss	Decreased likelihood that complex financial transactions and/or documents are fully comprehended before execution
Polypharmacy	May contribute to delirium, directly influencing vulnerability; expense of medication may also lead to inadvisable risk-taking
Psychosocial	
Depression	Associated with executive dysfunction (7); shame and guilt may also preclude older persons from revealing their predicament to trusted friends and family who could extricate them from exploited role
Social isolation	No beneficent person within the older person's social network to recognize, mitigate, or report financial exploitation
Loneliness	Patients may engage potential exploiters as a mechanism of fostering social connectedness
Environmental/societal	
Wealth concentration	High concentration of wealth in older populations makes them targets of potential exploiters
Information overload	Complex offering of products and services may paradoxically reduce sound decision making in the aging brain
Sophisticated marketing	The aging brain may be more susceptible to increasing use of behavioral economics and cognitive neuroscience to sway consumers

National Center on Elder Abuse

As a national authority, the National Center on Elder Abuse (NCEA) is a provider of up-to-date, pertinent and valuable resources, education, and information on elder abuse and neglect. The NCEA disseminates information and provides technical assistance and training by: making news and resources available, collaborating on and disseminating research, identifying information about promising practices and interventions, operating a listserv, and providing subject matter expertise.

The Department of Family Medicine and Geriatrics at the Keck School of Medicine of USC was named the sole grant recipient to become the National Center on Elder Abuse (NCEA) from September 2017 – August 2020. The NCEA is led by Laura Mosqueda, MD, and a team at the Keck School of Medicine in collaboration with the USC Davis School of Gerontology, the American Bar Association and other organizations dedicated to supporting an aging America.

For the latest reported statistics and data on elder abuse, please [here](#).

To find out about student opportunities, please click [here](#).

