

# Trauma-Informed Approaches to Support Victim-Survivors of Elder Financial Exploitation

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**Abstract:** *Elder financial exploitation, which includes scams, fraud, and financial abuse, is a growing elder justice issue that affects the health, financial security, and emotional well-being of older adults. Social workers play a critical role in elder financial exploitation prevention, detection, and response, including helping victim-survivors heal from the traumatic loss of trust, feelings of shame, and financial loss. In this article, we summarize research on the social and emotional costs of elder financial victimization and advocate for person-centered and trauma-informed interventions. We highlight research on trauma-informed interventions used to treat older adult victim-survivors in other contexts and communities such as domestic violence, older combat veterans, and older adults with other forms of past trauma. We describe how social workers can improve the lives of elder financial exploitation victim-survivors using trauma-informed psychotherapy, peer support groups, community engagement, care coordination, and advocacy within financial institutions and justice systems. This paper also showcases recent innovations in person-centered and trauma-informed care for elder mistreatment and offers recommendations for further research on and greater access to trauma-informed services.*

**Keywords:** *fraud, scams, financial abuse, aging, person-centered, multidisciplinary teams*

The United States will soon reach a demographic milestone. By 2030, all baby boomers will be age 65 and older, and by 2034, this population will outnumber children aged 17 and younger (US Census Bureau, 2023). As the population ages, social work practitioners will be challenged to meet older adults' health and social service needs, including those who have experienced elder financial exploitation (EFE). EFE is defined as the illegal, unauthorized, or fraudulent use, or deprivation of use, of the property of a vulnerable adult with the intention of benefiting someone other than the vulnerable adult (US Department of Justice, 2022). EFE can take many forms including scams, fraud, theft, embezzlement, abuse of power of attorney, forgery, coercion, and denial of access to assets. Prevalence estimates suggest that 5.2% percent of older adults age 60+ are financially exploited by a family member each year (Acierno et al., 2010) and 5.6% of older adults are victims of fraud and scams perpetrated by strangers (Burnes et al., 2017).

Most instances of EFE are never reported to law enforcement, adult protective services (APS), or consumer protection agencies (Acierno et al., 2020), making it difficult to estimate the prevalence and cost of victimization. AARP (formerly the American Association of Retired Persons) projected that older Americans have \$28.3 billion stolen each year, with most of these losses attributed to financial abuse by friends and relatives (Gunther, 2023). Using a range of assumptions about the extent of underreporting, the

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Federal Trade Commission [FTC] (2023) estimated that in 2022, between \$5.9 to \$48.4 billion was stolen from older Americans by scammers alone, not including exploitation by family and friends. While scams affect people of all ages, older adults report significantly higher median losses—\$1,450 for those aged 80 and older compared to \$450-500 for those aged 20 to 59 (FTC, 2024)—suggesting that financial scams and fraud cause the greatest financial harm to people who have largely exited the labor force and who may be unable to recoup stolen funds through paid work. As the population ages and criminals use more sophisticated communication and payment technologies to manipulate and steal from vulnerable older adults worldwide, the cost and prevalence of EFE is sure to rise.

Beyond direct financial costs, EFE victimization often results in shame, embarrassment, and anxiety, with some individuals reporting symptoms of depression and trauma (Acierno et al., 2019; DePrince & Jackson, 2020; Lavery et al., 2020; Nguyen et al., 2021). For older adults, outcomes may include a loss of financial autonomy and poor physical and mental health (Acierno et al., 2019). Long-term effects may include poverty, homelessness, institutionalization, and isolation (Dessin, 1999).

### **Study Purpose**

While much attention has been given to identifying EFE costs, prevalence, and risk factors, there has been comparatively little research on person-centered services and treatment approaches to address the trauma of victimization (Ernst & Maschi, 2018; Jackson, 2021; Lavery et al., 2020). In this conceptual article, we first review the literature on the conditions and personal risk factors that give rise to different forms of EFE and discuss the social and psychological impact of victimization. We use the term “victim-survivor” to describe people who have experienced various forms of elder financial abuse and fraud, as this term encompasses both types of financial victimization under the umbrella of EFE and recognizes a person’s ability to thrive and recover following exploitation. After describing trauma-informed care in the context of EFE, we showcase several trauma-informed interventions and treatments for older adults who have experienced other forms of trauma that may be adapted to support EFE victim-survivors. We also identify recent studies on promising interventions for EFE, such as peer support, service advocates embedded in multidisciplinary teams, financial social work, and advocacy through the legal process. Last, we identify barriers to supporting and protecting older adult survivors of EFE and offer suggestions for future research and social work practice. Our aim is to elevate EFE awareness among social work practitioners who are essential in helping older adults rebuild their lives and navigate the journey toward healing and justice.

### **Background and Existing Literature**

After neglect and self-neglect, EFE is the most common type of elder mistreatment reported to adult protective services (APS), although it often occurs in conjunction with other forms of abuse (Administration for Community Living, 2021). There are two primary forms of EFE, largely differentiated by the relationship of the perpetrator to the victim. Elder financial abuse occurs when someone close to the older adult, such as a family

member, friend, neighbor, or caregiver—a “trusted other”—intentionally misuses the older adult’s money and/or property for personal gain. Fraud and scams, on the other hand, are largely perpetrated by predatory strangers who use deception and persuasion to manipulate the older adult to transfer money using false threats or promises (DeLiema, 2018).

