USE AND EXPERIENCES OF THE SCREENING TOOLS EASI, EASI-SA AND HS-EAST FOR THE ELDER ABUSE IN THE SAVE PROJECT

LESSONS LEARNED

SAVE PROJECT

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Authors

The publication has been made together with the SAVE project team:

- Perttu S., Empowering Old Age Coop - Osk VoiVa, Finland
- Rogalska E., Daab, M., Sokolnicka A., Staszewska A., Polska Sp. z o.o., Poland
- Boccaletti L., Milianta S., ANS soc. coop. soc. , Italy
- Melon M.C., Grassi S., Patuzzo M., CADIAI soc. coop. soc., Italy
- Papastavrou E., Cyprus University of Technology
- Nikolaidou E., Charitou P., Cyprus State Health Services Organization, Community Nursing, Cyprus
- Machado, M. M., School of Nursing (ESE), University of Minho, Portugal
- Petronilho, F., School of Nursing (ESE), University of Minho, Portugal

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Summary

During 2022 SAVE – Screening for abuse victims among elderly - project (2020-2023) carried out screening of experiences of elder abuse in all partner countries. Used screening tools were selected based on an extensive literature review conducted by University of Minho in Portugal. The purpose of the literature review was to find validated screening instruments for screening for abuse experienced by older people and choose from them those that were thought to be applicable to different social and health care environments. The purpose of the practical implementation of the screening tools was to gain knowledge and experience of the use of the selected screening tools.

In its literature review, the University of Minho presented one classification of screening tools. The first category is direct questioning tools that consist of direct questions of different forms of abuse. They are interviewing tools used by professionals or questionnaires elderly persons complete on their own (self-administered tools). The second category is a list of tools pointing for different types of abuse; these are often created based on professional experience. The third category is risk assessment tools measuring risk factors associated with abuse based on studies.

Piloted instruments were the Elder Abuse Suspicion Index EASI, EASI-sa (Self-Administrable EASI) and HS-EAST (Hwalek-Sengstock Elder Abuse Screening Test). HS-EAST and EASI are interview tools and EASI-sa is a self-administrable format of EASI instrument to which older people respond on their own. EASI and EASI-sa measure experiences of abuse in the 12 months prior to questioning. HS-EAST does not specify the time of occurrence of experiences.

EASI contains questions about the three categories mentioned in the literature review: Q1 shows possible risk (dependence), Q1-Q5 direct questions about different forms of abuse, Q6 asks for a professional assessment of the signs of violence. EASI-sa contains possible risk factors (Q1) and direct questions about different forms of abuse (Q2-Q5).

EASI was piloted in Italy, Poland, Cyprus, and Portugal. In addition, also the HS- EAST was piloted in Portugal. The EASI-sa questionnaire was piloted in Finland. The criteria for belonging to the target group of piloting screening tools of elder abuse were at least 65 years

of age, the person is cognitively competent and is capable consciously to decide their participation in an interview or survey based on the received information.

The interviewees and the older people who participated in the survey received oral and written information about the project and the purpose of the interview/survey. Consent to the interview was requested from the older persons. In addition, older people were asked how they felt about asking about domestic violence. The interviewers also recorded their own experiences of using the screening tool. In Finland, older people who have received a questionnaire could mark on the questionnaire if they refused to answer.

The tools used in our piloting have been developed for competent older people who understand the questions and are able to answer them reliably. Only Italy used MMSE testing if the person did not have a diagnosis of memory disorder in their health records. In other countries a person's competence was not additionally confirmed by testing. The staff assessed the competence based on their observations or knowledge (health-records) of the older person.

Each partner country provided training on violence against older people to staff involved in the project and professionals using interview tools. They were also trained to use the tool. The interviewers were home nurses, nurses, psychologists, and social workers. In Finland, the information and questionnaire were provided by the social and health care staff of service houses. Before piloting the screening tool, each country drew up practical guidelines, considering type of organization, practices, and legislation of its own country. The interviews and the survey took place in a wide variety of social and health care environments: at home, in primary care units, in assisted living facilities, in hospital in-take wards and in institutional environments.

In total 294 older persons were asked to participate in the piloting of the EASI, EASI-sa or H-S/EAST tools. 12 of them refused to participate. So, a total of 282 people participated in piloting. Of them, 221 persons were interviewed by EASI and 16 by H-S/EAST tools, 45 responded to the self-administrable questionnaire EASI-sa. 69 % of all participants were women(n=196) and 31 % were men (n=87). 42 % (n=117) of participants belonged to the age group 75-84, 29 % (n=79) to the age group of 65-74 and 29 % (n=80) to the oldest age

group 85 years or older. One-third lived with a spouse (33%), one-third lived alone (34%) and one-third (33 %) lived with someone else, meaning another family member or living in an institution, for example.

Most often, the instrument used for screening was EASI (n=221). That contains questions about these three categories: Q1 shows possible risk (dependence), Q1-Q5 direct questions about different forms of abuse, Q6 asks for a professional assessment of the signs of violence.

