

# Financial Exploitation and Mental Health among Holocaust Survivors

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# Financial exploitation and mental health among Holocaust survivors: the moderating role of posttraumatic symptoms

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# Background and Aims

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# Financial Exploitation (FE) of Older Adults

- 1 in 20 older adults over the age of 60 will experience FE<sup>1</sup>
- FE results in devastating consequences to older adults, their families, and society
- Elucidating risk factors of FE is key for prevention



<sup>1</sup>Spreng et al. (2016). *Journal of Elder Abuse & Neglect*, 28(4–5), 320–344

# Much remains to be known

- Anxiety and depression seem to be antecedents and consequences of FE<sup>1</sup>
- Posttraumatic stress symptoms have also been associated with an FE experience<sup>2</sup>
- The impact of FE on Holocaust survivors (HS) has not been studied



<sup>1</sup>Lichtenberg et al. (2013). *Clinical Gerontologist*, 36(2), 132–146; Ganzini et al.(1990). *Journal of Nervous Mental Disease*, 178(11), 680–685; <sup>2</sup>Lavery et al. (2020). *Social Work Research*, 44, 257-265.

# Holocaust Survivors (HS)

- The experience of FE may be reminiscent of Holocaust conditions
  - e.g., financial crimes, extreme hunger, untreated illness, dire living conditions
- HS report more PTSD symptoms and other psychopathological indications relative to comparisons (Jews not exposed to the Holocaust)<sup>1</sup>
- The negative effects of stressful events such as FE may be particularly salient amongst HS with PTSD
  - **Crisis resolution perspective:** coping with new stressor is enhanced or reduced based on whether initial trauma was resolved<sup>2</sup>
- Exposure to adverse events may also reveal certain resiliencies among HS<sup>3</sup>



<sup>1</sup>Barel et al. (2010). *Psychological Bulletin*, 136, 677-698. <sup>2</sup>Hantman & Solomon (2007). *Social Psychiatry and Psychiatric Epidemiology*, 42, 396-402. <sup>3</sup>Shrira et al. (2010). *Journal of Traumatic Stress*, 23(3), 367-375.

# Quantitative Aims

- To examine mental health correlates of FE in HS with and without symptoms of PTSD
  - H1. The relationship between FE and depressive and anxious symptomatology will be stronger amongst HS relative to comparisons
  - H2. The relationship between FE and depressive/anxious symptomatology will be strongest amongst HS with high-level PTSD symptoms



# Qualitative Aims

- To examine the personal experiences and meaning that HS attribute to being victims of FE
  - What are the feelings and perceptions of HS following an experience of FE?
  - How did they cope with FE?
  - What are their perceptions of protective and risk factors for FE?





# Methods and Results

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# Study Sample: Quantitative

- Convenience sample of 137 Israeli older adults
- $M$  age = 83.64,  $SD$  = 5.13, range = 78-98; 50.7% female

$N = 185$  recruited

Excluded:  
 $n = 7$ , not European descent  
 $n = 25$  did not complete PTSD checklist  
 $n = 16$  comparisons met PTSD criteria

