

# Undue Influence: Signs & Symptoms

## Exploitation of the Elderly: Undue Influence as a Form of Elder Abuse

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### Factors Predisposing to Financial Exploitation

- Advanced age (> 75)
- Female
- Unmarried/widowed/divorced
- Organic brain damage
- Cognitive impairment
- Physical, mental, or emotional dysfunction (especially depression)
- Recent loss of a spouse or divorce
- Living with abuser
- Dependence on abuser
- Living alone
- Social isolation
- Estranged from children
- Financially independent with no designated financial caretakers
- Middle- or upper-income bracket
- Taking multiple medications
- Frailty
- Fear of change of living situation (ie, transfer from home to institution)
- Implied promise by perpetrator to care for elderly person if funds or material goods are transferred
- Elderly person subject to deception (misrepresentation/concealment of information for selfish gain)
- Elderly person subject to intimidation (perpetrator induces dependency with fear of rejection if demands not met, or creates fear by threat of physical or emotional harm or abandonment)

### Characteristics of Male Perpetrators

#### Who Exploit Elderly

- Sociopathic or antisocial character disorder
- Developing a caregiver role
- Living with victim
- Being economically dependent on victim
- History of mental illness or substance abuse
- Often related to victim
- Has health problems

### Characteristics of Female Perpetrators Who Exploit Elderly

- Has some caregiving relationship to elderly person

Instills sense of helplessness and dependency  
Isolates the elderly person from family members and other social contacts  
Presents herself as protector of the elderly victim while isolating them from others  
Enhances inadequacy and diminished self-worth in victim, making him or her more vulnerable  
Often has history of multiple unstable relationships  
Often falsifies credentials or embellishes personal power, role, or position  
Opportunistic  
Psychologically dysfunctional  
Predatory  
Antisocial with little regard for rights of others  
Methodically identifies victims and establishes power and total control over them  
Gains control of assets through deceit, intimidation, and psychological abuse

### Signs and Symptoms Suggesting Undue Influence

Elderly person's actions inconsistent with past longstanding values/beliefs  
Older person making sudden changes in financial management that enrich one individual  
Elderly persons changing their will or disposition of assets, belongings, property, and direct assets toward one who is not natural "object of their bounty"  
Caretaker dismisses previous professionals and directs older person to new ones (eg, bankers, stockbrokers, attorneys, physicians, realtors)  
Elderly person isolated from family, friends, community, and other stable relationships  
Nonfamily caretaker has moved into the home or taken control of daily schedule  
Older person directs income flow to caretaker (eg, Social Security, pensions, trust distributions)  
Wills, living wills, trusts altered with new caretaker or friend as beneficiary/executor  
Elderly person develops mistrust of family members, particularly about financial affairs, with this view supported by new friend, acquaintance, caretaker  
Older person finds new caretaker guaranteeing lifelong care if he or she gives the caretaker his or her assets  
Elderly person in relationship characterized by power imbalance between parties, with caretaker assuming restrictive control and dominance  
Caretaker or friend accompanies elder to most important transactions, not leaving him or her alone to speak for himself or herself  
Elderly person writes checks for cash, in round numbers or large amounts, or gives cash gifts to caretaker or caretaker's family  
Older person increasingly helpless, frightened, despondent, feeling that only the caretaker can prevent his or her further decline

Elderly person sees acquaintance or caretaker as exalted, with unusual powers or influence

## The “Thought Reform” or “Cult” Model of Undue Influence by Margaret Thaler-Singer, PhD

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Dr. Singer’s model of thought reform developed from her work on the tactics used by cults and cult leaders. The model is based upon the following six stages:

1. Isolation
2. Creation of a Siege Mentality
3. Dependency
4. Powerlessness
5. Fear and Vulnerability
6. Victim is Kept Unaware

The specific tactics are:

1. Keep the person unaware of what is going on and the changes taking place.
2. Control the person’s time and, if possible, physical environment.
3. Create a sense of powerlessness, covert fear, and dependency.
4. Suppress much of the person’s old behavior and attitudes.
5. Instill new behavior and attitudes.
6. Put forth a closed system of logic; allow no real input or criticism.

### **Evaluating Mental Capacity - PARADISE-2 Model of Mental Capacity (Blum 2002-2006)**

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**P**ast behavior **P**ertinent parties  
**A**bstract concepts **A**lertness  
**R**emember information **R**esponsibilities  
**A**lternatives – considered **A**ttention  
**D**elusions **D**ecision making abilities  
**I**llness **I**mpact  
**S**trategic thinking **S**ignificance  
**E**motional factors **E**xpress desires

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Questions to Consider

1. How does the current behavior compare with past behavior?
2. Did the person understand the abstract concepts (ex. what is a will, avoiding detection and capture)?
3. Are there concerns about memory?
4. Are/were alternatives known and considered?

5. Were the decisions free from delusions?
6. What were the effects of co-existing illness, medications, toxic substances, etc.?
7. Did the person engage in or display strategic thinking and analysis?
8. What were the relevant emotional factors affecting the decision, if any?
9. Did the person know the pertinent parties?
10. Were there concerns about the person's degree of alertness (i.e. consciousness) or attention when information was presented, or when executing the decision?
11. Did the person know his/her responsibilities and the responsibilities of the other involved parties?
12. Did the person have difficulty making or maintaining decisions?
13. Did the person understand the impact of the decision (i.e. the likely objective outcome) or behavior?
14. What is the significance of the decision (i.e. the subjective evaluation of the likely outcome)?
15. Did the person have difficulties expressing desires?