According to responses of EASI questions, 63.8 % (n=141) of the respondents needed help with some daily activities (question 1). This question is not an actual screening question, but it shows a person's possible dependence on the help of other people. That is one of the key risk factors for elder abuse. 16.7% (n=37) of the respondents had experienced at least one form of abuse mentioned in the form. 2.3% (n=5) had experienced some form of neglect in a caring relationship (question 2), 7.7 % (n=17) experienced some form of psychological/emotional abuse (question 3), 4.0 % (n=9) had been the target of financial abuse (question 4) and 2.7 % (n=6) had suffered from physical or sexual abuse (question 5). Two of the interviewers observed symptoms or signs of violence in an older person during the interview or during the year before the interview (question 6).

EASI and EASI-sa responses to questions 1-5 are presented in combination below. The tools have the same questions regarding the respondent's possible dependence on someone's help and the different forms of violence (questions 1 – 5). However, the interpretation of the responses should consider the differences of research methods: EASI is an interview tool used by a professional and EASI-sa is a questionnaire whose dichotomous questions are answered by an elderly person independently with a "yes" or "no". The third option in the EASI interview form is "not responding". EASI also includes an assessment by a professional who interviewed an elderly person about possible concerns about the elderly person's situation.

A total of 266 older persons answered questions on EASI or EASI-sa. Within 12 months prior to questioning 57.9 % (n=154) of the respondents needed help with some daily activities (question 1). 15.4 % (n=41) of the respondents had experienced at least one form of abuse mentioned in the form (questions 1-5). 1.9 % (n=5) had experienced some form of neglect in

a caring relationship (question 2), 7.5 % (n=20) experienced some form of psychological/emotional abuse (question 3), 3.4 % (n=9) had been the target of financial abuse (question 4) and 2.6 % (n=7) had suffered from physical or sexual abuse (question 5).

Of the older people interviewed by EASI or HS-EAST tool (n=237), 15.6 % (n=37) had physical illnesses or conditions or psychological or behavioural symptoms. These included, for example, bruises and fractures, pain conditions, depression, mood swings, stress, a mild memory disorder. However, the injuries, symptoms or situations could not be reliably linked to the abuse or neglect experienced. On the EASI form, the interviews lasted 5–25 minutes and on the HS-EAST form 10–60 minutes. The time spent for interview was extended by explaining the purpose of the interview and refining the forms of violence when asked by an older person.

Older people generally responded very positively to being asked about domestic violence and considered it important. This result is in line with a survey conducted in Canada (Yaffe Mark J. et al 2012). Professionals' experiences of using screening tools varied. Professionals found it most difficult to ask questions related to physical or sexual violence. They were perceived as intimate and personal questions. Some professionals found it awkward because they didn't always know how the interviewee would react to the questions.

Background for piloting the screening instruments of elder abuse in SAVE partner countries

Screening is a key priority in public health systems. In 1968, Wilson and Jungner (1968) laid the foundation for modern screening and began a scientific discussion about the benefits, disadvantages, costs, and ethics of screening. Later, the concept of screening has also entered the field of violence.

In health care terms, screening of violence experiences refers to a measure that professionals use to identify individuals who are experiencing violence and excluding (screened out) individuals who are not experiencing violence. Screening of violence can be defined as

follows: "Assessment of the current risk of harm or harm from domestic and intimate partner violence in asymptomatic individuals in a health care environment". (Perel-Levin, 2008).

The concept of violence screening has been partially detached from scientific criteria based on public health, as people who experience violence are also encountered in other services, such as social services. In particular, due to the lack of monitoring of questions about violence, it has not been possible to demonstrate that asking questions would result, for example, in an improvement in the health of a person experiencing violence. (Schofield, 2017).

Alongside the concept of screening, the concept of "routine enquiry" and "systematic enquiry" has emerged. In any case, the goal of screening or systematic questioning is the same: increasing the well-being and life expectancy of a person.

The obligation to prevent violence is based on international human rights conventions (United Nations Populations Funds 2004). From the point of view of human and social costs, it is important to systematically ask about domestic violence, create operating models, promote a positive attitude towards asking questions and provide adequate support to employees.

Using screening instruments for identification of elder abuse is still rare in European countries. Therefore, the countries participating in the SAVE project wanted to apply screening/systematic questioning in different to gain experience in the use of screening tools and their usefulness in various services for the older persons.

In preparation to the application, the partnership conducted a survey involving 86 professionals working in the older persons care. Results showed that 44% had never received training on elder abuse and 38% only sometimes, showing that there is lack of trained professionals in the field although 87% think it is important or very important to know how to screen for elder abuse. 94% believe there is room to improve their work-based practices in relation to recognition of elder abuse and the area where they think there is more need to

strengthen their skills is in fact training on elder abuse and accessing to practical tools for recognition.

The SAVE project carried out an extensive literature review to map and evaluate the instruments developed for screening for abuse experienced by older people. The purpose of the literature review was to find validated screening instruments and choose from them those that were thought to be applicable to different social and health care environments. At the same time, the situation in the participating countries and the need to use screening/systematic asking instruments were examined. (Fundinho, J. F. et al. 2021).

As far as it was able to determine, there are no screening procedures currently in use in Italy, Cyprus, and Portugal. In Portugal there are some research initiatives. In Poland, some cities have their own screening procedures as the Geriatric Mistreatment Scale (GMS), The Self-Reported Neglect Scale (SRNS), and Vulnerability to Abuse Screening Scale (VASS), and they have the Blue Card procedure for violence suspicion in general. In Finland Domestic violence enquiry and assessment form of National Institute for Health and Welfare (THL) was developed for domestic violence. The form has one part for pregnant women and families with small children. (The Finnish Institute for Health and Welfare THL). In 2018 there was an EASI instrument's piloting in Malmi hospital emergency clinic and department (Perttu S. 2018. Summary).

