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Look Closer – See Me

*What do you see, nurses, what do you see?
Are you thinking when you are looking at me —
A crabby old woman, not very wise,
Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply
When you say in a loud voice, “I do wish you’d try.”
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe.
Who unresisting or not, lets you do as you will,
With bathing and feeding, the long day to fill.
Is that what you are thinking; is that what you see?
Then open your eyes, nurse, **YOU’RE NOT LOOKING AT ME!**
I’ll tell you who I am, as I sit here so still,
As I live at your bidding, as I eat at your will,
I’m a small child of ten with a father and mother;
Brother and sisters, who love one another;
A young girl of sixteen with wings on her feet,
Dreaming that soon now a lover she’ll meet;
A bride soon at twenty – my heart gives a leap,
Remembering the vows that I promise to keep;
At twenty-five now I have young of my own;
Who need me to build a secure, happy home.
A woman at thirty, my young now grow fast;
Bound to each other with ties that should last.*

*At forty, my young sons have grown and have gone,
But my man's beside me to see I don't mourn.
At fifty once more babies play 'round my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are still rearing young of their own,
And I think of the years and the love that I've known.
I'm an old woman now and nature is cruel –
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigor depart,
There is now a stone where I once had a heart.
But inside this old carcass a young girl still dwells.
And now and again my battered heart swells,
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years all too few — gone too fast;
And accept the stark fact that nothing can last.
So open your eyes, nurses, open and see,
Not a crabby old woman — look closer — SEE ME.*

This poem is written by an unknown elderly woman before she died in a geriatric hospital in Scotland. A nurse found the poem while going through her possessions after her death. But they did not bother to remember her name.

Introduction



Most families respond in caring and positive ways to the dependent elder in the family, and do not abuse or neglect them in any way. Some families even exhibit creativity, compassion and heroism in their management of the dependent elderly family members. However, this does not mean that elder abuse and neglect does not occur in our society.

Many researchers believe that elder abuse is the most underreported type of family violence. The reasons for this vary but include fear of, dependency on, and / or loyalty to the abuser, as well as shame, denial, confusion, senility and other factors.

Singapore is facing an aging population, and as the elderly population increases in size, there is concern that more cases of elder abuse and neglect may surface.

This publication provides a basic understanding of various forms of elder abuse and neglect, its signs and symptoms, profile of abusers and victims and how to begin helping and supporting the elderly and the family in their area of need.

As Singaporeans become more aware and open to discuss the challenges in caring for the elderly, it is hoped that this booklet will help professionals and service providers better prepare themselves to help our elderly age with dignity and respect.

What is *Elder Abuse* and *Neglect* ?

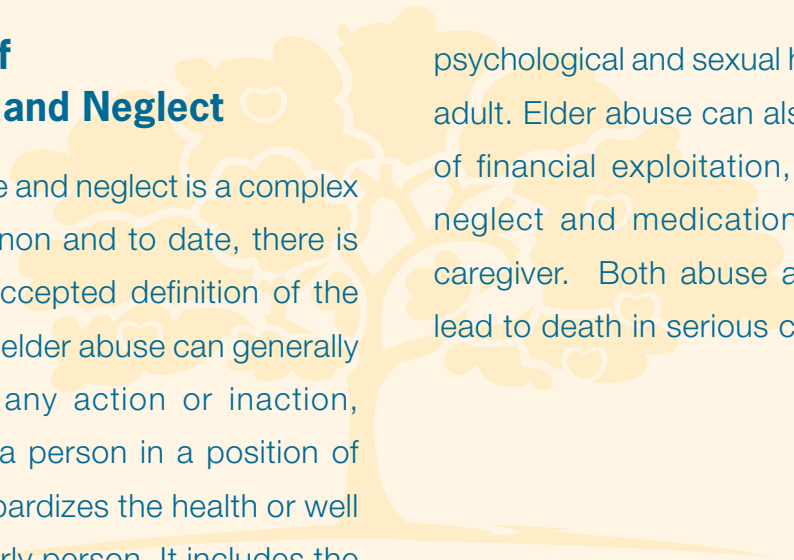


Sometimes also known as “granny bashing”, elder abuse refers to physical, emotional, psychological and sexual abuse; neglect; abandonment; as well as financial abuse and exploitation of an older person.

Definitions of Elder Abuse and Neglect

Elder abuse and neglect is a complex phenomenon and to date, there is no universally accepted definition of the term. However, elder abuse can generally be defined as any action or inaction, perpetrated by a person in a position of trust, which jeopardizes the health or well being of an elderly person. It includes the infliction of physical, emotional or

psychological and sexual harm on an elder adult. Elder abuse can also take the form of financial exploitation, abandonment, neglect and medication abuse by the caregiver. Both abuse and neglect can lead to death in serious circumstances.



