

Instrument Psychometrics Summary

On the Elder Mistreatment web site are fourteen elder mistreatment instruments. Those instruments include the Brief Abuse Screen for the Elderly (BASE), Caregiver Abuse Screen (CASE), Elder Abuse Suspicion Index© (EASI), Elder Assessment Instrument (EAI), Health Attitudes Toward Aging, Living Arrangements, and Finances (HALF) Assessment, Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST), Indicators of Abuse Screen (IOA), Partner Violence Screen (PVS), Questions to Elicit Elder Abuse, Screen for Various Types of Abuse or Neglect, Screening Tools (Actual Abuse Tool, Suspected Abuse Tool, and Risk of Abuse Tool), and the Vulnerability to Abuse Screening Scale (VASS).

In the names/titles of these instruments, different terms are used to convey the purpose and content of the instrument. Merriam-Webster's (<http://www.merriam-webster.com/>) definitions of those terms are provided:

- Index: a device that serves to indicate a value or quantity.
- Instrument: a measuring device for determining the present value of a quantity under observation.
- Questionnaire: a set of questions for obtaining statistically useful or personal information from individuals.
- Screen: a system for examining and separating into different group.
- Test: something (as a series of questions or exercises) for measuring the skill, knowledge, intelligence, capacities, or aptitudes of an individual or group.
- Tool: something used that is necessary in the practice of a profession.

Yet, what is important is the instrument measures what it purports to measure. To determine if an indicator (burned with a cigarette) represents a theoretical concept (elder physical abuse) accurately, two basic properties of empirical measurement must be examined. Those instrument psychometric properties are reliability and validity. Reliability is a statistical measurement of the reproducibility or stability of the data gathered by the survey instrument. It is important to know that if there has been no change, your measure will produce the same results each time. Types of reliability include test-retest, alternate-form, split-half, internal consistency, and inter-rater reliability. Validity is a measure of an instrument's accuracy. Types of validity include face, content, criterion, and construct validity.

Other important measures are sensitivity and specificity, statistics used to describe a diagnostic test, that is, how good a test is. Sensitivity is the probability of a positive test among patients with disease, that is, how many cases of a particular disease (elder abuse) can be found. Specificity is the probability of a negative test among patients without disease, that is, the number of cases of a particular disease (elder abuse) that are not found.

Brief Abuse Screen for the Elderly (BASE)

This screening tool is a one-page, five-item tool that was designed to be a quick (1 minute) assessment of the caregiver and/or the receiver of care. The screening tool is meant to be used only after extensive training on the topic of elder abuse. It does not include self-neglect. The authors collapsed the five point scale for question three into two categories: 1 & 2 were considered "abuse not likely," while 3, 4, & 5 were considered as "abuse likely." According to the authors, BASE reliability was supported by 86-90% interrater reliability on three BASE assessment and validity was supported by the agreement by various practitioners, significant correlations with other measurements; and expected differences in the correct direction between

abusive and non-abusive caregivers (Reis & Nahmiash, 1998).

Caregiver Abuse Screen (CASE)

CASE is an 8-item screening tool designed to assess caregivers for potential abuse. The questions were worded in a certain way in order to make them less confrontational so the caregivers will feel comfortable answering truthfully. This tool can be filled out by the caregiver and is probably best when used in conjunction with other screening tools. No training needs to be done in order to administer this tool. Answers are either “yes” or “no” and an answer of “yes” for a question equals one point. A score of four or more is considered “abuse likely,” but a score of one can also be that abuse is likely, depending on the question. The authors report that CASE has construct validity and convergent validity. The CASE scores for the abusers were found to be significantly higher than those for the non-abusers. A Cronbach’s alpha of 0.71 was reported for six out of the eight items (items 1-4, 6, & 8). CASE has been reported as being valid and reliable; the sample size for the study was 139 and it was done in the community setting, not the clinical setting. The higher the CASE scores (abuse) the more indicators of abuse were marked on the Indicators of Abuse checklist ($r = 0.41, p < 0.001$). Similar correlations were found with the CASE and the S-H/EAST responses and the Ryden verbal and physical aggression subscales. CASE factor analysis resulted in two factors: abuse and neglect (Reis & Nahmiash, 1995). A literature review did not find any additional data on validity or reliability at the time of this summary.