The purpose of the practical implementation of the screening tools was to gain knowledge and experience of the use of screening tools in various services for the older persons.

Piloting of screening tools in SAVE partner countries: Italy, Poland, Cyprus, Portugal, and Finland

Each partner country prepared practical guidelines for piloting the screening tool, considering the practices and legislation of its own country. The countries' guidelines followed the publication of the Polish coordinator's team of the SAVE project, which was based on the basic version of the Finnish partner Osk VoiVa/Sirkka Perttu. The professionals

conducting the pilot were trained to use the screening tool. Results – Save project (projectsave.eu)

Instruments piloted were EASI (Yaffe Mark J. et al. 2008), EASI-sa (Yaffe Mark J. et al. 2012) and HS-EAST (Neale, A. V. et al. 1991) during 2022 in different social and health care operating environments. These tools have been developed for competent older people who understand the questions and are able to answer them reliably. EASI and HS-EAST are interview instruments and EASI-sa is a self-administrable questionnaire the older persons can complete on their own. EASI and EASI-sa measure experiences of violence in the 12 months prior to questioning. HS-EAST does not specify the time of occurrence of experiences.

Elder Abuse Suspicion Index © (EASI) (APPENDIX 1) was implemented in Italy, Poland, Cyprus and Portugal. Portugal also implemented HS-EAST tool (APPENDIX 3). An EASI-sa questionnaire (Appendix 2) was piloted in Finland.

The respondents were persons aged 65 years or older. They were asked for their consent to the interview (Appendix 4). In addition, older people were asked how they felt about asking about domestic violence (Appendix 5). The interviewers also recorded their own experiences of screening (Appendix 6). In the pilots in each participating unit, the staff assessed the respondent's ability based on their own assessment and knowledge of the older person. Thus, for example, the MMSE test was not used. (See Molloy DW. et al 1991a).

Target groups, methodology and results

Italy

EASI was implemented in nursing homes and day care facilities for older persons in the Bologna and Parma region. The methodology used was an interview of older persons using the EASI tool. The target group for the interview included all the residents or users of selected care environments, but differently from what happened in other countries, the examiners systematically excluded from the interview all the persons with a diagnosis of dementia in their health record, since the screening instrument selected is considered, in all

the relevant scientific literature on the topic, as not appropriate for persons with cognitive impairment. When a clear diagnosis of dementia was not present, the examiners (a team of psychologists experienced in the field of older care and neuropsychology) proceeded to administer the MMSE test, and therefore excluded all the scores below 26, as per the recommended cut-off.

Moreover, in 2 cases, the professionals decided that, even if the person didn't have a diagnosis of dementia in his health record, the particular and specific situation and circumstances called for an exclusion of the older person from the screening (e.g., whether the person has just suffered from grief or been a prisoner in a concentration camp). The priority was then to protect the well-being of the person so that the interview would not cause possible harm to the older person.

Given the restricted time-window in which the screening had to take part, and given the finite amount of residential and semi-residential care facilities included in the study, it was possible to screen 35 older people. Of them, 24 were women and 11 were men. Of those interviewed, 21 belonged to the age group 85 years or older, 10 to the age group 75-84 years, 4 to the age group 65-74 years. They all were interviewed alone in a private setting.

77.1% (n=27) of the older persons interviewed with EASI (n=35) needed help with daily activities. Of those surveyed, 14.3% (n=5) reported having been subjected to psychological violence and 11.4% (n=4) to economic violence. No one was found to have any injuries or symptoms of domestic violence.

Poland

The EASI tool was used for 51 cognitively competent older adults. Of them, 37 (72.55 %) were interviewed in a day care home and 14 (27.45 %) in hospital in-take wards.

The largest percentage of participants were women (75.51%, n=38). The interviews were conducted in a private setting without the presence of a relative or a caregiver.

No one declined to be interviewed. 26 interviewees belonged to the age group 75-84 years, 21 to the 65-74 age group and 4 oldest age groups 85 years or more. Of them, 20 lived with a spouse, 26 lived alone and 4 with someone else.

Based on EASI form, 39,2 % (n=20) of the older people were depending on someone else for their daily activities, 3.9% (n=2) had experienced neglect, 4.9% (n=6) psychological violence, 7.8% (n=4) financial and 5.9% (n=3) physical or sexual violence.

Of those surveyed, 63% (n=32) came to the healthcare centre with some injuries or signs that could potentially come from violence. During the examination, 14 patients had physical signs that were noted such as injuries or bruises, 15 observations included psychological symptoms (depression, risk of dementia), and 3 behavioural symptoms (mood disorders, behavioural disorders). However, it is impossible to categorize these symptoms, whether they come from domestic violence, or are the result of other injuries, such as after surgery, or the progression of diseases, such as dementia.

In detail, 2 persons (equal to 3,92% of respondents) replied "YES" to at least 5 questions between those numbered 2 to 6 in the EASI tool, and 2 more replied “YES” in one question, thus 4 persons (7,84%) were screened positive for abuse according to the EASI methodology.

