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Mental Health Correlates of Financial Mistreatment in the National Elder Mistreatment Study Wave II

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Abstract

Objective: Whereas prevalence of elder financial mistreatment has received increased attention over the past decade, health and mental health correlates are rarely studied. Thus, the potential relevance of financial abuse to mental health and perceived health is relatively unknown, and the objective of this article is to illustrate this relationship. **Method:** The second wave of the National Elder Mistreatment Study used random digit dialing telephone survey methodology to assess both recent financial mistreatment and its potential mental health correlates (i.e., diagnoses of depression, posttraumatic stress disorder [PTSD], generalized anxiety disorder [GAD], and self-ratings of physical health) in 774 older adults. **Results:** The study indicated that past-year Wave II financial mistreatment was associated with significantly increased

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likelihood of depression, PTSD, GAD, and poor self-rated health; and financial mistreatment perpetrated by family members was associated with particularly increased risk of depression. **Discussion:** Assessment of mental health is relevant and important in cases of financial abuse.

Keywords
financial mistreatment, elder abuse, health correlates, depression, GAD, PTSD

Introduction

Financial mistreatment, also designated "financial abuse, material abuse, fiduciary abuse, exploitation of resources, or economic victimization," is defined as illegally or improperly using an older adult's money, property, and/or assets. While historically receiving less research focus than psychological, physical, or sexual abuse (DeLiema & Conrad, 2017; Hafemeister, 2003; Nerenberg, 2000; Peterson et al., 2014), awareness of the extent of financial abuse of older adults, including minority older adults, is rapidly expanding (Dong, 2015; Peterson et al., 2014; Tueth, 2000; Vognar, Dosa, & Taylor, 2016). Nonetheless, relatively less attention has been paid to the emotional correlates of elder financial abuse, and while outcomes of other forms of elder mistreatment have been reported (e.g., Acierno et al., 2017; Dong, 2015), little is known about the potential-health-related consequences of financial exploitation.

Financial "abuse" typically refers to those offenses perpetrated by family members or those in a trust relationship, while financial "exploitation" or "elder fraud" typically refers to perpetration by strangers or persons not well known to the older adult. Both forms of financial mistreatment may involve attempts to persuade or even threaten an older adult to provide access to their funds, property, and/or assets, as well as outright theft (DeLiema & Conrad, 2017; Hafemeister, 2003; Roby & Sullivan, 2002; Tueth, 2000; Wilbur & Reynolds, 1997). Many older adults underreport instances of abuse, including financial mistreatment. If the perpetrator is a family member, friend, or caregiver, then an older adult may refuse to report instances of mistreatment to protect the perpetrator, to prevent the intensity of the mistreatment from increasing, or to avoid other unwanted attention or stigma. Reasons for delaying or failing to report abuse or neglect may also relate to difficulties with recognizing when mistreatment has actually occurred, which is particularly true for financial abuse (e.g., Is failure to return US$2.50 in change after an hour shopping for an older adult an instance of financial abuse? Cooper,

Selwood, & Livingston, 2008; Hafemeister, 2003; Wagenaar, Rosenbaum, Page, & Herman, 2009; Wilbur & Reynolds, 1997). Older adults may also delay reporting mistreatment because they fear negative consequences such as retribution or removal from their home should the perpetrator, who may be in a caregiver role, be investigated or prosecuted (Beach, Carpenter, Rosen, Sharps, & Gelles, 2016; Choi & Mayer, 2000; Kunst, Popelier, & Varekamp, 2015; Peterson et al., 2014). Importantly, and most relevant to the current manuscript, these factors may also combine to increase distress, anxiety, and depression experienced by abuse victims, including victims of financial abuse.

There are several risk factors associated with financial mistreatment and potential revictimization of abuse victims (Beach, Schulz, Castle, & Rosen, 2010; Kunst et al., 2015). Some of these factors include younger age (Jackson & Hafemeister, 2013; Laumann, Leitsch, & Waite, 2008), lack of social connections (National Research Council, 2003; Wilbur & Reynolds, 1997), and social and geographic isolation (Begle et al., 2011; Dessin, 2000). There is also evidence suggesting that race/ethnicity may play a role in older adults experiencing mistreatment, with some groups being more likely to report this type of abuse than others (Acierno et al., 2010; Dong, 2015; Laumann et al., 2008; Lee, Moon, & Gomez, 2013; Sanchez, 1996). For example, separate studies conducted by Hall (1999) and Moon (1999) found that Korean immigrants and African American older adults, respectively, were among the minority populations that reported higher rates of financial abuse. These findings suggest that there may be a cultural impact on how older adults perceive, or do not perceive, instances of mistreatment and could serve as an area for future research (Hafemeister, 2003).