Dimensions of Elder Abuse and Neglect

The five main dimensions of elder mistreatment may be broadly classified as follows:

PHYSICAL

Infliction of physical pain and injury. This includes direct, aggressive behaviours such as bodily assault, torture, physical confinement and sexual abuse.

PSYCHOLOGICAL

Verbal aggression such as intimidation, humiliation, making unreasonable demands and deliberate ignoring. This includes actions that cause fear of violence, isolation or deprivation, feelings of shame, harassment, threat and insults.

NEGLECT

Deliberate refusal to meet basic needs ie failure to provide food, shelter, clothing, medical care and financial support.

ABANDONMENT

Deliberate attempt to desert elderly person.

FINANCIAL

Exploitation and / or misuse of funds or resources. It includes misappropriation of money, valuables or property.

Theories of Elder Abuse and Neglect

Many explanations have been developed to account for the existence of elder abuse and neglect. These theories focus on different aspects of the phenomenon, ranging from the individual characteristics of the abused or abuser to the structural features of the society in which they are located. The following is a review of the key theories, highlighting the focus and factors associated with the phenomenon of mistreatment.

PATHOLOGY MODEL

Focus :

The disturbed individual with a history of sociopathic behaviour, who is now involved in a caring role, but lacks the skills or resources to maintain this responsibility adequately.

Factors :

Degree of pathology of the caregiver (e.g. social status, mental health status and any addiction to alcohol or drugs).

SITUATIONAL MODEL

Focus :

The way in which the dependency of the elder causes stress for the abuser.

Factors :

- 1) Elder-related factors (e.g. physical and emotional dependency, 'difficult' personality and poor health);
- 2) Caregiver-related factors (e.g. life crisis and 'burnout'); and
- 3) Structural factors (e.g. emotional strains, social isolation and environmental problems).

SOCIAL EXCHANGE THEORY

Focus :

The degree of dependency in the relationships. The greater the degree of dependency, the higher the chance of abuse, since the abuser has greater control and power over the older person.

Factors :

- 1) The availability of resources or alternative solutions; and
- 2) Use or misuse of power relationship (economically, socially or emotionally).

SYMBOLIC INTERACTIONIST THEORY

Focus :

- 1) The recurring interactions within families, social groups or institutions. The more

imbalanced the relationship, the higher the chance of abuse;

- 2) How individuals perceive, adapt and respond to old age. The more negative the perception, the higher the chance of abuse.

Factors :

- 1) Quality of power relationship;
- 2) Perceptions of individuals of old age; and
- 3) Any discrepancy in expectations between two parties.

SOCIAL LEARNING THEORY

Focus :

Violent behaviour is learned within the family and is passed down from one generation to

the next. This theory holds that children who witness violent aggression by their parents against the grandparents will grow up and react to their parents in the same manner.

Factors :

Types of behaviour learned in the family.

ECOLOGICAL THEORIES

Focus :

Abusive situations may arise if families face limitations due to lack of community resources. Risk of violence occurring is seen as being highest when family functioning is also limited by developmental problems of the family member.

Factors :

1) Availability of resources or support in the community; and

2) Any pre-existing problems of the individual (e.g. intellectual disability and physical disability).

SOCIAL CONSTRUCTION OF OLD AGE

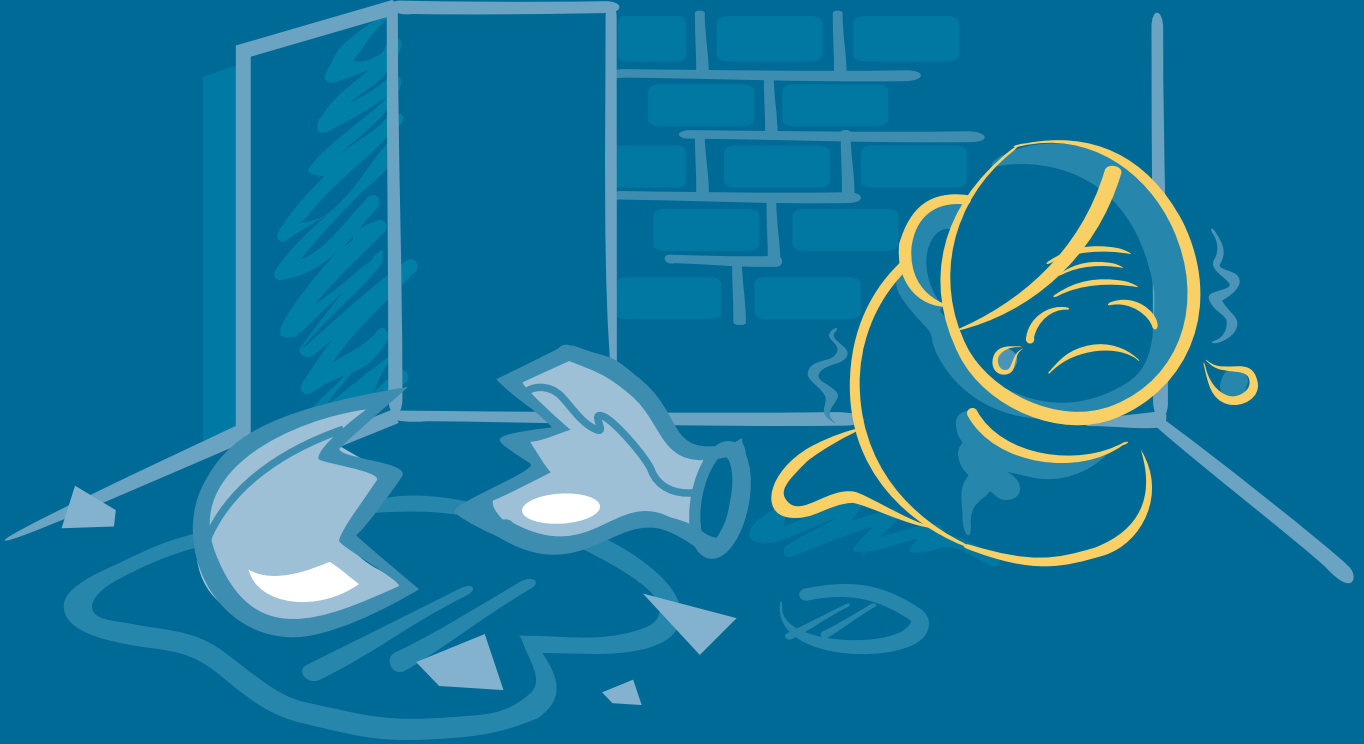
Focus :