Cyprus

A sample of 81 cognitively competent older persons of the home care were interviewed by community nurses using EASI questions. Most of the participants being 85 years old and above (48%, n=36). The largest group of participants were women (74.1%). The interviews were conducted in the participant's home either with or without the presence of a relative or a caregiver. The interviewed persons were selected by community nurses during their home visits.

Based on EASI, 93.8% of the older people were depending on someone else for their daily activities. 2.5% (n=2) had experienced neglect, 4.9% (n=4) psychological violence, 1.2% (n=1) financial and 2.5% (n=2) physical or sexual violence.

One of the older persons showed physical (bruises), one case with PTSD symptoms, one case with poor living conditions, and two cases with stress. However, these were not linked to the abuse experienced. One of them was referred to social services due to poor living conditions.

Portugal

A total of 70 older people without cognitive impairment were interviewed. Nurses of primary health care and long-term care facilities and a psychologist and a social educator in day care facilities, applied the tools. The tool to be used was chosen by each professional, according to their personal preference. EASI tool was applied in the nursing consultations in primary health care and HS-EAST in long-term care, day care facilities and nursing homes. 6 older persons refused to answer questions.

EASI sample: 54 responded to the EASI questionnaire. 30 (55,6 %) belonged to the age group 65-74 years old, 22 to the age group 75-84 (40,7 %) and 2 (3,7 %) respondents were 85 years old or over. Of them, 31 (57,4 %) were women and 23 (42,6 %) males. Half of the respondents were interviewed in the presence of a relative or a carer and the other half alone in a private room. Regarding cohabitation, 11,1% (n=6) lives alone; 66,7% (n=36) lives with a spouse and 24,1% (n=13) lives with someone else.

Of those surveyed with EASI, 33.3% (n=18) needed help with their daily activities, 1.9% (n=1) had experienced neglect of care, 9.3% (n=2) psychological violence and 1.9% (n=1) physical or sexual violence. These answers refer to past events that have already been taken care of. None of the older people showed signs of abuse and it was not necessary to proceed with any follow-up after the screening.

HS-EAST – tool was used for the interviews of 16 older persons in the context of long-term care, day care facilities and nursing homes. 11 of them were women and 5 were men. 8 of them belonged to the age group of 65-74 years, 6 to the age group of 75-84 years and 2 were 85 years old or more. Of them 7 lived alone, 6 lived with a spouse and 3 with someone else. All respondents were interviewed alone, in a private room.

All of those who responded to interview questions of HS-EAST said that they have someone close to them who spends time with him/her, takes to shopping or to the doctor's

appoinment. (Question number 1: Do you have anyone who spends time with you, taking you shopping or to the doctor?). 5 older persons told they are feeling uncomfortable with someone in their family. (Question number 5: Do you feel uncomfortable with anyone in your family?). 5 persons told that someone has taken their belongings without permission. (Question number 11: Has anyone taken things that belong to you without your O.K.?). 4 persons said that someone close to them had tried to hurt or harmed them recently. (Question number 15: Has anyone close to you tried to hurt you or harm you recently?).
Positive responses were explored and we found that people, who hurt, caused discomfort and removed belongings without their consent, do not live with the elderly person. The responses of the elderly report events from the past, already taken care of.
None of the older persons showed signs of abuse and it was not necessary to proceed with any follow-up after the screening.

Finland

In Finland, EASI - Suspicion of elder abuse – self-filling form (Self-Administrable EASI) (EASI-sa ©) was used for the competent persons 65 years or over. The respondents to the questionnaire were given oral information and a cover letter was distributed explaining the purpose of the questionnaire. They were also informed about the anonymity of the survey and the voluntary nature of responding. The form could be returned by marking "I don't want to respond to the survey".

51 questionnaires were distributed to the persons living in seniors' house apartments or in own homes. People who lived in their own homes were participating in the activities offered by seniors' centres. 45 returned the completed form. 6 persons informed in the questionnaire that they didn't want to answer the questions. Of the respondents, 32 were women and 14 men. 6 persons belonged to the age group 65-74 years old, 24 people to those aged 75-84 and 15 to the age group 85 or over.

Less than a third (n=13) needed help with some daily activities (EASI-sa question 1: *Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals*?). This question is not a question of screening for abuse but indicates a person's potential risk of abuse. No one had experienced neglect of care (EASI-sa question 2: *Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or*

medical care, or from being with people you wanted to be with?). 3 people responded that they had experienced psychological violence (EASI-sa question 3: *Have you been upset because someone talked to you in a way that made you feel shamed or threatened*?). No one reported on economic violence (EASI-sa question 4: *Has anyone tried to force you to sign papers or to use your money against your will*?). One person reported experiencing physical or sexual violence (EASI question 5: *Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically*?).

No one wanted to get help for their situation, but two of the respondents wanted to talk about what they had experienced.

To the question how they felt during the Covid19 pandemic. 30 older persons did not experience any difficulties: many of them lived in the Service Houses for the older people. They lived independently but the staff of the Service houses were available if needed. 13 older persons had experienced loneliness, fear, insecurity, frustration, depression, deterioration of physical condition. Many of them lived alone at own home.

Older persons' experiences of being asked about abuse

Italy

The older persons stated that they felt important to have been involved in the screening experience; they found the experience stimulating, exciting and would like to participate more often in discussions like that. Some stated that they approached the experience calmly.