Experiencing financial abuse can negatively affect an older adult's sense of trust in other people, increase both material and psychological stress, and may negatively affect their mental health status (Deem, 2000; Jackson & Hafemeister, 2013). However, almost no research exists on the mental health outcomes of financial mistreatment. Therefore, the objective of the present article is to outline the mental health correlates of financial abuse and to describe these correlates in terms of perpetrator status (stranger vs. family/friend/acquaintance).

Method

Sampling

This study was approved by the Medical University of South Carolina Institutional Review Board, Approval Number Pro00040641. The original National Elder Mistreatment Study (NEMS) Wave I sample was comprised of

5,777 community-residing, nondemented, nonpsychotic adults aged 60 and above who were contacted during 2008. Stratified random digit dialing was used to collect the sample, and interviews were conducted in either English or Spanish. Computer-assisted telephone interviewing (CATI) procedures were used to obtain information about a variety of mistreatment experiences, potential correlates, and demographics (see Acierno et al., 2010, for sample description). The NEMS Wave I cooperation rate was 69%, and was calculated according to the American Association for Public Opinion Research (AAPOR, 2004) Rate # 2 as the number of completed interviews, including those that screen out as ineligible, divided by the total number of completed interviews, terminated interviews, and refusals to interview.

The follow-up NEMS Wave II was also collected by CATI in 2016. An autodialing program tested each phone number used in NEMS Wave I and yielded 3,973 operative phone numbers of the original 5,777, including 752 participants who reported being the victim of psychological, physical, or sexual mistreatment since age 60 at Wave I. Because the mistreated group was smaller, contact attempts were made for all working phone numbers of participants reporting mistreatment at NEMS Wave I. In addition, a randomly selected subsample of operative phone numbers from Wave I comparison participants who did not report Wave I mistreatment was called (N = 2,149). The cooperation rate was again calculated using the AAPOR Rate #2. Among those operative numbers dialed that still belonged to the original participant's household, and where participants were available, cooperation rates were 66% for the mistreated group (as reported at NEMS Wave I; N = 183) and 57% for the comparison group (N = 591), for a total follow-up NEMS Wave II sample of 774.

Variables

Financial Abuse (past year) for Wave I and 8 years later for Wave II was defined in response to any one of the following queries:

> Over the past year, has someone spent your money or sold your property without your permission?
>
> If someone helps you with your finances, or makes financial decisions for you, did you receive the copies of paperwork for the financial decisions they made this past year, and if not, can you get copies for the past year if you wanted them?
>
> Over the past year, has a family member, friend, or stranger forged your signature without your permission in order to sell your property or to get money from your accounts?

> Over the past year, has a family member, friend, or stranger forced or tricked you into signing a document so that they would be able to get some of your money or possessions?
>
> Over the past year, has a family member, friend, or stranger stolen your money or taken your things for themselves, their friends, or to sell?

Following these queries, participants were asked to identify the perpetrator or perpetrators, and for the purposes of this article, these responses were aggregated into "stranger" versus "family, friend, acquaintance," roughly corresponding to nontrust versus trust relationships.

Major depressive disorder, generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD) were defined according to survey questions that asked about symptoms aligned with the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM*-5; American Psychiatric Association, 2013) specifications for these disorders (see Table 1 for specific questions for each diagnosis).

Poor self-rated health was derived from responses to the Medical Outcomes Survey Short Form-12. The SF-12 is a validated measure of individual well-being that includes several domains of well-being, including physical functioning, social functioning, physical and emotional role, mental health, vitality, bodily pain, and general health perception (Ware & Sherbourne, 1992). For analytic purposes, the SF-12 was dichotomized in terms of the lowest quartile of the sample versus all others, reflecting poor health versus good health. Specific questions are given in Table 1.