The impact of society on the lives of old people, both within the family and within family settings.

Factors :

Attitudes and perceptions of the society against old age - positive or discrimination / marginalisation of elderly.

Who are the *Abusers* and *Victims*?



Elder abuse is usually a reflection of frustration felt by the abuser (as well as the abused) due to the reversal of dependency roles, stresses related to the burden placed on the caregiver and financial needs or dependency by the offenders or victim. Also seen as a factor in elder abuse is the older person's weakening of power and influence in decision making within the family.

Characteristics of Elder Abuse Victims

Many victims of elder abuse and neglect tend to minimise or deny the mistreatment they are suffering. Some do this out of fear of rejection and disruption of their lives; some out of pride, embarrassment or shame; some out of concern about their family's privacy and some out of concern that legal action might be taken against the alleged abuser. Others feel that they deserve the mistreatment and resign to it fatalistically. For the mentally infirm, they may not even be able to report abuse.

Elderly abuse victims are typically characterised as being:

- **Vulnerable**
- **Exploitable**
- **Socially isolated**
- **Physically / Cognitively impaired**
- **Have thwarted many attempts for help in the past**
- **Ready to adopt a dependent role – be it economically, physically, socially or emotionally**

Characterising Elder Abusers

Elder abusers can be anyone inside or outside the family and may involve multiple offenders. Most elderly victims are abused by caregivers or relatives, with adult children and spouse believed to be the most frequent abusers. Alleged abusers tend to rationalise and justify their actions and deny that they have inflicted harm on the aged victim. They often find excuses for their behaviour, blaming it mainly on the victim for provoking them or claiming that they have “lost control”.

Abusers of elders tend to have the following characteristics:

- **Stress**
- **Social isolation**
- **History of family violence**

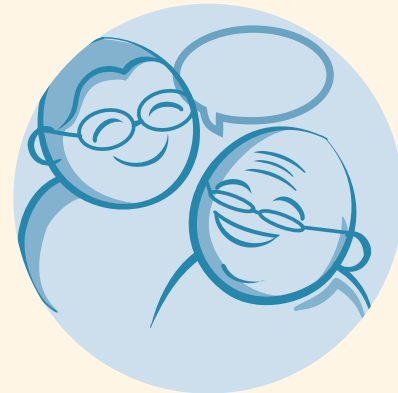
- **Alcohol and / or drug addiction**
- **Poor communication between parties**
- **Mental illnesses / Mental health problems**
- **Financial dependency on the elderly victim**



Elder-related Risk Factors

Elderly who exhibit these factors are at higher risk of abuse:

- 1) Those with chronic progressive disabling illnesses that impair function and create care needs that exceed or will exceed their caregiver's ability to meet them, such as dementia, Parkinson's disease, severe arthritis (osteopathic and rheumatoid), severe cardiac disease, severe chronic obstructive pulmonary disease (e.g. chronic bronchitis or emphysema), adult-onset diabetes mellitus (AODM) and recurrent strokes.
- 2) Those with progressive impairments who are without informal support from family or neighbours, or whose caregivers manifest signs of 'burnout'.
- 3) Those with a personal history of substance abuse or violent behaviour, or a family member with the same history.
- 4) Those with family members who are financially dependent on them.
- 5) Those whose caregivers are under sudden increased stress due, for example, to loss of a job, health or spouse.