$N = 137$  final sample



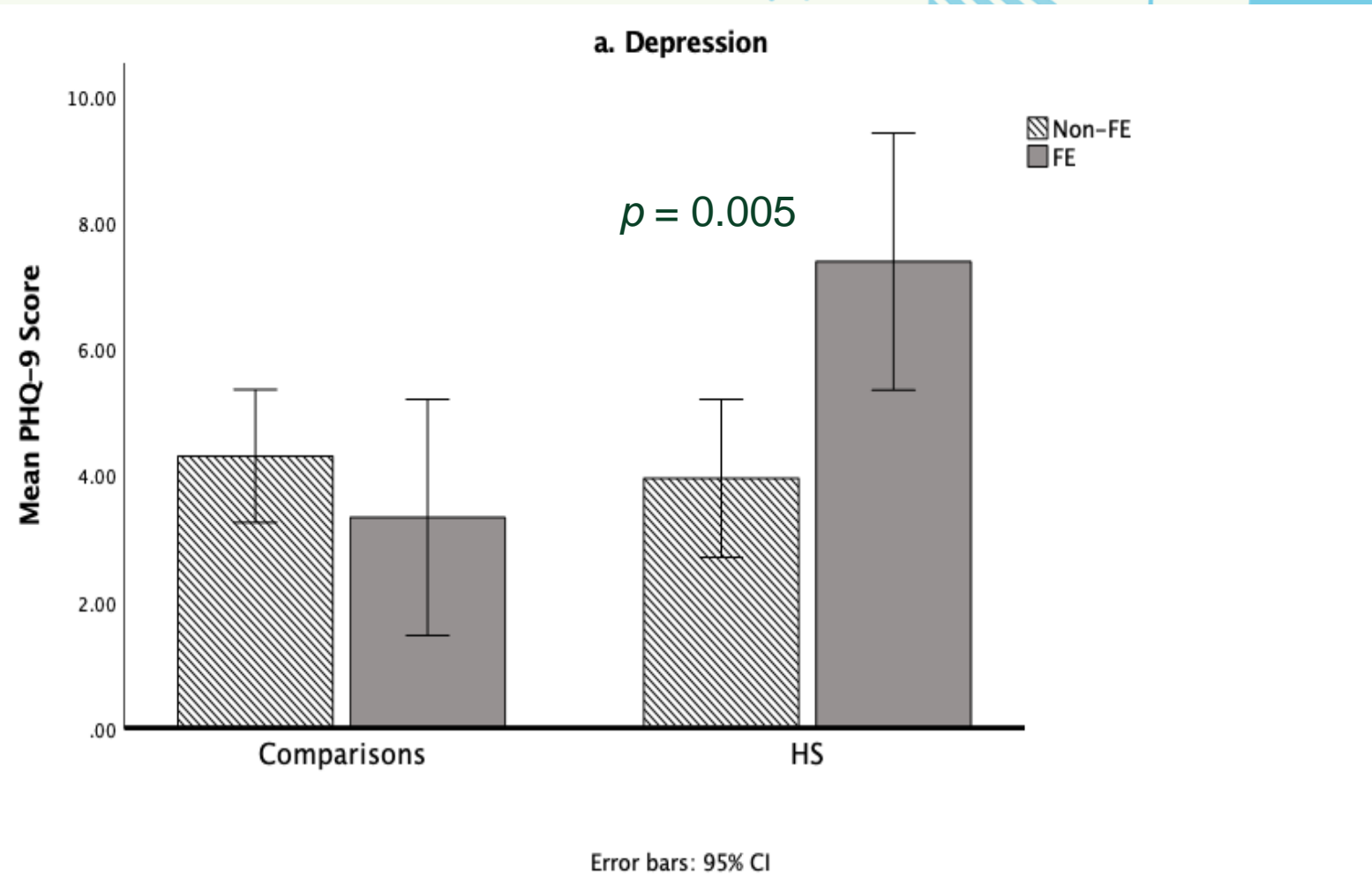
	a. Comparisons (n = 76)		b. HS (n = 61)		c. Group Differences
	M (range)	SD	M (range)	SD	
<b>Age</b>	82.66 (78-98)	4.47	84.87 (78-97)	5.64	$t(135) = -2.56, p = 0.012$
<b>Sex<sup>1</sup> (% female)</b>	52.00%	-	49.20%	-	n.s.
<b>Education</b>	4.24 (1-8)	1.74	3.51 (0-8)	2.27	$t(135) = 2.13, p = 0.035$
<b>Self-rated health</b>	3.18 (1-5)	1.03	2.69 (1-5)	1.07	$t(135) = 2.75, p = 0.007$
<b>Adversity</b>	0.55 (0-3)	0.72	0.93 (0-3)	1.00	$t(135) = -2.60, p = 0.010$
<b>PCL-5 scores (past month)</b>	5.26 (0-30)	6.53	15.66 (0-67)	17.50	$t(135) = -4.78, p < 0.001$
<b>Financial exploitation (% yes)</b>	23.70%	-	29.50%	-	n.s.
<b>PHQ-9 sum<sup>2</sup></b>	3.63 (0-13)	3.54	5.44 (0-24)	5.20	$t(131) = -2.38, p = 0.019$
<b>GAD-7 sum<sup>3</sup></b>	2.76 (0-19)	3.77	4.37 (0-20)	4.41	$t(129) = -2.25, p = 0.026$