Data Analytic Plan

In Step 1, odds ratios (ORs) were derived through chi-square analysis applied to data from the entire NEMS Wave II sample to determine differential risk associated with financial mistreatment at Wave I (see Table 2; longitudinal analyses) and Wave II (see Table 3; cross-sectional analyses) with respect to Wave II depression, Wave II PTSD, Wave II GAD, and Wave II poor perceived health in the entire sample. In Step 2, data from only the subsample of those reporting Wave II financial abuse were considered to determine differential risk of Wave II depression, Wave II PTSD, Wave II GAD, and Wave II poor perceived health associated with perpetrator status (i.e., Wave II financial abuse perpetrated by stranger vs. that perpetrated by family/friend/acquaintance).

Table 1. Operational Definitions of Mental Health and Health Outcomes.

Major depression

1. Over the past year, were you ever depressed or down, or felt sad, empty, or hopeless most of the day, nearly every day, for at least a 2-week period.
2. Over the past year, were you ever much less interested in most things or much less able to enjoy the things you used to enjoy most of the time, for a period of at least 2 weeks?
3. Over the past year, was your appetite significantly different, either decreased or increased nearly every day, for a period of at least 2 weeks?
4. Over the past year, did you have trouble sleeping for at least a 2-week period, such as having difficulty falling asleep, waking up in the middle of the night, early morning wakening, or sleeping excessively?
5. Over the past year, did you talk or move more slowly than normal, or were you fidgety, restless, or having trouble sitting still almost every day, for at least 2 weeks?
6. Over the past year, was there a 2-week period or longer where you felt tired or without energy almost every day?
7. Over the past year, did you have difficulty concentrating, thinking, or making decisions almost every day, for at least a 2-week period?
8. Over the past year, was there a 2-week period or more when you repeatedly thought about death, or have any thoughts of killing yourself?
9. Over the past year, did these symptoms, such as (insert named symptoms from the list above), cause significant distress or problems at home, at work, at school, socially, in your relationships, or in some other important way, and are they a change from your previous functioning?

Posttraumatic stress disorder

Have you ever experienced or witnessed an extremely traumatic event that included actual or threatened death, or serious injury to you or someone else? Examples of traumatic events include serious accidents, sexual or physical assault, a terrorist attack, fire, war or natural disaster, or witnessing the violent or sudden death of someone close to you.

1. People experience a variety of moods and feelings from time to time after they experience or witness one of these traumatic events. In your case, in the past year, has there been a period of 2 weeks or more when you had trouble concentrating or keeping your mind on what you were doing, even when you tried to concentrate after a very bad, stressful, or traumatic experience?
2. Over the past year, has there been a period of 2 weeks or more when you felt you had to stay on guard, or be especially alert or watchful even when there was no specific danger?
3. Over the past year, has there been a period of 2 weeks or more when you deliberately tried very hard not to think about something that had happened to you, or you deliberately tried to avoid having any feelings about something that happened to you in the past?
4. Over the past year, has there been a period of 2 weeks or more when unexpected noises startled you more than usual?
5. Over the past year, has there been a period of 2 weeks or more when you had repeated bad dreams or nightmares about something bad that happened, or relating in some way to something bad that happened to you?
6. Over the past year, has there been a period of 2 weeks or more when you went out of your way to avoid certain people, places, or activities that might remind you of something bad that happened to you in the past?
7. Over the past year, has there been a period of 2 weeks or more when you felt distant or cut off from other people, or found it difficult to feel close to people?

(continued)

Table 1. (continued)

8. Over the past year, has there been a period of 2 weeks or more when it seemed you could not feel positive things anymore, or that you had much less positive emotion than you used to?
9. Over the past year, has there ever been a period of 2 weeks or more when little things bothered you a lot or could make you very angry, or when you felt especially irritable and it showed in your behavior?
10. Over the past year, has there ever been a period of 2 weeks or more when you kept having unpleasant memories of a very bad thing that happened, or kept seeing the memories in your mind, not counting dreams?
11. Over the past year, has there ever been a period of 2 weeks or more when you felt very distressed or upset when something reminded you of something bad that had happened in the past?
12. Over the past year, has there ever been a period of 2 weeks or more when you found yourself reacting physically to things that reminded you of something bad that had happened in the past, like having a racing heart or sweating?
13. Has there ever been a period of 2 weeks or more when you had strong negative beliefs about yourself, other people or the world, like believing you are bad, no one can be trusted, or the world is completely dangerous?
14. Thinking about the very stressful experiences that you may have had over the past year, have you ever felt that there were important parts of any such experience that you just could not remember?
15. Over the past year, has there ever been a time when you suddenly acted or felt as if the very bad thing you experienced was actually happening again, that is, it seemed to really be happening again, not just a memory?
16. Over the past year, has there ever been a time when you blamed yourself as the primary person responsible for something very bad that happened?
17. Over the past year, has there ever been a time when you had strong negative feelings, such as fear, horror, anger, guilt, or shame, about something bad that happened, and these feelings lasted at least 2 weeks?
18. Over the past year, has there ever been a time after something very bad happened when you were taking more risks or doing things that might have caused you harm?
19. Bad moods, bad feelings, and bad memories like we have been talking about can sometimes affect your life in other ways. Did the bad moods, feelings, and memories you just told me about ever cause problems with your daily life or relationships?
20. When you had several of these bad moods, bad feelings, and bad memories, how distressing was it for you? Was it very distressing, moderately distressing, a little distressing, or not at all distressing?