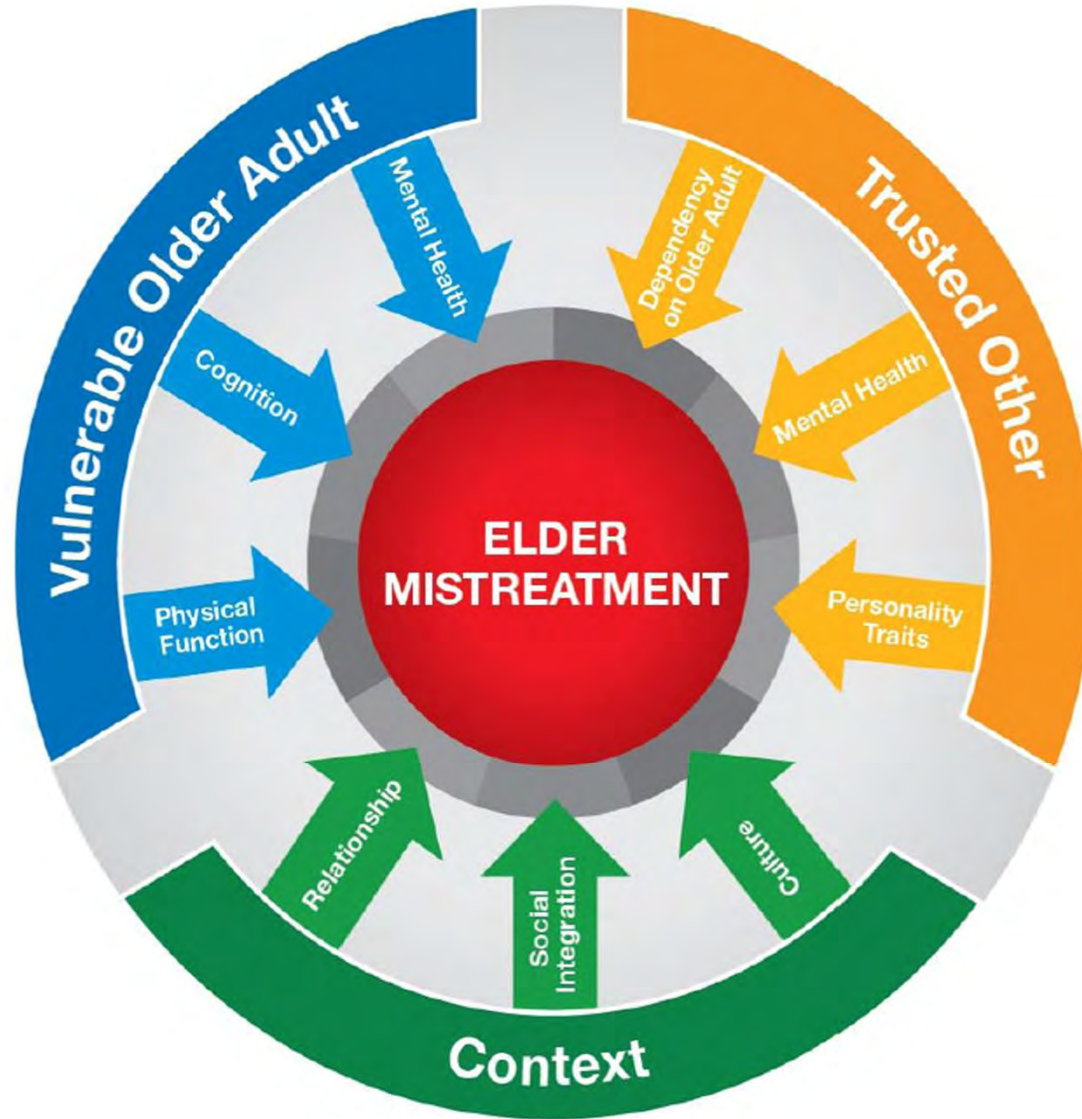
NCEA
National Center on Elder Abuse



World Health Organization (WHO)

Elder abuse can be defined 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". Elder abuse can take various forms such as financial, physical, psychological and sexual. It can also be the result of intentional or unintentional neglect.

AIM



Mosqueda L, Burnight K, Gironda MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc*, Aug 2016

The Finance, Cognition, and Health in Elders Study: Toward Preventing Financial Exploitation of Older Adults

by Gali H. Weissberger and S. Duke Han

February 28, 2018



Health in Elders Study (FINCHES) being carried out through USC's Department of Family Medicine.

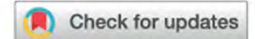
Why is financial exploitation so common in the elderly population? Why do some older adults fare better than others when making financial decisions? What factors protect or place one at greater risk of being financially exploited? These are just some of the questions that a multidisciplinary team of investigators hope to answer through the Finance, Cognition, and

Blogs Series:

- > NCEA Blog
- > WEADD Blogs
- > Victim Services (Spanish)
- > Diversity and Inclusion (Spanish)
- > USC Davis School of Gerontology



More on FINCHES: www.hanresearchlab.com



Physical and mental health correlates of perceived financial exploitation in older adults: Preliminary findings from the Finance, Cognition, and Health in Elders Study (FINCHES)

Gali H. Weissberger^a, Laura Mosqueda^a, Annie L. Nguyen^a, Anya Samek^b, Patricia A. Boyle^{c,d}, Caroline P. Nguyen^a and S. Duke Han^{a,c,e,f,g}

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ABSTRACT

Objectives: Financial exploitation (FE) in old age is poorly understood, particularly among those without significant cognitive impairment. The Finance, Cognition, and Health in Elders Study (FINCHES) aims to identify factors associated with FE among cognitively-healthy older adults. Preliminary findings regarding physical and mental health correlates in the pilot phase of FINCHES are reported.

Method: Sixteen older adults who self-reported FE were demographically-matched on age, education, sex, and race/ethnicity to eighteen older adults who did not report past FE.

Results: Those who believed they were exploited endorsed significantly greater symptoms of depression ($p = 0.014$) and marginally greater symptoms of anxiety ($p = 0.062$). Participants trended towards lower perceived successful aging ($p = 0.094$). Perceived FE participants also endorsed greater medical conditions ($p = 0.047$), but follow-up individual item analyses suggest that this was driven by problems with sleep ($p = 0.030$).

Conclusions: These preliminary findings from the pilot phase of FINCHES highlight negative mental health factors associated with perceived FE among cognitively-intact older adults.