	a. Comparisons (n = 76)		b. HS with low-level PTSD (n = 50)		c. HS with high-level PTSD (n = 11)		d. Group differences <sup>4</sup>
	M (range)	SD	M (range)	SD	M (range)	SD	
Age	82.66 (78-98)	4.47	84.38 (78-97)	5.50	87.09 (78-97)	6.04	$F(2,134) = 4.64, p = 0.01;$ c > a
Sex (% female)	52.0%	-	56.0%	-	18.2%	-	n.s.
Education	4.24 (1-8)	1.74	3.54 (0-8)	2.24	3.36 (0-7)	2.50	n.s.
Self-rated health	3.18 (1-5)	1.03	2.86 (1-5)	1.01	1.91 (1-4)	1.04	$F(2, 134) = 7.86, p < 0.001;$ a > c; b > c
Non-Holocaust adversity	0.55 (0-3)	0.72	0.82 (0-3)	0.92	1.45 (0-3)	1.21	$H(2) = 7.56, p = 0.023;$ a < c
PCL-5 scores (past month)	5.26 (0-30)	6.53	9.12 (0-30)	10.51	45.36 (31-67)	3.17	$H(2) = 32.64, p < 0.001;$ a < c; b < c
Financial exploitation (% yes)	23.7%	-	26.0%	-	45.5%	-	n.s.
PHQ-9 sum	3.63 (0-13)	3.54	4.30 (0-17)	3.69	10.18 (0-24)	7.70	$H(2) = 8.68, p = 0.013;$ a < c
GAD-7 sum	2.76 (0-19)	3.77	3.29 (0-10)	2.97	9.18 (0-20)	6.43	$H(2) = 13.89, p < 0.001;$ a < c; b < c

# HS vs. non-HS on depression

No main effects of FE group or survivor group on depressive symptoms

The effect of FE group on depressive symptoms was significant only in the HS group ( $b = 3.43$ ,  $SE = 1.21$ ,  $p = 0.005$ ).