Generalized anxiety disorder

Now, I would like to ask a few questions about worrying, a problem that many people have at least occasionally:

1. Do you worry most of the time or feel nervous about bad things that might happen or problems you might have? Which of the following things do you worry about? Your health, your finances, completing your daily tasks and chores, conflict with your spouse or partner, conflict with your children or other family members, terrorism or other world problems, something else (specify).
2. In the past year, would you say you have been worrying or feeling very nervous more than half the time? That is, do you worry more days than you do not worry and for most of the day?
3. When you are worrying a lot, is it difficult or impossible for you to stop yourself from worrying?

(continued)

Table 1. (continued)

4. Thinking about times during the past year when you were worrying a lot, did you have any of the following symptoms? Felt physically restless, could not sit still, was keyed up or on edge, get tired easily, have difficulty concentrating or mind going blank, was irritable, had tense muscles, had trouble falling asleep or staying asleep.
5. When you have these periods of worry, does it interfere with your relationships with other people, your ability to live a normal life, or your ability to work?

Perceived health

1. In general, would you say your health is excellent, very good, good, fair, or poor?

The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Yes, limited a lot, yes, limited a little, no, not limited at all.
3. How about climbing several flights of stairs? Yes, limited a lot, yes, limited a little, no, not limited at all.
4. During the past 4 weeks, have you accomplished less than you like with your regular daily activities as a result of your physical health?
5. During the past 4 weeks, were you limited in the kind of activities you did as a result of your physical health?
6. During the past 4 weeks, have you accomplished less than you wanted to as a result of any emotional problems (such as feeling depressed or anxious)?
7. During the past 4 weeks, do you feel like you did not do work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?
8. During the past 4 weeks, how much did PAIN interfere with your normal activities, including both work outside the home and housework? Not at all, a little bit, moderately, quite a bit, extremely.
9. How much of the time during the past 4 weeks have you felt calm and peaceful? All of the time, most of the time, a good bit of the time, some of the time, a little bit of the time, none of the time.
10. How much of the time during the past 4 weeks did you have a lot of energy? All of the time, most of the time, a good bit of the time, some of the time, a little bit of the time, none of the time.
11. How much of the time during the past 4 weeks have you felt downhearted or blue? All of the time, most of the time, a good bit of the time, some of the time, a little bit of the time, none of the time.
12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting friends and relative)? All of the time, most of the time, a good bit of the time, some of the time, a little bit of the time, none of the time.

Participants

Wave II data were collected from 774 community-residing, nondemented, nonpsychotic older adults 8 years following their participation in Wave I of the NEMS. The mean age of participants was 79.6 years, 67.3% were female, 54.1% were married, 5.0% identified as Black, 90.7% White, 1.6% as American Indian, and 0.3% as Asian. With respect to ethnicity, 1.9%

Table 2. Wave II Mental Health Correlates of Financial Abuse at Wave I in the Total Sample.

Mental health correlate	%	*n*	χ^2	OR	CI	*p*
Major depressive disorder			7.2	2.68	[1.27, 5.66]	.011
No Wave I financial abuse	15.1	112				
Wave I financial abuse	32.4	11				
Posttraumatic stress disorder			1.19	2.25	[0.50, 10.04]	.251
No Wave I financial abuse	2.7	20				
Wave I financial abuse	5.9	2				
Generalized anxiety disorder			4.22	3.48	[0.98, 12.35]	.075
No Wave I financial abuse	2.7	20				
Wave I financial abuse	8.8	3				
Poor health			.92	1.12	[0.53, 2.39]	.447
No Wave I financial abuse	27.0	195				
Wave I financial abuse	29.4	10				