Elder Abuse Suspicion Index©

The Elder Abuse Suspicion Index (EASI) is a six-item screening questionnaire to raise a physician’s suspicion about elder abuse to the level that an evaluation by protective services is warranted. The EASI started with nine questions mined from a literature review and was reviewed by four focus group meetings of physicians, nurses, and social workers. Narrowed down to six questions, the instrument was tested in the practice setting with 663 subjects (Yaffee, Wolfson, Lithwick, & Weiss, 2008). Instrument sensitivity and specificity were conducted on individual questions and a social worker evaluation. Sensitivity and specificity of 0.47 and 0.75 were found when at least one question was positive. Sensitivity ranged from 0.03 to 0.28 and specificity ranged from 0.72 to 0.99 for the individual questions (Yaffee, 2008).

Elder Assessment Instrument (EAI)

In 1984 the Elder Abuse Assessment tool was initially developed from profiles of elder abuse victims and used in the emergency department for persons 70 years and older. An initial instrument of 35 items resulted from this one month pilot study (Fulmer, 1984). Later the instrument was revised to incorporate checklists and tested for 5 months with 484 individuals. Content validity index was reported at 0.83 (Fulmer, Street, & Carr, 1984). Test-retest reliability was reported as 0.83 (Fulmer & Wetle, 1986). No report on sensitivity or specificity is provided.

Health Attitudes Toward Aging, Living Arrangements, and Finances (HALF) Assessment

No psychometric properties are available for this questionnaire (Ferguson & Beck, 1983). The authors claim that the tool ‘has been useful in identifying aged persons who are at risk for abuse or actually being abuse’ with over 50 families or individuals. Except for such anecdotal evidence, there is no information on the psychometric properties of the H.A.L.F. (Kozma & Stones, 1995).

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

The H-S/EAST originally began as a pool of over 1,000 items that were being used in abuse protocols across the United States (Sengstock & Hwalek, 1987). Through chi-squared analysis Hwalek and Sengstock found that nine of the fifteen questions (3-5, 7, 10, 12-15) showed a significant difference between the abused and the non-abused groups and had a Cronbach's alpha of 0.29 (Hwalek & Senstock, 1986). The authors claim the Cronbach's alpha is low due to the fact that different types of abuse are addressed in the instrument. Questionnaire responses regarding 108 cases from service providers were entered into factor analyses. One hundred 100 indicators were refined using three stages of discriminant function analyses to a list of 9 items that identified 94% accurately between abused (N = 50) and nonabused (N = 47) (Hwalek & Sengstock, 1986).

Through the use of various statistical methods the creators of the H-S/EAST claim that it has content, concurrent, and construct validity, noting more work needs to be done in order to prove predictive and convergent validity as well as inter-rater reliability (Neale, Hwalek, Scott, & Stahl, 1991). To further establish psychometric properties for this instrument, a 15-item H-S/EAST was developed through factor analysis having three conceptual categories: overt violation of personal rights or direct abuse, elder characteristics that make them vulnerable to abuse, and characteristics of a potentially abusive situation. The H-S/EAST is to be used to assess for risk of abuse, neglect, or exploitation. A score of 3 or greater indicates that the patient may be at a higher risk of being mistreated, but this should not be used to make accusations or substantiations. The purpose of this tool is to provide the opportunity for a discussion with a patient and indicate the need for further assessment.

Two more instruments have been created using the H-S/EAST as a beginning model. These are the Maine Partners for Elder Protection instrument (MePEP) (<http://www.umaine.edu/mainecenteronaging/pubandrep.htm#RSR>) and the Vulnerability to Abuse Screening Scale (VASS) (Schofield, Reynolds, Mishra, Powers, & Dobson, 2002).

Additional construct validity for the H-S/EAST was provided by a study of 100 elderly persons living in a housing unit who took the 15-item questionnaire (Moody, Voss, & Lengacher, 2000). Comparing the sensitivity and specificity of elder mistreatment screening instruments with 44 older persons, clients of adult protective services, the H-S/EAST instrument had a test-retest reliability of 0.855 and a Cronbach's alpha of 0.632 (Buri, Daly, & Jogerst, 2009). The receiver-operator characteristic (ROC) curve constructed for the H-S/EAST questions demonstrated the measure had no discriminating power for screening for elder abuse (Buri, Daly, & Jogerst, 2009).

