

# Tackling Elder Abuse in Singapore

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# The Singapore Society

- Multicultural-multiethnic Asian City where the older east meets younger west.
  - Majority of Chinese descent 75%. Older population less educated with 71% of primary education and below (1).
- Fast pace of change and urbanization
  - With changes to the family structure: from a multi-generational cohabitating big family to small nucleus with 1 in 7 households employing foreign domestic helpers. (2)
- Not a welfare state for health and social services
  - Co-payment principle; health care spending at 7% of GDP(3).
  - This increases the stress of living
- Rapidly ageing
  - Percentage of population 65 yrs and older from 8.5% (2007) to 18.7% (2030)(1)
  - In 2000, 11.2% of population aged 65 and older are either semi-ambulant or non-ambulant. (1)

1. Ministry of Community Development Youth and Sports - "Singapore Social Statistics in Brief 2007"

2. B Henson "Who will speak up for the voiceless maids?" the Straits Times January 13 2002

3. Ministry of Finance - "Revenue and Expenditure Estimates"  
[http://www.mof.gov.sg/budget\\_2008/index.html](http://www.mof.gov.sg/budget_2008/index.html)



# The Incidence of Elder Abuse in Singapore

- Very little data available (1)
  - No mandatory reporting system
  - Lack of study into its incidence and prevalence
  - Difficulty in doing the above possibly because of
    - Uncertainty in diagnosis
    - Reluctance by service providers to report
    - Reluctance by victims to report

1. Golden Life Workgroup on Elder Abuse Prevention (Chair: Dr Chiang HD) "Say "No" to Elder Abuse"



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# Cases presented at the ED

- Study on Aged Persons presented at the Emergency Department of a Hospital (1)
  - Among 62 826 patients treated at, over a period of 3.5 yrs (May 94 – Dec 97), only 17 cases were for elder abuse.
  - The victims are commonly female
  - The perpetrators usually the adult son or daughter in law.
  - Most (76.4%) of these elders have chronic medical problem and
  - Most common presentation is that of blunt musculoskeletal trauma.

1. Cham GWM and Seow, E (2000) "The pattern of elder abuse presenting to an emergency department. SMJ 41(12), 571-574



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# Study on Cases detected among Homebound Frail Elderly

- 2 Home Medical Care agencies: Tsao Foundation (Hua Mei Mobile Clinic) and TOUCH Homecare conducted a survey among patients under their between 1/8/2001 and 31/7/2003.
- The team reviewed all clients seen by the home care team and came up with a list of suspected elder abuse cases based on definitions of the National Center on Elder Abuse.

1. J E Ong, W C Ng – “A Case Series of Elder Abuse Reported to Two Home Care Agencies in Singapore” 2005. Poster presentation, Congress of the Long Term Care in Chinese Communities, Macau 2005



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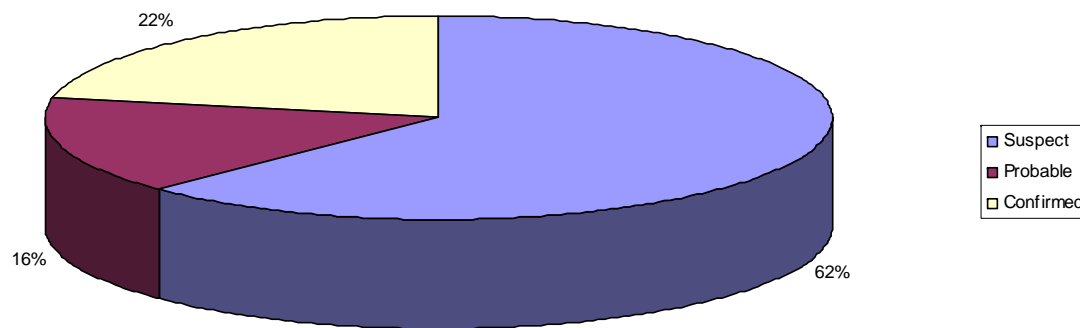
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# About the Abuse

## Homebound Frail

- 7.1% or 32 out of a total of 448 patients served were suspected elder abuse cases
- Of the 32, 20 cases remained suspect, 5 were deemed probable and 7 were confirmed.