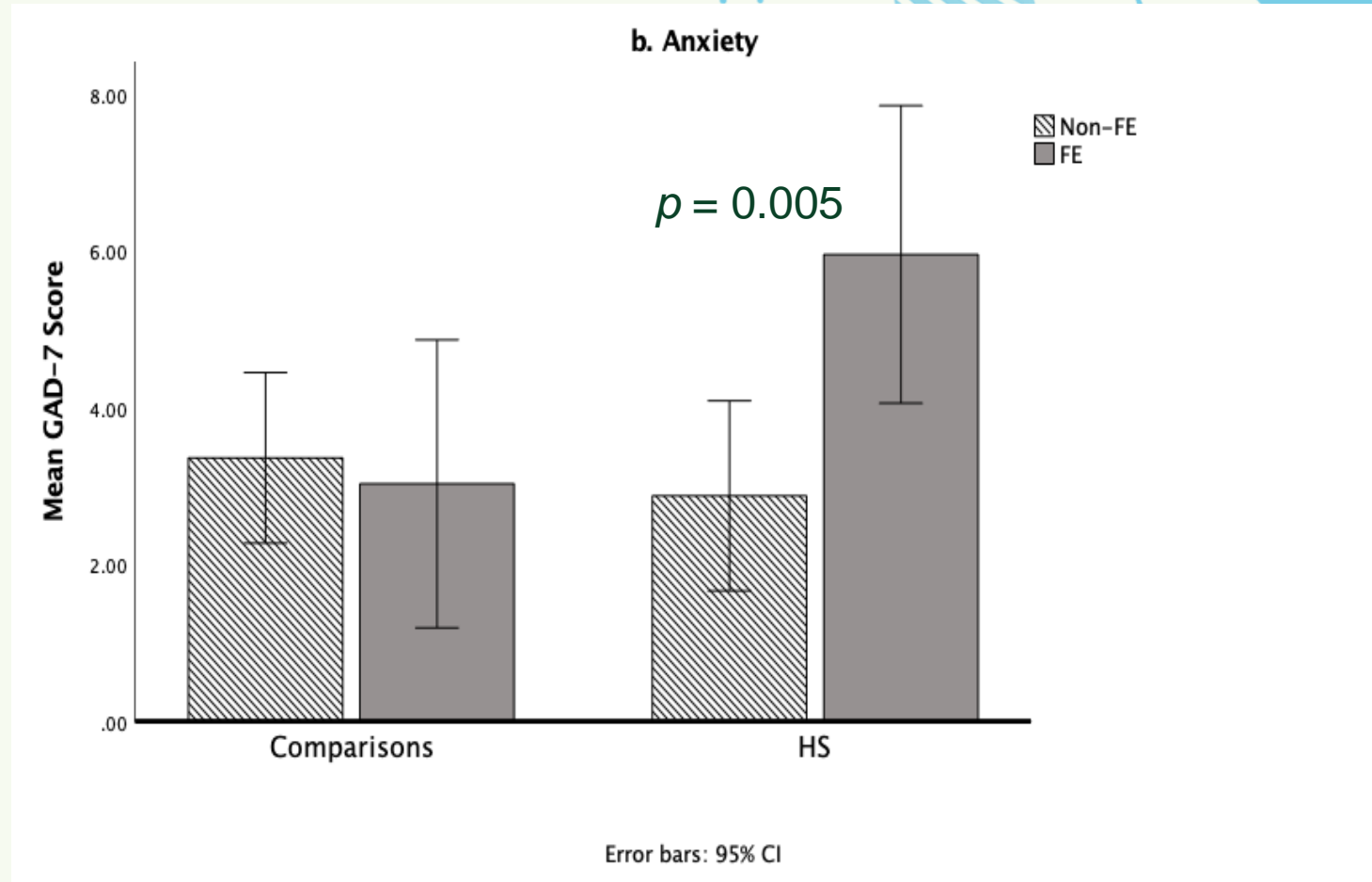


Multiple linear regression analyses; covariates of age, sex, education, self-rated health, and non-Holocaust adversity

# HS vs. non-HS on anxiety

No main effects of FE group or survivor group on anxiety symptoms

The effect of FE group on anxiety symptoms was significant only in the HS group ( $b = 3.08$ ,  $SE = 1.14$ ,  $p = 0.008$ ).