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KEYWORDS

Financial exploitation;
aging; mental health;
physical health; sleep

 @sdukehan

Frailty and Perceived Financial Exploitation: Findings from the Finance, Cognition, and Health in Elders Study

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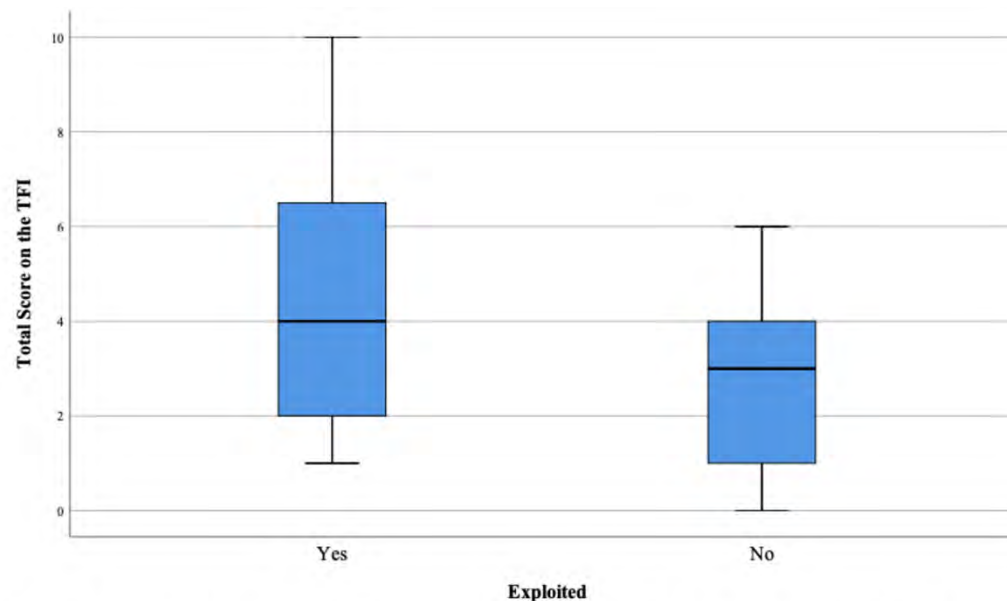
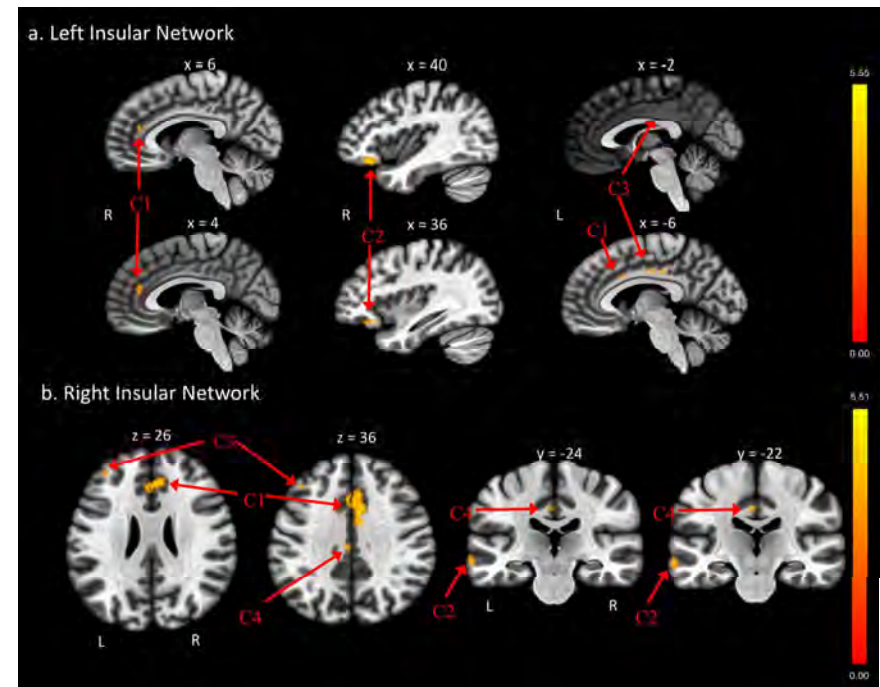
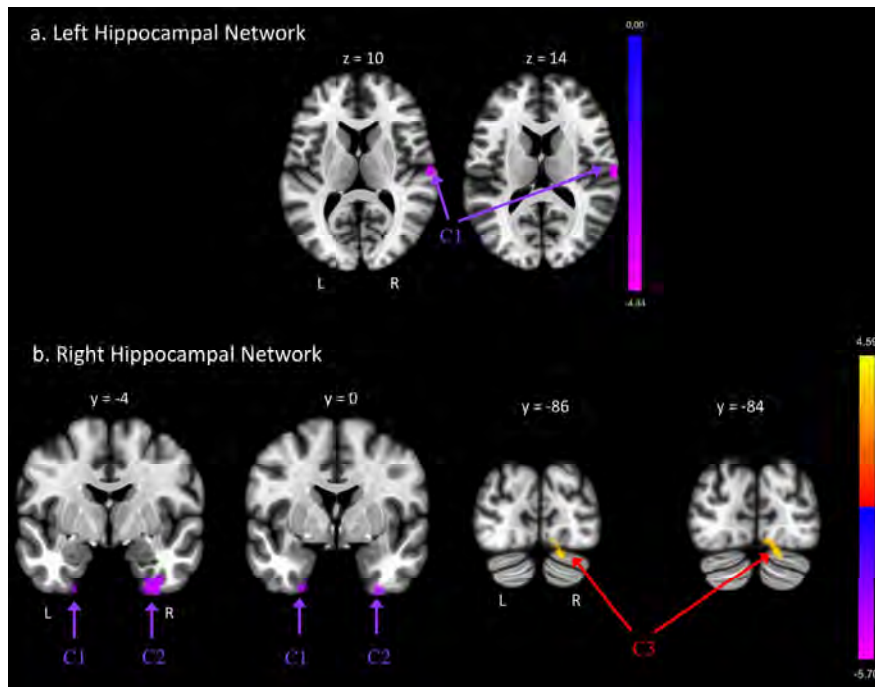