**Degree of Certainty of EA Cases**



**Suspect:**

good reasons to suspect but not verified

**Probable:**

some evidence to confirm abuse but none for a perpetrator

**Confirmed:**

Clear evidence and perpetrator identified

# About the Victims

## Homebound Frail

- More than half (53%) had dementia as diagnosis.
- Most are of lower functional status than the 'typical patients' of the home medical care services.
- There appears to be more diagnoses of dementia and depression among the victims than the control group.



# About the Abusers

## Homebound Frail

- There were 36 suspect abusers out of the 32 cases of EA.
- Majority of the abusers were children, followed by spouses.
- 4 abusers among the 36 had history of mental illness:
- 1 abuser had a history of alcoholism

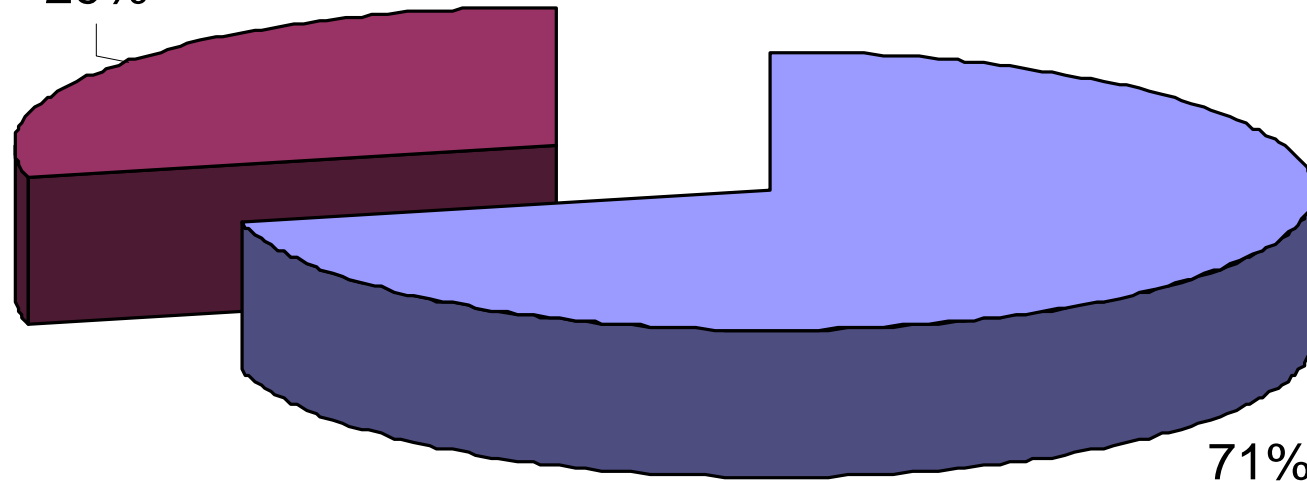


# Cases Reported to The Elder Protection Team (2005)(6)

Elder Abuse Cases	No. of Cases	Percentage
Substantiated	57	71%
Not substantiated	23	29%
Total	80	100%