EFE perpetrated by individuals close to the victim-survivor is often associated with dysfunctional family dynamics and co-dependencies in early life that evolve into financial dependence on the older person in later life (Liu et al., 2017). Family/friend perpetrators take advantage of older adults’ trust to gain access and control over their financial affairs. Using tactics such as undue influence, threats to withhold care and companionship, and other methods of power and control, financial abusers may steal the older adults’ money or possessions, forge their signature, illegally transfer assets, cash unauthorized checks, and use the older adults’ resources without permission (Chan & Stum, 2020). Many of these cases involve the misuse of legal tools intended to protect vulnerable adults who are unable to manage their finances independently, such as powers of attorney (POA), trusts, and guardianships (Schmidt et al., 2022; Steinman et al., 2020).

Unlike EFE perpetrated by friends or family members, scams perpetrated by strangers involve a different set of risk factors and exploitation methods. Most scams today are perpetrated by international crime syndicates that use mass marketing tactics to solicit as many people as possible using social media, text message, telephone, email, and postal mail (Adorjan & Colagouri, 2023). Impersonation scams are some of the most common frauds targeting older adults (FTC, 2023). Scammers may elicit trust by pretending to be government agents, tech support professionals, bank employees, new romantic interests, and even the target’s friends and family members. Scam messages are designed to provoke an intense emotional response such as fear (e.g., “your bank account has been compromised,” “your grandson is in jail”), or excitement (e.g., “you won a sweepstakes drawing,” “this investment will double your money,” “we’ll be together forever”).

Research in psychology and behavioral economics demonstrates that high arousal emotions impair rational decision making because they draw cognitive resources and attention away from processing the deceptive cues in the message (Kircanski et al., 2018; Langenderfer & Shrimp, 2001; Wang et al., 2012). While adults of all ages are targeted using these tactics, older adults’ reasoning may be particularly affected by high arousal emotions due to age-related declines in processing speed and deception detection. For example, prior research shows that poor executive functioning, challenges with working memory, and even mild cognitive impairment are associated with greater susceptibility to scams (Ebner et al., 2020; Han et al., 2016; Judges et al., 2017; Lachs & Han, 2015; Spreng et al., 2016; Yu et al., 2021).

Technological advances in generative artificial intelligence (AI) have the potential to drastically increase rates of fraud (King et al., 2020). Recent news reports have chronicled the alarming use of voice and image “deepfakes” where the voices and likenesses of victims’ relatives and co-workers are cloned, deceiving them into transferring substantial funds (Flitter & Cowley, 2023). In the absence of forward-thinking regulations and enforcement to limit the deceptive use of AI, the prevalence and cost of these scams is sure to rise.

As shown in Table 1, risk factors vary based on the type of EFE. For financial abuse perpetrated by family or friend offenders, negative interactions with close network members (Liu et al., 2017) and functional dependency (Acierno et al., 2020; Beach et al., 2010) increase exploitation risk. In EFE perpetrated by strangers (i.e., scams and fraud), risk factors typically vary based on the type of scam (DeLiema et al., 2023). Prior research suggests that psychosocial and cognitive characteristics such as isolation, loneliness, financial insecurity, poor psychological well-being, financial risk seeking, and declines in financial decision-making capacity are associated with scam susceptibility and victimization in older adults (Fenge & Lee, 2018; James et al., 2014; Liao et al, 2024; Lichtenberg et al., 2019).

There are few empirical studies on the characteristics of financial scammers, but research has documented characteristics associated with financial abusers who are relatives and friends. These include substance use disorders, mental health issues, a sense of entitlement, and personal legal and financial troubles that result in financial dependency on the older person (Betz-Hamilton et al., 2023; Steinman et al., 2020). In a sample of cases reported to APS, Conrad and colleagues (2019) found that reports of EFE were associated with substance use problems by alleged perpetrators, but not alleged victims. Based on qualitative interviews with family members of EFE victim-survivors, Betz-Hamilton et al. (2023) described that substance use and mental health concerns were common among perpetrators.

Table 1. *Individual, Perpetrator, and Social and Contextual Risk Factors for EFE Perpetrated by Known Offenders Versus Strangers*

Perpetrator is...		
	Known*	Unknown**
Older adult characteristics	<ul style="list-style-type: none"> <li>- Cognitive impairment</li> <li>- Functional impairment</li> <li>- Older age</li> <li>- Poor mental health</li> <li>- Prior history of abuse</li> </ul>	<ul style="list-style-type: none"> <li>- Financial insecurity</li> <li>- Financial risk seeking tendency</li> <li>- Lack of knowledge about scam types and persuasion tactics</li> <li>- Poor psychological well-being</li> <li>- Poor financial literacy</li> <li>- Poor executive functioning/poor financial decision-making capacity</li> </ul>
Perpetrator characteristics	<ul style="list-style-type: none"> <li>- Access to older person's finances</li> <li>- Financial irresponsibility</li> <li>- Legal problems</li> <li>- Mental health concerns</li> <li>- Personal financial troubles</li> <li>- Sense of entitlement</li> <li>- Substance use disorders</li> </ul>	[Lack of sufficient empirical evidence]
Social & contextual factors	<ul style="list-style-type: none"> <li>- Fairness conflict</li> <li>- Negative interactions with close network members</li> </ul>	<ul style="list-style-type: none"> <li>- Social isolation</li> <li>- Loneliness</li> </ul>

\*Known perpetrator: relative, friend, neighbor, caregiver, etc.

