A GLOBAL RESPONSE TO ELDER ABUSE INCLUDING NEGLECT:
BUILDING PRIMARY HEALTH CARE CAPACITY TO DEAL WITH THE
PROBLEM WORLD-WIDE

Report from the focus groups with general practitioners

SPANISH SOCIETY OF GERIATRICS AND GERONTOLOGY

IMSERSO
I. OBJECTIVES AND METHODS

Within the context of the study promoted by the World Health Organization (WHO) and the Center of Interdisciplinary Gerontology (CIG), whose aims are to adapt, culturally and linguistically, the Elder Abuse Suspicion Index (EASI), the purpose of this part of the investigation is to be an instrument that evaluates the acceptance and usefulness of EASI among family physicians in the Spanish cultural context.

As mentioned in the study project, EASI is a brief instrument, with direct questions, asked in normal medical and social history, intended to be formulated in a colloquial type of language, easy to be used with older people without cognitive failure, and applied to obtain a sufficient degree of suspicion, so that it can be recommended to groups with experience in elderly abuse. EASI has not, therefore, been designed to detect the cases, but to obtain a sufficient degree of suspicion of the prevalence of abuse.

This part of the research relates to the evaluation, acceptance and usefulness of EASI according to the family doctors experience, which have carried out a pilot study in 15 to 20 patients during a period of time of a month and a half. Its main purpose is to expect doctors to expound, as the result of their experience, their views, perceptions and suggestions on the EASI.

The quality method employed, always in the line of WHO’s and CIG’s instructions, has been the technique of focus groups. It was used in four groups with the following characteristics:

R. G. N.º 4
Family physicians
Site: Madrid and its metropolitan area
Date: 11th of January, 2006
Number of participants: 9 (the questionnaire was piloted by 12)

R. G. N.º 5
Family physicians
Site: Málaga (Andalucía)
Date: 12th of January, 2006
Number of participants: 6 (the questionnaire was piloted by 11)

R. G. N.º 6
Family physicians
Site: Vilanova y la Geltrú (Barcelona-Cataluña)
Date: 25th of January
Number of participants: 10 (the questionnaire was piloted by 11)

R. G. N.º 7
Family physicians
Site: Badajoz
Date: 25th of January
Number of participants: 5 (the questionnaire was piloted by 9)

All the sessions were tape recorded and transcribed. The fact that in all the groups professionals were absent, although they had showed their interest to participate all
along the process of this project, and they had piloted the questionnaire, was due to professional or family reasons beyond their control.
QUESTION N.° 1. Has anyone provided or facilitated help on any occasion in carrying out any of the following activities: bathing yourself, dressing yourself, doing the shopping, going to the bank, or eating?

If the answer is yes, are there regular problems between you and that person/s?

1.1. How important is this item in detecting elder abuse?

The purpose of this initial question is to “break the ice” between doctor and elderly patients as there is no need of great implication and privacy in the answers; it is a good way to introduce elderly patients in an environment of trust in which next questions can be asked. Seen as a very general question, and formulated to detect if there is a possible dependency, it doesn’t mean that through dependency, a very important risk factor, we are not in fact investigating on abuse suspicion.

“... well, I would say it is important in some way... is an easy question to understand and is very aseptic because you are not inquiring on basic aspects of the person... you are not asking about negligence or psychological abuse... I think it is a good question and I would not change anything in it...

... In fact, this is a question not to detect abuse but to detect dependency...

... It is a way to get prepared to what is going next.

¿TO DETECT A RISK SITUATION?

... Yes...

R. G. n.° 6, Family physicians, Badajoz (Extremadura)

“... It has some importance... in my opinion is a kind of confounding question...

... No, here we are not going to detect abuse because it is not mentioned with the other questions...”

R. G. n.° 7, Family physicians, Vilanova (Cataluña)

The analysis of the questionnaire generates some doubts about the appropriateness of this question, in the sense that it seems that the questionnaire has been from the start conceived to be carried out during medical practice; non-dependent elderly people or at least with high levels of autonomy are seen in outpatients, so, based on this profile, it is reasonable to have doubts if it is appropriate or not to ask about the amount of help received for the basic activities of daily living. Apart from this observation, the importance of knowing if there is some kind of dependency is stressed, since it is a significant risk factor of abuse and ill-treatment.
“The way it is proposed is okay but..., look, I may be wrong or confused. First thing we ask is about needs and they answer no, they say they are independent, we are asking questions to independent people that don’t...

...

... Since there is no specific selection of patients, I didn’t think that people over 65 years old... there was a low suspicious about it... even if I detected some cases... most of them reported they didn’t need any help... they answered “I can manage alone”... the range was 65-80 years old... of course it was a small sample. In this question I didn’t detect anything... anything at all...”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

“... Being the first question it is the most subtle, doesn’t it? But if we think about people who are the target... is a confounding question...
... In fact, this is a question, not to detect abuse, but to detect dependency...”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)

As a conclusion from these comments, this first question is rated as “medium value” to detect abuse suspicion, but it is emphasized as an important tool in the doctor-patient relationship, making easier the pathway for the next four questions.

“RELEVANT: FIVE; IRRELEVANT: ZERO

... I would say two.
... I would give a three.
... Halfway.

HALFWAY.

... A four.

A FOUR, BUT IN ANY CASE… I WOULD SAY...

... Just to break the…”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)
1.2. How do you like the wording of the question? Are there any words that cause problems? What could they be replaced with?