Figure 1. Boxplot display of total scores on the 15-item Tilburg Frailty Inventory (TFI) for perceived financially exploited ($n = 24$) and non-exploited ($n = 13$) older adults.

Functional Connectivity Correlates of Perceived Financial Exploitation in Older Adults

Gall H. Weissberger^{1,2}, Laura Mosqueda^{1,3}, Annie L. Nguyen¹, Jenna Axelrod¹, Caroline P. Nguyen¹, Patricia A. Boyle^{4,5}, Nathan Spreng^{6,7,8} and S. Duke Han^{1,2,4,5,9,10*}



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Who's Most Likely to Scam a Senior? The Answer May Surprise You

Aug. 30, 2019

BY ROBERT PREIDT, *HealthDay Reporter*

FRIDAY, Aug. 30, 2019 (HealthDay News) – As people age and their mental capacities decline, they can often be targeted by scammers seeking easy cash.



(HEALTHDAY)

Elder Abuse Characteristics Based on Calls to the National Center on Elder Abuse Resource Line

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NCEA Resource Line: (855) 500-3537

Keck School of
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 @sdukehan

MARCH 30, 2020

TIME

WHEN THE WORLD STOPS

WHAT TO KNOW
AND DO ABOUT
THE GLOBAL
PANDEMIC

STAMFORD,
CONN.

Cheryl Chutter, 51, in self-quarantine at home, after she was exposed to COVID-19 at a birthday party. She was notified that she tested positive on March 17



March 2020
COVID-19

 @sdukehan

time.com

COVID-19 and Elder Abuse (mostly anecdotal so far)



- The Federal Trade Commission (FTC) put out two warnings, one in March and one in April, about an increase in COVID-related scams. These included malware in the form of emails from the CDC or WHO, fraudulent vaccines or treatments, or fake charities.
- We know domestic violence rates increased in China and Spain, and older adults were involved in some of those stories.
- The CEO of a Canadian organization for seniors called CanAge reported a 10-fold increase in elder abuse reports in April.
- An international organization called HelpAge reported disproportionate increases in elder abuse during the pandemic in places like Nepal, Democratic Republic of Congo, Jordan, and Kyrgyzstan.



- Vulnerable Older Adult
 - Particularly vulnerable to COVID-19
 - Social isolation and greater dependency on others
- Trusted Other
 - Shuttering of adult daycare programs, senior centers, and outpatient programs
 - Opportunistic others taking advantage
- Contextual Factors
 - Ageism



The screenshot shows a news article from PBSO News Hour. The main image is a close-up of an elderly person's hands, one resting on the other. The article title is "Elder abuse appears to be climbing during the pandemic, experts say". The author is Grace Birstengel from Next Avenue. The article is dated June 23, 2020, at 11:52 AM EST. There are options to leave a comment and share on Facebook and Twitter.