\*\*Unknown perpetrator: scammer, crime syndicate, other financial predator, etc.

### ***Variations by Race and Ethnicity***

EFE prevalence and operationalization varies across race and ethnic groups. Using survey data, Yu and colleagues (2021) found that average scam susceptibility scores in older Black adults were statistically lower than older White adults, however Beach and colleagues (2010) found that the prevalence rate of EFE since turning age 60 was 23% among Black older people compared to 8.4% among non-Black survey respondents. Similarly, Laumann et al. (2008) found that the Black older adults were 77% more likely to experience financial exploitation relative to White adults. Among low-income Latinos living in urban Los Angeles, the annual prevalence of EFE was very high—16.7%—although the EFE measure had poor internal consistency (DeLiema et al. 2012).

EFE was found to have two dimensions in a mixed methods study of older Chinese Americans: financial exploitation and financial neglect, which refers to failure to provide financial support to an older person experiencing financial challenges. In that study, financial exploitation had a prevalence of 9.2% since turning age 60, and financial neglect had a prevalence of 1.5% (Sun et al., 2022). Unfortunately, most of these studies did not differentiate exploitation by strangers versus known individuals.

Studies of immigrant communities in the US suggest that definitions of what constitutes exploitation differs across cultures (e.g., Choi et al., 2024; Moon et al., 2002; Sanchez, 1996). Cultures that value collectivism and interdependence may be more accepting of resource sharing and believe in resolving interpersonal conflicts within the family rather than relying on formal intervention. An early study by Moon et al. (2002) reported that among four cultural groups of Asian Americans, Koreans reported the highest tolerance for financial exploitation and all cultural groups disfavored outside intervention. In a mixed methods study, Lee and Eaton (2009) found that although 92% of Korean immigrant older adults perceived that EFE constitutes elder mistreatment, only two-thirds intended to seek help. Choi and colleagues (2024) reported that only 9.3% of Chinese American participants responded that they would seek help from APS if they experienced financial mistreatment compared to 33.9% for Koreans. Because the etiology of EFE and how it is perceived differs across race, culture, and immigrant status, treatment approaches to support victim-survivors and prevent revictimization must adapt to the needs, values, and expectations of the victim-survivor and their community.

### ***Social and Psychological Impact of EFE***

EFE has a long history of stigmatization. Feelings of shame and embarrassment are perhaps the most extensively documented outcomes of fraud and scams (Cross, 2018, 2019; Jackson, 2021). Victim-survivors are often blamed for being too “gullible,” “trusting,” and “foolish,” and may be dismissed by police who perceive them as actively having contributed to their own victimization (Cross, 2015). As a result, many victim-survivors feel ashamed and blame themselves, which discourages help-seeking (McGuire et al., 2022).

Other research documents that scam victim-survivors experience severe emotional distress, persistent mental health problems, trouble sleeping, job loss, divorce, and

prolonged indebtedness (Button et al., 2014; Cross, 2018). Research has also identified severe anxiety, depression, and suicidality as outcomes of fraud (Cross, 2018; Deem, 2000), but these and prior studies were not all focused on older adults specifically.