The question is clear; there are no problems with understanding. The medical debate has focused on the need to specify what we mean by “people”. For some, this is a very wide expression and should be more precise (using words like “relatives” or “closed friends”). On the other hand, the advantage of it is that it would help older people to have a wider view and make better answers; some others see this ambiguity as an opportunity to answer with no need to make a personal reference, because it is a hard effort for them to recognize “problems” with these intimate persons, especially when they have to confirm the second part of the question, referred to the existence of “problems between you and this people”. Following this interpretation, it happens also that older people consider that they are not been “helped” because that is part of their son’s traditional role, so it is difficult to know the real situation, beyond stereotypes.

“... I would like to make a comment about what I said before, about specifying if there are relatives or not because I’ve found that they say “no, well, but my son do all the paperwork for me in the bank”. That is, it wasn’t a real help, she thought that if her son or daughter do the shopping is not a help, it is part of their daily role.

... Assumed by a relative, doesn’t it?

... I think it is worth specifying this... if there is any relative or not a relative helping...”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

“... In any case, the word “close” makes doubts in the questionnaire...

... Yes, and it could be also influenced...

...

... Who is going to help you with bathing, dressing and so? If is not someone who lives 4 kilometers away and you call him... usually is someone close to you, a relative or a caregiver... a very close friend or a neighbour whom you trust...

IT IS UNDERSTOOD WE ARE ASKING ABOUT IT.

... Yes, I think so...”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)

Physicians found that elderly persons misunderstood the question in the sense that they thought they were asked if they received help when they needed it. Remember that we detected this interpretation in targeted groups of elderly persons. The expression “provided or facilitated” is probably what makes this confusion since they are verbs that although the meaning is “to have”, they are less common in the usual vocabulary. From this point of view, the verb “to have” is clearest and strongest.
“… Of course, that is not… is not a light bulb turning on, I mean… a red bulb which informs you that the elder person is going well or that when he had a problem he didn’t receive help… that is… logically we can’t say it’s a…”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

THEY GLOBALLY UNDERSTOOD EVERYTHING, TO NEED AND TO HAVE.

... Yes
... Yes
... Yes, many of them answered “no, because I don’t need it”.
... Certainly.
... Exactly…”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)

With regard to the second part of the question, it seems that it was well understood and it didn’t create problems of comprehension or misunderstanding. Moreover, it is the one of the two parts that provides the possibility of suspicion.

“… Well, of course, the second part of the question goes from dependency to a possible presence of abuse, doesn’t it?…”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)

1.3. Is there redundancy within the question?

1.4. Do you think having several issues in one question is too complicated or problematic in any way?

The arguments exposed in the groups with respect to the consequences of including several issues within the same question are more theoretical-conceptual rather than practical. The professionals think that although its length could have some influence in remembering it, the fact of including several activities of daily living does not present difficulties to the elderly person’s comprehension, the difficulty is that being different categories of activities asked as global, the answer does not allow to have a real vision of the degree of possible dependency of the older person. In the presence of this difficulty, the professionals who make these observations propose to make a partition of the question in two, separating basic activities (bathing, dressing, eating, etc.) from instrumental activities (shopping, banking, etc.).

“… I think that bathing, dressing, eating or shopping...

... Are the basic needs...
... Activities which match together the three of them, bathing, dressing, eating, and then outdoors activities, shopping, banking; including the order, bathing, dressing, eating, shopping... I don’t see it necessary to include banking, but anyway, it is also in a context in which they get open... anyway I would like to know other’s opinions...”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)

“... Basically in the first one, I’ve found that the question was too long... perhaps instead of only a single one it would had been better to ask if they receive help with bathing, then another question about dressing, another one about shopping, and specify that it could be from a relative or from someone outside the family environment.

For me this was not a difficulty, what I found when I made the questionnaire is that...

...

... I understand that they are two questions, basic activities of daily living, bathing and dressing, and then, activities like banking, shopping.

... Well, that’s right...

... No, the thing is that there are two questions in one, I also find that it is long. There are two questions, the first one about basic activities of daily living, the other one...”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

“... The question mixes basic activities of daily living with instrumental activities... I would remove “shopping” and “banking” and I would add going to the toilet... I would not mention “provided or facilitated” because that makes the sentence too long and it doesn’t add anything new, I think is better to use one term, “did you need”...”

R. G. n.º 4, Family physicians, Madrid

1.5. Is the wording too long? How might it be rephrased?

In some groups there are people who consider that the question is too long in an unnecessary manner causing elderly persons to forget the beginning of the question and to answer only the last part of the sentence.

“... I’ve found the wording too long; it contains four or five questions in one. Then, when you ask the question to people, as soon as they hear the first “bathing” or “dressing” they answer no or yes. We have to finish the question first and in that case we might create a doubt if they had some difficulty in one activity but not in another...”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)
To avoid this, there are some options:

One way would be to avoid a large sentence. The alternatives are:

- Has anyone helped you with…?
- Do you need help with something?
- Do you need help?
- Do you need help with basic activities of daily living: bathing, dressing, eating?, and with… (Mention here instrumental activities)?

This kind of sentences makes the first part of the question much shorter and could make it easier to recall all the activities mentioned. However, it does create a new problem since the questionnaire pretends to know if they actually receive help rather than if they need it. The inclusion of the verb “to need” forces an additional question about if they “receive it or not”.