A global trend

Duke Han, who researches elder abuse at the University of Southern California, noted a “**massive increase in reports of elder abuse during the pandemic,**” in a paper released in April — based on anecdotal reports of surges. He describes this uptick as unsurprising.

The National Center on Elder Abuse says **social isolation is one of the greatest risk factors for elder abuse** and since it is reported far and wide, the coronavirus pandemic is a breeding ground for social isolation.

“We also know that the pandemic has created greater dependency of older adults on others, which might be exploited by abusers.”



World Health Organization (WHO)



TECHNICAL WORKING GUIDANCE #6

STRENGTHENING THE HEALTH SYSTEM RESPONSE TO COVID-19

Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region (21 May 2020)



In a COVID-19 context that promotes physical distancing, older people in isolation and especially those with cognitive decline/dementia may become more anxious, angry, stressed, agitated, withdrawn and overly suspicious during the outbreak and while in quarantine (Social Care Institute for Excellence, 2012; IASC, 2020; NICE 2015; Wang et al., 2020). In addition, emerging evidence is also showing a rise of abuse towards older people. Before the pandemic, it was estimated that 16% of older adults over 60 were affected by some form of abuse (Yon et al., 2017; 2019). That number was even higher for at-risk individuals, including people with physical or mental disabilities and people living in LTC facilities (Storey, 2020). Since the pandemic began, it is believed that abuse towards older people has risen as much as tenfold (CTV, 2020). This has occurred in the community, in institutions such as residential and nursing care facilities for older people, and online, with a surge in scams directed at older people. Lockdown and "stay-at-home" orders, likely to last longer for older people, are fuelling precisely those factors which put older people at risk of violence (Storey, 2020): even greater social isolation, more mental health problems, increased dependency on carers, more alcohol and substance abuse, and increased financial difficulties. Ageism, pervasive before the pandemic and a risk factor for violence against older people, has become worse during this pandemic which disproportionately affects older people (Han & Mosqueda, 2020) and gender inequalities have been compounded increasing risks of gender-based violence against older women (WHO, 2020g). The impact of the pandemic on institutions for older people, leading to staff reductions due to illness and suspension of family visits, is increasing the isolation of residents and the already high risk of violence (Gardner, States & Bagley, 2020). It is important for decision-makers therefore to take an active role in monitoring and preventing this violence. Equally important is the provision of resources to families to understand what constitutes abuse of older people and what the signs of it are.

Citation

World Health Organization. Regional Office for Europe. (2020). Strengthening the health systems response to COVID-19: technical guidance #6: preventing and managing the COVID-19. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/333067>. License: CC BY-NC-SA 3.0 IGO

Export

Suggestions



- Family members and loved ones should regularly check in with older adults.
- Older adults should not be shy to reach out to supportive resources.
- If you experience a scam/fraud, report it to the authorities.
- Don't get rushed into making a financial decision.
- Be more cautious about internet and online opportunities.
- Make sure your affairs are in order.
- Long-term goal: Addressing Ageism.

Resources



- 911 and local Adult Protective Services (APS)
- IC3: Internet Crime Complaint Center of the FBI (www.ic3.gov)
- U.S. Senate Special Committee on Aging Fraud Hotline (<https://www.aging.senate.gov/fraud-hotline>)
- Better Business Bureau Scam Tracker (<https://www.bbb.org/scamtracker/reportscam>)
- NCEA Resource Line: (855) 500-3537

Summary



- The COVID pandemic presents multiple threats, but also *multiple opportunities* to address elder abuse and neglect.
- Interventions for elder abuse during the pandemic may benefit from consideration of the AIM Model (Mosqueda et al., 2016):
 - Vulnerable Older Adult
 - Trusted Other
 - Contextual Factors
- We need more hard data on how the pandemic has impacted elder abuse and neglect.
- We need more input from aging experts on pandemic (pre-, during, and post-) policies.

Future Directions





Original Manuscript

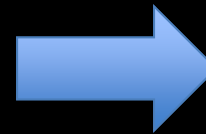
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**Elder Abuse
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**Calls to the NCEA
Resource Line
Pre- and During
COVID-19
(under peer review)**

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