Note. OR = odds ratio; CI = confidence interval.

identified as Hispanic. Approximately 17.1% reported household incomes equal to or less than US$20,000, 29.5% reported a household income of US$20,001 to US$40,000, 15.5% reported an income of US$40,001 to US$60,000, and 26.6% reported household income above US$60,000, with the remainder (n = 88) refusing to give income information. Overall, 34 (5.9%) participants reported experiencing past-year financial mistreatment at Wave I; 66 participants (8.5%) reported experiencing past-year financial mistreatment at Wave II; 24 (36.3%) indicated that the Wave II financial abuse perpetrator was a family member, friend, or acquaintance, whereas 36 (54.5%) indicated that the Wave II financial abuse perpetrator was a stranger, and 10 participants (15.2%) who reported Wave II financial abuse refused to specify the identity of the perpetrator.

Results

Table 2 provides longitudinal (i.e., Wave I financial abuse and Wave II health outcomes) statistical analyses illustrating risk relationships between Wave I financial mistreatment and Wave II outcomes. Chi-square analysis indicated that likelihood of reporting symptoms consistent with a diagnosis of depression was significantly increased in those reporting past-year financial mistreatment, OR = 2.68; CI = [1.27, 5.66]. By contrast, risk of Wave II PTSD was not more likely among those reporting past-year Wave I financial mistreatment 8 years

Table 3. Wave II Mental Health Correlates of Wave II Financial Abuse in the Total Sample, and Within the Subset of Those Reporting Financial Mistreatment, in Terms of Perpetrator Status.

Mental health correlate	%	*n*	χ^2	OR	CI	*p*
Major depressive disorder			27.58	5.05	[2.61, 9.76]	.000
No Wave II financial abuse	5.5	39				
Wave II financial abuse	22.7	15				
Perpetrator is stranger	11.1	4	5.91	4.80	[1.27, 18.11]	.018
Perpetrator is family/friend	37.5	9				
Posttraumatic stress disorder			10.20	4.33	[1.63, 11.46]	.008
No Wave II financial abuse	2.3	16				
Wave II financial abuse	9.1	6				
Perpetrator is stranger	11.1	4	.12	0.73	[0.12, 4.32]	.544
Perpetrator is family/friend	8.3	2				
Generalized anxiety disorder			5.31	3.14	[1.13, 8.76]	.039
No Wave II financial abuse	2.5	18				
Wave II financial abuse	7.6	5				
Perpetrator is stranger	5.6	2	.91	2.43	[0.37, 15.76]	.311
Perpetrator is family/friend	12.5	3				
Poor health			5.02	1.82	[1.07, 3.09]	.021
No Wave II financial abuse	26	180				
Wave II financial abuse	39.1	25				
Perpetrator is stranger	26.5	9	3.37	2.78	[0.92, 8.39]	.060
Perpetrator is family/friend	50.0	12				

Note. OR = odds ratio; CI = confidence interval.

earlier (OR = 2.25; CI = [0.50, 10.04]) versus those reporting no mistreatment. Similarly for GAD, risk of being financially abused at Wave I did not increase likelihood of the disorder at Wave II (OR = 3.48; CI = [0.98, 12.35]). Finally, financial abuse at Wave I did not increase likelihood of reporting poor health at Wave II (OR = 1.12; CI = [0.53, 2.39]).

Table 3 provides cross-sectional (only Wave II) statistical analyses illustrating risk relationships between Wave II financial mistreatment, perpetrator status, and outcomes. Chi-square analysis indicated that likelihood of reporting symptoms consistent with a diagnosis of Wave II depression was significantly increased in those reporting past-year Wave II financial mistreatment (OR = 5.05; CI = [2.61, 9.76]). Subsequent analysis within only the subgroup of those reporting financial abuse indicated that risk of depression was significantly increased (i.e., by 480%) when mistreatment was perpetrated by family members or friends. Similarly, risk of Wave II PTSD was significantly

more likely among those reporting past-year Wave II financial mistreatment (OR = 4.33; CI = [1.63, 11.46]) versus those reporting no mistreatment. However, perpetrator status did not significantly increase the risk of PTSD. For Wave II GAD, risk of being financially abused at Wave II significantly increased likelihood of the disorder (OR = 3.14; CI = [1.13, 8.76]), but perpetrator status was not differentially associated with risk. Finally, Wave II financial abuse significantly increased likelihood of reporting poor health at Wave II (OR = 1.82; CI = [1.07, 3.09]); however, perpetrator status did not significantly affect outcome.