Not substantiated

29%



71%

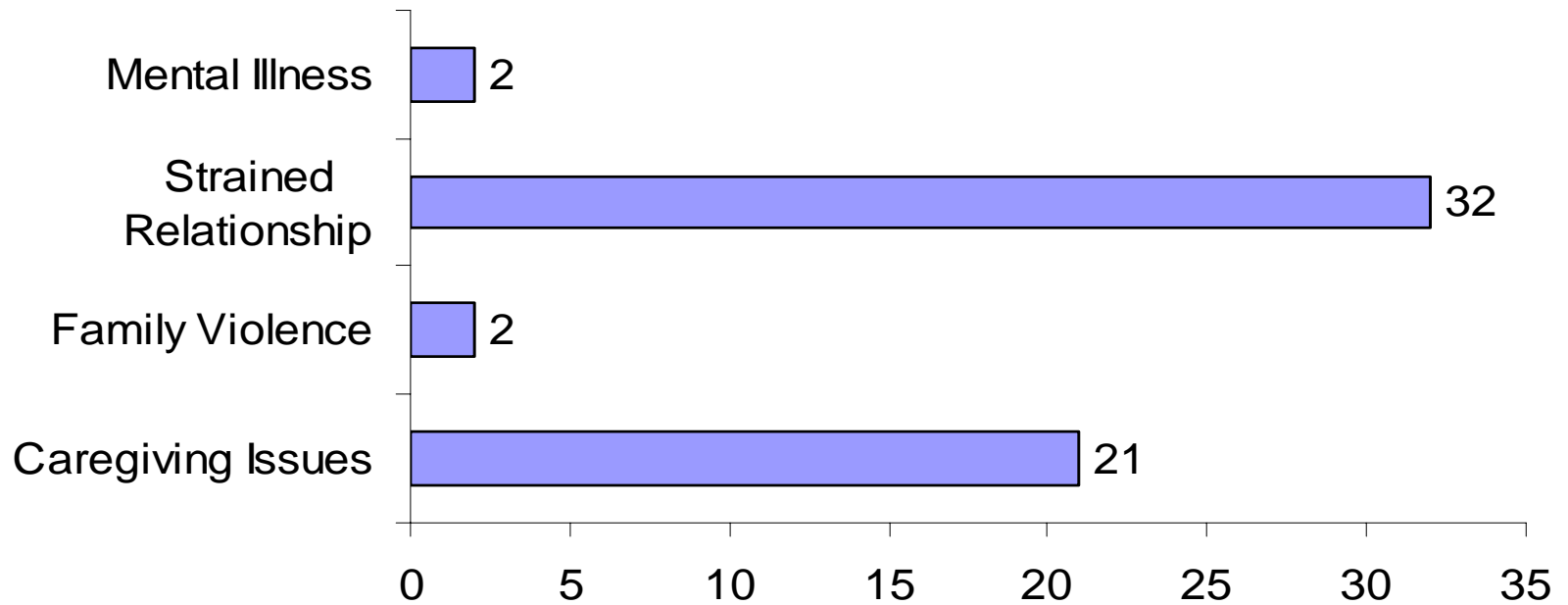


**Substantiated**  
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# Causes of Abuse

Assessment of Abuse	No. of Cases	Percentage
Caregiving Issues	21	37%
Family Violence	2	4%
Strained Relationship	32	56%
Mental Illness	2	4%
<b>Total</b>	<b>57</b>	<b>100%</b>



# Background EA Protective Structure

- Legal Framework
- Public Healthcare
- Social Service Agencies
- Police Presence