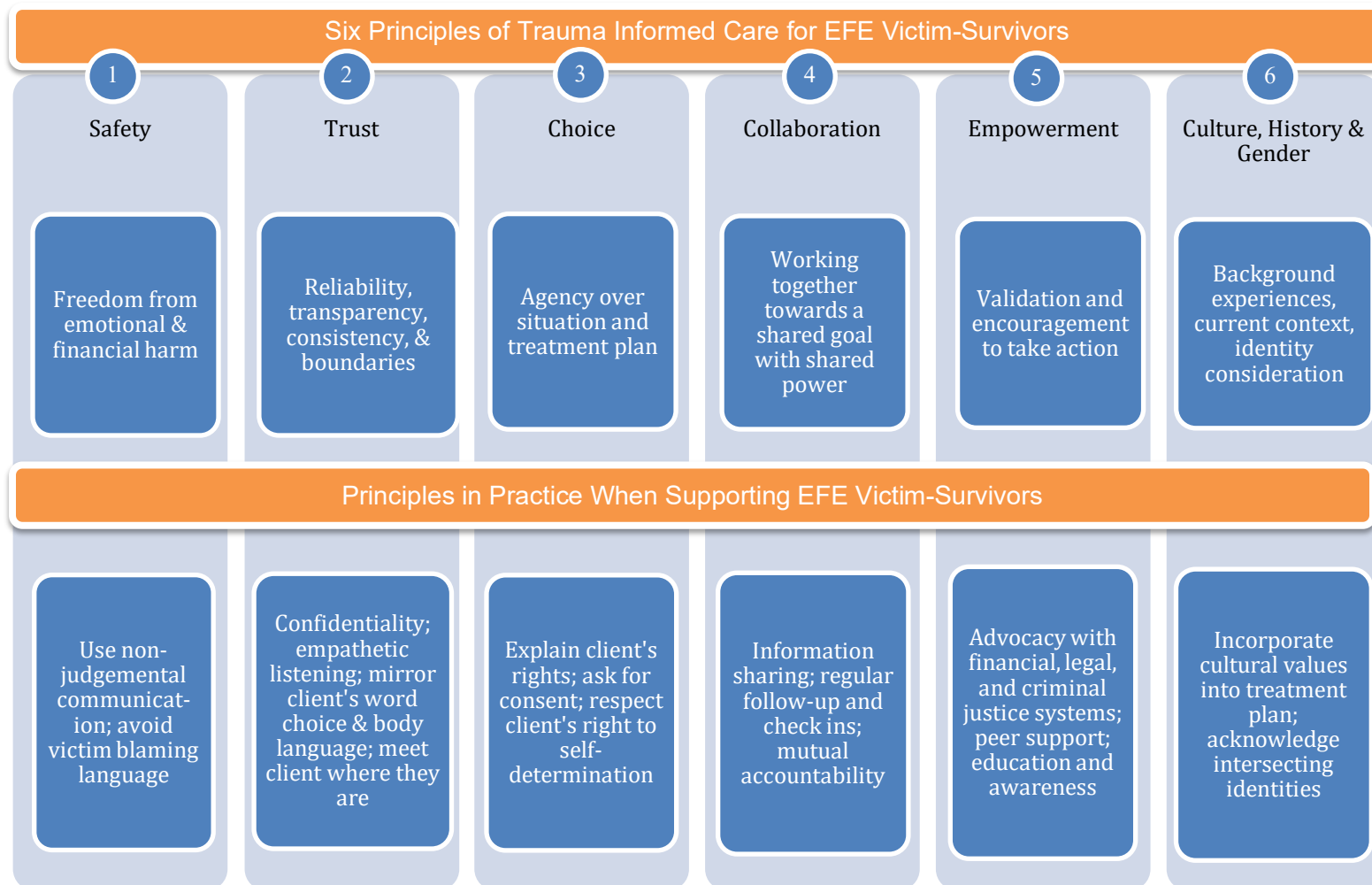
EFE perpetrated by a trusted family member or friend can feel like a betrayal (Hall et al., 2023), leading to enduring adverse consequences like depression, displacement, suicide, and early mortality (Deem, 2000; Jackson, 2021; Lachs et al., 1998). It can be particularly difficult for an older adult to cut ties with an exploiter who provides care, and some victim-survivors choose to endure the abuse rather than risk losing the relationship (Jackson, 2021).

The impact of EFE extends to victim-survivors' families and society at large. Some victim-survivors must turn to family members for financial support or enroll in public benefit programs such as Medicaid if their resources are stolen (Jackson, 2021). Huang and Lawitz (2016) highlighted the substantial financial cost imposed by EFE in New York, including increased agency expenses (\$6.2 million) and public benefit enrollment (over \$8 million).

### *EFE as a Traumatic Experience*

Numerous studies have identified the traumatic impact of EFE (Cross, 2015, 2018; Ernst & Maschi, 2018; Freshman, 2012; Hall et al., 2023). Glodstein et al. (2010) coined the term "Fraud Trauma Syndrome" (FTS) to define an array of symptoms experienced by the victim-survivors of the Madoff Ponzi scheme which cost thousands of investors more than \$64 billion. Symptoms of FTS include anger, rage, pain, hopelessness, depression, anxiety, fear, nightmares, shock, numbness, emotional despair and devastation. More than half of the victim-survivors in the Glodstein et al. (2010) study experienced more than one symptom of FTS.

Trauma experiences can have a lasting effect on some victim-survivors who develop persistent and debilitating symptoms associated with posttraumatic stress disorder (PTSD). PTSD symptoms include intrusive and distressing thoughts, images, and perceptions of the traumatic event, dissociation, avoidance of triggers associated with the event, numbing, and symptoms of reactivity and hyperarousal (American Psychological Association [APA], 2013). Among older adults, PTSD can accelerate declines in cognitive functioning (Schuitevoerder et al., 2013), increase loneliness (Fox et al., 2021), and strain personal relationships (Jackson, 2021). PTSD is also a risk factor for dementia (Borson, 2010; Günak et al., 2020) and is linked to accelerated cellular aging, poor health, and higher mortality risk (Borson, 2010; Katrinli et al., 2020).

Figure 1. *Six Principles of Trauma-Informed Care for EFE Victim-Survivors*

## **Trauma-Informed Care for Victim-Survivors of EFE**

Re-traumatization is defined as “traumatic stress reactions, responses, and symptoms that occur consequent to multiple exposures to traumatic events that are physical, psychological, or both in nature” (Duckworth & Follette, 2012, p. 2). Trauma-informed care is promoted as a method of preventing re-traumatization, as well as supporting clients through a traumatic experience and its long-term effects (Wilson et al., 2013).