Older people related positive to be asked about domestic violence. They considered it important to ask questions, as often the older persons are ignored and may be in poor health. The older persons should be respected. Institutions offering care for older persons should regularly assess the situation of their residents. They considered life outside care facilities to be a safety risk for the older persons, for example, those living at home.
It is pointed out that some older people are not always able to talk about their discomfort; some older people state that they had to concentrate a lot to answer, others that it was partly difficult to understand the questions.

Many older people felt lonely and isolated during the pandemic, some were frightened and felt sad. One person expressed that there is no longer any respect or attention from society towards older people.

Poland

Some of the patients had no problems answering the EASI questions. There were also those for whom this topic caused discomfort or reluctance to continue participating in the interview. However, most patients had positive feelings about the interview they were not too reluctant to answer questions. They thought the study was needed, especially since often people who suffer from violence do not ask for help. For this group, asking about violence may be their only chance of getting help.

The vast majority replied that during covid19 pandemic they followed the recommendations, got vaccinated and avoided contact with other people. However, they suffered from loneliness and lack of contact with relatives and friends. Overall, they did well.

Cyprus

Overall, the older persons were very positive and accepted the screening and they consider it very important. In their opinion there are older people that are abused but are not able to tell anyone or nobody cares or are afraid to speak about it. Therefore, they thought it is important that healthcare professionals ask all older persons about abuse in order to identify those in danger and help them. Also, they recognize that people who are depended on their abuser are afraid to speak.

The pandemic caused feelings of fear, loneliness, and anxiety. They were afraid of dying or admitted to hospital and maybe deteriorate and need to be put on ventilator. In Cyprus, however, the communities are small, people know each other, and many mentioned they were supported by their neighbours.

Portugal

Only one older person mentioned that the topic - elder abuse- was uncomfortable. All the others mentioned that the questions did not cause any discomfort, that it is important to talk

about the topic and were pleasantly surprised that health professionals were concerned about their well-being and were attentive to these issues. All participants said that we should ask these questions to all the older people.

Most older people reported fear they felt during the pandemic. The feared of getting sick, dying, going to a hospital and they feared the vaccinations. Some reported concern for the family and feelings of mental stress, isolation, insecurity, loneliness, and lack of health care. They had feelings of sadness and did not like to hear or talk about the pandemic.

Most reported having stopped leaving the house and doing the things they liked during the pandemic. Others said they continued to do the same things, but alone or with more care. Some said the pandemic did not affect them, nothing changed, they felt safe and confident in the way the government managed the problem, and they always felt supported by their family and health professionals.

Finland

To the question of how they experienced asking about abuse, the answers were very positive. No one who completed the questionnaire was against. 6 people returned the form with a note that did not want to answer the questions on the form. Two of them gave the reason that the issue was not relevant to them.

Many of them gave written feedback on EASI-sa questionnaires. The feedback was very positive, for example:

- good to ask, you never know what happens
- good to ask when someone may experience domestic violence
- asking is important for those who experience violence
- good to ask because it means taking care of us
- asking is important so that the victim can talk about it
- good to ask, I have heard of such a thing happening.

38 respondents (n=45) considered it is important to ask about abuse from older people. 2 persons thought it is not and 3 didn't know.

At a session in a senior's centre in September 2022, together with the respondents, the evaluation of the
questions was done and which of them were perhaps the most difficult for older people. Physical or sexual violence (question 5) was perceived as the most difficult.

Professional's experiences of using screening tools

Italy

The interviewers were psychologists. The biggest obstacle for screening was the poor condition of the older persons. A large proportion of older people had dementia disorders, they were seriously ill or were in hospice care. This reduced the range of action of our professionals and the number of people to be interviewed.

Some professionals felt that the last questions (3-4-5) were more difficult to ask as they needed to be explained and moderated; others felt that all questions were simple and appropriate. Investigating the topic of abuse was in some cases 'uncomfortable'; it was complicated to make the objective of the course understood. Some felt it was necessary to further adapt the vocabulary used, simplifying it and using examples to make the older person understand the content. The time used for asking the EASI questions varied from 10 to 30 minutes. Professionals felt that the initial training for asking EASI questions was necessary to prepare for the formulation of the questions. Some particularly appreciated the use of role-playing as a training method.

The interviewers were psychologists from the same organizations from which the older persons received care and services. Thus, there was already an existing relationship of trust between the older person and the professional. It clearly made it easier both to ask questions and to get reliable answers.

Poland

The Professionals' experiences of using the EASI form was completed by psychologists. One of the psychologists stated that: "sometimes the mere consent in writing, providing personal or giving contact details aroused vigilance in patients. However, after explaining the purpose

of the study and ensuring confidentiality (which took extra time), patients usually decided to provide answers".

The first question was about relying on someone for a variety of daily activities. In their opinion, that question was an important question but also a standard interview question. According to the respondents, it was the most neutral question because it doesn't directly refer to the topic of violence. Therefore, the respondents were willing to answer.

The interviewers answered in unison that the patients had the greatest difficulties with question no 3 ('*Have you been upset because someone talked to you in a way that made you feel shamed or threatened?*'). They considered that this may be related to the fact that the question was not completely comprehensible to patients. Some stated that the questions after the first one were difficult because they were associated with different forms of violence.