The last option also resolves other difficulties such as those previously mentioned which refer to the mixture of different types of activities, basic and instrumental, that do not detect the same degree of possible dependency.

“… In relation with the length of the question, in my opinion it could be shortened, instead of saying “provided or facilitated help”… Has anyone helped you with…?

... It’s too long... I would make that difference... it is more likely to receive help with instrumental activities without asking for it than with basic activities... if we are going to ask the question in outpatients, don’t we?…”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

... Do you need help with the basic activities of daily living?, a question; and another one about instrumental activities.

... No, no, describe the activities.

... Describe for bathing, dressing, eating, and the instrumental ones, shopping, managing with money... I think we are wrong, we are not detecting if they need help, we are trying to see if somebody offered to help them; it could be both things, if they need help and if somebody offered to help them but afterwards abused them. That is, we are not detecting if they need help, we are detecting if someone offers to give them help. It can be valid…”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)
However, from another point of view, some proposals have been made to add a previous question that resolves the subtle aspects of comprehension been mentioned, including a first one to know, from the start, if the older person needs help or not. In fact, the proposal is to subdivide the first question in other two, to be precise and make emphasis, not on the need to clarify in which activities are they dependent, but to know if they are dependent or not, and in case of yes, if this dependency is somehow resolved.

“... I would also formulate it as a first question, if he needs help, asking: Do you need help with bathing, shopping, etc.? And the other one, if he received help or if he had difficulties to find somebody to help him with those activities...

... But I would say that there are two questions in one, the first part of the question is to detect if this person has any degree of dependence; the second part, in case of yes, if his dependency is for basic and instrumental activities, because I think that’s the difference, so the question is: Are you, most of the times, dependent on the same person who helps you? If the first part is to detect dependency, it is much simpler to ask this question.

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

Some people even propose to rephrase the whole question, including all of the basic and instrumental activities, and clarifying what we mean when we talk about “some persons”. The phrase would be: “Has anyone close to you helped you with…” (There is one question for every single activity).

... Has anyone close to you helped you with any of these activities?...

... To summarize: Has anyone helped you with bathing or dressing? (That’s the first question). Has anyone helped you with shopping or banking? (That’s the second question).

... Anyone close to you.

... Close to you.

... And then try with this third, in the case of an affirmative answer to the first two questions: Are there regular problems between you and that person/s?

... This one would be the third choice; yes... it is valid for the previous two ones...

R. G. n.º 7, Family physicians, Vilanova (Cataluña)
QUESTION N.° 2. Has anyone prevented you from obtaining food, clothing, medication, glasses, hearing aid, or medical care, or have they prevented you from being with the people you want to be with?

If the answer is yes, has this happened on more than one occasion?

2.1. In your view, how important is this item in preventing elder abuse?

The question is significant since it tackles an important issue such as the obstruction to the access to basic aspects in human needs. The second part also insists in this issue because is not the same when something similar happens casually due to a mistake or oversight than when the situation repeats itself.

“I would give a five for it.

... Four

FOUR, FIVE.

... I would also give a five

... I would give a four...”

R. G. n.° 6, Family physicians, Badajoz (Extremadura)

2.2. How do you like the wording of the question? Are there any words that cause problems? What could they be replaced with?

The first global impression is that the question is clearly worded and there are no words difficult to understand; nevertheless, there are some comments on two of them in the way that they could be simplified in order to make them closer to common language and, therefore, easier to understand; the words are “prevented”, that could be replaced with “impeded”, and the other one is “obtain”, that could be replaced with “achieve”.

“... I think that if we say: Has anyone impeded... it is easy to understand. Many times I have said: Has anyone prevented... Has anyone prevented you from obtaining food?, but always including the word “prevented”...

...

...Perhaps I used it with people that... I didn’t used it with somebody that I supposed he was not going to understand it. Here the only option, “to achieve” instead of “to obtain”... after all the term “achieve” is maybe the clearest one... replacing “obtain” with “achieve”... is somehow more clear, but again...”
R. G. n.º 6, Family physicians, Badajoz (Extremadura)

The second part of the question, which is the same for the three remaining ones (Has this happened on more than one occasion?), causes some debate on the appropriateness of its wording: how far the expression “more than one occasion” is understandable and concrete enough? Is there any other expression to be used that fulfills these requirements with more certainty? From this point of view, there is a well accepted expression; that is, replacing with “Did you suffer this on more than one occasion?”

“... I’m concerned about if they are going to understand it. I think that they better understand: Did you suffer this on more than one occasion?, rather than: Has this happened on more than one occasion?

DID YOU SUFFER THIS ON MORE THAN ONE OCCASION?

WOULD YOU AGREE WITH THIS EXPRESSION?

... Yes.

... Yes...”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

2.3. Is there redundancy in the question?

2.4. Do you think that having several issues in a same question is too complicated or problematic in any way?

There is no redundancy noticed in this second part, although there are some persons who think that it is not correct to mix commissions or omissions which could be linked to a physical abuse/ill-treat with those linked to a psychological abuse/ill-treat. For these persons, the option would be to divide the question in two, one referred to psychological abuse and the other referred to physical abuse.

“... In my opinion, it must be divided because there are different types of abuse... social isolation, for example, which is a psychological abuse... being with the people you want to be with... this must be differentiated from other situations, like preventing him from obtaining food, clothing, the hearing aid...

Some of them are linked to material aspects and some others to emotional aspects...

...