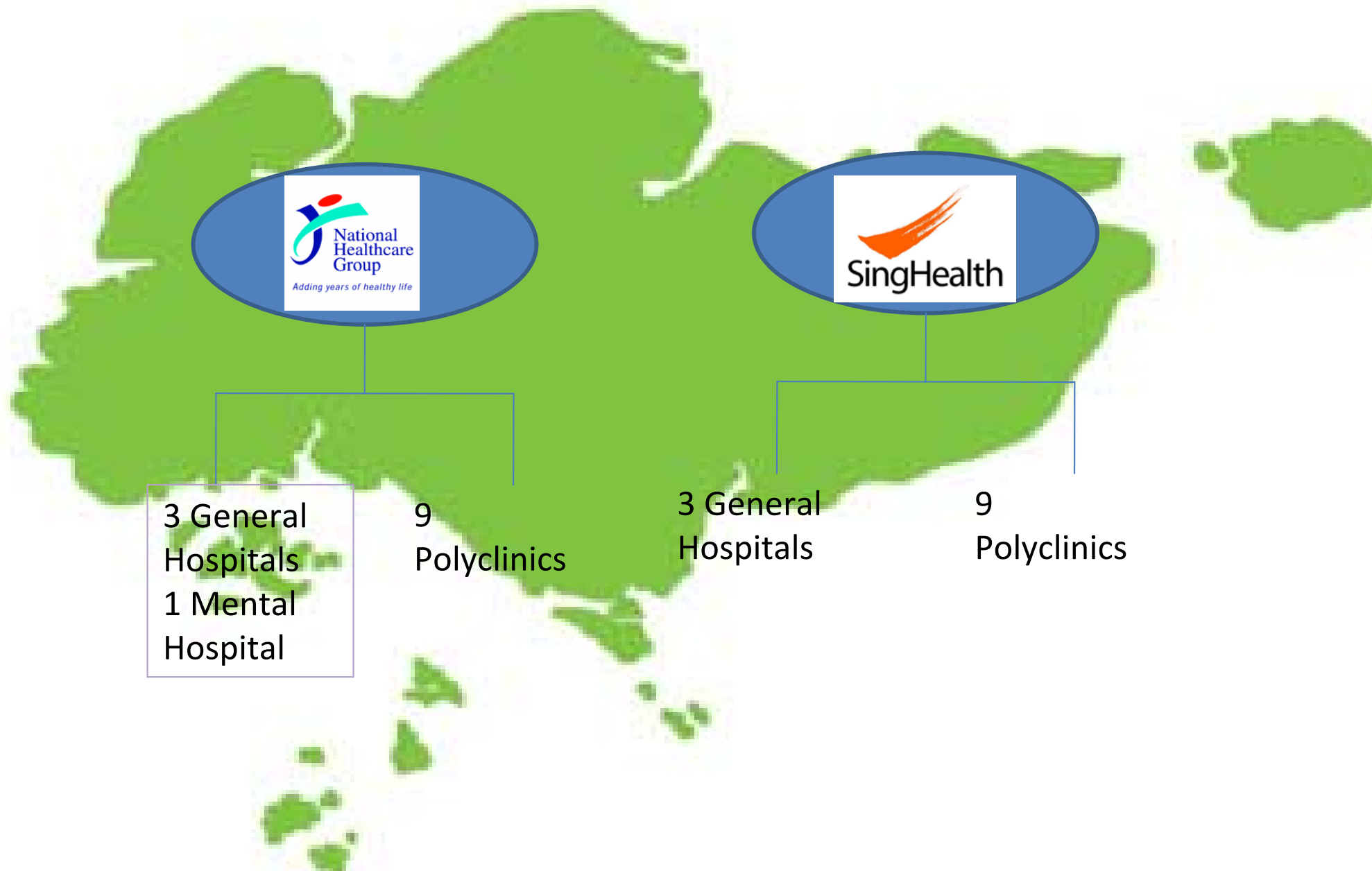


# Legal Provisions

1. Criminal Offence
2. Protection Orders under the Women's Charter
3. Maintenance under the Maintenance of Parents Act
4. Committee of Persons and Estate