In interviewers' opinion, the topic is so difficult that the questions aroused emotions as interviewers, also depending on the reactions of the people to whom the questions were asked. For some patients, the survey caused surprise, tension, and misunderstanding. "I didn't feel well seeing discomfort in patients, I had a feeling of an artificial situation, the need to explain why these questions are asked here in the hospital. Based on the reactions of some patients, I think that such questions should rather be introduced during a regular conversation when there are indications of experiencing violence". There were also patients who easily answered questions and this situation was the most comfortable for interviewers. The interviewers pointed out that the topic of training itself or the issue of screening tests are nothing new to them.

EASI form took about 10-15 minutes, but sometimes longer, as some patients asked to repeat a given question and asked about various issues. It did not take long to complete the EASI form itself, while explaining the purpose of the survey took more time.

For the future, it is also worth considering the topics related to communication with the patient, how to build a relationship with the patient so that you can ask questions about very personal and often embarrassing issues. Also, it would be useful to include patients with

cognitive impairment (mild to moderate dementia). It is however worth remembering, that this group of patients can give answers that are not fully consistent with the real situation. In addition, one must also be sensitive to detecting almost invisible symptoms of violence and consider the exhaustion of the family caregiver.

In the opinion of piloting by psychologists, further work should be focused on developing an appropriate observational scale, and then, if its result was above the cut-off point, screening for violence using EASI. "It may seem as a multiplication of scales, but ultimately it would save time over the situation when every hospitalized patient was to have this type of screening examination as a routine".

Cyprus

According to the majority of community nurses the easiest questions to ask were 1,2 and 4. Some nurses found it difficult to ask question 3 ("*Have you been upset because someone talked to you in a way that made you feel shamed or threatened?")* and 5 ("*Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?")*. Those questions were considered sensitive and more personal and would make the elder feel uncomfortable. Generally, they felt a little uncomfortable because it was the first time they participated in screening for elder abuse. The overall time used for screening was 10-25 minutes. They felt the tool is easy to use in general, it doesn't take a lot of time and suggested they should implement screening in their initial assessment of patients.

In their opinion the training helped them because it combined theory with active learning activities and the scenarios were very realistic and helpful. However, they expressed they need more hours of training, repeated training sessions to become more confident in conducting the screening. They didn't suggest any changes to the training programme.

Portugal

For the professionals it was a positive and rewarding experience to use screening tools.
For those who used **EASI**, the easier questions were the 1 (*Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?*), 2 (*Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical*

care, or from being with people you wanted to be with?) and 4 (*Has anyone tried to force you to sign papers or to use your money against your will*?).
More difficult were the question 3 (*Have you been upset because someone talked to you in a way that made you feel shamed or threatened?)* and 5 (*Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically*?).
The professionals that used **HS-EAST**, said that questions 2 (*Are you helping to support someone*?) and 13 (*Does anyone tell you that you give them too much trouble*?) were difficult to ask.

Questions that are considered the most difficult were related to the intimacy of personal and family relationships and the professional had no previous relationship with the older person. The professionals experienced that questioning is easier and more natural when there is already a relationship of trust with the older person. The time was a problem in some cases, because of the lack of professionals.

Time of using EASI was between 5 and 20 minutes and HS- EAST questions took between 10 and 60 minutes. The application of the instrument was easier in the primary health care; the respondents were more committed to the questioning than older persons in day centres and nursing homes.

A few professionals consider that the training for the implementing of the instruments should be longer.

Finland

In September 2022, training sessions for social and health care professionals were held for asking from the the older persons about domestic violence. The training was related to the implementation of the SAVE manual and to the contents of the online course, with special emphasis on Finnish work. In connection with the trainings, a survey was conducted on the experiences of professionals when they ask and discuss with the older person their experiences of domestic violence.

A total of 34 social and health care professionals working with the older persons responded the survey. The training presented the EASI-sa questionnaire used in the SAVE project. The

Domestic violence enquiry and assessment form of the Finnish Institute for Health and Welfare THL was also introduced (Finnish Institute for Health and Welfare THL). Two of the participants had used the form of the Finnish Institute for Health and Welfare.

The professionals felt that asking older people about domestic violence is an important and essential part of the work, although it is challenging. Many emphasized that before asking questions, it is necessary to build a trusting relationship with the client. It can be difficult to ask questions in home conditions where a relative is present. Clients' memory disorders also make it difficult to ask questions.

The hardest part of asking is the fear of the client ‘s reaction to asking; they may find it offensive or do not want to cooperate with a professional anymore. Asking about domestic violence is a sensitive and personal matter. It is also difficult to ask if the situation is unclear and there is no concrete evidence that violence has occurred.

Participants were asked which forms of abuse are perhaps the most difficult to approach and which are the most difficult to ask. Sexual violence was considered the most difficult area to approach. Older people themselves may also find it difficult to talk about. Especially in the case of psychological violence, the client himself/herself often does not recognize the situation as violent.

To the question, what kind of changes might be needed to systematically ask every client about domestic violence? Almost everyone answered this question, and the answers can be summarized as follows: There should be one questionnaire in official documents, a clear structure of one's own work and agreed cooperation structures, as well as instructions, for example, when to ask, how to approach the issue, where to direct clients to seek help. Asking questions should become routine by asking everyone to avoid stigmatization. For example, in the assessment of service needs, asking questions should be mandatory. Regular training and multiprofessional discussions were seen as necessary. It was also hoped that the issue would receive more publicity in the media.

