

**ELDER ABUSE
SCREENING TOOL (EAST)**

NOVEMBER 2011

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ACKNOWLEDGEMENTS

ELDER ABUSE SCREENING TOOL (EAST)

BACKGROUND

South African older persons are facing various challenges as they are affected by poverty, socio-economic demands due to the HIV and Aids pandemic, disabilities and disease profiles that are characterised by co-morbidity. While these notable trends negatively impacting on their quality of the lives, the occurrence of elder abuse is recognised as a social problem of increasing magnitude. With an increase in the ageing population, it is also envisaged that the occurrence of elder abuse will undoubtedly increase.

Although the abuse of older persons falls under the Older Persons Act which is administered by the Department of Social Development, the Department of Health perceives the abuse of older persons as a multifactorial issue requiring intervention from all sectors in a collaborate manner. The Department of Health perceives its role not only to improve the quality of care to older persons, but also to contribute towards the protection of our older persons and especially the protection of their dignity.

The Department of Health in collaboration with WHO held a workshop in November 2008 to seek solutions to the elder abuse problem and the Elder Abuse Screening Tool (EAST) was developed during these collaborations. The purpose of the Elder Abuse Screening Tool (EAST) is to provide guidance to health care workers to identify possible abuse of older persons and to facilitate appropriate referral.

The EAST consists of the following three sections:

Annexure A - EAST Questionnaire for health care workers to identify possible abuse

Annexure B - EAST Recording Form

Annexure C - EAST Referral Form

HOW TO USE THE ELDER ABUSE SCREENING TOOL (EAST)

Intended users

- The intended users are all health care workers working in hospitals, community health centres, clinics, service centres and luncheon clubs and residential facilities for older persons

Target population

- The target population is persons 60 years and older

Standard procedures to be followed when using the tool

- The Elder Abuse Screening Tool (EAST) consists out of a questionnaire, a Recording Form and a Referral Form.
- The **EAST questionnaire** (Annexure A) can be used on a routine basis, randomly, or when possible signs of abuse are identified. When the health care worker finds it necessary to apply the EAST questionnaire to an older person, the following procedures should be followed:
 - After the completion of the EAST questionnaire, the health care worker should also complete an **EAST Recording Form** (Annexure B) irrespective of whether or not abuse could be confirmed. The EAST Recording Form is primarily for monitoring purposes but it may also be useful in the case of abuse resulting in hospitalisation, death or related legal action.
 - After completing the EAST Recording Form, the health care worker should then obtain the older person's permission to be appropriately referred for further assistance. If the older person is in agreement with the suggestion of being referred for further assistance, the health care worker should complete an **EAST Referral Form** (Annexure C). The EAST Referral Form should be handed over to the person to whom the older person has been referred to, e.g. a social worker.

Patient confidentiality must be maintained at all times

ELDER ABUSE SCREENING TOOL (EAST) QUESTIONNAIRE**1. QUESTION TO THE HEALTH CARE WORKER**

Elder abuse are often associated with signs and the health care worker can assess whether any of the following signs are present:

QUESTIONS	YES	NO
1. Did you as health care worker notice any of the following signs and symptoms? If “yes” indicate accordingly.		
<ul style="list-style-type: none"> • poor eye contact 		
<ul style="list-style-type: none"> • withdrawn nature, anxiety, depression 		
<ul style="list-style-type: none"> • malnourishment, dehydration 		
<ul style="list-style-type: none"> • hygiene issues (not well taken care of, e.g. smelly) 		
<ul style="list-style-type: none"> • cuts, scratches 		
<ul style="list-style-type: none"> • bruises (without history of bruising easily) 		
<ul style="list-style-type: none"> • burns 		
<ul style="list-style-type: none"> • medication compliance issues 		
<ul style="list-style-type: none"> • signs and symptoms of sexual abuse (discharge, sores, pain or swelling in the genital / anal area) 		

2. QUESTIONS TO THE OLDER PERSON

Note: It is important to take the older person's mental capacity into consideration and to determine whether he / she is able to answer the questions. If the older person's mental capacity is in doubt, please indicate so on the Recording Form under the "Comments" section.

QUESTIONS	YES	NO
1. Are you afraid of anyone in your family, home, institution or community that you are living in?		
2. Has anyone in the last two months hurt or harmed you?		
3. Has anyone in the last two months forced you to do things that you did not want to do?		
4. Has anyone in the last two months touched you in ways you did not want?		
5. Has anyone in the last two months scolded or sworn at you or threatened you?		
6. Has anyone prevented you from getting food, clothes, medication, spectacles, hearing aids and / or medical care?		
7. Are you left alone a lot, locked up, not allowed to socialise or has anyone been prevented from visiting you?		
8. Has anyone ever failed or refused to help you take care of yourself when you needed help?		
9. Has anyone made you sign papers that you did not understand or did not want to sign?		
10. Has anyone taken money, valuables (ID, bank card) or any other things that belong to you without your permission, or against your will?		
11. Do you feel not properly cared for because others are using your money or possessions against your will or because you have to pay for other peoples needs?		
<p>12. If elder abuse is suspected, the health care worker must ask the following question:</p> <p>Do you wish to receive further help from a Social Worker?</p> <p>If the answer is "no", the older person should be given contact details where to get help should he/she change his/her mind at a later stage.</p>		

ANNEXURE B

RECORDING FORM

Recording No:		Date:	
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DETAIL OF THE PATIENT	
Name:	
Age:	
Gender:	
ID No:	
Address:	

DETAIL OF THE HEALTH FACILITY WHERE THE PERSON WAS SCREENED			
Name and address of health facility:			
Name of health care worker:		Facility Tel No:	

COMMENTS		
<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>		
Is the patient referred?	Yes	No
<p>If yes, to whom has the patient been referred to? Indicate the person's name, position (e.g. social worker) and telephone number.</p>		
<p></p>		

REFERRAL FORM

Referral No:		Date:	
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DETAIL OF THE PATIENT			
Name:			
Age:			
Gender:			
ID No:			
Address:			
Is the patient in agreement with being referred?			Yes
			No

DETAIL OF THE HEALTH CARE WORKER WHO REFERRED THE PATIENT			
Name of health care worker:			
Name and address of health facility:		Facility Tel No:	

DETAIL OF THE PERSON TO WHOM THE PATIENT WAS REFERRED TO	
Name:	
Position (e.g. social worker):	
Tel No:	

FOLLOW UP / COMMENTS

ACKNOWLEDGEMENTS

- Action on Elder Abuse South Africa
- Department of Health (National, Provincial and District)
- Department Social Development
- South African Geriatrics Society
- South African Gerontology Association
- South African Human Rights Commission
- University of KwaZulu-Natal
- University of Cape Town



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Elder Abuse Screening Tool (EAST) – November 2011