How are Elderly Persons *Protected Under the Law* ?



Service providers who understand the legal options available to their clients will be able to serve those clients expeditiously and efficiently. They can help clients to understand the legal options available or even be an advocate for them.

As a last resort, the elderly can seek recourse against abuse through legislation. *The Women's Charter* protects the elderly (whether male or female) against family violence. They can apply for a Protection Order from the Family Court to restrain the abuser from using violence. The *Maintenance of Parents Act* allows the elderly to seek maintenance from their children if they are unable to provide for themselves.

Where the injury is serious such as through the use of a weapon, or where there is financial abuse, the *Penal Code* can be applied. In situations where the elderly is of unsound mind, any person related by blood or marriage to the elderly, can apply to the Court to manage the elderly and his affairs through the *Mental Disorder and Treatment Act*.

A synopsis of the various legislation is provided in the Table:

<i>Family Violence</i>	
LEGISLATION	COVERAGE
<p><u>Women's Charter</u> (Chapter 353)</p> <p>Section 64</p>	<p><i>Family violence</i> means:</p> <ul style="list-style-type: none"> (a) Wilfully or knowingly placing, or attempting to place, a family member in fear of hurt; (b) causing hurt to a family member by such act which is known or ought to have been known would result in hurt; (c) wrongfully confining or restraining a family member against his will; or (d) causing continual harassment with intent to cause or knowing that it is likely to cause anguish to a family member, but does not include any force lawfully used in self-defence.

LEGISLATION	COVERAGE
<p>Section 65</p>	<p>Family member means:</p> <ul style="list-style-type: none">(a) a spouse or former spouse;(b) a child of the person including an adopted child and a step-child;(c) a father or mother of the person;(d) a father-in-law or mother-in-law of the person;(e) a brother or sister of the person; and(f) a relative or incapacitated person who in the opinion of the Court should be regarded as a family member. <p>A family member as defined in the above section, can apply for a Protection Order.</p> <p>If the Court is satisfied that family violence has been committed or the victim is at risk of family violence, the Court may issue a</p>

LEGISLATION	COVERAGE
	<p data-bbox="635 255 1457 415"><i>Protection Order</i> to restrain the abuser from using family violence. The <i>Expedited Order</i> is given when the Court is satisfied that there is imminent danger of family violence being committed.</p> <p data-bbox="635 477 1457 549">Along with the Protection Order, the Court may also make the following orders:</p> <ul data-bbox="635 589 1457 947" style="list-style-type: none"><li data-bbox="635 589 1457 790">(a) <i>Domestic Exclusion Order</i> which grants the right of exclusive occupation of the shared residence or a specified part of the shared residence to any protected person by excluding the abuser from the shared residence or specified part; and<li data-bbox="635 829 1457 947">(b) <i>Counselling Order</i> which refers the abuser or the protected person or both, or their children to attend counselling.

Maintenance

LEGISLATION

Maintenance of Parents Act
(Chapter 167B)

COVERAGE

Any person domiciled and resident in Singapore, 60 years and above, and unable to maintain himself adequately can claim maintenance from their children, who are capable of supporting him but are not doing so. He may apply to the Tribunal for *an order of maintenance*.

A person below 60 years may also apply if the Tribunal is satisfied that he is suffering from infirmity of mind or body or for other special reason which prevents him or makes it difficult for him to maintain himself.

Causing Hurt, Wrongful Restraint / Confinement

LEGISLATION	COVERAGE
<p><u>Penal Code</u> (Chapter 224)</p> <p>Section 304A</p>	<p><i>Deals with any rash or negligent act not amounting to culpable homicide.</i></p>
<p>Section 323</p>	<p><i>Voluntarily causing hurt, whereby hurt is defined as bodily pain, disease or infirmity.</i></p>
<p>Section 324</p>	<p><i>Voluntarily causing hurt by dangerous weapons or means.</i></p>

LEGISLATION	COVERAGE
<p>Section 325</p>	<p><i>Voluntarily causing grievous hurt, whereby grievous hurt is defined as permanent privation of the sight of either eye or of the hearing of either ear, privation of any member / joint, destruction / permanent impairing of the powers of any member / joint, permanent disfiguration of the head / face, fracture / dislocation of a bone, emasculation, or any hurt which endangers life or which cause the sufferer to be, during the space of 20 days, in severely bodily pain, or unable to follow his ordinary pursuits.</i></p>
<p>Section 327</p>	<p><i>Voluntarily causing hurt / grievous hurt to a person for the purpose of extorting property or for constraining the sufferer to an illegal act.</i></p>
<p>Section 328</p>	<p><i>Causing hurt by means of poison with the intent to commit an offence.</i></p>

LEGISLATION	COVERAGE
Section 330	<i>Voluntarily causing hurt for the purpose of extorting from the sufferer any confession or compelling the restoration of any property.</i>
Section 336	Rash / Negligent act which <i>endangers human life or the personal safety of others.</i>
Section 339	Deals with crime of <i>wrongful restraint</i> , which is defined as voluntarily obstructing any person, so as to prevent that person from proceeding in any direction in which that person has a right to proceed.
Section 340	<i>Wrongful confinement</i> , which is defined as wrongfully restraining any person in such a manner as to prevent that person from proceeding beyond certain circumscribing limits.