Indicators of Abuse Screen

Findings from previous studies provided the indicators associated with caregiver and care receiver abuse. Problem indicators were developed and field tested with social service agency personnel. After revision, a preliminary 60-item (12 demographics and 48 indicators of abuse) checklist was generated. To determine which of the items formed a set to best discriminate abuse and non-abuse cases, discriminant function analysis was conducted for validation. A set of 29 indicators discriminated "likely abuse" and "likely non-abuse," reporting Canonical correlation = .80; Wilks' A = .36, $X^2 = 147.34$, and $p < 0.001$ for 166 agency cases. The screen discriminates likely abuse cases 84% of the time and likely non-abuse cases 99% of the time. A second discriminant function analysis on a subset of 70 cases was conducted and had similar results. Cronbach alpha was 0.92 (Reis & Nahmiash, 1998).

Partner Violence Screen (PVS)

The partner violence screen of three questions was tested individually and as a combined screen against the Index of Spouse Abuse and the Conflicts Tactic Scale (Feldhaus, Koziol-McLain, Amsbury, Norton, Lowenstein, & Abbott, 1997). Women who were positive for abuse on the partner violence screen had positive scores on the Index of Spouse Abuse and the Conflicts Tactic Scale. The Partner Violence Screen detected partner violence 65% of the time comparing to the gold standard of the Index of Spouse Abuse and 71% of the time comparing to the Conflicts Tactic Scale. The specificity for of the PVS with the Index of Spouse Abuse was 80% and with the Conflicts Tactic Scale was 84%. The positive predictive value was 51% and the negative predictive value was 88% for the PVS with the Index of Spouse Abuse. The positive predictive value was 63% and the negative predictive value was 89% for the PVS with the Conflicts Tactic Scale. There were 33 women with false negatives and 43 with false positives on the PVS. As a result of the false negatives an additional question is suggested by the authors to be added to the scale: “Are you here today due to injury or illness related to partner violence?”

Questions to Elicit Elder Abuse

No psychometric properties are available for this questionnaire (Carney, Kaha, & Paris, 2003).

Screen for Various Types of Abuse or Neglect

No reliability or validity measures were conducted on the American Medical Association (AMA) questions in the original publication (AMA, 1992). Comparing the sensitivity and specificity of elder mistreatment screening instruments with 44 older persons, clients of adult protective services, the AMA instrument had a test-retest reliability of 0.825 and a Cronbach’s alpha of 0.734. The receiver-operator characteristic (ROC) curve constructed for the AMA questions demonstrated the measure had no discriminating power for screening for elder abuse (Buri, Daly, & Jogerst, 2009).

Screening Tools and Referral Protocol (STRP)

The Actual Abuse Tool, Suspected Abuse Tool, and Risk of Abuse Tool are all part of a larger project that was put together based on the state laws of Ohio. The creators indicated that the materials were primarily designed for individuals who have limited knowledge and experience with elder abuse and domestic violence in later life. Along with the three tools, the creators generated a referral protocol that diagrams the steps that need to be taken and the agencies that need to be contacted if there is actual, suspected, or risk of abuse. The protocol was designed with Ohio laws in mind and would need to be revised for any other state that intends to use it. There are also “extended tools” and “Decision/Action Sheets” that are intended to accompany the tools; however, at this time we do not know what those additional tools include. As of 2007 there is no reliability or validity data on the STRP. A brief summary of each tool is below (Bass, Anetzberger, Ejaz, & Nagpaul, 2001).

Actual Abuse Tool

Provides a list of the major forms of abuse and neglect, but it is not an exhaustive list. For practical use the tool has been kept to one page. This tool is supposed to be accompanied by a Decision/Action Sheet. It also includes psychological forms of abuse.

Suspected Abuse Tool

Provides a list of the major signs and symptoms of abuse and neglect, but it is not an exhaustive list. For practical use the tool has been kept to one page. This tool is supposed to be accompanied by a Decision/Action Sheet. It also includes psychological forms of abuse.

Risk of Abuse Tool

Provides a list of risk factors for abuse and neglect, but the presence of risk factors does not necessarily indicate that abuse and/or neglect are taking place. This tool is supposed to be accompanied by “extended tools.”