As shown in Figure 1, the core principles of trauma-informed care are (1) safety, (2) trust, (3) choice, (4) collaboration, and (5) empowerment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Wilson et al., 2013). Because a victim-survivor’s personal background and experiences shape how they respond to traumatic events, a 6th core principle is the consideration of cultural, historical, and gender issues (SAMHSA, 2014). For older adults, historical circumstances like global conflicts, economic shifts, and policy change can impact healing from financial victimization, alongside the reliance on caregivers for some older people. Therefore, trauma-informed responses to EFE must consider aspects like age, gender identity, dependency, health status, and race (McKenna et al., 2020). In the following sections, we provide examples of promising trauma-informed services and programs for EFE victim-survivors and offer recommendations for social work practitioners to integrate trauma-informed principles when working with older adults healing from financial victimization.

## **Applying the Principles of Trauma-Informed Care to EFE**

As illustrated in Figure 1, responses to EFE should be client-directed and center on the strengths and goals as defined by the client (Wilson et al., 2013). Client choice (principle 3) is particularly important when systems, such as criminal justice and healthcare, are organized to prioritize practitioners’ expertise and the public’s interest rather than the victim-survivors themselves (McGuire et al., 2022; Ramsey-Klawnsnik & Miller, 2017). For example, in the interest of maximizing client safety, practitioners may aim to stop the victim-survivor from communicating with the alleged financial abuser, even if preserving this relationship is important to the older adult (Fraga Dominguez et al., 2021). Trauma-informed practitioners recognize the value of this relationship to the older person and will work with them, other trusted friends and family members, and perhaps the offender to enable positive social interaction while preventing financial access. The practice of balancing safety needs with client choice and autonomy is a critical component of person-centered, trauma-informed care.

Trauma-informed practitioners should be aware that trauma can cause confusion, inconsistency, and frustration, and that it can be harmful to push victim-survivors to recall details of the crime. When responding to initial reports of EFE, social workers should convey warmth through word choice and tone of voice, explain the victim-survivor’s rights (including the right to refuse service), and assume competence until there is evidence of the contrary. Many victim-survivors of EFE are blamed for victimization and made to feel powerless by financial institutions and law enforcement (Cross, 2018; Nerenberg, 2008). To empower victim-survivors (principle 5), trauma-informed practitioners advocate on



behalf of their clients to ensure their rights are upheld by financial institutions, law enforcement agencies, adult protective services, court systems, and possible creditors.

Cultivating trust (principle 2) involves incorporating specific communication approaches in which the professional mirrors the language of their client, offers confidentiality, and meets them where they are on their recovery journey. For example, social workers should not refer to the incident as a scam or the perpetrator as a scammer unless these words are used by the victim-survivor. The Give An Hour (2024) organization advises practitioners to avoid victim-blaming language and phrases such as “the victim fell for the scam.” Rather, practitioners should say “the money was stolen in a scam.” This person-centered approach builds trust to improve collaboration in goal setting and working toward recovery.

Other trauma-informed approaches include asking about the victim-survivor’s values and strengths before focusing on challenges (Ramsey-Klawnsnik & Miller, 2017; Yatchmenoff et al., 2017). Principle six urges trauma-informed practitioners to recognize the victim-survivor’s culture, history, and gender when collaborating on an intervention plan. For example, victim-survivors from cultures that value familism and believe that adult children are responsible for caring for older relatives in the home may harbor strong negative feelings about congregate care settings like skilled nursing facilities. Trauma-informed practitioners will work with the victim-survivor to identify safer care arrangements where assistance is still provided in the community but by trustworthy family or community members rather than the financially dependent relative.

### ***Trauma-Informed Therapeutic Approaches***

Although there has been little research on trauma-informed interventions specific to EFE, significant research has focused on psychotherapeutic treatments for PTSD in older veterans, adult victim-survivors of domestic violence (Ward-Lasher et al., 2017), and older adults with depression that may be modified to support older victim-survivors of financial crimes. Like EFE, domestic violence is also known for high rates of revictimization (Cross, 2020; Krause et al., 2008). Trauma-informed psychotherapeutic interventions that have been found to be effective in reducing trauma symptoms and empowering victim-survivors of domestic violence include cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and eye-movement desensitization and reprocessing (EMDR; Condino et al., 2016).

CBT involves changing cognitive and behavioral patterns using problem-solving skills, reflection and processing, and building confidence (APA, 2017a). CBT is an effective treatment for older adults, especially when modifications are made to address physical health and spiritual or religious beliefs (Cox & D’Oyley, 2011). Similarly, IPT is a time-limited treatment that focuses on improving interpersonal functioning by helping the client process the current context and its impact on relationships (Center for Addiction and Mental Health, 2024). Research indicates that IPT and CBT are highly effective when treating adults with depression and PTSD (Hinrichsen, 2018).