... It seemed that they were two questions, didn’t they? Because of its length I said it as if they were two questions: Has anyone prevented you from this, from obtaining food, glasses? Yes or no; then: Has anyone prevented you from being with the people you want to be with?... I know that this is clearer than the first one...”
R. G. n° 7, Family physicians, Vilanova (Cataluña)

In the opinion of other professionals, being a questionnaire conceived to detect suspicion, it is not necessary to be so explicit; you only have to detect any possibility and then the suspicion comes. Later, professional services would determine the type of possible abuse. In these cases the question, asked like this, fulfills its objective and as a result there is no need to be more explicit by dividing the question.

“... I don’t think so... we are trying to detect if there is any kind of abuse or not, I mean, it doesn’t matter if the abuse is because of isolation or because you can’t have a new pair of glasses... no, I don’t think it is basic to separate it...”

R. G. n° 7, Family physicians, Vilanova (Cataluña)

2.5. Is the wording too long? How might it be rephrased?

In this second question, like in the others, there is a tendency to think that the shorter and more precise the questions, the better and easier are they understood and answered; nevertheless, it is hard to get the balance because sometimes the fact of being precise limits to have a wider view and, as a consequence, the question reduces its capacity to allow suspicion, which is the target that we must bear in mind. From this perspective, this question is long and somehow complicated because it tackles several different circumstances: social isolation (somebody prevented him from being with people he wanted to be with) and access to basic aspects in life (food, medication, etc.).

“... It is absolutely long. We will start saying that we really don’t know what we are asking about...”

R. G. n° 7, Family physicians, Vilanova (Cataluña)

“... We have to talk about basic aspects, food, medication and clothes; that’s all...”

R. G. n° 3, Family physicians, Badajoz (Extremadura)

As a consequence of the debate about how to formulate this question, there is some interesting controversy about the length of the questions and the length of the questionnaire: if the aim is to have a short questionnaire with less questions, then the questions must be longer, but if the aim is to make the questions short, then the questionnaire must be longer. The most prevalent opinion in this debate is that the questions should be clearer and more precise, although it would mean extending the questionnaire because the whole of it would be more easily understandable by elderly persons.

“... Of course... here the attention goes to this, this and this. As in the first question, if you can concrete it’s easier to answer yes or no.
... Yes, but if we divide it all then we are going to ask twenty or more questions... and it's going to be the same... I think that the final test will be too long.

... Well, in my opinion... it would be clearer. Although the questions are the same.... but, well... written not so long because you are asking the same things.

... I prefer twenty short questions more than ten long questions.

... Yes.

...Yes, for them.

... Yes... it's easier to understand twenty short questions than ten long ones...”

R. G. n.° 7, Family physicians, Vilanova (Cataluña)

QUESTION N.° 3. Have you felt annoyed because someone treated you in a way that made you feel embarrassed or threatened?

If the answer is yes, has this happened on more than one occasion?

3.1. How important is in your opinion this item for detecting elder abuse?

The fact that some medical professionals consider this question as very important is because, in their opinion, it is the only one that tackles the possibility of psychological abuse, or what they express as a subjective perception of abuse. Nevertheless, the key to understand the importance of tackling this aspect is present in the second part of the question, since it is not the same thing to refer this sensation as something common that to refer it as something that happened in one occasion.

“... The last two words are so strong and straightforward...
... For me, this is the most positive question to answer.
... Yes, I think so.
THIS ONE?
... Yes, the reason lies in the last two words.
... Yes.
... They resume all what they are asking about...
...
RELEVANT, NON RELEVANT.

M: No, no... It is totally relevant.
FIVE.
M: Of course.
GIVE A FIVE?
M: Yes.
H: Five.
UNANIMITY
M: Here is the key...”

R. G. n.º 6, Family physicians, Badajoz (Extremadura)

“... If you feel threatened, then there is some sort of a problem...

... Elderly persons and psychological abuse... this is the only question that tackles psychological abuse... I think it is as relevant as the other ones...

...

Yes... due to the number of occasions... arguing with your neighbour, which was a specific argument... we must consider if it was a kind of abuse or not. I think that there is a difference...

... In my opinion the difference is if it’s something sporadic or more common.

... That’s not important... it’s the second part of the question...”

R. G. n.º 7, Family physicians, Vilanova (Cataluña)

3.2. How do you like the wording of the question? Are there any words that cause problems? What could they be replaced with?

Although there are no important problems found within the wording, neither words causing problems in understanding the content of the question, the groups make some comments on the answers from older persons (some of them referred to examples including neighbours, unknown people, etc.), because it is not clearly explained which environment of older persons are we talking about; for this reason some people propose to delimit in a explicit form the environment in which the situations must occur, since the present wording is seen excessively open. As redundancy affects a very close environment, family and/or caregivers, it would be important to make it clear in order to center and specify the question.

“... Yes, I would specify the environment because it is something ambiguous. Besides, has anyone never felt that he was with somebody?... it results excessively open... I would specify it a little bit more...”

...

... Or could be at the beginning of the questionnaire, as we first commented; that is, I will ask them some questions about their life within the last twelve months and all the questions will refer to their closer environment. Some of these questions, as xxxx said, could be delimited. We can also explain, at the beginning of the questionnaire, that we are going to ask some questions about how things are going at home, about their attention, about the things they remember from the last twelve months in relation with
their family, their..., this is the way we define the context... Yes, I think that the question is still a little bit open...”