Cheating / Fraudulent Deeds

LEGISLATION	COVERAGE
<p><u>Penal Code</u> (Chapter 224)</p> <p>Section 415</p>	<p><i>Cheating.</i> Whoever, by deceiving any person, fraudulently or dishonestly induces the person so deceived to deliver any property to any person, or to consent that any person shall retain any property, or intentionally induces the person so deceived to do or omit to do anything which he would not do or omit if he were not so deceived, and which act or omission causes or is likely to cause damage or harm to that person in body, mind, reputation or property.</p>
<p>Section 416</p>	<p><i>Cheating by personation,</i> whereby a person is said to cheat by pretending to be some other person, or by knowingly substituting one person for another, or representing that he or any other person is a person other than he or such other person really is.</p>

LEGISLATION	COVERAGE
Section 420	<p><i>Cheating and dishonestly inducing a delivery of property.</i> Whoever cheats and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or destroy the whole or any part of a valuable security, or anything which is signed or sealed, and which is capable of being converted into a valuable security.</p>
Section 423	<p><i>Dishonest or fraudulent execution of deed of transfer containing a false statement of consideration.</i> Whoever dishonestly or fraudulently signs, executes, or becomes a party to any deed or instrument which purports to transfer or subject to any charge any property, or any interest therein, and which contains any false statement relating to the consideration for such transfer or charge, or relating to the person or persons for whose use or benefit it is really intended to operate.</p>

Mental Disorder

LEGISLATION

Mental Disorders and Treatment Act
(Chapter 178)
Section 9(1)

COVERAGE

If the Court finds that the person is of unsound mind and incapable of managing himself and his affairs, the Court may appoint a *committee / committees of the person and estate of such person*, to manage him and his affairs.

If the Court finds that the person is incapable of managing his affairs but is not dangerous to himself or others, the Court may only appoint a *committee / committees of his estate*.

How to **Recognise and Assess Signs and Symptoms?**



We must be alert to signs of abuse. The most common presentations of elder abuse and neglect usually involve combinations of symptoms and signs. Detecting elder mistreatment requires us to accept the existence, recognise the forms of abuse and be alert for indicators and clues. If not, we will not be able to “see” abuse and neglect.

Recognition and Assessment of Abuse Signs and Symptoms

The various types of elder abuse and neglect have their own indicators. However, the physiological changes that can occur in aging and disease create difficulties in the recognition and assessment procedures. The assessment procedure for a possibly abused elder must be as holistic as possible. Purely physical signs should be interpreted with great caution and professional opinion and assessment should be sought.

The following are features that should alert the service providers:

- A long delay in reporting or not reporting the injury / illness and seeking medical attention
- A story of an elder being ‘accident prone’
- Histories of previous injuries, untreated old injuries, and multiple injuries especially at various stages of healing
- Inappropriate injuries

- Discrepancy between any injury and the history provided
- Conflicting stories or denial from the elder and caregiver
- Bizarre, vague, implausible or inappropriate explanation by either party
- The caregiver has an attitude of indifference or anger towards the elder
- The elder is not given the opportunity to speak for himself / herself or to see others without the presence of the caregiver
- The caregiver withholds security and affection from the elder, or teases him / her in cruel ways, or uses nursing home placement as a threat
- A flirtation or coyness between the elder and caregiver which may indicate a possible inappropriate sexual relationship
- Insistence from the elder that an injury is severe when no injury exists (presumably as a way of getting professional help)
- Repeat attendance of the elder to Accident & Emergency Departments or clinics
- The functionally impaired elder arrives without the main caregiver present

Indicators of possible neglect / inadequate care:

- Unexplained abrasions
- Body odour
- Dehydration
- Unexplained fractures
- Unexplained sprains
- Malnutrition

- Poor hygiene
- Unexplained rashes
- Overgrown nails
- Deprivational behaviour of elderly person
- Soiled / inappropriate clothing
- Misuse of medication / over-sedation
- Unattended medical needs / physical problems
- Pressure sores
- Lost or non-functioning aides (e.g. glasses)
- Poor maintenance of house
- Consistent lack of supervision, especially in dangerous activities or for long periods

Indicators of possible psychological abuse:

- Anxiety
- Aggression
- Agitation
- Ambivalence
- Confusion
- Cowering
- Depression
- Drug / alcohol abuse
- Headaches, chest pain, palpitation
- “Nervous breakdown”
- Neurotic traits (e.g. sleep disorders)
- Non-responsiveness