More evidence is needed to assess how social workers can effectively adapt these interpersonal therapies to the specific needs of EFE victim-survivors, including those with chronic health conditions, such as dementia, that can impact sensory functioning and

information processing (Pless Kaiser et al., 2019). Communication adaptations may include speaking more slowly, providing sufficient time for responding, and eliminating background noise (Speros, 2009). Interventions such as CBT can be modified using visual aids, and skill based interventions can be adapted to include increased repetition to make the information more salient and accessible (Robinson & Moghaddam, 2022). Promising evidence from a systematic literature review of PTSD treatments for people with dementia found that clients experienced a decrease in PTSD symptoms after receiving interventions that included EMDR, prolonged exposure therapy, and other treatments (Ruisch et al., 2023).

Ramsey-Klawnsnik and Miller (2017) recommend that when working with survivors of abuse in later life, practitioners may provide psychoeducation about common stress responses to traumatic events, such as the mental, cognitive, and physical health effects. Recognizing these responses to trauma helps victim-survivors identify coping strategies. Social workers can also encourage emotion regulation strategies like breathing exercises, journaling, reaching out to trusted people, going outside, and listening to music (Jennings, 2008; Ramsey-Klawnsnik & Miller, 2017), as well as mindfulness interventions that use short, guided meditations and focus on one sensory input at a time (Robinson & Moghaddam, 2022).

### ***Peer Support Groups***

There is emerging evidence that peer support groups can empower fraud victim-survivors through mutual support and understanding. Cross (2019) qualitatively documented the effects of an in-person peer support group for adult victim-survivors of romance scams. Participants reported that engaging with their peers helped them reconcile with victimization and feel less alone. Although some of the participants in the peer support group were younger than age 60 and all experienced the same type of fraud, findings suggest that the peer support model is a promising approach. Recent work by Give An Hour (2024) suggests that peer support groups help victim-survivors recover from trauma through empathetic dialogue that reduces stigma, therapeutic storytelling to build resilience and control over the narrative, and learning practical financial and emotional recovery strategies from others. Moreover, peer support groups may be effective tools in EFE prevention because they promote co-learning about the warning signs of scams and exploitative behavior. Peer support may also address the need for emotional connection and regular social engagement, further protecting older adults from financial harm. Future research should assess the efficacy of peer support programs for older adults who have experienced financial abuse by friends/family.

### ***Financial and Legal Advocacy***

Many EFE victim-survivors need help covering basic living expenses, affording medical care, navigating debt, safeguarding financial accounts, and maintaining their independence. While social workers should never promise that stolen funds will be recovered, they can assist victim-survivors with goals focused on financial protection and stability, including negotiating with creditors to alleviate financial burdens, applying for

public benefit programs, and connecting with legal representation. Financial social work and financial gerontology offer person-centered frameworks to partner with clients to set goals and build financial resilience (Sherraden et al., 2016). This may include providing guidance on budgeting, money management, estate planning, and financial literacy. One example of a holistic financial gerontology coaching program is Successful Aging through Financial Empowerment (SAFE). The program is designed to support older adults who have experienced EFE and/or identity theft (Lichtenberg et al., 2019). SAFE program staff offer one-on-one support with financial management, assist clients with filing consumer complaints, and educate victim-survivors on scam prevention tools such as closing compromised accounts and placing fraud alerts on credit reports. Evidence suggests that older victim-survivors who receive SAFE services experience lower anxiety and are better informed about how to protect their finances (Hall et al., 2022; Lichtenberg et al., 2019). The SAFE program primarily serves urban African American EFE victim-survivors. Future research is needed to adapt SAFE services to other populations and cultures that practice different norms around the use of financial resources within families and who may express different financial goals, such as Asian and Hispanic EFE victim-survivors.

Although very few EFE perpetrators are criminally prosecuted (Navarro et al., 2013), assisting victim-survivors with navigating the justice system is an important form of advocacy. Social workers who work as victim service advocates are essential in ensuring that victim-survivors feel safe throughout criminal proceedings and that their needs are heard and respected (Fried et al., 2014). Although there is no empirical research on the effects of victim service advocates in EFE, research in the field of domestic violence indicates that the presence of a victim service advocate increases survivors' cooperation in prosecutions (Camacho & Alarid, 2008). Given that many victim-survivors are not receptive to criminal prosecution, particularly minoritized older adults (Enguidanos et al., 2014) and those exploited by close relatives (Jackson & Hafemeister, 2011), focusing on civil remedies instead can help empower and protect victim-survivors. However, given the cost of civil legal representation and the special expertise required, many clients need support from free and targeted legal services (Sinha et al., 2021).

Beck et al. (2015) explored restorative justice interventions as a means to promote older adults' self-determination, find closure for past harms, and heal from traumatic experiences. Restorative justice modalities, such as Victim-Offender Dialogue and Family Group Conferencing, entail facilitated interactions between victims, offenders, and other relevant stakeholders. Restorative justice approaches could be healing for victim-survivors exploited by close family members or friends by repairing bonds, promoting accountability, and ensuring relationship continuity. Racial and ethnic groups that prefer to address conflicts within the family unit or that have historically been harmed by the traditional justice system may prefer restorative justice approaches to prevent EFE. However, restorative justice in cases where perpetrators have no prior relational ties with the victim-survivor, such as in scams and fraud, is not advised.