R. G. n."7, Family physicians, Badajoz (extremadura)

It does not always occur that the environment is not well understood; that is because older persons social relations are significantly and almost exclusively based on their family and on very close persons, and for this reason the tendency is to focus the answers on this setting of reference.

“... People who answered... yes... they talked about their daughter, anyway... they didn’t talk about the fishmonger or about the butcher.

... Yes, I found the same thing...”

R. G. n."7, Family physicians, Badajoz (Extremadura)

The references to clarity in relation with a conceptual content are constant, and answers clearly show the perceptions and situations of discomfort of older persons, either due to objective situations or to the subjectivity of the person.

“... I’ve carried out sixteen or seventeen tests and I didn’t have any problem in this question, and in some occasions they answered yes, and they were by chance a couple... the wife said yes, yes, exactly...”

R. G. n."7, Family physicians, Badajoz (Extremadura)

“... But I think that people understood it...

... Yes.

DID YOU UNDERSTAND IT? SOME PEOPLE SAY THAT THEY DIDN’T UNDERSTAND IT VERY WELL.

What?, better than the other ones, which I had to repeat. Many times I did what xxxx proposed... clothes, food... this way they gave a quicker answer. You don’t have to repeat, do you understand me?...”

R. G. n."6, Family physicians, Vilanova (Cataluña)

3.3. Is there redundancy within the question?

There is, with the use of the verb “to feel”; in fact, this repetition involves the addition of two feelings, one the consequence of the other, and they could be simplified, as some groups propose for the question number 3.5, which the solutions tending to simplify.
“... The term to feel is a little bit redundant.

... Yes.
... Have you felt annoyed because someone treated you...? It could be simplified...”

R. G. n.º 6, Family physicians, Vilanova (Cataluña)

3.4. Do you think that introducing several issues in a same question is too complicated or problematic in any way?

3.5. Is the wording too long? How might it be rephrased?

There are no several issues in a same question that could difficult its comprehension, but some proposals are made to make it easier in order to resolve the problem of the repetition with the verb “to feel”.

“... I agree with the translation... Has anyone made you feel embarrassed or threatened?... that’s all.

... This is the most comprehensive one...it is perhaps the option that produces less problems...

...

... What about this: Has someone treated you in a way that made you feel embarrassed or threatened?..., not to be so direct...

...

... No, no...not “made you feel”... is better to say: Has someone treated you in a way that you felt embarrassed or threatened?, I mean... that you felt ...

R. G. n.º 6, Family physicians, Vilanova (Cataluña)

For instance, some of the proposals are:

“Have you felt annoyed because someone treated you in a way...”. This is a possible option which avoids the repetition of the verb “to feel”.

“Has anyone made you feel embarrassed or threatened...”. This is the shortest and simplest option and it keeps the content and significance.

“Has anyone treated you in any way that made you feel embarrassed or threatened?...”

“Did anyone treat you in any way that made you feel embarrassed or threatened? This option is very similar to the latest one.
Observing these proposals, none of them specify the setting of reference that groups are looking for; that’s why it is so important to define this aspect at the beginning of the questionnaire.

**QUESTION N.° 4. Has anyone forced you to sign documents or to use your money or your possessions against your will?**

If the answer is yes, has this happened on more than one occasion?

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4.1. How important is this item in detecting elder abuse?

The importance of this question is rated with a score of 3-5. It was one of the best rated, but didn’t achieve the best score in the Extremadura region; it did it in the Cataluña region.

“... BETWEEN ZERO AND FIVE.

... Five.

... Five, of course.

... Four.

I would give a four... If I had to choose between four and five I would say four.

OK.

... I give a three...”

R. G. n.° 7, Family physicians, Badajoz (Extremadura)

“... Five.

... Six.

SIX.

... Five, five.

DO YOU AGREE BETWEEN FIVE AND SIX?

... Yes, yes...”

R. G. n.° 6, Family physicians, Vilanova (Cataluña)
4.2. How do you like the wording of the question? Are there any words that cause problems? What could they be replaced with?

The question is very well understood and no problems were found with its comprehension. This could be due to the following factors:

The frequency at which occurs these situations of economical abuse among older persons.

The great importance given by older persons to the economic fact; in this period of their life they receive a small pension and they don’t get extra incomes.

Finally, due to the clarity of the question:

“... I think that it is easy to understand... it is short... it doesn’t have any...

...

... Yes, when we talk about money... older persons know this very well... they don’t have any doubts: yes or no... in any case, perhaps the clearest is...”

R. G. n.o 7, Family physicians, Badajoz (Extremadura)

“... This question is absolutely clear.

... Yes.

... It doesn’t allow different kind of interpretations.

IT DOESN’T ALLOW DIFFERENT KIND OF INTERPRETATIONS

... No.

... DID YOU UNDERSTAND IT?

... Surely.

... Totally.

... Did you understand it...

... Your faces looked like...”

R. G. n.o 6, Family physicians, Vilanova (Cataluña)
For all these reasons, the general opinion is that there is no need to change anything in this question.

“... I think that it is the most direct question.

IS THERE SOMETHING IN THE QUESTION THAT COULD BE ELIMINATED?
... No.

DOCUMENTS, MONEY, BELONGINGS?
... It is perfect...”

R. G. n° 7, Family physicians, Badajoz (Extremadura)

4.3. Is there redundancy within the question?

4.4. Do you think having several issues in one question is too complicated or problematic in any way?

4.5. Is the wording too long? How might it be rephrased?

It must be emphasized that there are no doubts about this question; on the other hand, it is stressed that it is precise, comprehensible and that its content does not cause problems.