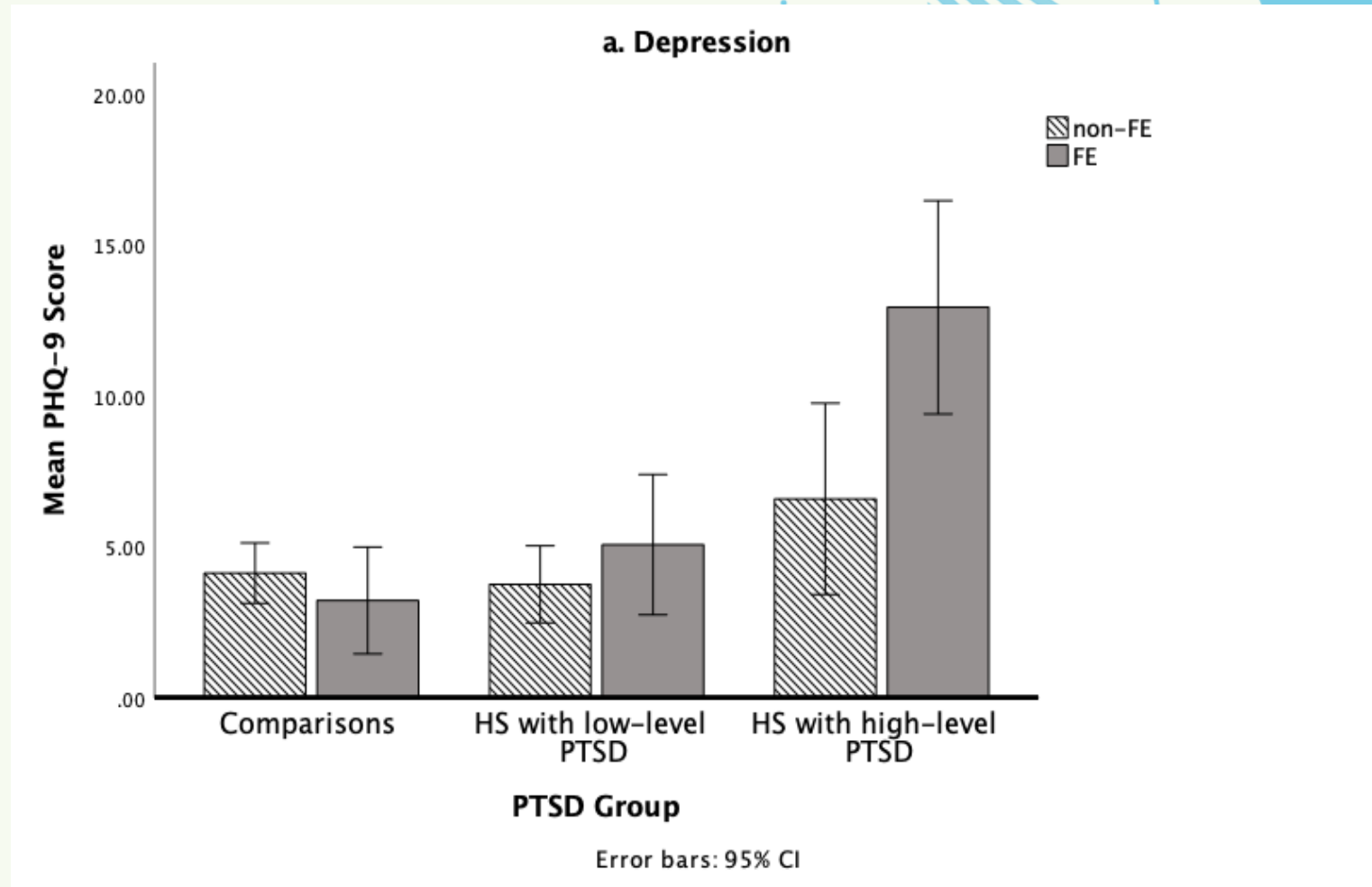


Multiple linear regression analyses; covariates of age, sex, education, self-rated health, and non-Holocaust adversity

# Results Aim 2: HS with high/low PTSD vs. non-HS

Main effect of PTSD group, but no main effect of FE group on depressive symptoms

Significant FE\*PTSD group interaction: the effect of FE group on depressive symptoms was significant only in HS with high-level PTSD