- Restlessness
- Social withdrawal or isolation
- Suicidal behaviour / tendency
- Psychoneurotic behaviour (e.g. hysteria, obsession, hoarding food)
- Isolation of the elder from his family or relatives by the caregiver, saying that they do not care about him / her

Indicators of possible financial abuse:



- Blocked access to property
- A disparity between elder's assets and living conditions
- Unexplained withdrawal of money from elder's account
- Signing of documents without the elder person understanding what they mean
- Unusual activities in bank account (e.g. bank statements no longer come to the elder's house)
- An unusual interest by family members in the elder's assets
- An implausible explanation on the elder's finances by the caregiver, elder or both
- Caregiver has no visible financial support
- Caregiver refuses to spend money on the care of the elder
- A promise to care for the elder in exchange of the elder's property and monies to the caregiver, but a failure to do so

Indicators of possible physical abuse not shared with neglect:

- **Evidence of non-accidental past injuries**
 - Deformities
 - Contractures resulting from restraint / delay in seeking treatment
 - Dislocation, pain, tenderness and swelling
- **Unexplained bruises and welts:**
 - Face, lips and mouth
 - Torso, back, buttocks, thighs
 - Bite and teeth marks
 - Clustered, forming regular patterns
 - Reflecting shape of article used (e.g. cords, buckle, belt)

- In various stages of healing
- On several different surface areas
- Regularly appear after absence, weekend or holidays

- **Unexplained burns:**

- Cigar, cigarette, especially on soles, palms, back or buttocks
- Immersion burns (sock-like on feet, glove-like on hands, doughnut shaped on buttocks or genitalia)
- Patterned like electric burner, iron, etc
- Rope burns on arms, legs, neck or torso

- **Unexplained fractures:**

- To skull, nose, facial structure
- In various stages of healing
- Multiple breaks or spinal fractures

- **Unexplained hair loss**
 - Haemorrhaging beneath scalp
 - Possible hair pulling, by self or other
 - Possible evidence of underlying severe head injury
- **Unexplained lacerations or abrasions:**
 - Injuries to mouth, lips, gums or eyes
 - To external genitalia
- **Sexual abuse:**
 - Difficulty in walking or sitting
 - Torn, stained or bloody underclothing
 - Pain or itching in the genital or urinary area
 - Scarring, bruises or bleeding in external genitalia, vaginal or anal areas
- Any newly acquired sexually transmitted disease
- Unexpected reluctance to cooperate with toileting and physical examination of genitalia
- History of the abuser denying access to the elderly person or having a history of sexual offending.

How to *Help* and When to *Refer*?



Sensitivity and supportive concern are crucial to helping both the abused and abusers. However, in crisis, the safety of the abused should be of the primary focus.

Interviewing the Elderly

This may require several meetings as victims of abuse are likely to minimise or deny the mistreatment they are suffering out of fear, shame or concern that legal action might be taken against the alleged abuser. Hence, take time to establish rapport and trust with the elderly and approach the subject gently and sensitively. If the elderly is mentally infirm, refer him / her to a psycho-geriatrician for assessment.

The following 5Ps are key interview techniques you can use:

PRIVACY

Interview the elderly and caregiver separately in a private area or a special interview room, where there is minimum chance of being interrupted or eavesdropped on. Respect the confidentiality of the elderly by not openly discussing the case with other people who do not need to know about it.

PACING

The interview should be evenly paced. The elderly should not be rushed, even when they diverge from important questions. The interviewer should have ample time for the task, with no telephone or other interruptions, and be prepared for emotionally disturbing periods which may require brief breaks to regain composure.

PLANNING

There should be a ready set list of questions (some suggestions can be found in the next paragraph) and procedures for the interviewer to work through. The underlying point is that there should be a goal for each interview.

PITCH

A steady voice tone and attitude to impart trust and confidence.

PUNCTUALITY

It is important to arrive promptly when meeting the elderly. This indicates to them that they are ‘worthy’ of professional time and punctuality.

Information Gathering

As far as possible only pertinent and appropriate information should be collected. Progress from general to specific questions and do not blame or confront the elderly and caregiver. Be prepared to stop the interview if you are not able to handle the situation. The important areas of information include

- (i) cognitive, health, functional and emotional status of the elderly;
 - (ii) stresses and support available to the elderly; and
 - (iii) types, frequency and severity of abuse.
- **Cognitive Status**
Ascertain the elderly's mental status before asking questions. Mentally competent

people can get irritated when having their memory assessed, but failure to assess memory can lead to great difficulties later. For instance, can the elderly understand the risks and consequences of his / her decisions?

- **Health Status**

Ask if the elderly has any medical problems which would limit their self-care. Is the explanation for any suspicious conditions or injuries consistent with medical findings? Explore the elderly's expectations about care, getting information on alcohol problems, drug use / abuse, illnesses and behaviour problems within the household or family members.