“... This is really a specific question...

... Of course, it tackles specific subjects, doesn’t it? Moreover, we could say that the other ones are more ambiguous since they are more generic in all senses, perhaps the second one is too long, but not this one...”

R. G. n° 7, Family physicians, Badajoz (Extremadura)

“... This question is absolutely clear.

Yes...

... It doesn’t allow different kind of interpretations...

...

... It is very well understood...

ABSOLUTELY.

... Yes.

... Yes.
... Yes...

R. G. n.º 6, Family physicians, Vilanova (Cataluña)

One could mention the debate produced in one of the groups in relation with the appropriateness of the second part of the question (Has this happened on more than one occasion?), because if we think about its content... we are asking about forcing somebody to sign documents... it is an abuse in itself, we don’t need to ask if that happened on more than one occasion... its repetition would not mean that the situation is worst.

“... I think it is a serious situation, but the insistence does not make it worse... if they say I am not going to sign, and then the other person insists... the intention is the same... If they say OK, then they sign... and if they don’t, the other person insists... do you understand me? The insistence does not aggravate this situation...”

R. G. n.º 6, Family Physicians, Vilanova (Cataluña)

**QUESTION N.º 5.** Has anyone threatened you or frightened you, touching you in a way that you didn’t like or harming you physically?

If the answer is yes, has this happened on more than one occasion?

5.1. How important is this item in detecting elder abuse?

Professionals consider that this question has a maximum relevance because of its double content, asking about possible physical harm and about the possibility of sexual abuse.

“... I would give a five too.

... I would give a five.

... A three.

THREE, FIVE, FIVE...

... A five...”

R. G. n.º 7, Family physicians, Badajoz (Extremadura)

AGAIN, IRRELEVANT, RELEVANT.

... Five.
5.2. How do you like the wording of the question? Are there any words that cause problems? What could they be replaced with?

There are some problems in the answer of this question because the expression “touching you in a way” produces some kind of distrust, and it basically creates discomfort; it makes both, older persons and doctors, feel embarrassed, the latter when they ask for it and the first ones when they have to answer. In spite of this, some professionals had the opposite experience during the pilot, and they perceived that older persons didn’t see any actual sexual meaning in the question, so they tended to answer only about physical aggressions.

“... In my opinion, if you include the word “sexually” they are not going to understand it.

... Yes, they understand the word “sexually”.

... But if you don’t mention that word... my impression is that they don’t understand the expression “touching you in a way”.

... It should be more explicit...

...

... I didn’t specify it because I felt embarrassed asking it...

... The degree of discomfort increases with the questions, the fourth one is discommoding but the fifth one is very discommoding...”

...

... I think that they understand the question about physical harm, if someone hit them, but I don’t know if they really understand “touching you in a way”...

...

... In my opinion, both options include a sexual content...

...I think that they understood it because they felt especially embarrassed.
... Because they understood that if they experienced any kind of aggression... which is also important and it occurs... it is not only the fact of being hit, the physical harm... there could be some kind of sexual touches...

... And this question...

... I noticed that the patients felt embarrassed when I asked this question...”

R. G. nº 6, Family physicians, Vilanova (Cataluña)

Some proposals are made in order to simplify and concrete its content, making it more explicit. Some of the options are the following:

*Has someone threatened you, frightened you or harmed you physically?* In this option the sexual aspect is excluded.

*Has anybody made to you things that you don’t like?* Some professionals see this option ambiguous and very generic.

*Has anyone touched you in a way that you don’t like?* And afterwards: *Has anyone harmed you physically?* This option propose to separate the question in two, being each part assigned to an aspect (physical harm and sexual abuse), but it would not resolve the ambiguity of the expression “touched you in a way that you don’t like”.

*Has anyone hit you, threatened you or frightened you physically?* And the second part is: *Has anyone abused you or tried to do it?* It is a variant of the previous one. Here we ask, in an explicit way, about the possible sexual abuse.

*Has anyone harmed you physically?* And the second part is: *Has anyone tried to sexually abuse you?* This is a simpler version of the previous one.

*Have you felt physically or sexually threatened on any occasion?* This phrase unifies the question and it resolves the problem of including the sexual aspect in a more explicit way.

“... The concepts are very clear. This is the only question that talks about physical abuse, whatever it is, and we said before that the psychological abuse, etc... This is the only question that tackles physical abuse. Has anyone harmed you physically? That’s the first question, the other one talk about sexual abuse, which is a more important aspect...

*Has anyone tried to sexually abuse you? I see them clearly differedence...*

... I felt that many of them didn’t understand me; they thought that I was asking about if they felt physically harmed so they said to me: What do you mean with this? That is, in my opinion it is not really... I mean, I suppose that they didn’t understand me very well...”
R. G. n.º 7, Family physicians, Vilanova (Cataluña)

“... I would rephrase it... I don’t like it... I have some notes about it. I would start with the physical aspect, I mean: Has anyone harmed you physically? And I would always include “or” (or threatened you or touched you in a way), because we are talking about four aspects, there are four questions in one: threat, fright, physical harm and sexual abuse... I mean...”