Vulnerability to Abuse Screening Scale (VASS)

VASS is a screening measure to identify older women at risk for elder abuse. To develop the VASS, the H-S/EAST was used and 2 questions with high face validity were added: Has anyone close to you called you names or put you down or made you feel bad recently? Are you afraid of anyone in your family? Factor analysis was conducted and 5 of 17 items were deleted.

Thus, the VASS is a modified version of the H-S/EAST that contains 12 yes/no questions that are to be filled out by the client. It was originally tested in part of a larger study done on women in Australia. There were 12,939 women aged 70-75 that received surveys relating to violence/abuse.

The VASS is divided into four factors: vulnerability, dependence, dejection, and coercion. Each factor has three questions on the survey. A measure of sampling adequacy (MSA) for the 4 scales of 0.71 and Cronbach's alpha of 0.39-0.55 were reported (Schofield, 2002). Cronbach's alpha for the 4 scales were 0.74 for dependence, 0.44 for dejection, 0.45 for vulnerability, and 0.31 for coercion indicating moderate internal reliability (Schofield, 2004). Construct validity was good having significant positive correlations between factor scores and other variables. Significant correlations between the factors and life events demonstrated content validity. Sensitivity and specificity of the instrument was not tested. The instrument is also valid in predicting a decline in both physical and mental health outcomes over a three year period among older Australian women (Schofield & Mishra, 2004).

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ACTUAL ABUSE TOOL

Purpose: The Actual Abuse Tool is a “first decision point that asks whether there has been a reliable report of abuse or violence. This tool provides a list of the major forms of abuse and violence along with examples of physical abuse, psychological abuse, neglect, and exploitation” (Bass, et al., 2001, p.31).

Instructions: The victim or a reliable party report, or you directly observe the following acts of domestic violence, abuse, neglect, or exploitation (this list is not exhaustive but contains some examples). A single check indicates the perceived presence of domestic violence or elder abuse.

	(Check)
Examples of Physical Abuse	
• Hit, pushed, shoved, scratched, or restrained.	
• Threatened with a knife.	
• Sexually assaulted, harmed, or hurt.	
• Physically harmed in some other way (specify):	
Examples of Psychological Abuse	
• Yelled at, called names, insulted.	
• Threatened with physical injury.	
• Locked in a room.	
• Stalked or followed around.	
• Psychologically abused in some other way (specify):	
Examples of Neglect by Others or Self	
• Denied adequate care and supervision (especially in cases of physically or mentally impaired persons).	
• Not treated for physical health problems.	
• Isolated from others.	
• Inappropriately dressed for weather or environmental conditions.	
• Lacking adequate shelter.	
• Neglected in some other way (specify):	
Examples of Exploitation	
• Money, property, or other assets used, taken, sold or transferred without consent.	
• Signature forged on checks or other financial and legal documents.	
• Large sums of money withdrawn from bank accounts (without his/her knowledge).	
• Exploited in some other way (specify):	

Bass, D. M., Anetzberger, G. J., Ejaz, F. K., & Nagpaul, K. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse and Neglect*, 13(2), 23-38.

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BRIEF ABUSE SCREEN FOR THE ELDERLY (BASE)

Purpose: To help practitioners assess the likelihood of abuse.

Instructions: Please respond to every question (as well as you can estimate) concerning all clients ____ years or over who are caregivers (give regular help of any kind) or care receivers:

1. Is the client an older person who has a caregiver? ____ Yes ____ No

2. Is the client a caregiver of an older person? ____ Yes ____ No

3. Do you suspect abuse?
(see also #4 and #5)

i) By a caregiver (comments) _____

1	2	3	4	5
no, not at all	only slightly, doubtful	possibly, somewhat	probably quite likely	yes, definitely

ii) By a care receiver or other (comments) _____

1	2	3	4	5
no, not at all	only slightly, doubtful	possibly, somewhat	probably quite likely	yes, definitely

4. If any answer for #3 except “no, not at all,” indicate what kind(s) of abuse(s) is (are) suspected.

i) physical ____ ii) psychosocial ____ iii) financial ____
iv) neglect ____ (includes passive and active)

5. If abuse is suspected, about how soon do you estimate that intervention is needed?

1	2	3	4	5
immediately	within 24 hrs	24-72 hrs	1 week	2 or more weeks

CAREGIVER ABUSE SCREEN (CASE)

Purpose: To screen for abuse through multiple sources, for instance, through caregivers, care-receivers, and/or abuse interveners, rather than only through professional reporting. It is designed specifically for community use.