- **Functional Status**

Enquire about a typical day, which naturally leads into a verbal assessment of the ability

of the elderly to perform daily living activities. This may need to be very detailed, giving both the elderly and caregiver an opportunity to describe their perceived and actual difficulties.

- ***Emotional Status***

Some effects of victimization may include depression, fear, withdrawal, confusion, anxiety, low self-esteem, helplessness, shame and guilt. Observe the elderly's nonverbal behaviour (eg no eye contact, expressionless) and ask whether they are happy at home, and whether they have experienced any changes in mood, sleep or eating patterns.

- ***Stresses***

External factors such as unemployment, financial difficulties, marriage / divorce,

household addition, death and arrest may create tension which may lead to mistreatment. Ask what causes tension at home and how conflicts are resolved. Get information on recent major events in the family.

- ***Social Support***

Victims are often socially isolated as abusers may attempt to limit or monitor their contacts with others. Enquire about the availability of social resources where the elderly and his / her family can tap on for support such as neighbours, relatives and friends.

- ***Abuse & Neglect Status***

The concern is with the frequency, severity and intent of the abuse. Let the elderly know that such questions are routine

because there are families that experience this problem but do not know where to go for help. Some examples of direct questions that may be asked are:

- Are you afraid of anyone? Has anyone ever hurt you?
- Has anyone ever threatened you?
- Has anyone confined you at home against your will?
- Has anyone ever forced you to do things you did not want to?
- Has anyone ever refused to provide you with food or medication?
- Has anyone ever taken anything from you without your permission?

Referral and Support

If you suspect that there are concerns about the well-being of the elderly or family violence has occurred, you may choose the following options:

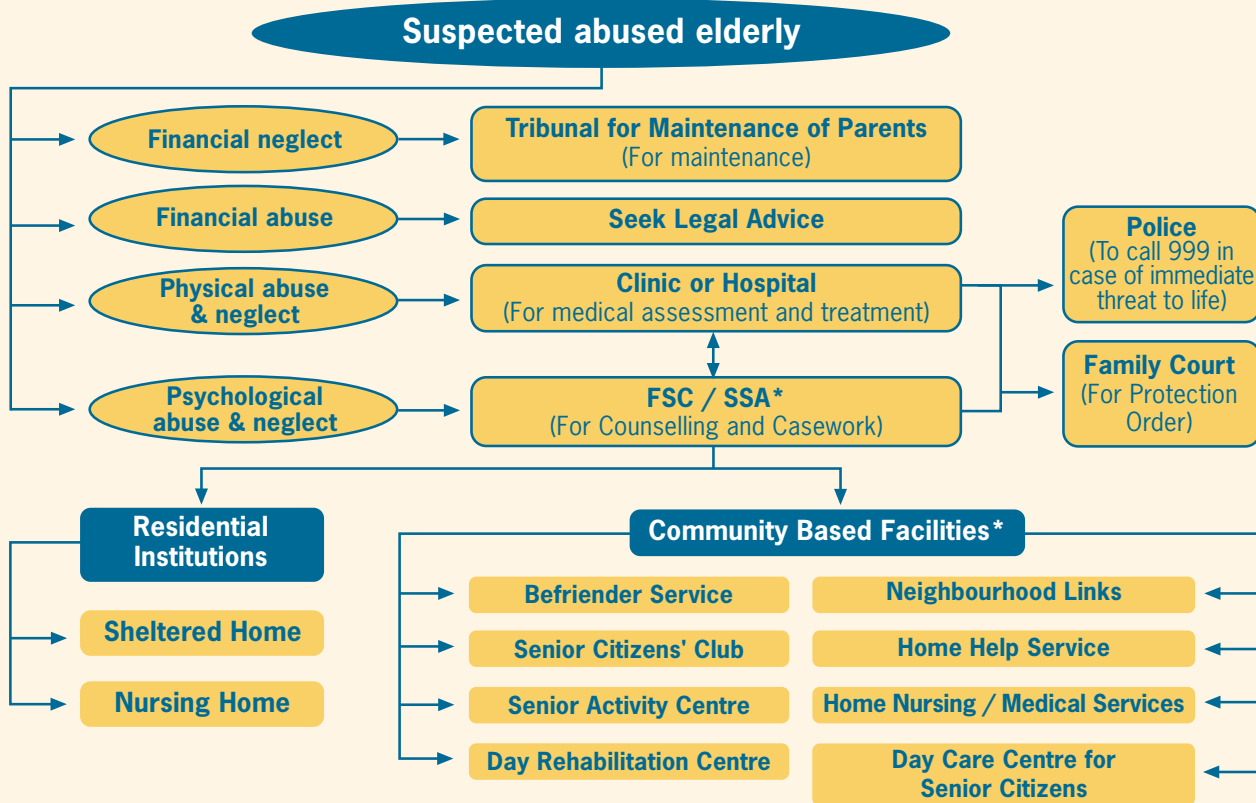
- (a)** refer the elderly and caregiver to community-based services (see Figure 1) to address caregiving issues such as day care centres;
- (b)** refer the elderly to the hospital or clinic for medical attention;
- (c)** refer the elderly to a social worker at the Family Service Centre (FSC) for counselling and practical assistance (casework);
- (d)** refer or accompany the elderly to make a Protection Order at the Family Court;