Discussion

Although not often conceptualized in terms of its perceived emotional and health effects, financial mistreatment appears to be associated with significantly increased likelihood of depression, PTSD, GAD, and poor self-rated health, and this effect appears to be enduring for depression. Moreover, when perpetrators of financial mistreatment were family members or friends, risk of negative outcomes was increased for depression, and trended in this direction for GAD and poor self-rated health. Surprisingly, the degree of increased risk of psychopathology and perceived poor health associated with financial abuse was more or less comparable with that reported for an aggregate measure of emotional, physical, or sexual elder abuse (Acierno et al., 2010; see also Dong, 2015; Naughton et al., 2012). That is, financial abuse may not only produce economic hardship, but may also result in emotional and health consequences similar to other forms of mistreatment. Of course, correlation is not causation; and other factors may be responsible for increased rates of anxiety and depression noted here.

A subset of older adults face an increasing need for assistance with daily activities as they age, including assistance maintaining their financial affairs (Coker & Little, 1997; Hafemeister, 2003). Perpetrators of financial abuse are most often those who are closest to the older adult, including family members and caregivers (Hafemeister, 2003; Marshall, Benton, & Brazier, 2000; Peterson et al., 2014), and abuse by these trusted others may be particularly devastating, as evidenced by increased risk noted for depression associated with family/friend-perpetrated abuse above. Following abuse, older adults are less likely to return to work, and thus less likely to recoup losses associated with financial mistreatment (Hafemeister, 2003; Jackson & Hafemeister, 2013). As such, financial abuse may cause an older adult to experience depleted resources, or to depend on social service agencies or other means of support, and ensuing stress may result in aforementioned increased emotional and health problems (Hafemeister, 2003).

As the population of older adults grows, so too do concerns regarding their financial exploitation (Hafemeister, 2003; Jackson & Hafemeister, 2013; Wilbur & Reynolds, 1997). The negative correlates of emotional, physical, and sexual mistreatment with respect to health and mental health were demonstrated by Dong et al. (2015) in a series of studies with Chinese participants, and more recently in a nationally representative longitudinal study by Acierno et al. (2010). But there have been very few studies specifically examining how financial abuse may be correlated with mental and emotional well-being in older adults. However, other studies have suggested that financial abuse often occurs in conjunction with at least one other form of abuse (Choi, Kulick, & Mayer, 1999; Hafemeister, 2003; Paris, Meier, Goldstein, Weiss, & Fein, 1995). This, combined with our findings of significant associations with anxiety, depression, and poor perceived health, indicates that the impact of financial mistreatment on older adults should be assessed beyond simply that of economic consequences (Hafemeister, 2003).

Limitations

Several limitations of this study are evident, not the least of which include small sample sizes for some analyses, retrospective nature of self-report data, and relative homogeneity of study participants with respect to race and ethnicity. Moreover, the limited sample size precluded more advanced modeling of risk correlates, and as such, we did not examine the cooccurrence of financial abuse with other forms of elder mistreatment insofar as such cooccurrence further increases risk of negative outcomes, nor did we conduct statistical models controlling for effects of demographic variables on observed relationships between financial abuse and mental health conditions. Future research with larger samples should be conducted to address these shortcomings and illustrate the potentially additive risk of financial mistreatment in the context of other forms of elder abuse.

Practice Implications

Study findings indicate the benefit of assessing victim mental health status following financial mistreatment to determine possible need for related services, such as counseling or support groups. This is seldom specifically done. Rather, assessment of mental health status, focused on cognitive functioning, is more likely to occur within the context of evaluation, whether the victim has capacity for decision making around interventions (e.g., Anetzberger, 2005; Cohen & Eisdorfer, 2011; Miller, 2017). As imperative as this may be, it is also important to assess mental health status, not just capacity, to identify

appropriate services for improving diagnosed conditions. The benefits of this are multifaceted (Podnieks & Thomas, 2017), including potential restoration of victim emotional well-being and prevention of financial mistreatment reoccurrence secondary to any vulnerability caused or exacerbated by depression or anxiety. Indeed, the World Health Organization (2017) recognizes the connection between elder abuse and mental health consequences, such as depression and anxiety, in its Comprehensive Mental Health Action Plan for 2013-2020, encouraging that priority be given to such actions as those which promote mental well-being, provide care, and enhance recovery.

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