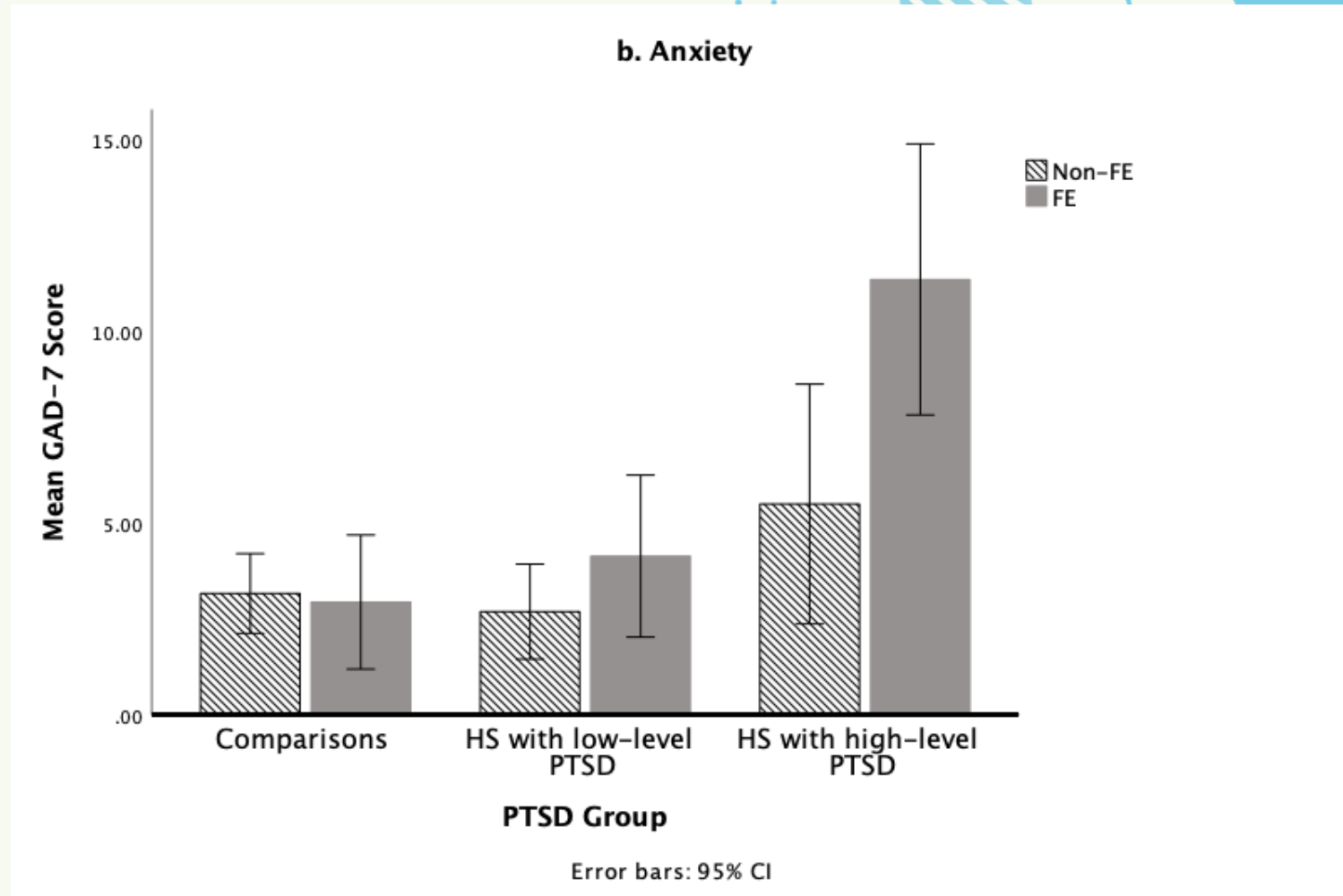


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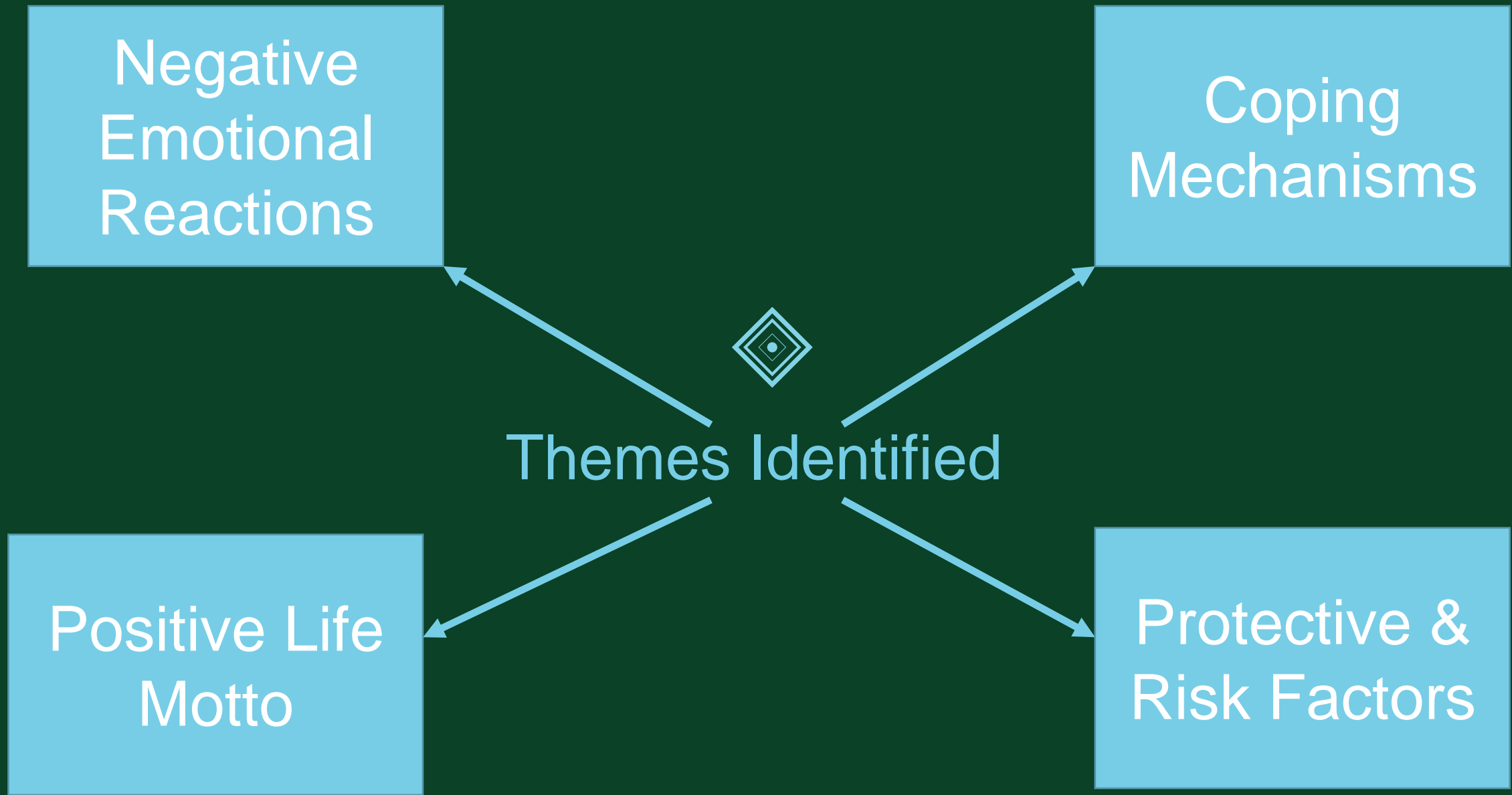
Multiple linear regression analyses; covariates of age, sex, education, self-rated health, and non-Holocaust adversity



# Study Sample and Method: Qualitative

- 15 participants (10 female; 8 widowed)
- Age range: 79-92 ( $M = 84.66$ )
- Examples of FE experiences
  - Credit card theft
  - Real estate fraud
  - Exploitation and/or negligence by state institutions
  - Telephone credit fraud
- Participants underwent semi-structured interviews covering emotional, reactive, behavioral, and protective/risk factors of FE





## Negative Emotional Reactions

“It made me so angry. I was so angry at what they did to me. I wanted to burst with anger.” (Levy)



“It is so immoral and so inhumane to do such a thing to an old and lonely person, certainly to a HS. This is so unethical. This case hurts me so much.” (Rachel)

“They were really insolent and liars because they promised all kinds of things that were not fulfilled. At first, I didn’t know what to do, but then I heard about a member of the Knesset [the Israeli parliament] who handles such matters, and I contacted her. She took some actions and as a result the company stopped calling me.” (Naomi)



“I now want to volunteer at a non-profit organization called “Citizen Advisory Service” that helps families manage their money correctly. Everything I went through in the Holocaust made me very sensitive to other people’s problems and instilled in me a desire to help the weak.” (Simon)

## Coping Mechanisms

“I felt that I had been cheated. This company has a saleswoman who was an expert in such scams. But the mistake was all mine since I didn’t ask to see their calculations.” (Danny)

“Those who spent their childhood during the Holocaust do not break easily and have an enormous lust for life. I’m an optimistic person by nature and even though today I’m not in good physical condition, I’m still optimistic.” (Levy)



## Positive Life Motto

“In life it doesn’t help to make problems out of problems. You have to enjoy what you have, be thankful every morning for getting up. This should not be taken for granted. [...] I like to look at the little things, look at a new flower and be grateful for it.” (Mina)

“It’s not easy to take advantage of me because my children look after me. For example, every time I receive a tempting offer from some company on the phone, I immediately pass the phone to my daughter who worked at a phone company, and she watches over me. Crooks hurt people who have no resources, no abilities, no family support, no back. [...] Crooks will look for lonely people in the city, but I’m protected because I live in a communal settlement where everyone knows everyone and helps each other.” (Miriam)