R. G. n.º 7, Family physicians, Badajoz (Extremadura)

5.3. Is there redundancy within the question?

5.4. Do you think having several issues in one question is too complicated or problematic in any way?

The aforementioned examples show up the proposals made by persons who consider that it is necessary to divide the question in two parts, that is, to change it into two questions, the first one asking about physical aspects and the second one asking about sexual aspects. The reasons, beyond the possible difficulties to understand the content related with sexual aspects, are to emphasize two key aspects in the field of abuse, since they are very different situations and they cannot be tackled in the same way, although both of them comprise physical themes.

“... I think that we must attach much more importance to this question, because it is very important, doesn’t it? It is more important than we realize and in my opinion it is too much difficult for older persons... So, the solution could be to ask six questions, not five; of course, this one should be divided because we are asking about physical harm, and I think that it is something different to sexual harm...

... I agree with the number of questions... the first one is to “break the ice” and to rule out the existence of any possible handicap or dependency; next one tries to find out if there is any kind of negligence or obstacles to the person; next two ones seem to look for the presence of psychological abuse, if someone treated them in a way that... or if they loosed their power of decision... the question about signing... and finally there is this one asking about physical and sexual abuse, mixing both aspects...”

R. G. n.º 7, Family physicians, Badajoz (Extremadura)

“... This question should be divided in two, physical harm and sexual harm. That’s what I think...

...”

“... If the question were more explicit we would not have to explain it... I would make two questions: Has anyone hit you or threatened or frightened you physically? And the
second part: Has anyone sexually harmed you or tried to do it? Since it is somehow discommoding, it is better to get to the point and to be more explicit…”

R. G. n.º 6, Family physicians, Vilanova (Cataluña)
Once again, as it is exposed in the previous section, some professionals don’t consider the option of dividing the question because this increases the number of questions of the questionnaire, so they prefer to maintain the five questions; nevertheless, from this point of view they still think that it is necessary to rephrase it in order to gain clarity and concretion, the two aspects that are looked for in it.

“… Since we are asking about abuse, five is a good number of questions… it is easier to cope with, but the wording must be changed… in any case, five is a good number…

… Yes, it must be changed…”

R. G. n.º 7, Family physicians, Badajoz (Extremadura)

5.5. Is the wording too long? How might it be rephrased?

It is confirmed that the objectives of most of the proposals about rephrasing were to concrete and clarify both aspects, and also to try to find a shorter phrase by its division in two shorter and more concise questions.

“… Perhaps if it were more explicit we wouldn’t have to explain it… I think that we should ask two questions: Has anyone hit you or threatened you or frightened you physically? And the second part: Has anyone sexually abused you or tried to do it? Since it is somehow discommoding, it is better to get to the point and to be more explicit…”

…

… I would make two questions… two questions, because it is too… I think that it is worth a quick question…”

R. G. n.º 6, Family physicians, Vilanova (Cataluña)
III. CONCLUSIONS OF GROUPS WHICH HAVE PILOTED THE LONG QUESTIONNAIRE (12 QUESTIONS): R. G. N.º 3, MADRID; R. G. N.º 4, MALAGA.

The questionnaire is excessively long and presents difficulties to maintain older person’s attention in outpatient settings, where work pressure on doctors may restrain its use with the required time and calm. Besides, there are problems in the way questions are formulated, very different to the tone usually employed in outpatients. In any case, the questionnaire would have required previous instructions about the objectives, content and dynamics of it. There is a lack of clarity about the times of reference and the frequency of the actions asked for.

With regard to the general tone, opinions on the emotional connotations involved in it are mixed; for some people they are too Anglo-Saxon and are not assimilated by our Latin culture; they even may generate rejection in older people’s answers. Some have found in the tone and core of the formulation of the questions a direct relationship to gender-based violence. This tone is inappropriate to detect elderly abuse, especially when the approach towards this lies on a different philosophy: violence versus abuse.

An important clarification on this point of the tone is the debate generated on the doubt if to remain in the subjective level of “feelings”, using the verb “to feel”, or to move to a more objective and rational level, which references the verb “to believe”. The questionnaire shifts from a level to another, but feelings predominate, which is more real and appropriate to detect abuse.

Following the argument and trying to shorten as much as possible the duration of the questionnaire, leaving only the questions considered to be essential to obtain a “brief” instrument to detect a sufficient degree of suspicion, the groups think that the first question in the long questionnaire “Do you usually feel alone?” doesn’t meet the objectives because of a high degree of ambiguity. It places itself in an indefinable field which lies between reality (he feels alone because he lives alone) and feelings (he feels alone no matter how and with whom he lives). It is not good for finding if social loneliness is present. The answers found were, in general, positive, due precisely to the high degree of ambiguity and, because of this, it is considered of little relevance.

With regard to questions second and third “When you need assistance, do you feel uncomfortable having to ask other people to assist you?” and “Are you, most of the times, dependent on anyone for assistance in the basic activities of daily living?”, there are two complementary positions: those who consider that they should be formulated together converted into a single question, and those who consider that both questions, put together or separated, have no validity because they are excessively ambiguous and generic. The reasons advocated refer to the terms employed in their formulation; inconvenience (and convenience), for example, are not terms that discriminate abuse; both questions are imprecise with regard to the assistance older people request, from family or the community, and even if it is the type of assistance needed. Those who consider the convenience of gathering both questions, think so firstly to shorten the
questionnaire, and secondly to obtain a more precise and appropriate formulation. To meet this last objective it is necessary to enumerate what are the basic activities and only these, to specify what we mean, as some older persons are unable to understand the concept of “basic activities of daily living”. It could be that doctors would enumerate some and some not, and we would then have the question formulated in a different way.