Instructions: The CASE has eight items to ask informal caregivers of which “yes” or “no” are the answers. A caregiver may complete the questionnaire. A score of four or more on the CASE may be conservatively considered as suggestive of a higher risk for abuse. However, even a score of one can be indicative of abuse.

Please answer the following questions as a helper or caregiver:

- | | YES | NO |
|--|------|------|
| 1. Do you sometimes have trouble making (_____) control his/her temper
name of person
or aggression? | ____ | ____ |
| 2. Do you often feel you are being forced to act out of character or do things
you feel bad about? | ____ | ____ |
| 3. Do you find it difficult to manage (____)'s behavior? | ____ | ____ |
| 4. Do you sometimes feel that you are forced to be rough with (____)? | ____ | ____ |
| 5. Do you sometimes feel you can't do what is really necessary or what should
be done for (____)? | ____ | ____ |
| 6. Do you often feel you have to reject or ignore (____)? | ____ | ____ |
| 7. Do you often feel so tired and exhausted that you cannot meet (____)'s
needs? | ____ | ____ |
| 8. Do you often feel you have to yell at (____)? | ____ | ____ |

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Reis, M., & Nahmiash, D. (1995). Validation of the caregiver abuse screen (CASE). *Canadian Journal on Aging, 14*, 45-60.

ELDER ASSESSMENT INSTRUMENT (EAI)

Purpose: To be used as a comprehensive approach for screening suspected elder abuse victims in all clinical settings.

Instructions: There is no “score” for this instrument. A patient should be referred to social services if the following exists: 1) if there is any positive evidence without sufficient clinical explanation, 2) whenever there is a subjective complaint by the older adult of elder mistreatment, or 3) whenever the clinician deems there is evidence of abuse, neglect, exploitation, or abandonment.

1. General Assessment	Very Good	Good	Poor	Very Poor	Unable to Assess
a. Clothing					
b. Hygiene					
c. Nutrition					
d. Skin integrity					
Additional Comments:					
2. Possible Abuse Indicators	No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
a. Bruising					
b. Lacerations					
c. Fractures					
d. Various stages of healing of any bruises or fractures					
e. Evidence of sexual abuse					
f. Statement by older adult related to abuse					
Additional Comments:					
3. Possible Neglect Indicators	No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
a. Contractures					
b. Decubiti					
c. Dehydration					
d. Diarrhea					
e. Depression					
f. Impaction					
g. Malnutrition					
h. Urine Burns					
i. Poor hygiene					
j. Failure to respond to warning of obvious disease					
k. Inappropriate medications (over/under)					
l. Repetitive hospital admissions due to probable failure of health care surveillance					
m. Statement by older adult related to neglect					
Additional Comments:					

4. Possible Exploitation Indicators	No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
a. Misuse of money					
b. Evidence					
c. Reports of demands for goods in exchange for services					
d. Inability to account for money/property					
e. Statement by older adult related to exploitation					
Additional Comments:					
5. Possible Abandonment Indicators	No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable to Assess
a. Evidence that a caretaker has withdrawn care precipitously without alternate arrangements					
b. Evidence that older adult is left alone in an unsafe environment for extended periods of time without adequate support					
c. Statement by older adult related to abandonment					
Additional Comments:					
Summary	No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable To Assess
Evidence of Abuse					
Evidence of Neglect					
Evidence of Exploitation					
Evidence of Abandonment					
Additional Comments:					

Comments: _____

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing*, 29(6), 4-5.

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ELDER ABUSE SUSPICION INDEX © (EASI)			
EASI Questions			
Q.1-Q.5 asked of patient; Q.6 answered by doctor			
Within the last 12 months:			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse <u>may</u> 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>

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HEALTH, ATTITUDES TOWARD AGING, LIVING ARRANGEMENTS, AND FINANCES (HALF) ASSESSMENT

Purpose: A clinician-based tool to identify elders at risk in a health service setting.

Instructions: Questions are answered by the interviewer following a meeting with both the caretaker and older adult. Items are categorized on a three-point Lickert scale.