- (e) refer the elderly person to Community Development Councils for financial aid;
- (f) refer or accompany an elderly person who has no other means of support to the Tribunal of the Maintenance of Parents to secure maintenance from his children for food, clothing and shelter;
- (g) Call 999 if there is an immediate threat to the elderly person OR lodge a police report at any Neighbourhood Police Centre or Neighbourhood Police Post.
- (h) continue to provide support for the elderly person and monitor the situation.

Do not be too zealous in labeling elder abuse as this may shut the elderly and his / her family off from any constructive relationship with the service provider.

If you are unsure about what to do, call the FSC in your area or Singapore Action of Elders (SAGE) for advice. Figure 1 shows a flow chart on the referral of a suspected abused elderly.

Figure 1. Flow chart on helping and referring a suspected abused elderly.



*Refer to MCDS www.mcds.gov.sg and MOH www.moh.gov.sg Homepage for list of Family Service Centres (FSCs), Social Service Agencies (SSAs) and eldercare facilities.

Conclusion



A good understanding about elder abuse will help the service provider be more observant and attentive to suspicious conditions. The intention however, is not to punish but to help these families break the cycle of violence.

Elder abuse will continue as long as ageism and violence exist. Elders who are abused or exploited often suffer because of their vulnerability and powerlessness. Elder abuse is more often a behavioural pattern that increases in intensity and frequency over time, rather than an isolated event. It is also a result of the dynamic interactions between personal, family, social and cultural values, priorities and goals.

Elder abuse and neglect can and often create permanent and personally devastating impact on the victims. If left untreated, it may even lead

to grave consequences. It is thus important for us to understand the causes as well as contributing factors of elder abuse.

Elder abuse is a complex, multifaceted field that requires inputs from various disciplines and professions. The different types and degrees of elder abuse suggest that different solutions are likely to be required. Management of elder abuse cases therefore requires a multi-disciplinary and multi-agency approach. Service providers and professionals are strongly encouraged to work together in close collaboration to protect the elderly.

Family Violence Networking System

Several initiatives are in place to manage family violence cases.

At the policy level, the **Family Violence Dialogue Group** facilitates work processes amongst the agencies so as to strengthen services and programmes for family violence. It also monitors and identifies new trends in family violence and co-ordinate public education efforts.

At the operational level, the **National Family Violence Networking System** links various service providers in a web of assistance for victims and perpetrators of family violence.

Besides MCDS, the key partners of the network are the Police, the Prisons Department, the Family and Juvenile Court, Ministry of Health, Ministry of Education, National Council of Social Service, hospitals and social service agencies which include Family Service Centres, Crisis Shelters and some Sheltered Homes. Partners on the networking system use the **Manual on Integrated Management of Family Violence Cases in Singapore** as a guide to the principles, procedures and referral forms involved in the management of family violence cases.

Helplines

S/N	Organisations	Tel. No.
	Counselling	
1)	Family Service Centre Helpline	1800 – 838 0100
2)	Singapore Action Group of Elders (SAGE) Counselling Centre	1800 – 353 8633
	Financial	
3)	Tribunal for the Maintenance of Parents	1800 – 258 5128
4)	Central Singapore Community Development Council (CDC)	6370 9901
5)	North East CDC	6424 4000
6)	North West CDC	6767 8130
7)	South East CDC	6243 8753
8)	South West CDC	6316 7200 / 6899 5322 / 6314 6522 / 6773 9220

S/N	Organisations	Tel. No.
	Legal	
9)	Association of Women for Action and Research (AWARE)	1800 – 774 5935 6779 7137
10)	Family Protection and Transformation Unit	6435 5077
11)	Family Court Legal Clinic <i>During office hours</i> <i>After 6.00pm</i>	6435 5461 6435 5474
12)	Legal Aid Bureau	1800 – 325 1424
	Medical	
13)	Alexandra Hospital	6472 2000
14)	Changi General Hospital	6788 8833
15)	National University Hospital	6779 5555
16)	Singapore General Hospital	6222 3322
17)	Tan Tock Seng Hospital	6256 6011
18)	Woodbridge Hospital & Institute of Mental Health	6389 2000

References

Statutes / Legislations

1. Maintenance of Parents Act, Chap 167B.
2. Mental Disorders and Treatment Act, Chap 178.
3. Penal Code, Cap 224.
4. Women's Charter, Chap 353.

Books

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8. Kingston, Paul & Penhale, Bridget; (eds.). (1995). Family Violence and the Caring Professions. Houndmills: Macmillan Press Ltd.
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