# Public Healthcare



3 General Hospitals  
1 Mental Hospital  
9 Polyclinics

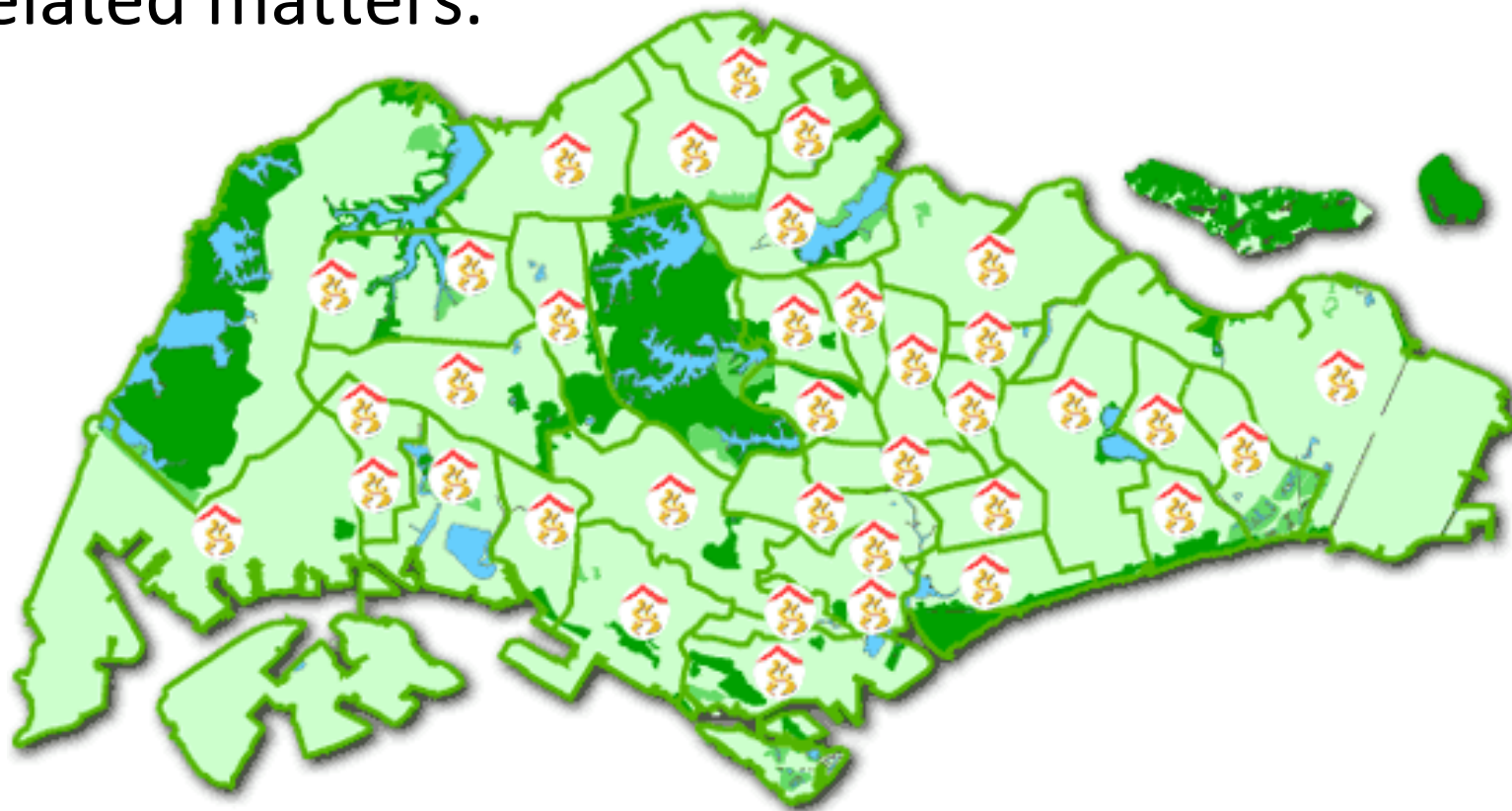
9 Polyclinics

3 General Hospitals

9 Polyclinics

# Social Service Agencies

- Family Service Centres
  - Neighbourhood-based focal points of family resource which everyone can turn to on any family-related matters.





# Initiatives to tackle Elder Abuse in Singapore

- 1996: National Family Violence Networking System
  - Multisectorial network to support and protect victims of family violence: Judiciary, police, health care, social service agents, crisis shelters, government



- Feb 2003: Public Awareness Campaign
  - A symposium and a series of educational activities to raise the awareness of Elder Abuse among community service providers by the Ministry of Community Development, Youth and Sports
- Sep 2003: The Elder Protection Team
  - A work-group that meets monthly to conduct case discussion and develop intervention plans for selected cases of elder abuse reported to TRANS Centre, a voluntary welfare organization that manage Elder Protection Services in Singapore



- 2004: the Golden Life Work Group on Elder Abuse Prevention
  - An advocacy platform spearheaded by Singapore Action Group of Elders (SAGE)
  - The group is a conglomeration of stakeholders in the aged care.
  - Together recommended an approach to raise awareness, detect, manage and prevent elder abuse in Singapore.