HEALTH	Almost Always	Some of the Time	Never
1. Aged Adult Risk Dynamics			
1.1 Poor health			
1.2 Overly dependent on adult child			
1.3 Was extremely dependent on spouse who is now deceased			
1.4 Persists in advising, admonishing and directing the adult child on whom he/she is dependent			
2. Aged Adult Abuse Dynamics			
2.1 Has an unexplained or repeated injury			
2.2 Shows evidence of dehydration and/or malnutrition without obvious cause			
2.3 Has been given inappropriate food, drink, and/or drugs			
2.4 Shows evidence of overall poor care			
2.5 Is notably passive and withdrawn			
2.6 Has muscle contractures due to being restricted			
3. Adult Child/Caregiver Risk Dynamics			
3.1 Was abused or battered as a child			
3.2 Poor self-image			
3.3 Limited capacity to express own needs			
3.4 Alcohol or drug abuser			
3.5 Psychologically unprepared to meet dependency needs of Parent			
3.6 Denies parent's illness			
4. Adult Child/Caregiver Abuse Dynamics			
4.1 Shows evidence of loss of control, or fear of losing control			
4.2 Presents contradictory history			
4.3 Projects cause of injury onto third party			
4.4 Has delayed unduly in bringing the aged person in for care, shows detachment			
4.5 Overreacts or underreacts to the seriousness of the situation			
4.6 Complains continuously about irrelevant problems unrelated to injury			
4.7 Refuses consent for further diagnostic studies			

HEALTH	Almost Always	Some of the Time	Never
5. Attitude Toward Aging			
5.1 Aged adult views self negatively due to aging process			
5.2 Adult child views aged adult negatively due to aging process			
5.3 Negative attitude toward aging			
5.4 Adult child has unrealistic expectations of self or the aged Adult			
6. Living Arrangements			
6.1 Aged adult insists on maintaining old patterns of independent functioning that interfere with the child's needs or endanger aged adult			
6.2 Intrusive, allows adult child no privacy			
6.3 Adult child is socially isolated			
6.4 Has no one to provide relief when uptight with the aged Person			
6.5 Aged adult is socially isolated			
6.6 Has no one to provide relief when uptight with adult child			
7. Finances			
7.1 Aged adult uses gift money to control others, particularly adult children			
7.2 Refuses to apply for financial aid			
7.3 Savings have been exhausted			
7.4 Adult child financially unprepared to meet dependency needs of aged adult			

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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 Hwalek-Sengstock elder abuse screening test. *Journal of Applied Gerontology*, 10(4), 406-415.
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INDICATORS OF ABUSE (IOA) SCREEN

Purpose: To screen for abuse and neglect at the client's home. Completed by trained practitioners in health and social service agencies.

Instructions: The IOA is to be completed by a person trained to administer the form, usually after a 2-3 hour comprehensive in-home assessment. The researchers use a cutoff score of 16 to indicate abuse.

Indicators of abuse are listed below, numbered in order of importance. After a 2-3 hour home assessment (or other intensive assessment) please rate each of the following items on a scale of 0 to 4 and sum the scores. Do not omit any items. Rate according to your current opinion.

Scale: Estimated extent of problem:

0 = nonexistent

1 = slight

2 = moderate

3 = probably/moderately severe

4 = yes/severe

00 = not applicable

000 = don't know

Caregiver			Care Receiver		
___	1.	Has behavior problem	___	4.	Has been abused in the past
___	2.	Is financially dependent	___	5.	Has marital/family conflict
___	3.	Has mental/emotional difficulties	___	8.	Lacks understanding of medical condition
___	6.	Has alcohol/substance abuse problem	___	11.	Is socially isolated
___	7.	Has unrealistic expectations	___	15.	Lacks social support
___	9.	Lacks understanding of medical condition	___	16.	Has behavior problems
___	10.	Caregiving reluctance	___	18.	Is financially dependent
___	12.	Has marital/family conflict	___	19.	Has unrealistic expectations
___	13.	Has poor current relationship	___	20.	Has alcohol/medication problem
___	14.	Caregiving inexperience	___	21.	Has poor current relationship
___	17.	Is a blamer	___	22.	Has suspicious falls/injuries
___	24.	Had poor past relationship	___	23.	Has mental/emotional difficulties
			___	25.	Is a blamer
			___	26.	Is emotionally dependent
			___	27.	No regular doctor

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PARTNER VIOLENCE SCREEN (PVS)

Purpose: A brief screening instrument for use in emergency departments or other urgent care settings.

