Links between Scams & Health

The Introduction

It has long been suspected that victims of scams, specifically the elderly and consumers made vulnerable by their circumstances, experience deteriorating health, independence and loss of self-confidence. These give rise to additional financial costs on the health and social care sector which could be prevented through earlier intervention and protection. The inevitable consequences of being a victim are also far more costly in terms of deteriorating health than with pure financial loss; and greater efforts need to be made to prevent scams so as to improve long term health outcomes in the UK. This guide highlights the evidence which supports this case.

The Facts

1. An ageing population and reduced cognitive function

Our own evidence shows that the average age of a scams victim is 75. Academic research has confirmed that older people are more susceptible to becoming victims due to lower levels of cognitive function\(^1\). We see victims who repeatedly respond to scams over a number of years and lose huge amounts of money.

The number of older people continues to rise, with over 11.6 million (17.8% of the population) aged 65 and over in mid-2015\(^2\). By 2050 the number is predicted to reach 20 million\(^3\). Furthermore, dementia is a key contributor to reduced levels of cognitive function and the number of people with dementia in the UK is forecast to increase from 815,827 to 1,142,677 by 2025, an increase of 40%\(^4\).

2. Loneliness

There is strong evidence that loneliness is linked with deterioration in health. Around a million (10%) older people are termed ‘chronically lonely’ at any given time in the UK which will seriously increase their risk of suffering mental and physical illness\(^5\).

Loneliness also puts individuals at greater risk of cognitive decline\(^6\) which is a key factor that contributes to becoming a victim of a scam. Furthermore, victims of scams who are lonely may engage with a criminal more readily than other people because of their natural need for human interaction.

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1 James, B., Boyle, P. and Bennett, D. (2014) Correlates of susceptibility to scams in older adults without dementia, Journal of Elder Abuse and Neglect, 26:2, 107-122 [USA]
3 Office of National Statistics age profiling
4 Dementia UK Second Edition 2014, The Alzheimer’s Society
5 Promising approaches to reducing loneliness and isolation in later life, January 2015, Age UK
3. Impact of scams

A National Trading Standards Doorstep Crime Project was completed in 2014/15 and its report\(^7\) included a victim impact survey which highlighted four significant facts in relation to health harms:

- On a scale of 1 to 10, with 10 being the worst affect, 50% rated the effect of the crime on them as between 6 and 10.
- 23% said it had affected their health.
- 38% said it had resulted in them having reduced confidence generally.
- 26% said it had left them feeling down or depressed.

In 2012 a Victim of Crime Survey\(^8\) concluded that 31% of victims of distraction burglary admitted that it affected their health. The impact of burglary and scams is comparable due to the shared personal intrusion into the home.

This supports academic research commissioned by the Home Office\(^9\) which showed that vulnerable adults defrauded in their own home lose confidence, become more susceptible to repeat crime and are 2½ times more likely to either die or to go into residential care, than their non-defrauded older adult neighbours.

Finally, Age UK undertook research looking at the fear of crime on the elderly\(^10\). They admit that it is difficult to establish whether fear of crime is a cause of poor health or whether they are linked through more complex two-way relationships. For example, fear of crime may increase the risk of depression, but depression itself may heighten susceptibility to fear. However, they conclude that analysis does indicate that fear of crime contributes to poor health.

The Challenge

The victims of scams are a public health issue as much as a trading standards issue. Victims are being subjected to financial abuse within their own homes and each local authority is under a duty to take steps to protect them. Raising awareness amongst your elected members, Director of Adult Social Care and Director of Public Health could all be beneficial in gaining support and resource for the work you do to tackle this criminality.

The Help

- We are talking to the Association of Directors of Adult Social Care (ADASS) to develop a national co-ordinated strategy for addressing financial abuse.
- We are developing a programme to educate those in the public health sector about the harms of scams.
- We have worked with home care providers to develop an E-Learning training package to help those visiting the elderly and vulnerable to spot signs of financial abuse and be able to report it.
- We are currently involved in a number of research studies which we anticipate will support the need for proactive intervention to prevent rising associated healthcare costs.

Finally, we are always happy to discuss ways in which together we can gain further support from health and local authority colleagues to tackle scams so please do contact us.

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\(^6\) James et al, 2011
\(^7\) National Trading Standards Doorstep Crime Project Report 2014/15, March 2015
\(^8\) Operational Liberal Victim of Crime Survey 2012
\(^10\) Age UK Study “Fear of crime and its effect on older people” 2014 Peter Lloyd-Sherlock and Sutapa Agrawal