### ***Care Coordination***

Many EFE victim-survivors present with underlying health, financial, and social needs, with EFE being just one of many complex symptoms. Addressing these underlying needs through coordinated care is essential to reducing the risk of future victimization. Several of the most promising domestic violence interventions for both children and adults have involved a community-action approach where services are coordinated between community-based programs (e.g., legal advocacy, mental health) and criminal justice agencies (police and prosecutors). DePrince and colleagues (2012) conducted a longitudinal randomized controlled trial and found that community-based outreach reduced reported distress in victim-survivors of domestic violence. Care was tailored to the direct psychosocial needs of each victim-survivor and services were appropriately matched, resulting in significant psychological gains. By coordinating services, victim-survivors did not have to retell their story and experience re-traumatization as they sought help (DePrince et al., 2012).

Multidisciplinary teams (MDTs) have emerged as a model for addressing complex cases of elder maltreatment, including EFE (e.g., DePrince et al., 2019; Ernst & Smith, 2012). The composition of elder abuse MDTs varies, but most include participants from APS, law enforcement agencies, ombudsman programs, public guardian offices, civil and/or criminal justice systems, and healthcare professionals. MDTs specifically focused on EFE—called Financial Abuse Specialist Teams (FAST)—may also include a forensic accountant to help track stolen funds and support law enforcement efforts (Dauenhauer et al., 2020).

The goal of MDTs is to facilitate interagency collaboration and information sharing across disciplines, enabling professionals to identify and work together on case-specific goals (DePrince et al., 2019). A critique of the current MDT model is that teams tend to prioritize the values and case goals of the professionals, such as conservatorship referrals (Gassoumis et al., 2015) and offender prosecutions (Navarro et al., 2013), over the values and goals of victim-survivors who do not participate. While victim-survivors also want to be safe and well, they may prefer to remain in high-risk situations if the alternative is losing their relationship with the perpetrator and/or being moved to an institutional care setting.

New collaborative intervention models are attempting to center the victim-survivors' goals in the MDT case planning process (Burnes et al., 2023; Martinez et al., 2023). Martinez and colleagues (2023) conducted a case study to assess the impact of embedding a Service Advocate within an MDT whose role is to build trust with the victim-survivor through longer-term engagement and to elicit their views on what help is needed. Using a person-centered approach, Service Advocates help victim-survivors and professionals on the MDT negotiate tradeoffs between harm reduction goals and personal autonomy goals. Reporting on a case study, Martinez et al. (2023) documented how the Service Advocate helped a vulnerable adult feel empowered during the case planning process by ensuring that she maintained mastery and stability in her life and that her goals for staying connected to the alleged perpetrator were prioritized by the MDT. At the same time, the MDT's goals for enhanced safety were met when the Service Advocate motivated the vulnerable adult to accept limited in-home professional care as well as health and financial decision-making

support from a trusted family member. More research is needed to assess whether embedding person-centered, trauma-informed practices within MDTs is feasible and effective in empowering victim-survivors to accept protective interventions.

### **Barriers to Trauma-Informed Care for EFE Victim-Survivors**

Ensuring that victim-survivors of EFE have access to trauma-informed care is a substantial challenge given the lack of financial, criminal, and civil justice remedies available. Nerenberg (2000) explains that the widespread perception that financial crimes are less serious or harmful than other crimes has led to a persistent lack of resources to prevent and respond to EFE, particularly in areas that have scarce resources for older adults who need comprehensive social, psychological, and caregiving support.

In addition to few trauma-informed services, many victim-survivors encounter a lack of understanding from friends, relatives, and law enforcement, which discourages help-seeking (Cross, 2015; Sinha et al., 2021). Like in many other forms of elder mistreatment, EFE victim-survivors may not know how or where to report (Parti & Tahir, 2023) and have little faith that reporting EFE will improve their situation (Nerenberg, 2008). Reynolds and colleagues (2020) found that treatment refusal among older adults may also be associated with fear, mistrust, resistance to being labeled with a mental health problem, and difficulties navigating the help-seeking process. Other reasons for resisting intervention are that victim-survivors may hold deep familial bonds with perpetrators, fear retaliation, and/or fear losing their independence (Jackson & Hafemeister, 2011). When a perpetrator provides personal care to the older adult at home, intervening can increase the likelihood that the victim-survivor will be moved to a long-term care facility. Outright denial of victimization among older adults who have experienced scams may stem from a persistent belief that the scam or scammer are legitimate and an unwillingness to end a relationship with a scammer who may provide regular social interaction (Cross, 2020; Fenge & Lee, 2018). New research suggests that motivational interviewing—a collaborative technique in which practitioners empower clients to facilitate change—may be helpful for elder abuse survivors who are initially ambivalent about changing an abusive situation (MacNeil et al., 2023).

Another perceived barrier is that victim-survivors with advanced dementia may lack capacity to actively participate in some forms of trauma informed treatment, however several studies on person-centered trauma-informed care have shown that many adults with cognitive impairment have capacity to reason through choices and express their goals (Couzner et al., 2022; Martinez et al., 2023). Social workers should empower victim-survivors with cognitive impairment by involving them in all aspects of treatment to the extent possible.