Instructions: Interview the patient alone and ask questions directly.

1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
2. Do you feel safe in your current relationship?
3. Is there a partner from a previous relationship who is making you feel unsafe now?

Feldhaus, K. M., Koziol-McLain, J., Amsbury, H. L., Norton, I. M., Lowenstein, S. R., & Abbott, J. T. (1997). Accuracy of 3 Brief Screening Questions for detecting partner violence in the emergency department. *JAMA*, 277(17), 1357-1361.

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QUESTIONS TO ELICIT ELDER ABUSE

Purpose: To use specific questions to determine if abuse is occurring.

Instructions: Request family members step outside the room and use the opportunity to interview the patient alone. Begin the conversation with the question, “How are things at home?” and then follow with the more specific questions below.

Physical Abuse:

1. Are you afraid of anyone at home?
2. Have you been struck, slapped or kicked?
3. Have you been tied down or locked in a room?
4. Has anyone touched you without your permission?

Emotional Abuse:

5. Do you ever feel alone?
6. Have you been threatened with punishment, deprivation, or institutionalization?
7. Have you received the “silent treatment”?
8. Have you been force fed?
9. What happens when you and your caregiver disagree?

Neglect:

10. Do you lack aids such as eyeglasses, hearing aids, or false teeth?
11. Have you been left alone for long periods?
12. If you need assistance, how do you obtain it?
13. How do you get help?

Financial Abuse:

14. Does your caregiver depend on you for shelter or financial support?
15. Has money been stolen from you?

Carney, M. T., Kahan, F. S., & Paris, B. E. C. (2003). Elder abuse: Is every bruise a sign of abuse? *The Mount Sinai Journal of Medicine*, 70(2), 69-74.

Reprinted by permission: The Mount Sinai Journal of Medicine, The Mount Sinai School of Medicine, Box 1094, One East 100th Street, New York, NY.

RISK OF ABUSE TOOL

Purpose: The Risk of Abuse Tool identifies common risk factors associated with cases of elder abuse and/or domestic violence. The Risk of Abuse Tool indicates whether the problem is likely to occur in a possible victim, a possible perpetrator, or both.

Instructions: A question intended for a possible victim is shaded in the column referring to the possible perpetrator and vice-versa. A question intended for both possible victim and possible perpetrator is identified by non-shaded columns next to the corresponding screening question. Service providers are encouraged to place a check mark in the appropriate row/question if they identify a particular problem/risk factor in either one or both columns.

RISK FACTOR SCREENING QUESTIONS	Possible Victim (check)	Possible Perpetrator (check)
Past Neglect, Abuse, or Criminal Offenses		
Is there a history of past abuse, violence (including use of guns/weapons or neglect)?		
Was the person convicted of abuse or another violent crime (including violation of a court order) in the past?		
Is there current violence toward family members or pets, or access to guns?		
Relationship Problems Between Possible Victim and Possible Perpetrator		
Is there evidence of current or past relationship problems (including abuse/violence)?		
Are there relationship problems specific to issues of power, control, dominance, coercion, and manipulation?		
Is there evidence of extreme jealousy and possessiveness?		
Do the parties have unrealistic expectations of each other?		
Physical, Emotional, or Mental Health-Related Problems		
Are there problems with anger and hostility?		
Are there problems with use of alcohol or drugs or medications?		
Are there mental health (including depression) or emotional problems?		
Is the person a "blamer"?		
Are there problems in physical health or functional activities (ADLs or IADLs)?		
Is there evidence of cognitive or memory impairment?		
Does the possible victim lack a regular doctor?		
Is the possible victim emotionally dependent?		
Is there evidence of behavior problems?		
Is there a lack of understanding of the medical condition?		
Does the possible perpetrator have problems with employment or work?		
Caregiving and Social Support		
Is there evidence of a lack of social support?		
Is there evidence of social isolation?		
Is there difficulty with or reluctance performing care-related tasks?		
Is there stress or strain or inexperience with caregiving?		
Is the possible perpetrator caring for other dependent family members?		
Is financial dependency a problem?		
Environmental and Household Characteristics		
Do the possible victim and perpetrator share a household?		
Does the house have hazardous environmental conditions?		