Conclusions

Both EASI and EASI-sa tools are short and, in principle, suitable for use in busy work in social and health care. The study of development and validating of EASI tool (Yaffe, M.J. 2008) reveals that this tool can be completed in less than two minutes. The meaning of the tool is to raise awareness among professionals to the problem of elder abuse and to the importance of referring the victims to other professionals for a more detailed evaluation. In our piloting to complete EASI questions ranged from 5 to 30 minutes. The professionals noted that it did not take long to complete EASI form itself, but the time was extended by explaining the purpose of the survey, requests from older people to repeat questions and explain more issues related to questions. Psychologists in Poland suggested using EASI in a hospital ward setting only after observation process with an appropriate scale developed. “It would seem like a multiplication of scales [screening with EASI only after observation scale suggests it], but in the end it would save time compared to a situation where every hospitalized patient was to be asked about abuse as a routine”.

Older people suffer from all the same forms of violence as younger age groups. In addition, they are in a vulnerable position related to ageing, morbidity, and the need for help. These increase their risk of being subjected to violence. For these reasons, they may increasingly be subjected to psychological, financial, physical, sexual, and economic violence or neglect of care. Measuring different forms of violence is complex. Among them, psychological violence is the most difficult form of violence to measure and observe. It may be the most common form of violence.

EASI and EASI-sa questions from 2 to 5 measure different forms of abuse. According to the results the most common form of violence was psychological violence (Q3). The result may be an understatement, as it may also be difficult for an elderly person to identify it. This conclusion is supported by many research results. (Gloria Macassa et al. 2013). In the work of professionals who encounter older people, it is of paramount importance to consider in their work the history of the lives of older people and their unique social, physical, and cultural needs. (Meghan Resler 2018).

As mentioned in the University of Minho literature review, different local conditions and care environments related to, for example, care relationships between professionals and the older persons should be considered when selecting screening tools and how to implement the screening. This involves questions such as how well the professional knows the older person's situation, knows their ability to answer questions about domestic violence, and what kind of relationship of trust exists between them. The effectiveness of screening is also affected by how the screening is prepared before it is carried out: what is the readiness of older people to answer questions, how to share information about the reasons for screening, how to help the older person to be prepared for questions and how to explain and describe various manifestations of violence.

A service environment where questions about abuse were introduced may have had an impact on an older person's experience of asking questions. Some of the older persons who came to the hospital in-take wards wondered why such a thing is asked in the hospital. Those who went to the hospital primarily sought help for illnesses or their symptoms. In other service environments, such as residential homes for the elderly, day activities or home care, asking questions did not seem so surprising to the older persons. In the hospital in different in-take environments asking about violence is challenging because contact with staff is often brief. In a short time, establishing a confidential contact is more challenging for an elderly person and the professional treating them. In Finland, the piloting of the EASI form in the emergency department of Malmi Hospital in 2018 resulted in similar experiences. In long-term care in healthcare and social welfare, the challenge is the poor condition of the elderly.

Based on the results and experiences of the SAVE project, we cannot conclude which screening tool works in each care environment. The care environments in which screening was carried out in each country were different. The professionals implementing tools also represented different professional groups. The number of screening target groups in each care environment was small, except for Cyprus. There, all screenings were carried out in home care. The results are also likely to be influenced by the possibilities of using professionals' working time in different care environments.

However, we received valuable information related to the attitude of older persons towards being asked about domestic violence. It was generally positive. We also received valuable observations and experiences from the professionals who carried out the screening, for

example, how confidentiality in the care relationship between an older person and a professional affects an older person's openness and willingness to discuss issues that are perceived as personal and sensitive.

Many professionals emphasized that before using screening forms, it should be possible to establish a trusting relationship with the elderly person. A relationship of trust makes it easier to ask questions, it makes the conversation natural, and it helps the elderly person to talk about their situation more openly. Asking questions was considered an important and professional duty. It was found important to explain to older people the purpose of asking questions and to help them identify different forms of violence through discussion. In addition, when asked about abuse, all older people should be provided with contact information about provides of help and support.

The ability of the elderly person to understand the questions and reliably answer the questions should be verified before the survey. It is difficult to assess the so-called competence because competence (or memory) is not a continuum – it can vary even over one day and related to the context – in one thing, the elderly person fully understands and remembers everything, in the other she/he does not. However, the assessment of competence is more reliable in a care environment where professionals can monitor changes in the cognitive situation of an elderly person over a longer period of time.

Professionals felt that screening should also consider older people with cognitive memory problems. A professional should be sensitive to detecting small, even almost invisible, symptoms and signs caused by domestic violence. The narrative of older people with dementing diseases may not always correspond to reality.

However, one should not underestimate ability of older people with dementing diseases to remember things that have deeply touched their emotions. The experience of violence is one such. Attention should be paid to the importance of so-called emotional intelligence in the future, as the proportion of the elderly population increases, and the number of dementing diseases may increase. Therefore, in considering the nursing home context, it may be urgent to prioritize a call for more complex screening instruments, that are not only based on direct interviews, but take into consideration the need to examine the care environment as a whole, identifying risk factors and proposing appropriate solutions.

