Financial Exploitation / Elder Abuse

Assessment Domain	GP Actions	Key Questions / Considerations	Red Flags
1. Clarify the Concern	Obtain history from the concerned family member and, where possible, see the patient independently.	• What has happened?• How much money has been sent?• Has personal information been disclosed?• How long has the relationship existed?	Family reports escalating financial losses, secrecy, sudden personality change, or social withdrawal.
2. Assess Decision-Making Capacity	Perform a formal capacity assessment relating specifically to financial decisions and the online relationship.	Can the patient:• **Understand** the relevant information?• **Retain** it?• **Weigh** risks and benefits?• **Communicate** a consistent decision?	Inability to understand obvious risks, irrational beliefs despite evidence, fluctuating cognition, impaired executive function.
3. Cognitive Assessment	Screen for cognitive impairment if indicated (MoCA, ACE-III, Mini-Cog, RUDAS where appropriate).	Look for evidence of dementia, mild cognitive impairment, frontal lobe dysfunction, or delirium.	Declining memory, executive dysfunction, poor judgement, personality change.
4. Exclude Medical Causes	Evaluate for reversible contributors to impaired judgement.	Consider:• Depression• Delirium• Bipolar disorder/mania• Alcohol or drug misuse• Medication adverse effects• Neurological disease	Acute cognitive change, hallucinations, mania, severe depression, neurological deficits.
5. Interview the Patient Alone	Ensure privacy and confidentiality.	Explore:• Their understanding of the relationship• Reasons for trust• Whether they feel pressured or threatened• Whether they have been asked to keep the relationship secret	Fearfulness, coercion, inability to discuss the relationship openly, signs of psychological manipulation.
6. Screen for Romance Scam Characteristics	Ask directly about common scam behaviours.	Has the online partner requested:• Money?• Gift cards?• Cryptocurrency?• Banking details?• Passport or ID?• Remote computer access?• Emergency financial assistance?• Secrecy?• Repeated excuses for not meeting or video calling?	Multiple requests for money, inability to verify identity, rapidly escalating emotional attachment, investment opportunities.
7. Assess Vulnerability Factors	Identify modifiable psychosocial risks.	Risk factors include:• Bereavement• Loneliness• Social isolation• Hearing impairment• Limited digital literacy• Recent illness• Financial insecurity	Increasing dependence on the online relationship as primary emotional support.
8. Harm Reduction (Capacity Intact)	Respect autonomy while reducing financial risk.	Recommend:• Independent identity verification• Reverse image search• Bank fraud review• Transfer limits• Two-factor authentication• No sharing of passwords or ID documents	Patient continues relationship but agrees to safeguards.

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9. Financial Protection	Encourage early involvement of financial institutions.	Consider:• Bank fraud department• Temporary transaction limits• Monitoring unusual withdrawals• Credit monitoring if identity compromised	Repeated overseas transfers, loans, mortgage changes, liquidation of investments.
10. Elder Abuse Assessment	Consider financial exploitation as a form of elder abuse.	Determine whether exploitation, coercion, intimidation or undue influence is occurring.	Large unexplained financial losses, isolation from family, coercive control.
11. Legal Considerations (NZ)	Determine whether legal intervention is appropriate.	**Capacity intact:** patient retains decision-making rights.**Capacity impaired:** consider activation of Enduring Power of Attorney (Property/Personal Care) where appropriate, or Protection of Personal and Property Rights Act processes.	Significant incapacity with ongoing financial exploitation.
12. Referral & Support Services	Refer where appropriate.	Potential referrals:• Clinical psychologist (if vulnerable through grief/loneliness)• Geriatrician• Memory clinic• Social worker• Financial advisor• Elder abuse services• Police (if criminal fraud suspected)• Bank fraud team	Progressive financial losses or ongoing exploitation despite advice.
13. Documentation	Maintain comprehensive contemporaneous records.	Document:• Family concerns• Patient's explanation• Capacity assessment• Cognitive findings• Risk discussion• Advice provided• Referrals made• Patient's decisions	Essential for medico-legal protection.

Clinical Red Flags Suggesting an Online Romance Scam

Behaviour	Level of Concern
Requests for money after a short online relationship	High
Claims of overseas military, engineer, doctor, oil rig worker, or humanitarian worker	High
Never willing to meet or video call	High
Frequent “emergencies” requiring urgent financial assistance	High
Requests to keep the relationship secret	High
Requests for gift cards or cryptocurrency	Very High
Requests for banking passwords, remote computer access or identity documents	Very High
Encourages withdrawal from family or friends	Very High
Sudden plans for marriage despite never meeting	Very High
Investment or cryptocurrency opportunities introduced by the online partner	Very High

Practical GP Management Priorities

	Action
1	Assess capacity and cognition.
2	Interview the patient privately and respectfully.
3	Identify objective indicators of financial exploitation.
4	Screen for reversible medical or psychiatric contributors.
5	If capacity is intact, respect autonomy while implementing harm-minimisation strategies.
6	If capacity is impaired or exploitation is occurring, initiate safeguarding measures, involve appropriate family (with consent where possible), financial institutions, and relevant legal or social support services.
7	Arrange close follow-up, as these situations often evolve over weeks to months.