Bass, D. M., Anetzberger, G. J., Ejaz, F. K., Nagpaul, K. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse and Neglect*, 13(2), 23-38.

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SCREEN FOR VARIOUS TYPES OF ABUSE OR NEGLECT

Purpose: General questions should be asked of an older person to screen for the various types of abuse or neglect.

Instructions: Patient is asked direct questions by a health care professional. The screen is a component of a suggested protocol for the detection and assessment of elder mistreatment. Any questions answered affirmatively should be followed up to determine how and when the mistreatment occurs, who perpetrates it, and how the patient feels about it and copes with it.

1. Has anyone at home ever hurt you?
2. Has anyone ever touched you without your consent?
3. Has anyone ever made you do things you didn't want to do?
4. Has anyone taken anything that was yours without asking?
5. Has anyone ever scolded or threatened you?
6. Have you ever signed any documents that you didn't understand?
7. Are you afraid of anyone at home?
8. Are you alone a lot?
9. Has anyone ever failed to help you take care of yourself when you needed help?

American Medical Association. (1992). *Diagnostic and treatment guidelines on elder abuse and neglect*. Chicago, IL: American Medical Association.
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SUSPECTED ABUSE TOOL

Purpose: The Suspected Abuse Tool is designed to help recognize common signs or symptoms of abuse.

Instructions: The victim or a reliable party report, or you directly observe the following acts of domestic violence, abuse, neglect, or exploitation (this list is not exhaustive but contains some examples). A single check indicates suspected abuse and requires an appropriate referral for further investigation.

Please check any signs reported to you or that you directly observe for this client	(check)
Signs of Physical Abuse	
• Bruises, welts, cuts, or wounds, cigarette or rope burn marks or blood on person/clothes.	
• Internal injuries, including broken or fractured bones, sprains, or muscle injuries.	
• Painful body movements, such as limping, trouble sitting/standing (not illness related).	
• Coded or vague or indirect references to sexual assault or unwanted sexual advances.	
• Other signs of physical abuse (specify):	
Signs of Psychological Abuse	
• Sense of resignation and hopelessness with vague references to mistreatment.	
• Behavior that is passive, helpless, withdrawn	
• Anxious, trembling, clinging, fearful, scared of someone/something.	
• Self-blame for current situation or partner/caregiver behavior.	
• Other signs of psychological abuse (specify):	
Signs of Neglect by Others or Self	
• Unclean physical appearance.	
• Inadequate food or meal preparation supplies in household.	
• Underweight, physically frail or weak, or dehydrated.	
• Under or overuse of, or confusion about, prescription or over-the-counter medications.	
• Inadequate utilities, including lack of heat, water, electricity, and toilet facilities.	
• Unsafe or unclean environment, including insect infestation or unmaintained animals.	
• Neglected household finances, including unpaid bills or rent.	
• Other signs of neglect (specify):	
Signs of Exploitation	
• Overpayment for goods or services	
• Unexplained changes in power of attorney, wills, or other legal documents.	
• Missing personal belongings.	
• Other signs of exploitation (specify):	

Bass, D. M., Anetzberger, G. J., Ejaz, F. K., Nagpaul, K. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse and Neglect*, 13(2), 23-38.

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VULNERABILITY TO ABUSE SCREENING SCALE (VASS)

Purpose: To identify older women at risk of elder abuse through a self-report instrument.

Instructions: Questionnaire can be mailed to subjects with instructions to answer “yes” or “no”.

1. Are you afraid of anyone in your family? Yes ____ No ____
2. Has anyone close to you tried to hurt you or harm you recently? Yes ____ No ____
3. Has anyone close to you called you names or put you down or made you feel bad recently? Yes ____ No ____
4. Do you have enough privacy at home? Yes ____ No ____
5. Do you trust most of the people in your family? Yes ____ No ____
6. Can you take your own medication and get around by yourself? Yes ____ No ____
7. Are you sad or lonely often? Yes ____ No ____
8. Do you feel that nobody wants you around? Yes ____ No ____
9. Do you feel uncomfortable with anyone in your family? Yes ____ No ____
10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? Yes ____ No ____
11. Has anyone forced you to do things you didn't want to do? Yes ____ No ____
12. Has anyone taken things that belong to you without your OK? Yes ____ No ____

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