Appendixes

Appendix 1

ELDER ABUSE SUSPICION INDEX © (EASI)			
EASI Questions Q.1-Q.5 asked of patient; Q.6 answered by doctor **Within the last 12 months:**			
Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

The EASI was developed* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

*Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 000-000. In Press. Haworth Press Inc: http: //www.HaworthPress.com

EASI© website URL: www.mcgill.ca/familymed/research/projects/elder

Appendix 2

Self-Administrable EASI © (EASI-sa)

ELDER ABUSE SUSPICION INDEX © (EASI-sa)		
EASI – SA questions: Over the last 12 months … (circle one answer for each question)		
Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	Yes	No
Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	Yes	No
Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	Yes	No
Has anyone tried to force you to sign papers or to use your money against your will?	Yes	No
Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	Yes	No

The EASI has been adapted for self-completion in paper form by older people*. The research was funded by the New Horizons for Seniors Program of Human Resources and Social Development Canada, project #6496426.

*Mark J. Yaffe, Deborah Weiss, Maxine Lithwick 2012. Seniors' self-administration of the Elder Abuse Suspicion Index (EASI): a feasibility study. Journal of Elder Abuse & Neglect 24(4):277-292, 2012.

Mark J. Yaffe MD McGill University, Montreal, Canada mark.yaffe@mcgill.ca

Appendix 3

HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST)

Purpose: Screening device useful to service providers interested in identifying people at high risk of the need for protective services.

Instructions: Read the questions and write in the answers. A response of "no" to items 1, 6, 12, and 14; a response of "someone else" to item 4; and a response of "yes" to all others is scored in the "abused" direction.

1. Do you have anyone who spends time with you, taking you shopping or to the doctor?
2. Are you helping to support someone?
3. Are you sad or lonely often?
4. Who makes decisions about your life—like how you should live or where you should live?
5. Do you feel uncomfortable with anyone in your family?
6. Can you take your own medication and get around by yourself?
7. Do you feel that nobody wants you around?
8. Does anyone in your family drink a lot?
9. Does someone in your family make you stay in bed or tell you you're sick when you know you're not?
10. Has anyone forced you to do things you didn't want to do?
11. Has anyone taken things that belong to you without your O.K.?
12. Do you trust most of the people in your family?
13. Does anyone tell you that you give them too much trouble?
14. Do you have enough privacy at home? 15. Has anyone close to you tried to hurt you or harm you recently?

Neale, A. V., Hwalek, M. A., Scott, R. O., & Stahl, C. (1991). Validation of the HwalekSengstock elder abuse screening test. Journal of Applied Gerontology, 10(4), 406-415. Reprinted by permission: Sage Publications, Thousand Oaks, CA.

Appendix 4

CONSENT FORM FOR THE QUESTIONING

The survey is related to the project: SAVE – Screening of abuse of older people in social and health care services at (place). The questioning will be conducted for all 65-year-old patients/clients during the period _____

With my signature, I confirm that:

- The questioning has been told to me in such a way that I understand its purpose.
- I have received an answer to all my questions regarding the questioning.
- I am told that it is my right to refuse to take part in the questioning.
- My refusal has no effect on my treatment in any way.
- I am told that any information I provide to the questioning will be treated confidentially: my name or any other information that identifies me will not be used in the report.
- I agree that my words can be used as direct quotes in the final report. In that case, no information will be used to identify me.

I've read this consent form, and I understand it. I'll participate in the questioning.

NAME (capitalized)	SIGNATURE	DATE OF SIGNATURE

I agree that my words may be used in the report in such a way that I am not identified.

□ YES □ NO

I agree to be contacted later if necessary.

□ YES, my contact information: _____

□ NO

Recipient of consent:

I have discussed the questioning with the above person in such a way that he or she understands its purpose. I believe he/she has understood what I told and he/she agrees to participate in the questioning.

NAME	OCCUPATION AND WORKPLACE	SIGNATURE	DATE

Appendix 5

PATIENT/CLIENT EXPERIENCE OF ASKING ABOUT ABUSE

1. How did you experience the questioning of abuse?
   Answer in the patient's/client's own words: _____

2. How important do you think it is to ask older people about abuse?
   - ☐ Important
   - ☐ Not important
   - ☐ Cannot say

   Answer in the patient's/client's own words: _____

3. Do you think we should ask all older people about abuse?
   - ☐ Yes
   - ☐ No
   - ☐ Cannot say

   Answer in the patient's/client's own words: _____

4. How have you experienced the pandemic period? Yes
   - ☐ Insecurity
   - ☐ Fear
   - ☐ Loneliness
   - ☐ No effect

   Answer in the patient's/client's own words: _____

5. Any other feedback from the patient/client: _____

Appendix 6

PROFESSIONALS' EXPERIENCES OF USING THE SCREENING FORM

Occupation:

_____

1. Which questions were easiest to ask the patient/client? Why?

   _____

2. Which questions were the most difficult to ask? Why?

   _____

3. How did you experienced asking about abuse? What was most difficult/easiest?

   _____

4. How do you think pilot training supported asking?

   _____

5. What kind of proposed changes do you have for pilot training?

   _____

6. What kind of proposed changes do you have for piloting?

   _____

7. How long did it take to ask the EASI or H-S/EAST questions? (minutes)

   _____

8. Some other feedback using the EASI form (e.g. how suitable is it for your work)

   _____

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