The question that follows presents another kind of difficulties, depending on the various interpretations of the expression “has anyone prevented your access”, where in cases there can be family or community reasons, for instance, or reasons of a different kind, such as economical. Furthermore, this question has been considered to be too long if the elements are enumerated one by one.

The formulation of the fifth question presents difficulties of a various type. It is a long, very long question and, besides, it inquires on different subjects, has repetitive words and uses too many adjectives to describe different degrees of states of mood, feelings, etc. It is the clearest example of how not to formulate questions in this type of questionnaire. One way to make the question shorter and more precise, which has had good acceptance, would be: “has anyone next to you made you feel uncomfortable in his approach...?”

In these groups, even after the pilot of a long questionnaire, criticisms have arisen with regard to questions mixing subjects of various kinds in the same formulation. As an example, here are some criticisms to question number 6: “Have you ever felt that a person next to you was taking advantage of you, or preventing you from taking the necessary steps for your wellbeing, or making obstacles to contact people that you wanted to?”. The tendency should be to give precedence for the summing up the subjects in every question, even if this meant the suppression of some of the aspects and subjects that, on the other hand, could be repetitive (for instance, in this question it is repetitive to say “preventing you from taking the necessary steps for your wellbeing”, and also the first part of it “was taking advantage of you”, which could be added to the next question, of a financial aspect, although the term has a wider reference to time, work and money). The proposition is the need for finding a good formula that asks directly for the subject of “personal autonomy”, and binds it to that of “taking advantage”, in a wider range of meanings, that is, to unify 6, 7 or 8 into a single one. In other words: to simplify and shorten the questionnaire.

A similar debate arose in relation to the last two questions in groups that have used the short questionnaire: if to separate, or to join, subjects of a different sort: sexual abuse and physical abuse. The inconvenience of separating them is that the sexual subject is better answered when added to the physical subject, because it involves more lightness; to explore the sexual field becomes more complicated and can give to reticence. In any case, more clarity and precision helps to its understanding and may ease the answers, adjusted to the vital reality of the older person.
IV. CONCLUSIONS

The questionnaire was considered to be a very useful tool for General Practice. Physicians in this area are not accustomed to work with the subject of elderly abuse and they do not know how to approach it. In spite of some difficulties inherent in it, the availability of this type of questionnaire is taken in a very positive way.

Before a deep analysis of all the questions of the questionnaire is made, one appreciates some difficulties; one refers to the definition of the type of addressees and another to the best possible place for its use in older persons. With regard to the addressees, two comments have to be made. First, it is difficult to apply the questionnaire “to everyone”, because dependent elderly people —where risk of abuse is greater— do not come alone to outpatients, but in company, and depending on the way we deal with this there may be a bias. Secondly, to employ the questionnaire in outpatients is also a bit of a problem. The practice room is usually overloaded and going throughout the questionnaire requires time; to do it in a domiciliary visit does not seem to be the best solution, because there may be relatives around; it would only be indicated in the case of a dependent elderly unable to displace himself to out patients.

The general impression is that the questionnaire has had a very well welcome from older people, in spite of the fact that it deepens in some intimate and personal aspects of their lives. These aspects, in general, are not usually approached in the normal doctor-patient relationship.

It seems that there is a lack of a greater precision explaining the general settings and backgrounds of the questionnaire. It would had been useful to have had at hand an introductory paragraph clearly establishing to whom we are going to refer in our five questions, so to avoid answers on neighbours, unknown people on the street, etc. To say “someone” or “any people” is too generic and vague. Propositions from the groups emphasize that more clarity should be used, saying “somebody next to you, in your family/a proxy or a nearby person/someone trusted by you…”, so that older people are presented with a clearer and more precise situation. To say “someone” or “any people” are vague terms and may induce confusing answers. Nevertheless, there are some people who consider best to leave this reference “open” and do not make more precisions, permitting a wider range of situations and possibilities. This is, really, what we are in fact trying to find out, because the possibility of abuse may take place in very different circles.

A recurring subject, which is due to the way the project was outlined (requesting to evaluate the dimension of every question), is the one related to the preference of long versus short formulations. In the face of this, positions are not always coincident. It depends on the various circumstances and, as a matter of fact, on the nature of the content of every question. Generally speaking, it seems that short and precise questions work better than wider ones and better than those with a “narrative” type of wording. Even though the first model produces longer questionnaires, and that in some cases it can be difficult to maintain older people’s attention, the opposite (longer and narrative
formulation of the questions) may make the older person to find herself lost from the beginning to the end in a same question. Both results have been observed in the essays.

It appears that doctors seem to encounter difficulties understanding what the objectives of the questionnaire are, that is, “to obtain a sufficient degree of suspicion of elderly abuse”. On this respect several opinions were raised on the questionnaire, which surely would not have been expressed if the objectives were understood. It is therefore important to expect that some guidelines or a manual are issued along with the questionnaire, with the aim of explaining to professionals that the questionnaire is not made for detecting or quantifying the abuse, but “to obtain a sufficient degree of suspicion”. It would help if questions were accompanied by commentaries on their meaning to avoid false interpretations. The present recommendation follows because different interpretations for a same question have been detected. This would not be of a greater importance except when, at times, doctors need to “explain” to the older person the meaning and the reasons of the questioning, because she did not understood them. In these cases, nuances in the interpretations can change both, the meaning of the questions and the meaning of answers.