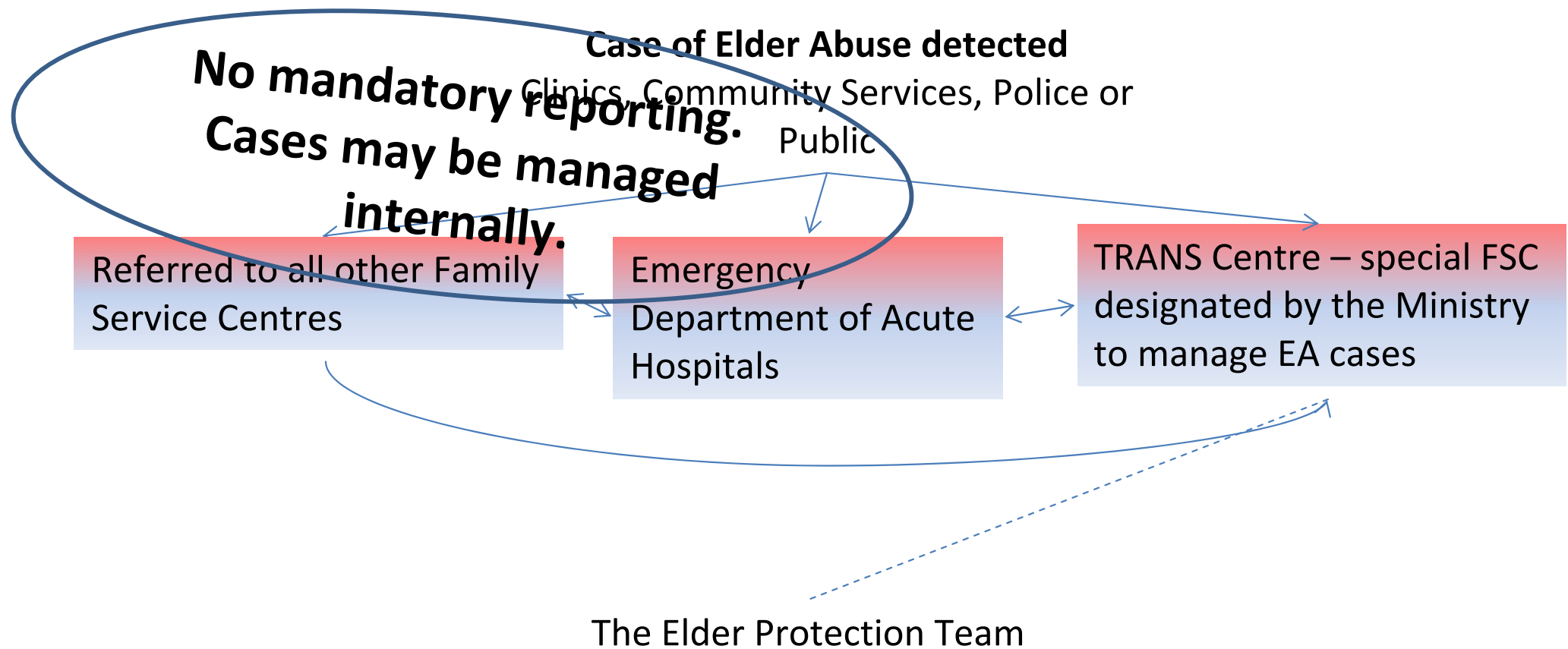


# New legislation in the future

- The Mental Capacity Bill
  - Provision for Lasting Power of Attorney for estate and care
  - Proxy decision-maker may be held responsible if the older person is found to be abused or neglected.



# Elder Abuse Management in Singapore at a glance



# The Elder Protection Team

- Multi-disciplinary team to manage elder abuse cases
  - Legal profession, police, doctors, community service providers and the government
- Spearheaded by TRANS Centre, an Non-profit Family Service Centre that specializes in family violence work.



- Roles:

- Conduct social investigations, assessment and case intervention
- Review cases periodically
- Provides consultancy on management of suspected elder abuse
- Convening multi-disciplinary team case conference
- Providing a helpline service for case reporting



- Operations
  - Determine if case is substantiated
  - Determine nature of abuse
  - Formulate short term and long term care plan to support and protect the elderly
  - Coordinate and execution of care plan, including the activation of law enforcement
  - Review Cases and Care Plans periodically



# Examples of Incidences reported to the Elder Protection Team and how they were managed

Home/ Outstation Visits	Case Description
Assessment: Patient in Bukit Batok 2100H – 2200H	Malay lady with dementia, hypercalcemia and ovarian tumour. Family strain, 1 daughter and son-in-law took care of mom unwillingly and out of anger against other sibs, so refuse others' help and contact. Mom found lying next to the toilet incontinent and in poor care. Defaulted AH F/U for a year. Case admitted to AH and resolved nicely by transferring her to another daughter's place. Patient now walks with walking frame.
Assessment: Patient in Ghim Moh 2000H – 2100H	Patient had a stroke a few months ago and was not sent to hospital. Bedbound since that stroke. Son works most of the time. A case of knowledge deficit. I referred her to Com Hospital. Patient came home with a maid and improved care.
Case Conference with Orthopaedic surgeon, Mt Elizabeth Hospital 1500H – 1600H	2 sets of siblings fighting (family of 5 or 6 sibs, very educated lot). One accuses the other of neglecting their elderly parents (bringing them to too many specialists, did not rehabilitate mom etc). Went to see Ortho Surgeon to find out about mom's condition to ask for signs of neglect and abuse. (Mom had hip fractures). Surgeon didn't think so. (This surgeon received a complaint against him in SMC by one side of this warring family).
Family Conference in Trans Centre (Bedok) 1530H – 1730H	Family conference with the above family. Explained about care giver's stress and how care of the elderly can be improved. Think both sides happy because they are empathized.



Thank you