“Educated HS know how to protect themselves. Uneducated HS – this is the address of the fraudsters.” (Rachel)

Protective &  
Risk Factors

# Discussion



# FE in Holocaust survivors

- HS are especially vulnerable to the negative effects of FE on mental health
- FE can be traumatic for some<sup>1</sup> and may trigger memories of Holocaust events
- Cumulative trauma predicts poorer outcomes in a dose-response fashion<sup>2</sup>



<sup>1</sup> Lavery et al. (202). *Social Work Research*, 44, 257-265. <sup>2</sup>Kraaij & De Wilde (2001). *Aging and Mental Health*, 5, 84-91; Kraus (2004). *The Gerontologist*, 44, 615-623.



# Effect of FE on anxiety and depressive symptoms was strongest amongst HS who reported high-level PTSD

- The effect of cumulative trauma on mental health may be moderated by posttraumatic stress symptoms
- **Crisis resolution perspective of trauma re-exposure:** coping capacities are either enhanced or reduced by previous traumas depending on whether the traumatic experience was resolved<sup>1</sup>



<sup>1</sup> Hantman & Solomon (2007). *Social Psychiatry and Psychiatric Epidemiology*, 42, 396-402.

# Effect of FE on anxiety and depressive symptoms was strongest amongst HS who reported high-level PTSD

- Posttraumatic stress symptoms may reduce resiliency often observed in HS in the face of stress and adversity<sup>1</sup>
- HS with high-level PTSD had a higher frequency of Holocaust related traumas compared to those with low-level PTSD
  - Hunger (100% vs. 67%)
  - Difficult living conditions (100% vs. 76%)
  - Exposure to abuse (82% vs. 51%)
  - Injury to a family member (91% vs. 85%)
- FE may bring up memory of these specific traumas



<sup>1</sup> Kohn et al. (2014). *Social Psychiatry and Psychiatric Epidemiology*, 49, 703-709.

# Aspects of resiliency were revealed in interviews

- Participants adopted adaptive coping mechanisms such as helping others and being more alert and cautious
- Positive mottos in life were expressed despite the suffering and pain caused by their traumatic past and by revictimization



# Limitations

- Cross-sectional, required access to the internet
- Small convenience samples
- No comparison group in qualitative study
- Self-reported FE is prone to response and recall bias



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Department of Social  
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# Analyses

## Aim 1: HS vs. non-HS

- Step 1: covariates of age, sex, education, self-rated health, and non-Holocaust adversity
- Step 2: main effect of Holocaust group (comparison vs. survivors)
- Step 3: FE group (FE, non-FE)
- Step 4: FE\*Holocaust group

## Aim 2: HS with high/low PTSD vs. non-HS

- Step 1: covariates of age, sex, education, self-rated health, and non-Holocaust adversity
- Step 2: effect coding with two dichotomous dummy variables: differences between comparisons and HS with low-level PTSD; differences between comparisons and HS with high-level PTSD
- Step 3: FE group (FE, non-FE)
- Step 4: FE\*dummy1, FE\*dummy2



# A main effect of FE on anxiety and depressive symptoms was not found

- A main effect of FE on anxiety and depressive symptoms was not found
  - Heterogeneous sample
  - Highlights importance of considering contextual factors when examining antecedents and consequences of FE



<sup>1</sup>Boyle et al. (2019). *Annals of internal medicine*, 170(10), 702-709; <sup>2</sup>Weissberger et al. (2020). *Frontiers in Aging Neuroscience*, 12, 583433.

# Themes and Subthemes

Themes and Subthemes	Frequency of theme's appearance
<b>1. Negative emotional reactions</b>	15
<b>2. Coping mechanisms</b>	
2a. Adaptive	10
2b. Maladaptive	5
<b>3. Positive Life Motto</b>	
3a. Vitality and optimism	10
3b. Gratitude	10
3c. Helping the weak	8
3d. Contentment with little	6
<b>4. Protective and risk factors</b>	
4a. Family and community protection	6
4b. Education vs. lack of education	2