Last, although social workers are among the first responders to EFE, most have insufficient training on crime victimization, especially on effective treatment approaches for older adults with underlying needs. This is despite that social workers are mandated reporters in most US states (Ernst & Maschi, 2018). Most social workers also lack personal finance training and tools to build clients' economic self-sufficiency and confidence (Frey et al., 2017; Stuart, 2016). In light of the growing older adult population and in pursuit of

“financial capability for all”—one of the Grand Challenges for Social Work (Huang et al., 2018)—more curriculum and training in financial social work are needed.

### **Recommendations for Social Work Practice**

The 1984 Victims of Crime Act (VOCA) established the Crime Victims Fund to support victim restitution, counseling, advocacy, and support services. Eligibility criteria were expanded in 1996 to include victim-survivors of financial crimes. Programs that use VOCA funds can help EFE victim-survivors with emergency shelter and food, mental health services, restitution advocacy, credit counseling, and other direct support, although VOCA funds cannot be used to directly reimburse stolen money or property. Unfortunately, a recent study of victim compensation programs found that victim-survivors of elder mistreatment underutilize these programs relative to other victim groups (Navarro et al., 2024). Social workers can support victim-survivors by learning about organizations that provide VOCA-funded services and by making referrals.

Reducing EFE stigma must be a core component of all trauma-informed services. Social workers can debunk harmful myths about who is susceptible to EFE by emphasizing that financial predators are experts in social engineering and undue influence tactics, meaning that people of all ages are vulnerable to exploitation. Improving report writing practices to use affirming language and eliminate bias in official documentation is also essential. Along with law enforcement, criminal justice agencies, victim services, and healthcare providers, social workers must continuously work to prevent victim blaming and ensure unbiased justice for survivors (Cross, 2015; McGuire et al., 2022).

Studies on EFE risk factors indicate that social isolation, negative interpersonal relationships, loneliness, and financial insecurity are common among victims (DeLiema, 2018; Liu et al., 2017). These characteristics may be promising targets for EFE prevention and treatment. Social workers can help older clients address problematic social relationships in their lives, educate them about common scams and the need to protect resources from financially dependent relatives, and refer them to community organizations that provide social engagement and enrichment. Other research suggests that increasing psychological wellbeing can reduce scam susceptibility among older adults (Sur et al., 2023). Using a trauma-informed approach that centers clients' abilities and interests, social workers can help clients identify volunteer opportunities and other generative activities that promote wellbeing.

To date, research has not addressed how social workers can help vulnerable older adults become more resistant to deception and identify harmful intentions in others. Research from psychology, however, indicates that forewarning older targets about the tactics used in scams reduces vulnerability but that the effects of education and scam awareness diminish over time (Scheibe et al., 2014).

Social work interventions may also target risky behaviors exhibited by EFE perpetrators, such as providing mental health services and treatment for substance use disorders. A recent case study of a family-centered EFE intervention showed that after engaging in treatment for alcohol use and a gambling disorder, a perpetrator was able to

rebuild relationships with family members, restore trust, and repay the older adult (Kilaberna & Stum, 2022).

Advance financial planning can also reduce opportunities for EFE by ensuring that older adults have a legally appointed person or people to act as their agent(s) under power of attorney (POA). Advance financial care planning is trauma-informed because it empowers the older adult to choose who they trust to help manage their money and property and make reasoned financial decisions (Zheng & DeLiema, 2024). Having a POA can reduce the potential for guardianship in which a decision-maker is appointed by the court, as well as reduce the risk of financial opportunists inappropriately gaining financial control. Practitioners engaged in financial social work should encourage all aging clients to engage in advance financial care planning by highlighting the benefits of having a legally appointed person they can rely on.

### **Gaps and Limitations of Existing Research**

There is very limited literature on the aftermath of EFE, including the efficacy of trauma-informed interventions. Given the complexity of EFE, the field of social work needs to focus on the development and evaluation of holistic treatment approaches that address the victim-survivor's underlying needs, which may incorporate services from social service agencies, healthcare providers, law enforcement agencies, financial institutions, and legal professionals. Moreover, there is a significant absence of research on EFE interventions tailored to victim-survivors from minoritized race and cultural groups who may hold different perspectives on the use of financial resources within families and how to address family conflict. Researchers must evaluate the extent to which different treatment approaches support diverse victim-survivors' social and emotional recovery, as well as their effectiveness at preventing revictimization and re-traumatization.

### **Conclusion**

Elder financial exploitation is a growing economic and social issue that requires trauma-informed responses and preventative approaches to protect and support our growing older adult population. As mandated elder abuse reporters in most U.S. states, social workers need to be trained on the signs of EFE and where to report exploitation when it is suspected (Ernst & Maschi, 2018). They also need access to trauma-informed treatment approaches that foster resilience and self-efficacy, reduce self-blame, rebuild trust, and provide a sense of community. Social workers can also help victim-survivors navigate the financial aftermath of exploitation, advocate for restitution, and participate on multidisciplinary teams where members address legal and safety concerns while still prioritizing victim-survivors' personal values and psychosocial needs. By offering comprehensive care that addresses both the practical and emotional needs of victim-survivors, social workers play a vital role in advocating for justice and promoting the financial well-being of all older adults.

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